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**ST - R0000 - 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 - R0001 - LICENSURE PROCEDURE**

**Title** LICENSURE PROCEDURE

**Type** Rule

65E-4.016(3), F.A.C.

**Regulation Definition**

**Interpretive Guideline**

(3) Licensure Procedure. Every RTF must be licensed annually by AHCA unless specifically excluded from licensure under the provisions of subsection 394.875(5), F.S.

(a) Buildings that are separated from one another in which a similar level of residential care and treatment is provided, as defined in subsection 65E-4.016(4), F.A.C., may be licensed as one facility under the following circumstances:

1. Such buildings are not separated by another building, part of a building or buildings used for other purposes; and  
2. Such buildings are not separated by obstructions that impede the rapid movement of staff between them.

(b) When different levels of residential care and treatment are provided in one building, each level must be licensed as a separate RTF.

(c) Original License - New construction, new operation or change of licensed operator. Applicants for an original license

Examine the facility license:

1. Is license current?
2. Is license displayed in a conspicuous place?

Check licensed capacity and census for verification that census is within licensure limits for bed capacity.

The Agency for Health Care Administration Licensing Application Form is available at [http://ahca.myflorida.com/MCHQ/Health\\_Facility\\_Regulation/Hospital\\_Outpatient/residential.shtml](http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/residential.shtml)

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shall submit a completed AHCA Form, 3180-5003 Feb. 96, "Crisis Stabilization Unit, Short-Term Residential Treatment Facility and Residential Treatment Facility Licensure Application" effective February, 1996, which is incorporated by reference and provided by AHCA. The following supplemental information must be attached to the application:

1. Program narrative which contains the following:
    - a. List of services provided, including a description of each service;
    - b. Staffing pattern description, including the hours and days of on-premises and on-call staff coverage, and the number and types of staff on duty for each shift; and
    - c. Resident population description, based minimally on the criteria in subsection 65E-4.016(4), F.A.C., that are applicable to the level of RTF for which the licensure application is being submitted.
  2. Table of Organization, including all management levels between the RTF and the governing board.
  3. Resume of the RTF manager.
  4. Fiscal information, including a balance sheet and a statement projecting revenues, expenses, taxes, extraordinary items and other credits and charges for the licensure year.
  5. Proof of liability insurance coverage from a licensed insurer in an amount not less than \$300,000 per occurrence with a minimal annual aggregate of not less than \$1,000,000.
  6. Copy of current fire safety inspection certificate.
  7. Copy of current health inspection certificate.
  8. For Level I and II facilities, a signed statement from the appropriate government official that the facility has met applicable local zoning requirements.
  9. Proof of current JCAHO accreditation, if applicable.
- (d) A newly developing facility will be provided a 90-day probationary license after the completed application has been verified for compliance with Rule 65E-4.016, F.A.C. The probationary period may be extended for an additional 90 days

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if the applicant has substantially complied with the requirements for licensure, and if action has been initiated to satisfy all of these requirements.

(e) Renewal License.

1. An applicant for renewal of a license shall apply to AHCA no later than 90 days before expiration of the current license.
2. Applicants for renewal of a license to operate a facility shall submit an application that meets the requirements of paragraph 65E-4.016(3)(a), F.A.C.

(f) License Fee. An annual non-refundable license fee shall be submitted with the application for licensure. The fee shall be reasonably calculated annually to cover the cost of regulation. The formula for calculating this fee is the cost of Office of Health Facility Regulation positions for the process of surveying crisis stabilization units, short-term residential treatment facilities, and residential treatment facilities for licensure divided by the total number of crisis stabilization units, short-term residential treatment facilities, and residential treatment facility beds times the number of beds in the facility applying for licensure.

(g) The license, AHCA Form 3180-5001 Feb. 96, effective February, 1996, which is incorporated by reference, shall be displayed in a conspicuous location inside the facility. For Levels III, IV, and V such license may be held available for inspection at the administrative offices of the facility or the organization which operates the facility.

**ST - R0002 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6)(a), F.A.C.

**Regulation Definition**

Governing Board Responsibilities. The governing board of

**Interpretive Guideline**

Review governing body bylaws for documentation of governing body responsibilities to the facility.

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each RTF shall be responsible for policies, by-laws, operations and standards of service.

Review governing body minutes for documentation of governing body involvement in the organization and operations of the facility.

Interview administration regarding the responsibilities of the Governing Body.

**ST - R0003 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6)(b)1, F.A.C.

**Regulation Definition**

Administrative Management.  
Each RTF Level I, II, and III shall have a manager who is responsible for its daily operations

**Interpretive Guideline**

Review governing body bylaws for documentation of designation of a manager who is responsible for the daily operations of the facility.

Review organizational chart for documentation of line authority, with the manager in charge of operations of the facility.

Review manager's job description for verification that role and responsibilities are included.

Interview administration regarding managers responsible for Levels I, II and III.

**ST - R0004 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6)(b)2, F.A.C.

**Regulation Definition**

RTFs shall comply with Chapter 394, F.S., and all other applicable Florida Statutes; all applicable sections of Chapters 65E-4 and 65E-14, F.A.C.; and all other applicable Florida

**Interpretive Guideline**

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Administrative Rules.

**ST - R0005 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6)(b)3, F.A.C.

**Regulation Definition**

RTFs shall develop and maintain all records required by Chapter 394, F.S., and applicable administrative rules.

**Interpretive Guideline**

Review policy and procedures manual for documentation that a policy and procedures have been established for development and maintenance of records.

Four records storage areas for verification that storage procedures comply with established standards.

**ST - R0006 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6)(c)1, F.A.C.

**Regulation Definition**

Personnel Policies, Records, and Practices  
Personnel policies and procedures shall be developed and provided to each employee

**Interpretive Guideline**

Review Personnel files for verification of a signed statement that staff have read or have access to personnel policies and procedures.

Interview staff for verification that personnel policies and procedures have been made available.

Review personnel policies and procedures. Interview staffs to ensure they are knowledgeable are provided the information.

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**ST - R0007 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6)(c)2, F.A.C.

**Regulation Definition**

There shall be a written description for each position in the facility. Position descriptions shall include the following:

- a. Functions,
- b. Responsibilities,
- c. Supervision, and
- d. Minimum academic and experience requirements.

**Interpretive Guideline**

Review personnel files for verification of a signed receipt of position description.

Interview staff for verification that there is a job description for each position.

Review a sample of staff records for position descriptions.

**ST - R0008 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6)(c)3, F.A.C.

**Regulation Definition**

Confidential personnel records shall be maintained for each employee of the residential program. These records shall contain minimally the following information:

- a. Qualifications for the position;
- b. Verified pre-employment references;
- c. Evaluation of performance on at least an annual basis;
- d. Dates and subjects of in-service training and attendance at conferences, workshops and other relevant activities;
- e. Beginning date of employment; and
- f. Date and reason for separations

**Interpretive Guideline**

Review personnel records for verification of inclusion of all required information.

Tour personnel records storage area for verification that records are kept in a manner that ensures confidentiality.

Review a sample of staff records for required documentation

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**ST - R0009 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6)(c)4, F.A.C.

**Regulation Definition**

Each RTF shall post a weekly schedule of work hours.

**Interpretive Guideline**

Review posted work schedule for verification of:

1. Coverage of all shifts, 7 days a week.
2. Adequacy of staff based on current census.

Tour the program area and observe for posted staffing.

**ST - R0010 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6)(c)5, F.A.C.

**Regulation Definition**

The facility's personnel recruitment and selection process shall ensure that there is no discrimination because of race, creed, color, age, sex, national origin, or political affiliation.

**Interpretive Guideline**

Review personnel policies and procedures for documentation that a policy ensuring no discrimination in hiring practices is present.

**ST - R0011 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6), F.A.C.

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**Regulation Definition**

The RTF shall make available to employees a written orientation to the program's operation, a copy of their current job description, a copy of this rule and a copy of patient's rights. The receipt or availability of this information shall be documented in personnel records.

**Interpretive Guideline**

Review sample of staff records to ensure compliance with requirements.

**ST - R0012 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6)(d)1, F.A.C.

**Regulation Definition**

Staff Composition, Organization and Coverage.  
Organization. RTFs shall have a written organizational plan for the administrative and direct services staff which clearly explains the responsibilities of the staff for services provided by the program. The plan shall also include lines of authority, accountability and communication.

**Interpretive Guideline**

Review program description for verification that staff responsibilities are included.

Review organizational chart for verification that line authority has been delineated.

Review the written organizational plan

**ST - R0013 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6)(d)2, F.A.C.

**Regulation Definition**

RTFs shall have direct or telephone access to at least one professional as defined in subsection 394.455(2), F.S., 24 hours a day, 7 days a week. If the professional is not a psychiatrist, the facility shall also arrange for the regular,

**Interpretive Guideline**

Review on-call list for verification that a professional is accessible at all times.

Interview staff for verification of availability of a professional on call.



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consultative and emergency services of a psychiatrist licensed to practice in Florida.

Tour facility for verification that the on-call list is accessible to all personnel at all times.

Interview administration and review the emergency services professional's credentials and/or contract, if applicable.

**ST - R0014 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6)(d)2a, F.A.C.

**Regulation Definition**

Back-up coverage shall be provided by staff trained to handle acute problems on a 24 hours per day, 7 days per week on-call basis.

**Interpretive Guideline**

Staffing pattern is determined by the resident census. Allowances are made for resident off-site activities during the day and on week-ends.

Check 24 hour staffing for the 5 days immediately prior to survey to verify that minimum staffing requirements have been met.

Interview staff to verify the availability of back-up coverage.

Review training for sample of back up staff.

**ST - R0015 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6)(d)2b, F.A.C.

**Regulation Definition**

Staffing patterns shall be no less than required by the level for which a facility is licensed.

**Interpretive Guideline**

Check 24 hour staffing for the 5 days immediately prior to survey to verify that minimum staffing requirements have been met.

Interview staff to verify the availability of back-up coverage.

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Staffing Pattern by Level:

Level I - minimum of 1:10 staff to resident ratio with no less than two staff on the premises at all times.

Level II - minimum of 1:15 staff to resident ratio with no less than one staff on the premises at all times. During normal sleeping hours a minimum of 1:22 staff to resident ratio is required.

Level III - minimum of 1:20 staff to resident ratio with no less than one staff on the premises when residents are present during normal waking hours. During normal sleeping hours, a minimum of 1:40 staff to resident ratio is required.

Level IV - minimum of weekly on-premises contact with residents, with on-call staff available at all times.

Level V - minimum of weekly on-premises contact with residents. On-call staff available at all time.

**ST - R0016 - ORGANIZATION AND ADMINISTRATION**

**Title** ORGANIZATION AND ADMINISTRATION

**Type** Rule

65E-4.016(6)(d)3, F.A.C.

**Regulation Definition**

Staff Development. Staff development and education programs shall be planned and conducted on a regular and continuing basis. Documentation of these sessions shall include date, subject, attendance and instructor. Attendance at professional workshops and conferences should also be documented and placed in employees' personnel records.

**Interpretive Guideline**

Review schedule of educational programs for verification that they are scheduled on a regular and continuing basis.

Review content of educational programs for verification that they meet the needs of RTF staff.

Review a sample of staff records to ensure documentation of continuing staff development and education.

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**ST - R0017 - Resident ELIGIBILITY CRITERIA**

**Title** Resident ELIGIBILITY CRITERIA

**Type** Rule

65E-4.016(7)(a), F.A.C.

**Regulation Definition**

To be eligible for admission to a facility, a person shall meet the minimum criteria required by the level for which a facility is licensed.

**Interpretive Guideline**

Interview and observe residents for verification of ability to function adequately in an RTF environment.

Review a minimum of five resident records for verification that the assessment of the resident's level of functioning is consistent with criteria for admission to an RTF.

Additional eligibility criteria may be developed if they are needed to ensure that individuals admitted are compatible with the facility's capability to serve them, or to further delineate the minimum skills or behaviors that a person needs to function in the facility's environment.

**ST - R0018 - CONTINUITY OF CARE**

**Title** CONTINUITY OF CARE

**Type** Rule

65E-4.016(8)(a), F.A.C.

**Regulation Definition**

A CCMS case manager shall be assigned to each resident in a publicly funded RTF. In addition to the requirements specified in Rule 65E-4.014 and Chapter 65E-15, F.A.C., the RTF resident's case manager shall be responsible for the following:

1. Providing to RTF staff a copy of the individual service plan and any amendments to the plan;
2. Providing to RTF staff the assessment information needed to determine a resident's eligibility and the information needed to develop the individual treatment plan;

**Interpretive Guideline**

Review a sample of resident records to determine who the CMS case manager and/or RTF case manager is and for documentation of individual service plan and amendments, progress, and discharge planning after treatment is completed. Interview staff and CCMS and/or RTF case manager.

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3. Providing to RTF staff ongoing information regarding the resident's progress in other settings and any other factor which may assist in the treatment or rehabilitation process;
4. Providing assistance to RTF staff in relating treatment goals to the environment in which the resident will live after the completion of treatment; and
5. Residential placement as needed.

**ST - R0019 - CONTINUITY OF CARE**

**Title** CONTINUITY OF CARE

**Type** Rule

65E-4.016(8)(b)1,2,3,4, and 5, F.A.C.

**Regulation Definition**

RTF staff shall be responsible for the following activities:

1. Providing to the case manager a copy of the individual treatment plan and any amendments to the plan;
2. Reporting to the case manager the resident's progress in achieving treatment goals;
3. Attending case management conferences as needed;
4. Informing the case manager of any changes in the resident's status or condition that may affect other services the resident receives or may require the case manager's intervention; and
5. Providing to the case manager a discharge, termination or transfer summary as appropriate.

**Interpretive Guideline**

Interview case managers for verification that staff report all required information and attend case management conferences as needed.

Interview staff for verification of understanding of and compliance with requirements for reporting information to the case manager.

Review a minimum of 6 resident records for documentation of individual service plan and amendments, progress toward treatment goals, changes in condition, and discharge termination or summary to determine how the RTF communicates with the Case Manager(s). Interview staff and CCMS and/or RTF case manager on communication and sharing information.

**ST - R0020 - INTAKE**

**Title** INTAKE

**Type** Rule

65E-4.016(9), F.A.C.

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**Regulation Definition**

Intake. The intake criteria specified in this subsection shall apply to either a freestanding RTF or to one which first admits a resident if such RTF is part of a system of residential care and treatment. The following assessment and evaluation information shall be obtained or developed by the RTF in order to determine a resident's eligibility.

(a) Physical Assessment.

1. For each resident accepted into a facility from a state institution, a medical summary consisting minimally of a problem list, current status, significant lab reports and a copy of the most recent physical examination shall have preceded the resident to the program. The medical summary shall be placed in the resident's record.
  2. If a physical examination has not been completed within 60 days prior to the resident's admission to the RTF, the examination shall be initiated within 24 hours of the admission. A licensed physician, licensed physician's assistant or licensed advanced registered nurse practitioner shall complete the examination within 30 days. The medical report shall be placed in the resident's record.
  3. Physical examination requirements minimally shall include:
    - a. A medical history, including responses to medication, physical diseases and physical handicaps;
    - b. The date of the last physical examination;
    - c. A description of physical status, including diagnosis and any functional limitation;
    - d. Recommendations for care, including medication, diet and therapy; and,
    - e. To the extent possible, a determination of the presence of a communicable disease.
- (b) Psychiatric or psychological assessment.
- (c) Mental status examination.
- (d) Psychosocial assessment and history which includes:
1. Developmental problems, including past experiences that may have affected development;

**Interpretive Guideline**

Review minimum of 5 resident records for intake assessments

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2. Peer group relationships and activities;
3. Social skills and deficits;
4. Past and present relationship with family and community;
5. Prior placement settings;
6. Recreational experiences, activities and interests;
7. Expectations and role of the family in the treatment process;
8. Psychiatric history, including any previous treatment and the reason for termination;
9. Vocational history; and
10. Educational history.

**ST - R0021 - ADMISSION**

**Title** ADMISSION

**Type** Rule

65E-4.016(10)a, F.A.C.

**Regulation Definition**

Each resident, within 24 hours of admission to a facility, shall be provided an orientation which includes minimally the following:

1. Explaining the facility's services, activities, performance expectations, rules and regulations, including providing to the resident written facility rules;
2. Familiarizing the resident with the facility's premises, the neighborhood and public transportation systems;
3. Scheduling the resident's activities; and
4. Explaining resident rights and grievance procedures, except to residents who have transferred from another facility within the same system and are familiar with their rights and grievance procedures.

**Interpretive Guideline**

Review a minimum of five resident records for signed documentation of resident orientation to facility and program.

Interview residents for verification that orientation was received within 24 hours of admission.

Interview staff for verification of understanding and compliance with orientation requirements

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**ST - R0022 - ADMISSION**

**Title** ADMISSION

**Type** Rule

65E-4.016(10)b, F.A.C.

**Regulation Definition**

The following documentation shall be placed in the resident's file:

1. A signed statement by the resident or guardian that the resident has received an orientation which meets the minimum required criteria;
2. A signed statement that the resident has either read or has been explained facility rules;
3. A signed statement indicating the resident's financial obligations to the facility and the person responsible for meeting such obligations;
4. For incompetent residents, a statement identifying and locating the guardian of record, legal guardian or court ordered custodian with responsibility for medical and dental care and signed consent for treatment from such person;
5. Written arrangements for phone calls, visits, and, when indicated, family participation in the treatment process;
6. Written arrangements for clothing, allowances and gifts;  
and
7. For forensic residents, a copy of any court order, charges pending and any other legal status documents and procedures to be followed if the resident leaves the program without approval.

**Interpretive Guideline**

Review a minimum of five resident records for signed documentation of resident orientation to facility, facility rules, financial obligations, guardianships/Medicare POA, family participation and any other required documentation.

Interview residents for verification that orientation was received within 24 hours of admission.

Interview staff for verification of understanding and compliance with orientation requirements.

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**ST - R0023 - ASSESSMENT AND TREATMENT PLANNING**

**Title** ASSESSMENT AND TREATMENT PLANNING

**Type** Rule

65E-4.016(11), F.A.C.

**Regulation Definition**

Assessment and Treatment Planning. RTF staff or the treatment team shall begin within 72 hours of admission and complete within 30 days of admission a functional assessment and individual treatment plan for each resident. Interventions which are needed to remedy serious deficits shall not be delayed until the assessment and individual treatment plan are completed.

**Interpretive Guideline**

Review a minimum of five individualized treatment plans for time frames, achievable goals, family participation, if appropriate, and resident's or guardian's signature.

Interview staff for verification that the functional assessment and treatment plan is completed within the required timeframe and includes all areas mandated by this section.

Review a sample of resident records for documentation of time sensitive requirements. Interview staff.

**ST - R0024 - ASSESSMENT AND TREATMENT PLANNING**

**Title** ASSESSMENT AND TREATMENT PLANNING

**Type** Rule

65E-4.016(11)(a), F.A.C.

**Regulation Definition**

Assessment. The functional assessment shall determine the resident's ability to utilize the skills needed to function successfully in the RTF environment, and shall identify any obstacles to the resident's learning or using such skills.

**Interpretive Guideline**

Review a minimum of five individualized treatment plans for time frames, achievable goals, family participation, if appropriate, and resident's or guardian's signature.

Interview staff for verification that the functional assessment and treatment plan is completed within the required timeframe and includes all areas mandated by this section.

Review a sample of resident records for functional assessment.



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**ST - R0025 - ASSESSMENT AND TREATMENT PLANNING**

**Title** ASSESSMENT AND TREATMENT PLANNING

**Type** Rule

65E-4.016(11)(b)1, F.A.C.

**Regulation Definition**

Treatment goals or objectives shall be achievable, have a reasonable time frame for achievement, and be stated in terms of measurable and observable changes.

**Interpretive Guideline**

Review a minimum of five individualized treatment plans for time frames, achievable goals, family participation, if appropriate, and resident's or guardian's signature.

Interview staff for verification that the functional assessment and treatment plan is completed within the required timeframe and includes all areas mandated by this section.

Review a sample of resident records for individual treatment goals and objectives.

**ST - R0026 - ASSESSMENT AND TREATMENT PLANNING**

**Title** ASSESSMENT AND TREATMENT PLANNING

**Type** Rule

65E-4.016(11)(b)2, F.A.C.

**Regulation Definition**

The treatment plan shall be developed with and signed by resident or guardian. If resident or guardian refuses to sign, the reason for this, if determinable, must be documented in the case record.

**Interpretive Guideline**

Review a minimum of five individualized treatment plans for time frames, achievable goals, family participation, if appropriate, and resident's or guardian's signature.

Interview staff for verification that the functional assessment and treatment plan is completed within the required timeframe and includes all areas mandated by this section.

Review a sample of resident records for treatment plans. Interview staff about treatment plans.

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**ST - R0027 - ASSESSMENT AND TREATMENT PLANNING**

**Title** ASSESSMENT AND TREATMENT PLANNING

**Type** Rule

65E-4.016(11)(b)3, F.A.C.

**Regulation Definition**

RTF staff or the treatment team shall review the treatment plan at least monthly and note this in the record.

**Interpretive Guideline**

Review a minimum of five treatment plans for verification that they have been reviewed at least monthly.

1. Date of review.
2. Reviewers' signatures.

**ST - R0028 - ASSESSMENT AND TREATMENT PLANNING**

**Title** ASSESSMENT AND TREATMENT PLANNING

**Type** Rule

65E-4.016(11)(b)4, F.A.C.

**Regulation Definition**

RTF staff or the treatment team shall update and revise the treatment plan when goals or objectives are accomplished or when additional resident deficits which are in need of intervention are identified. The treatment plan shall be updated at least every 60 days for facility Levels I, II and III and at least every 120 days for facility Levels IV and V.

**Interpretive Guideline**

Review a minimum of five treatment plans for documentation of:

1. Accomplished goals or objectives.
2. Identified deficits.
3. Date of Review.
4. Signatures of Reviewers.
5. Treatment plan 60 day updates/reviews for Level I, II and III and 120 day updates/reviews for Levels IV and V.

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**ST - R0029 - ASSESSMENT AND TREATMENT PLANNING**

**Title** ASSESSMENT AND TREATMENT PLANNING

**Type** Rule

65E-4.016(11)(b)5, F.A.C.

**Regulation Definition**

Family members, guardians or significant others shall be included in treatment planning, treatment, and discharge planning to the extent permitted or requested by the resident and when the staff has determined that such participation will be in the best interests of the resident.

**Interpretive Guideline**

Review a minimum of five resident records for documentation of the inclusion of significant others, family members, or guardians in the treatment plan.

1. Are there signatures?
2. Nature of involvement of significant others?

Interview resident and/or family member, guardian or significant other. Interview staff and ask them how they involve family members in treatment planning, treatment and discharge planning.

**ST - R0030 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12), F.A.C.

**Regulation Definition**

RTFs shall provide services and activities which are adaptable to the individual needs of residents, promote personal growth and development, and prevent deterioration or loss of ability.

**Interpretive Guideline**

Review policy and procedures manual for documentation that a policy and procedures have been established for the provision of resident services and activities.

Interview residents for verification of the availability of programs and services that promote personal growth and development.

Observe services and activities.

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**ST - R0031 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(a), F.A.C.

**Regulation Definition**

Policy and Procedures Manual. Each RTF shall have a policy and procedures manual which guides its services and activities. The manual shall be periodically reviewed and revised as the needs of individual residents or the living group change, and shall be available to staff and residents.

**Interpretive Guideline**

Verify the availability of the Policy and Procedures manual to staff and residents. Review the Policy and Procedures manual for verification of periodic review and update. Look for the date of the review, revisions as needed, that services and activities are current, and that services and activities are appropriate to the needs of residents.

**ST - R0032 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)b, F.A.C.

**Regulation Definition**

Social and Recreational Activities. RTFs shall provide or refer residents to recreational and social activities during the hours they are not involved in other planned or structured activities. Recreational and social activities shall be planned with resident participation and posted in a conspicuous location.

**Interpretive Guideline**

Review policy and procedures manual for documentation that a policy and procedures have been established for the provision of resident services and activities.

Interview residents for verification of the availability of programs and services that promote personal growth and development. Ask residents if they are involved in activity planning.

Verify that a current list of activities is posted in an area accessible to residents and staff.

Observe recreational and social activities for sampled residents. Observe for a posted schedule of recreational and social activities where they are available to residents and staff.

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**ST - R0033 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(c), F.A.C.

**Regulation Definition**

Religious Activities. Opportunity shall be provided for all residents to participate in religious services and other religious activities within the framework of their individual and family interests.

**Interpretive Guideline**

Interview residents for verification that they have the opportunity to participate in religious services and activities as desired.

**ST - R0034 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(d), F.A.C.

**Regulation Definition**

Resident Tasks. A resident may be assigned tasks related to facility operation, including but not limited to cooking, laundering, housekeeping and maintenance, only if such tasks are in accordance with the treatment plan and are done with staff supervision.

**Interpretive Guideline**

Review list of resident assignments for verification of conformity to treatment plan and appropriateness.

Interview residents about their assigned tasks for verification that tasks conform to treatment plan goals and supervision is provided.

Observe residents completing their assigned tasks to ensure staff supervision.

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**ST - R0035 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(e)1.,F.A.C.

**Regulation Definition**

Physical Health Care Services.

A facility shall have available, whether within its organizational structure or by written agreements, procedures or contracts with outside health care clinicians or facilities, a full range of services for the treatment of illnesses and maintenance of general health.

**Interpretive Guideline**

Review contracts with health care providers for verification of appropriateness, comprehensiveness, and accessibility.

Review Policy and Procedures manual for documentation that a Policy and Procedures have been developed for providing health care treatment and maintenance to residents.

Interview residents for verification that their health care needs are met.

Interview administration about services offered to residents for the treatment of illnesses and maintenance of general health.

**ST - R0036 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(e)2, F.A.C.

**Regulation Definition**

Staff shall have a basic knowledge of and receive training in the health needs and problems of residents.

**Interpretive Guideline**

Review inservice or staff development records for verification of training in the health needs of residents.

Interview staff for verification of ability to assess and obtain treatment for health needs and problems of residents.

Review sample of staff records for training. Interview staff about basic knowledge of the health needs and problems of residents.

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**ST - R0037 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(e)3, F.A.C.

**Regulation Definition**

Direct service staff shall report resident illnesses and significant physical dysfunctions in a timely manner to the resident's organization's physician and note such in the resident's record.

**Interpretive Guideline**

Review a minimum of five resident records for verification that resident illness and significant physical dysfunction are reported to a physician in a timely manner and documented in the resident's record.

Interview residents, staff and physician about how illnesses or physical dysfunctions are reported and addressed.

**ST - R0038 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(f), F.A.C.

**Regulation Definition**

Medication. RTFs shall have written policies and procedures regarding the following aspects of medication management.

1. Storage.

a. No prescription drug shall be kept in the facility unless it has been legally dispensed and labeled for the person for whom it is prescribed.

b. Residents may keep their medication in a secure place in their room, except when such medication is required to be personally carried for frequent or emergency use.

c. Medication may be centrally stored under the following conditions:

(I) If the preservation of medicines requires refrigeration;

(II) When medication is determined and documented by the

**Interpretive Guideline**

Review policy and procedures manual for documentation that a policy and procedures have been established for medication management including storage and assistance in self-administration.

Interview staff for verification of compliance with medication policy and procedures.

Interview residents for verification that medications are administered in a manner consistent with the residents' level of functioning.

Observe medication storage and medication administration.

Review a sample staff records for licensed staff assisting with medication administration.

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physician to be hazardous if kept in the personal possession of the person for whom it was prescribed;

(III) If the resident is forgetful or disoriented and is not capable of taking medications as prescribed; or

(IV) When, because of physical arrangements and the conditions or habits of other persons in the program, the medications are determined by the facility manager, nurse or physician to be a safety hazard to others.

d. Centrally stored medications shall be:

(I) Kept in a locked cabinet or other locked storage receptacle;

(II) Accessible only to the staff responsible for distribution of medication; and

(III) Located in an area free of dampness and abnormal temperatures, except in the case of a medication requiring refrigeration.

e. Each container of medication shall be labeled according to state law.

f. Prescription medications which are not taken with the person upon terminating residence shall be returned to a responsible relative or a guardian, or if none exists, given to a pharmacist to destroy. Notation of drug disposition shall be entered in the resident's record.

g. Staff not licensed by the State of Florida to administer medication may assist a resident in the self-administration of medication by:

(I) Obtaining the medication from the centrally stored or other location;

(II) Reminding the resident that it is time for the medication to be administered;

(III) Preparing the necessary paraphernalia, such as water, juice, cups, spoons, and medicine cups;

(IV) Steadying arm, hand or other parts of the resident's body;

(V) Returning to the medication container unused doses of solid medication not used by the resident; and

(VI) Returning the medication container to the centrally stored



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or other location.

2. Distribution of Centrally Stored Medication.

a. A staff person who has access to and is responsible for the distribution of centrally stored medication shall be available at all times.

b. Staff may distribute medication only to the person for whom it is prescribed.

3. Medication Administration.

a. Professionals licensed to administer medications in accordance with Chapter 464, F.S., may administer medications in accordance with the physician's directions.

b. A licensed practical nurse may administer medications when under the direction of a registered nurse, a licensed physician, or a licensed dentist who minimally must be accessible by telephone.

**ST - R0039 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g), F.A.C.

**Regulation Definition**

Emergency Services. All direct service staff shall be provided training to handle emergency medical and mental health situations

**Interpretive Guideline**

Review personnel or staff development records for documentation of training in handling emergency medical and mental health situations and at least annual review of policy and procedures manual.

Review a sample of direct service staff records for documentation of required training in handling emergency medical and mental health situations.

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**ST - R0040 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g)1, F.A.C.

**Regulation Definition**

RTFs shall have written policies and procedures regarding handling and reporting of emergencies. Such policies and procedures shall be reviewed at least annually by all staff

**Interpretive Guideline**

Review policy and procedures manual for documentation that a policy and procedures have been established for emergency medical and mental health situations including managing aggressive behavior emergency diagnosis and treatment of dental problems, and transfer to another facility.

Review personnel or staff development records for documentation of annual review of policy and procedures for handling emergency medical and mental health emergencies.

Interview staff about handling emergency situations and annual reviews/updates.

**ST - R0041 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g)2, F.A.C.

**Regulation Definition**

RTFs shall not use seclusion

**Interpretive Guideline**

Review seclusion/restraints log for verification that seclusion is not used.

Interview staff for verification that seclusion is not used.

Interview residents for verification that seclusion is not used.

Review incident reports for trends, follow-up, and corrective action if indicated.

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**ST - R0042 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g)3, F.A.C.

**Regulation Definition**

With the exception of half bed rails used under the prescription and supervision of a physician, RTFs shall not use restraints.

**Interpretive Guideline**

Review seclusion/restraint log for verification that restraints other than half bed rails are not used.

Interview staff for verification that restraints are not used.

Interview residents for verification that restraints are not used.

Review incident reports for trends, follow-up, and corrective action if indicated.

Observe residents, interview staff, review physician orders and policies and procedures.

**ST - R0043 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g)4, F.A.C.

**Regulation Definition**

A minimum of one RTF staff member per shift shall maintain current first aid and CPR certification

**Interpretive Guideline**

Review staffing schedule for verification that a minimum of one staff member is on duty each shift who is currently certified in first aid and CPR.

Review staff development or inservice education records for verification of current certification in first aid and CPR.

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**ST - R0044 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g)5, F.A.C.

**Regulation Definition**

Each RTF shall have procedures for managing aggressive behavior.

**Interpretive Guideline**

Review policy and procedures manual for documentation that a policy and procedures have been established for managing aggressive behavior.

Review personnel or staff development records for documentation of annual review of policy and procedures for managing aggressive behavior.

Review incident logs. Observe resident and staff interactions. Interview residents and staff.

**ST - R0045 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g)6, F.A.C.

**Regulation Definition**

First aid kits shall be available to facility staff at all times. Contents of the first aid kits shall be selected by the staff or consulting medical personnel and shall include items designed to meet the needs of the facility.

**Interpretive Guideline**

Examine First Aid Kit and contents for appropriateness and completeness of emergency treatment supplies, and accessibility to staff.

Observe for availability of First Aid kits and supplies. Interview staff and residents. Review policies and procedures.

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**ST - R0046 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g)7, F.A.C.

**Regulation Definition**

RTFs shall have written policies and procedures for obtaining emergency diagnosis and treatment of dental problems

**Interpretive Guideline**

Review policy and procedures manual for documentation that a policy and procedures have been established for emergency dental situations including emergency diagnosis and treatment of dental problems, and transfer to another facility.

Review personnel or staff development records for documentation of annual review of policy and procedures for handling dental emergencies.

Interview staff and residents. Sample resident records and review physician orders/medical notes related to emergency dental problems.

**ST - R0047 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g)8, F.A.C.

**Regulation Definition**

RTFs shall have written policies and procedures for providing emergency medical and psychiatric care.

**Interpretive Guideline**

Review policy and procedures manual for documentation that a policy and procedures have been established for emergency medical and psychiatric care and transfer to another facility.

Review personnel or staff development records for documentation of annual review of policy and procedures for handling emergency medical and psychiatric care.

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**ST - R0048 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g)8a, F.A.C.

**Regulation Definition**

There shall be written, posted procedures which clearly specify who is available and authorized to provide necessary emergency psychiatric or medical care and how to arrange for referral or transfer to another facility, including ambulance arrangements, when necessary.

**Interpretive Guideline**

Observe posted procedures for obtaining emergency medical or psychiatric assistance, including transportation if needed.

Observe for posted procedures. Review policies and procedures that clearly specify who is available and authorized to provide necessary emergency psychiatric or medical care and how to arrange for referrals or transfers for such.

Interview staff

**ST - R0049 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g)8b, F.A.C.

**Regulation Definition**

RTFs shall transfer residents who pose an imminent physical danger to themselves or others to an appropriate acute care facility.

**Interpretive Guideline**

Review registry of transfers for justification and place of transfer.

Review policy and procedures manual for documentation that a policy and procedures have been established for emergency medical and mental health situations including managing aggressive behavior emergency diagnosis and transfer to another facility.

Review personnel or staff development records for documentation of annual review of policy and procedures for handling emergency medical and mental health emergencies.

Observe posted procedures for obtaining emergency medical or psychiatric assistance, including

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transportation if needed.

**ST - R0050 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g)8.b.I., F.A.C.

**Regulation Definition**

RTFs shall develop and maintain written transfer procedures, including a cooperative agreement with appropriate acute care facilities.

**Interpretive Guideline**

Review personnel or staff development records for documentation of annual review of policy and procedures for transfer to acute care facilities.

Review contracts or written agreements with acute care facilities for verification that residents have access to an acute level of care when needed in a timely manner.

Review transfer policies and procedures. Review cooperative agreements with acute care facilities. Interview staff.

**ST - R0051 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g)8.b.II., F.A.C.

**Regulation Definition**

RTFs shall maintain a registry of all transfers to acute care facilities and shall notify the referring court in the case of forensic residents, if appropriate.

**Interpretive Guideline**

Review registry of transfers for justification and place of transfer.

Review records of residents who were transferred to an acute care facility for verification that the justification, receiving facility, resident condition, method of transfer, and court notification of transfer of forensic residents is documented.

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**ST - R0052 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g)9.a., F.A.C.

**Regulation Definition**

Emergency Reports and Records.  
RTFs shall report to the appropriate district administrator and guardian any serious occurrence involving a resident outside the normal routine of the residential program such as abduction, abuse, assault, accident, contraband, illness requiring hospitalization, sexual abuse, suicide, death and homicide.

**Interpretive Guideline**

Review incidents.

Review records of residents involved in a serious occurrence for verification that the nature of the incident, outcome, and reporting of the incident have been documented.

**ST - R0053 - TREATMENT SERVICES**

**Title** TREATMENT SERVICES

**Type** Rule

65E-4.016(12)(g)9.b., F.A.C.

**Regulation Definition**

The reporting of all unusual incidents shall comply with departmental incident reporting procedures as prescribed in HRSR 215-6, "Incident Reporting and Client Risk Prevention," July 1, 1994, which is incorporated herein by reference.

**Interpretive Guideline**

Review policy and procedures manual for documentation that a policy and procedures have been developed for reporting unusual incidents.

Review incident report log or similar form of document for verification of compliance with reporting standards.

Review a sample of resident incidents to determine compliance with reporting procedures.



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**ST - R0054 - DISCHARGE, TERMINATION AND TRANSFER**

**Title** DISCHARGE, TERMINATION AND TRANSFER

**Type** Rule

65E-4.016(13)(a), F.A.C.

**Regulation Definition**

Discharge, Termination and Transfer.  
A discharge, termination or transfer summary shall be included in the resident's record.

**Interpretive Guideline**

Review a minimum of five closed records for verification of discharge, termination, or transfer summary.

**ST - R0055 - DISCHARGE, TERMINATION AND TRANSFER**

**Title** DISCHARGE, TERMINATION AND TRANSFER

**Type** Rule

65E-4.016(13)(b), F.A.C.

**Regulation Definition**

If required by the court, the program shall obtain court approval for the discharge of forensic residents and submit to the court any required reports.

**Interpretive Guideline**

Review a minimum of five closed records for verification of discharge, termination, or transfer summary, and court documents for forensic residents.

Interview the discharge planner or coordinator for verification of understanding and compliance with requirements for discharge, termination, or transfer summaries.

**ST - R0056 - RESIDENT RIGHTS**

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14), F.A.C.

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**Regulation Definition**

Resident Rights. The legal and civil rights of residents shall be safeguarded.

**Interpretive Guideline**

Review policy and procedures manual for verification that a policy and procedures for residents' legal and civil rights and physical safety have been established.

Observe staff's manner of dealing with residents to verify that their legal and civil rights are safeguarded.  
Interview residents for level of satisfaction with the quality of life at the facility.

**ST - R0058 - RESIDENT RIGHTS**

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14)a-b, F.A.C.

**Regulation Definition**

- a. Residents shall be informed of their rights, including the right to legal counsel and all other requirements of due process. Receipt of such information shall be documented by the signatures of the resident or guardian.
- b. RTFs shall be administered in a manner that protects the resident's rights, life and physical safety.

**Interpretive Guideline**

Observe posted rights poster.

Review a minimum of five resident records for verification that the resident has been informed of their rights.

1. Signature of resident or guardian.
2. Content of information.

Review policy and procedures manual for verification that a policy and procedures for residents' legal and civil rights and physical safety have been established.

Observe staff's manner of dealing with residents to verify that their legal and civil rights are safeguarded.  
Interview residents for level of satisfaction with the quality of life at the facility.

Interview staff and residents.

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**ST - R0059 - RESIDENT RIGHTS**

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14)(c), F.A.C.

**Regulation Definition**

RTFs shall post abuse and neglect phone numbers and the District Human Rights Advocacy Committee (HRAC) phone number.

**Interpretive Guideline**

Verify during the tour of the facility the posting of abuse and neglect phone numbers and the district HRAC phone number in a place accessible to residents.

Interview residents for verification of understanding of the location of abuse phone numbers and their purpose.

Verify the availability of a phone for resident use.

**ST - R0060 - RESIDENT RIGHTS**

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14)(d), F.A.C.

**Regulation Definition**

The facility's space and furnishings shall enable the staff to provide appropriate supervision while respecting the resident's right to privacy.

**Interpretive Guideline**

Examine facility furnishings for cleanliness, appropriateness, durability, and attractiveness.

Tour/observe the resident areas of the facility to verify space and furnishings allow appropriate resident supervision.

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**ST - R0061 - RESIDENT RIGHTS**

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14)(e), F.A.C.

**Regulation Definition**

Each facility shall have written policies and procedures which allow resident communication and visits with family members and other visitors when such visits do not interfere with treatment activities. Such policies and procedures shall be provided to the resident and family and updated when changes occur.

**Interpretive Guideline**

Observe staff's manner of dealing with residents to verify that their legal and civil rights are safeguarded.

Interview residents for level of satisfaction with the quality of life at the facility.

Review policies and procedures regarding resident communication and visits. Review resident records for documentation of receipt of communication and visitation policies.

**ST - R0062 - RESIDENT RIGHTS**

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14)(e)1, F.A.C.

**Regulation Definition**

If treatment interventions require restriction of communication or visits, as set forth in the program's policies and procedures, treatment staff shall evaluate these restrictions at least weekly for their effectiveness and continuing need. Such restrictions shall be subject to the provisions of Chapter 65E-5, F.A.C., documented and signed by the facility manager, and placed in the resident's record.

**Interpretive Guideline**

Review policy and procedures manual for documentation that policies and procedures have been established for restricting communication or visits.

Review records of residents who have been restricted for verification of at least weekly evaluation of effectiveness and continuing need, and input from guardian.

Policies and procedures should be established for restricting communication or visits. The policy and procedure should address:

1. Justification/criteria.

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2. Duration.
3. Evaluation of effectiveness.
4. Resident input.
5. Involvement of guardian.

**ST - R0063 - RESIDENT RIGHTS**

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14)(e)2, F.A.C.

**Regulation Definition**

Restriction of communication or visits required for practical reasons, including the expense of travel or telephone calls, shall be determined with the resident's family or guardian

**Interpretive Guideline**

Review policy manual for documentation that a policy and procedures have been established for restricting communication or visits.

Review records of residents who have been restricted for verification of at least weekly evaluation of effectiveness and continuing need, and input from guardian.

Review a sample of resident records for any restrictions on communication of visits determined by the family/guardian.

**ST - R0064 - RESIDENT RIGHTS**

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14)(f), F.A.C.

**Regulation Definition**

The resident's opinions and recommendations shall be considered in the development and continued evaluation of the

**Interpretive Guideline**

Observe staff's manner of dealing with residents to verify that their legal and civil rights are safeguarded.  
Interview residents for level of satisfaction with the quality of life at the facility.

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facility and its operations. The facility shall have written policies and procedures for receiving and responding to resident communications concerning its program.

Interview staff about resident input and communications

Review policies and procedures for receiving and responding to resident communications about the program.

**ST - R0065 - RESIDENT RIGHTS**

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14)(g), F.A.C.

**Regulation Definition**

RTFs shall have written policies concerning resident grievance procedures.

**Interpretive Guideline**

Interview residents for verification of understanding about grievance procedures

Review grievance/complaint policies and procedures and any grievances filed.

**ST - R0066 - RESIDENT RIGHTS**

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14)(h), F.A.C.

**Regulation Definition**

Residents shall not be subjected to remarks which ridicule them, their families or others.

**Interpretive Guideline**

Observe staff's manner of dealing with residents to verify that their legal and civil rights are safeguarded.

Interview residents for level of satisfaction with the quality of life at the facility.

Review policy and procedures manual for verification that a policy and procedures for residents' legal and civil rights and physical safety have been established

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ST - R0067 - RESIDENT RIGHTS

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14)(i), F.A.C.

**Regulation Definition**

RTFs shall have written procedures for suspending residents from the facility which are approved by the governing board and the district administrator.

**Interpretive Guideline**

Review policy and procedures manual for policy on suspension from facility to verify the governing board and the district administrator approved it.

Ask if any residents have been suspended from the facility.

ST - R0068 - RESIDENT RIGHTS

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14)(j), F.A.C.

**Regulation Definition**

RTFs shall not exploit a resident or require a resident to make public statements acknowledging gratitude to the program.

**Interpretive Guideline**

Interview residents for verification they are not exploited.

Observe residents

ST - R0069 - RESIDENT RIGHTS

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14)(k), F.A.C.

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**Regulation Definition**

Residents shall not be required to perform at public gatherings.

**Interpretive Guideline**

Observe staff's manner of dealing with residents.

Interview residents for verification they are not publicly exploited

**ST - R0070 - RESIDENT RIGHTS**

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14)(l), F.A.C.

**Regulation Definition**

RTFs shall not use identifiable pictures of a resident without written consent from the resident or guardian. Before any such pictures are used, a signed consent form indicating how they will be used shall be placed in the resident's record.

**Interpretive Guideline**

Review records of residents whose pictures have been used for verification that a signed consent form has been obtained.

Interview residents. Review a sample of resident records for signed consent.

**ST - R0071 - RESIDENT RIGHTS**

**Title** RESIDENT RIGHTS

**Type** Rule

65E-4.016(14)(m), F.A.C.

**Regulation Definition**

(m) Residents shall be allowed to wear their own clothing as appropriate.

1. Training and assistance in the selection and proper care of clothing shall be available.
2. Clothing shall be suited to the climate.
3. Clothing shall be in good repair, of proper size and similar to the clothing worn by the resident's peers in the community.

**Interpretive Guideline**

Observe residents for verification that clothing is appropriate, in good repair, the proper size, and suited to the climate.

Interview residents for verification that they are allowed to wear their own clothing, and training and assistance in selection and proper care of clothing is available.



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**ST - R0075 - RESIDENT RECORDS**

**Title** RESIDENT RECORDS

**Type** Rule

65E-4.016(15)(a), F.A.C.

**Regulation Definition**

Policies and Procedures for Resident Records. A freestanding facility or an organization operating a facility shall have written policies and procedures regarding resident records that include the following:

1. Resident records shall be confidential, current and accurate.
2. Resident records shall be stored in a locked room or container.
3. The information in resident records shall be safeguarded against loss, defacement, tampering or use by unauthorized persons.
4. Confidentiality of the information contained in a resident's record and communication between staff members and residents shall be protected as stated in Section 394.4615, F.S., and Chapter 65E-5, F.A.C. ....
5. Records may only be removed from the jurisdiction and safekeeping of the facility or the organization operating a facility according to written policies and procedures as required by law.
6. Each RTF shall provide training in verbal and written confidentiality requirements to all staff as part of new staff orientation and ongoing staff development.

**Interpretive Guideline**

Review policy and procedures manual for documentation that a policy and procedures for client records have been established and includes all required components:

Review a sample of staff records for required training on confidentiality requirements.

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**ST - R0076 - RESIDENT RECORDS**

**Title** RESIDENT RECORDS

**Type** Rule

65E-4.016(15)(b), F.A.C.

**Regulation Definition**

Maintenance of Records. Each freestanding facility or organization operating a facility shall have a master filing system which includes a comprehensive record of each resident's involvement in every aspect of the program.

**Interpretive Guideline**

Review a minimum of five on-site resident records for documentation that the required information is included.

Observe the master filing system for resident records. Interview staff about master filing system.

**ST - R0077 - RESIDENT RECORDS**

**Title** RESIDENT RECORDS

**Type** Rule

65E-4.016(15)(b)1., F.A.C.

**Regulation Definition**

Level I, II and III facilities operating under an organization that maintains a master filing system not on the RTF premises shall, in lieu of the master resident record, maintain for each resident a record that contains minimally the following information:

- a. Demographic information,
- b. Psychosocial assessment,
- c. Health assessment,
- d. Current medication profile,
- e. Individual treatment plan and plan amendments,
- f. Emergency contact sheet, and
- g. Progress notes.

**Interpretive Guideline**

Review resident records for:

- a. Demographic information,
- b. Psychosocial assessment,
- c. Health assessment,
- d. Current medication profile,
- e. Individual treatment plan and plan amendments,
- f. Emergency contact sheet, and
- g. Progress notes.

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**ST - R0078 - RESIDENT RECORDS**

**Title** RESIDENT RECORDS

**Type** Rule

65E-4.016(15)(b)2., F.A.C.

**Regulation Definition**

RTFs or organizations that operate RTFs shall adopt policies regarding the storage, disposal or destruction of resident records that protect against disclosure of confidential information in compliance with Chapters 119 and 267, F.S. Resident records shall be maintained minimally for 7 years after the date of the last entry.

**Interpretive Guideline**

Review personnel records for documentation of confidentiality training.

Interview staff for verification of understanding and compliance with policy and procedures for maintaining and storage of resident records.

Review a minimum of five closed records of residents discharged at least seven years ago for verification that records are maintained for the required time period.

Review policies and procedures for storage, disposal and destruction of resident records.

**ST - R0079 - RESIDENT RECORDS**

**Title** RESIDENT RECORDS

**Type** Rule

65E-4.016(15)(b)3., F.A.C.

**Regulation Definition**

Resident record services shall be directed, staffed and equipped to facilitate processing, checking, indexing, filing, retrieval and review of all resident records.

**Interpretive Guideline**

Examine records storage area for verification that records are maintained in a secure area, readily accessible to authorized personnel.

For electronic records, interview staff about security measures in place

Review resident records system. Interview staff about the process for maintaining resident records.

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**ST - R0080 - RESIDENT RECORDS**

**Title** RESIDENT RECORDS

**Type** Rule

65E-4.016(15)(b)4., F.A.C.

**Regulation Definition**

There shall be adequate space, equipment and supplies, compatible with the needs of the resident record services, to enable the personnel to function effectively and to maintain clinical records readily accessible.

**Interpretive Guideline**

Observe space, equipment and supplies for records management.

**ST - R0081 - PROGRAM EVALUATION**

**Title** PROGRAM EVALUATION

**Type** Rule

65E-4.016(16)(a), F.A.C.

**Regulation Definition**

Quality Assurance.

1. RTFs shall have or be part of an established quality assurance program with written policies and procedures that include the following:

- a. Composition of review committees,
- b. Case review procedures,
- c. Criteria and standards used in the review process and procedures for their development, and
- d. Procedures to assure dissemination of the results and corrective action.

2. Each quarter a peer review and a utilization review shall be conducted which ensure at a minimum that:

- a. Resident admissions are appropriate;

**Interpretive Guideline**

Review quality assurance policy and procedures for documentation that policy and procedures have been established for quality assurance program and contain all required components.

Review minutes of quality assurance meeting for verification that areas involving client safety and treatment have been addressed.

Review incident reports for evidence of trends and corrective action as needed.

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- b. Services are delivered in the least restrictive environment possible;
- c. Resident rights are protected;
- d. When permitted by the resident, the resident's family or significant others are involved in resident assessment, treatment planning and discharge planning;
- e. Service plans are comprehensive and relevant to residents' needs;
- f. Minimum standards for resident records are met;
- g. Minimum therapeutic dosages of medication are prescribed and appropriately administered;
- h. Medical emergencies are handled appropriately;
- i. Specialty cases such as suicides, death, violence, staff abuse, and resident abuse are reviewed;
- j. All major incident reports are reviewed;
- k. The length of stay for each resident is appropriate;
- l. Supportive services are ordered and obtained as needed;
- m. Continuity of care is provided; and
- n. Delay in receiving services is minimal.

**ST - R0082 - PROGRAM EVALUATION**

**Title** PROGRAM EVALUATION

**Type** Rule

65E-4.016(16)(b), F.A.C.

**Regulation Definition**

The program shall conduct an annual review of program effectiveness, program goals, policies, procedures and service treatment provision.

**Interpretive Guideline**

Review annual review of quality assurance program effectiveness for comprehensiveness and completeness.

Interview administration

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**ST - R0083 - PROGRAM EVALUATION**

**Title** PROGRAM EVALUATION

**Type** Rule

65E-4.016(16)(c)

**Regulation Definition**

All program evaluation and review information shall be made available to the department, upon request, within the limits of confidentiality pursuant to Section 394.459(9), F.S.

**Interpretive Guideline**

**ST - R0119 - Personal Safety**

**Title** Personal Safety

**Type** Rule

65E-4.016(17)(b)3.i., F.A.C.

**Regulation Definition**

If for clinical reasons access to potentially dangerous grooming aids or other personal articles is contraindicated for residents in Level I, II and III facilities, staff shall explain to the resident the conditions under which the articles may be used and shall document the clinical rationale for these conditions in the resident's record. If clinically indicated, the personal articles of residents in facility Levels I, II and III may be kept under lock and key by staff. Such actions shall be reviewed weekly for effectiveness and continued need.

**Interpretive Guideline**

Observe storage and usage of potentially dangerous articles for verification that they do not pose a danger to residents.

Review a minimum of five records of residents with restricted use of potentially dangerous articles for verification that the rationale for the restriction is documented.

Observe residents. Review a sample of resident records to ensure weekly reviews are occurring.

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**ST - R0121 - Physical Plant**

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(b)3.i., F.A.C.

**Regulation Definition**

The facility shall develop and enforce policies pertaining to the maintenance, supervision and safe use of any special activity areas or equipment.

**Interpretive Guideline**

Review policy and procedures manual for documentation that a policy and procedures have been established for maintenance, supervision, and safe use of special activity areas and equipment.

Observe special activity areas and equipment for verification that they are maintained and safe.

Observe residents in these areas for verification that they are safe and supervised.

**ST - R0122 - Physical Plant**

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(b)3.i.(I), F.A.C.

**Regulation Definition**

Indoor and outdoor recreational areas shall be provided with safeguards designed for the needs of the residents.

Outdoor recreational areas shall be well drained and kept free of litter and trash.

**Interpretive Guideline**

Observe recreational areas for verification that there are safeguards that provide for resident, staff and visitor security and safety.

1. Fences
2. Adequate lighting
3. Provisions for handicapped residents
4. Safe neighborhood

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5. Security locks
6. Clean grounds
7. Good drainage

**ST - R0124 - Physical Plant**

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(b)3.i.(III), F.A.C.

**Regulation Definition**

If swimming pools are available in facilities with eight or more residents, such pools shall be supervised at all times when they are in use.

**Interpretive Guideline**

Interview residents for verification that they are supervised at all times when in the pool area.

If applicable, observe swimming pool for staff supervision while in use.

**ST - R0125 - Physical Plant**

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(b)3.k., F.A.C.

**Regulation Definition**

Security. The facility shall develop a written policy which includes procedures that provide security for residents, staff and visitors, consistent with the conditions and risks associated with the facility's location.

**Interpretive Guideline**

Review policy and procedures manual for documentation that a policy and procedures for ensuring the security of residents, visitors, and staff have been established.



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**ST - R0128 - Physical Plant**

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(b)4.c.(I-II), F.A.C.

**Regulation Definition**

Garbage, Trash and Rubbish Disposal.

(I) All garbage, trash, and rubbish from residential areas shall be collected daily and taken to storage facilities. Garbage shall be removed from storage facilities frequently enough to prevent a potential health hazard or at least twice per week. Wet garbage shall be collected and stored in impermeable, leakproof, fly-tight containers pending disposal. All containers, storage areas and surrounding premises shall be kept clean and free of vermin.

(II) If public or contract garbage collection service is available, the facility shall subscribe to these services unless the volume makes on site disposal feasible. If garbage and trash are disposed of on premises, the method of disposal shall not create sanitary nuisance conditions.

**Interpretive Guideline**

Observe disposal and storage of garbage for verification of compliance with standards for storage and removal.

Observe method of storage and disposal of bio-hazardous waste for verification of compliance with standards for storage and removal.

In large facilities, review contracts with waste management companies for verification of compliance with standards for storage and removal of garbage.

Observe resident areas, garbage storage areas for signs of debris and/or vermin. Interview housekeeping staff.  
Observe disposal and storage of garbage for verification of compliance with standards for storage and removal.

Observe method of storage and disposal of bio-hazardous waste for verification of compliance with standards for storage and removal.

In large facilities, review contracts with waste management companies for verification of compliance with standards for storage and removal of garbage.

Observe resident areas, garbage storage areas for signs of debris and/or vermin. Interview administration about garbage collection services.

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**ST - R0130 - Physical Plant**

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(b)4.d.(I-II), F.A.C.

**Regulation Definition**

d. Pets and Live Animals.

(I) The facility shall formulate a policy regarding the availability and care of pets and other animals consistent with the requirements of good health, sanitation and local ordinances.

(II) Live animals shall not be allowed in the kitchen or food service areas while food is uncovered or exposed.

**Interpretive Guideline**

Review policy and procedures manual for documentation that a policy and procedures for availability and care of pets and other animals have been established.

Observe pets and areas where pets are kept for verification that pets or other animals are healthy and well cared for and areas where they are kept comply with policy.

Review policy and procedures manual for documentation that a policy and procedures for availability and care of pets and other animals have been established.

Observe pets and areas where pets are kept for verification that pets or other animals are healthy and well cared for and areas where they are kept comply with policy.

Observe the kitchen or food service area.

**ST - R0132 - Physical Plant**

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(b)4.e, F.A.C.

**Regulation Definition**

The kitchen and food preparation area shall be well-lighted, ventilated and located apart from areas which could cause food contamination. All doors and windows in the kitchen and food preparation areas that open to the outside shall be screened.

**Interpretive Guideline**

Observe cleanliness, storage, staffing, diet guidelines, check sanitation reports, and food preparation.

Observe the kitchen or food service area.

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**ST - R0133 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(b)4.f, F.A.C.

**Regulation Definition**

The floors, walls, shelves, tables, utensils and equipment in all rooms where food or drink is stored, prepared or served or where utensils are washed shall be kept clean and in repair. Stored food shall be protected from vermin, rodents and other contamination.

**Interpretive Guideline**

Observe for cleanliness and maintenance of the facility and food utensils in the kitchen and food service areas.

Observe method of food storage for verification that food is protected from vermin, rodents, and other contamination.

Observe floors and storage areas for evidence of vermin or rodents.

**ST - R0134 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)1, F.A.C.

**Regulation Definition**

For food service areas with a capacity of 13 or more residents, all matters pertaining to food service shall comply with the provisions of Chapter 64E-11, F.A.C.

**Interpretive Guideline**

Review contracts for providers of food service for verification of compliance with this rule.

Tour food service areas for verification of compliance with food preparation, handling and storage standards.

Verify current certification of the food manager.

Review sanitation and inspection reports for verification that the facility is in compliance with food service standards.

Refer to Chapter 64E-11, F.A.C.

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**ST - R0135 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)2, F.A.C.

**Regulation Definition**

Third Party Food Service. When food service is provided by a third party, the provider shall meet all conditions stated in this section, and shall comply with Chapter 64E-11, F.A.C. There shall be a formal contract between the facility and provider containing assurances that the provider will meet all food service and dietary standards imposed by this rule. Sanitation reports and food service establishment inspection reports shall be on file in the facility.

**Interpretive Guideline**

Review contracts for providers of food service for verification of compliance with this rule.

Tour food service areas for verification of compliance with food preparation, handling and storage standards.

Review sanitation and inspection reports for verification that the facility is in compliance with food service standards.

Interview food service staff. Review contract with third party food service provider. Review sanitation and inspection reports

**ST - R0136 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)3.a, F.A.C.

**Regulation Definition**

The facility or organization which operates the facility shall be responsible for the supervision of food service staff.

**Interpretive Guideline**

Observe employees in the process of food preparation for verification of clean garments, hand washing, hair restraints, signs of illness and supervision.

Verify that duty assignments are posted if the facility has three or more food service staff.

Review staff development or inservice education records for verification of food service training at least annually, and at least one staff member has completed the food service management training course.

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Interview administration about the supervision of food service staff.

**ST - R0137 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)3.b., F.A.C.

**Regulation Definition**

The staff shall perform their duties in a safe and sanitary manner, be knowledgeable of foods that meet regular diets and participate in continuing in-service education on at least an annual basis. A minimum of one staff member from each facility or organization which operates the facility serving food shall complete the Food Service Management Training Course at the county public health unit.

**Interpretive Guideline**

Observe employees in the process of food preparation for verification of clean garments, hand washing, hair restraints, signs of illness and supervision.

Verify that duty assignments are posted if the facility has three or more food service staff.

Review staff development or inservice education records for verification of food service training at least annually, and at least one staff member has completed the food service management training course.

Interview food service staff. Review a sample of food service staff records for annual inservice education. Review food service manager for required Food Service Management Training Course.

**ST - R0138 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)3.c., F.A.C.

**Regulation Definition**

All employees shall wear clean garments and keep their hands clean at all times while engaged in preparing or serving food and drink.

**Interpretive Guideline**

Observe employees in the process of food preparation for verification of clean garments, hand washing, hair restraints, signs of illness and supervision.

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**ST - R0139 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)3.d., F.A.C.

**Regulation Definition**

Staff and clients engaged in food preparation and service use effective restraints to keep hair from food and contact surfaces.

**Interpretive Guideline**

Observe employees in the process of food preparation for verification of clean garments, hand washing, hair restraints, signs of illness and supervision.

**ST - R0140 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)3.e., F.A.C.

**Regulation Definition**

No person having a communicable disease in the transmittable stage or who is a carrier of organisms that may cause a communicable disease shall prepare or serve food for others.

**Interpretive Guideline**

Observe employees in the process of food preparation for verification of clean garments, hand washing, hair restraints, signs of illness and supervision.

Review samples of food service employee records for freedom of communicable disease statement from physician.

Review policy and procedures for food service staff. Interview food service staff.

**ST - R0141 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)4.f., F.A.C.

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**Regulation Definition**

Duty assignments are posted in the kitchen area in facilities having three or more food service staff.

**Interpretive Guideline**

Verify that duty assignments are posted if the facility has three or more food service staff.

If applicable, observe kitchen for duty assignment posting

**ST - R0142 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)4, F.A.C.

**Regulation Definition**

Diet and Nutrition. The facility shall have policies and procedures to assure proper nutritional care of its residents, whether the food is prepared by residents, staff or a third party

**Interpretive Guideline**

Review written policies and procedures. Review a minimum of five resident records for doctor's orders for regular and special diets. Verify that these diets are being followed.

Review the schedule for meal times for verification of appropriate spacing.

Review menus for compliance with established dietary standards and verify that they are being followed as specified in an accepted diet manual.

Review policy and procedures manual for documentation that a policy and procedures for nutritional care of residents have been established.

Review menus. Interview food service staff. Observe meals for residents

**ST - R0143 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)4.a, F.A.C.

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**Regulation Definition**

For residents who need therapeutic diet services, a physician's order for each diet and the meal pattern, including types and amounts of food to be served, shall be on file. Therapeutic diets shall be prepared and served as ordered by the physician. Staff shall insure that residents on special diets follow the physician's orders.

**Interpretive Guideline**

Review a minimum of five resident records for doctor's orders for regular and special diets. Verify that these diets are being followed.

Review the schedule for meal times for verification of appropriate spacing.

Review menus for compliance with established dietary standards and verify that they are being followed as specified in an accepted diet manual.

Review policy and procedures manual for documentation that a policy and procedures for nutritional care of residents have been established.

Interview food service staff about therapeutic diet services available.

Observe meals for residents to ensure orders are being followed.

**ST - R0144 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)4.b., F.A.C.

**Regulation Definition**

Regular diets shall meet the nutritional needs of residents.

**Interpretive Guideline**

Review a minimum of five resident records for doctor's orders for regular and special diets. Verify that these diets are being followed.

Review the schedule for meal times for verification of appropriate spacing.

Review menus for compliance with established dietary standards and verify that they are being followed as specified in an accepted diet manual.

Review policy and procedures manual for documentation that a policy and procedures for nutritional care of residents have been established.



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Interview food service staff. Observe meals for residents

**ST - R0145 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)4.c., F.A.C.

**Regulation Definition**

An up-to-date diet manual, such as the Diet Manual of the Florida Dietetic Association, Inc., shall be used as the standard reference in planning regular and therapeutic diets.

**Interpretive Guideline**

Review a minimum of five resident records for doctor's orders for regular and special diets. Verify that these diets are being followed.

Review the schedule for meal times for verification of appropriate spacing.

Review menus for compliance with established dietary standards and verify that they are being followed as specified in an accepted diet manual.

Review policy and procedures manual for documentation that a policy and procedures for nutritional care of residents have been established.

Interview food service staff, dietician (if available). Observe for diet manual being used.

**ST - R0146 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)4.d., F.A.C.

**Regulation Definition**

The dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes.

**Interpretive Guideline**

Review a minimum of five resident records for doctor's orders for regular and special diets. Verify that these diets are being followed.

Review the schedule for meal times for verification of appropriate spacing.

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Review menus for compliance with established dietary standards and verify that they are being followed as specified in an accepted diet manual.

Review policy and procedures manual for documentation that a policy and procedures for nutritional care of residents have been established.

Observe meals for residents

**ST - R0147 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)4.e., F.A.C.

**Regulation Definition**

For facilities serving 3 meals a day, no more than 14 hours shall elapse between the end of an evening meal and the beginning of a morning meal containing a protein food. Intervals between other meals shall not be less than 4 hours and not more than 6 hours

**Interpretive Guideline**

Review a minimum of five resident records for doctor's orders for regular and special diets. Verify that these diets are being followed.

Review the schedule for meal times for verification of appropriate spacing.

Review menus for compliance with established dietary standards and verify that they are being followed as specified in an accepted diet manual.

Review policy and procedures manual for documentation that a policy and procedures for nutritional care of residents have been established.

Interview staff. Observe meal times. Request meal time documentation.

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**ST - R0148 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)4.f., F.A.C.

**Regulation Definition**

Group facilities shall plan menus at least 1 week in advance for regular and therapeutic diets. The menus shall be dated and posted where easily viewed by residents, corrected as served, and kept on file for 6 months.

**Interpretive Guideline**

Verify the posting of menus in a location accessible to residents.

Review menus for verification that they are planned one week in advance, dated, and filed for six months.

Observe for posted menus. Review menus. Interview food service staff.

**ST - R0149 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)5.a., F.A.C.

**Regulation Definition**

Food Preparation, Sanitation and Storage.  
All food and drink shall be clean, wholesome, free from spoilage and prepared so as to be safe.

**Interpretive Guideline**

Observe food storage and meal preparation procedures for verification that food is free from spoilage and prepared so as to be safe.

Observe storage of food and drinks, ensure no expired foods and drinks are stored. Ensure storage of food and drinks at proper temperatures.

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**ST - R0150 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)5.b, F.A.C.

**Regulation Definition**

Group facilities shall maintain a 1-week supply of non-perishable food, based on the number of weekly meals the program serves.

**Interpretive Guideline**

Tour food supply storage area for verification of adequate variety, types, and quantity.

Observe 1 week supply of emergency non-perishable foods

**ST - R0151 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)5.c., F.A.C.

**Regulation Definition**

Food shall be served attractively and at safe temperatures.

**Interpretive Guideline**

Check temperature of food at time of service for compliance with standards for temperature.

Observe meals for residents.

**ST - R0152 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)5.d., F.A.C.

**Regulation Definition**

Sufficient and appropriate eating ware shall be on hand.

**Interpretive Guideline**

Tour kitchen area for verification that eating ware is sufficient and appropriate.

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Observe meals for residents

**ST - R0153 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)5.e., F.A.C.

**Regulation Definition**

Schedules for cleaning of equipment, storage and work areas shall be in writing and on file.

**Interpretive Guideline**

Review the cleaning schedules for verification that they are in writing and on file and observe the staff for verification that they are followed.

Review cleaning schedules. Interview food service staff about storage, cleaning of equipment and work areas.

**ST - R0154 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)5.f, F.A.C.

**Regulation Definition**

Reports of sanitation inspections shall be on file, showing corrections of any deficiencies.

**Interpretive Guideline**

Review most recent sanitation inspections.

**ST - R0155 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)5.g, F.A.C.

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**Regulation Definition**

After each use, all nondisposable eating and drinking utensils shall be thoroughly cleansed with hot water and an effective detergent, rinsed free of such solution and sanitized.

**Interpretive Guideline**

Observe methods of cleaning utensils for verification that procedures are being followed.

Interview food service staff

**ST - R0156 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)5.h., F.A.C.

**Regulation Definition**

h. All food and drink at risk of spoilage shall be kept at or below 45° F, or above 140° F, except when being prepared or served.

**Interpretive Guideline**

Test food temps in coolers and tray lines with a calibrated thermometer

**ST - R0157 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)5.i., F.A.C.

**Regulation Definition**

Each refrigerator or freezer used for storage of perishable foods shall be provided with an accurate indicating thermometer located in the warmest part toward the front side of the refrigerator or freezer so that the temperature can be easily and readily observed.  
Freezers should be kept at or below 0° F.

**Interpretive Guideline**

Examine refrigerators and freezers for the presence of thermometers and record the temperatures.

Interview food service staff

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**ST - R0158 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)6.a., F.A.C.

**Regulation Definition**

Dining tables shall seat small groups of residents unless other arrangements are justified on the basis of resident needs.

**Interpretive Guideline**

Observe mealtime for verification of appropriate seating arrangements and staff assistance for residents as needed.

**ST - R0159 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)6.b., F.A.C.

**Regulation Definition**

Dining rooms in Level I or II facilities shall be adequately supervised and staffed to provide assistance to residents when needed and to assure that each resident receives an adequate amount of and variety of food.

**Interpretive Guideline**

Observe mealtime for verification of appropriate seating arrangements and staff assistance and supervision for residents as needed.

**ST - R0160 - Food Service**

**Title** Food Service

**Type** Rule

65E-4.016(17)(c)6.c., F.A.C.

**Regulation Definition**

The dining area shall be suitably lighted, ventilated and

**Interpretive Guideline**

Observe the dining area for verification that is well lighted, ventilated, and furnished.

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furnished.

ST - R0161 - Environment

**Title** Environment

**Type** Rule

65E-4.016(17)(d)1., F.A.C.

**Regulation Definition**

The facility shall establish an environment that enhances the positive self-image of residents and preserves their human dignity.

**Interpretive Guideline**

Interview residents for verification that the environment enhances positive self-image.

ST - R0162 - Physical Plant

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(d)1.a., F.A.C.

**Regulation Definition**

Residential facilities shall not be identified by an exterior sign or vehicle sign that labels the residents or special functions of the facility.

**Interpretive Guideline**

Tour facility for verification that there are no exterior or vehicle signs that label the residents or special functions of the facility.

ST - R0163 - Physical Plant

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(d)1.b., F.A.C.



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**Regulation Definition**

Vehicle traffic and parking relating to the facility shall be similar to that of surrounding structures or residences.

**Interpretive Guideline**

Tour exterior areas for verification that the parking area is similar to that of the neighborhood.

**ST - R0164 - Physical Plant**

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(d)1.c, F.A.C.

**Regulation Definition**

Residences and grounds shall be furnished in a manner similar to a normal home living environment.

**Interpretive Guideline**

Observe indoor and outdoor environments for compliance.

**ST - R0165 - Physical Plant**

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(d)2, F.A.C.

**Regulation Definition**

The grounds of the facility shall have adequate space for resident activities.

**Interpretive Guideline**

Tour the facility for verification that the grounds are spacious enough for outdoor activities.

**ST - R0167 - Physical Plant**

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(d)4, F.A.C.

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**Regulation Definition**

Areas that accommodate the following shall be available:

- a. A full range of social activities;
- b. Private conversations;
- c. Group activities; and
- d. Resident privacy, when appropriate.

**Interpretive Guideline**

Tour the indoor and outdoor areas for verification of compliance.

Interview residents for verification that areas are available for activities and privacy.

Observe resident activity and living areas.

**ST - R0172 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(d)6, F.A.C.

**Regulation Definition**

Drinking water shall be readily available and easily accessible to residents.

**Interpretive Guideline**

Observe method of providing residents with drinking water for verification that it is available and easily accessible.

Observe and interview residents

**ST - R0173 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(d)7, F.A.C.

**Regulation Definition**

Mirrors reasonably free of distortion shall be placed in appropriate places to aid in grooming and to enhance self-awareness.

**Interpretive Guideline**

Observe resident residence areas for verification that mirrors are accessible.

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**ST - R0174 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(d)8, F.A.C.

**Regulation Definition**

Clocks and calendars shall be provided to promote awareness of time and day.

**Interpretive Guideline**

Observe resident residential area for verification that clocks and calendars are provided.

**ST - R0176 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(d)10, F.A.C.

**Regulation Definition**

Clean, well-lighted and ventilated laundering facilities for resident use shall be available on the premises or in the immediate neighborhood.

**Interpretive Guideline**

Examine the laundry area for verification that it is well lighted, safe, and clean. Electrical connections should meet fire safety standards.

Examine the laundry area for verification that detergent are provided and stored in a manner to provide resident safety.

Interview residents for verification that laundry facilities are provided either in house or in the immediate neighborhood, and laundry supplies are adequately provided.

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**ST - R0177 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(d)11, F.A.C.

**Regulation Definition**

A telephone which allows private conversations shall be available and easily accessible within the facility.

**Interpretive Guideline**

Observe for verification that a telephone is available and easily accessible to residents.

Interview residents for verification that a telephone is available and easily accessible, and privacy is respected.

Review policy on long distance versus local calls. Is there a long distance phone block on this phone? If so, why? What provisions are made for residents to make long distance phone calls from this location?

**ST - R0178 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(d)12, F.A.C.

**Regulation Definition**

Facility lighting shall promote clear perceptions of people and functions. When and where appropriate, lighting shall be controlled by residents.

**Interpretive Guideline**

Observe facility lighting for verification that it promotes clear perceptions of people and functions.

Interview residents for verification of adequate lighting and resident participation in control of lighting.

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**ST - R0179 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(d)13, F.A.C.

**Regulation Definition**

Whenever feasible, the environment shall provide views of the outdoors.

**Interpretive Guideline**

Observe for verification that views of outdoors are provided if possible.

**ST - R0180 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(d)14, F.A.C.

**Regulation Definition**

Books, magazines, newspapers, arts and crafts materials, radios and televisions shall be available in accordance with residents' recreational, cultural and educational backgrounds and needs.

**Interpretive Guideline**

Observe for verification that appropriate books, magazines, arts and crafts materials, radios, and televisions are available in resident living areas.

Interview residents for verification of the availability of these items.

**ST - R0185 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(d)15.e., F.A.C.

**Regulation Definition**

Each resident bedroom where furnishings are supplied by the

**Interpretive Guideline**

Observe residents' bedrooms for verification of adequate, appropriate furnishings and clean bed linens.

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facility shall be furnished with at least the following equipment per resident:

- (I) Personal storage space such as dressers, chests or wardrobes;
- (II) Upon request, a table and comfortable chair;
- (III) Adequate space for hanging clothes; and
- (IV) A clean, comfortable bed in good repair with a mattress that is clean and free of odors, stains, rips, tears or lumpy stuffing, and is not less than 36 inches in width and 72 inches in length, with the top surface of the mattress at a comfortable height to assure easy access by residents; and
- (V) Bedding appropriate to the seasons, including a pillow, pillow case, sheets, blankets and spread.

**ST - R0186 - Environment**

**Title** Environment

**Type** Rule

65E-4.016(17)(d)15.f., F.A.C.

**Regulation Definition**

The placement of residents in a bedroom shall be appropriate to their ages, developmental levels and clinical needs and to meet the goals of the facility.

**Interpretive Guideline**

Verify appropriate placement of residents in bedrooms according to age, developmental level, and clinical needs.

Interview residents for verification that bedroom placement is appropriate.

**ST - R0187 - Environment**

**Title** Environment

**Type** Rule

65E-4.016(17)(d)15.g., F.A.C.

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**Regulation Definition**

Sleeping areas shall be assigned on the basis of the residents' needs for group support, privacy or independence.  
Bedroom doors shall not have vision panels.

**Interpretive Guideline**

Verify appropriate placement of residents in bedrooms and privacy  
Interview residents for verification that bedroom placement is appropriate.  
Observe bedroom doors

**ST - R0189 - Environment**

**Title** Environment

**Type** Rule

65E-4.016(17)(d)15.i., F.A.C.

**Regulation Definition**

Residents shall be allowed to keep and display personal belongings and to add personal touches to the decoration of their rooms. The facility shall have written policies to govern the appropriateness of such decorative display.

**Interpretive Guideline**

Observe residents' residential area for verification that personal belongings are allowed.  
Interview residents for verification that personal belongings are allowed.  
Review policy and procedure governing decorative displays of resident rooms.

**ST - R0190 - Environment**

**Title** Environment

**Type** Rule

65E-4.016(17)(d)15.i., F.A.C.

**Regulation Definition**

Each resident will be provided a place in which personal belongings may be securely stored.

**Interpretive Guideline**

Observe resident residential area for verification that a place to securely store personal belongings is provided.  
Interview residents for verification that a place to securely store personal belongings is provided.

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**ST - R0200 - Housekeeping / Maintenance**

**Title** Housekeeping / Maintenance

**Type** Rule

65E-4.016(17)(e)1.a., F.A.C.

**Regulation Definition**

The facility shall have written policies and procedures for maintaining a clean and sanitary environment, including the following:

- (I) The proper use, cleaning and care of equipment;
- (II) The proper use of housekeeping and cleaning supplies;
- (III) Appropriate techniques for evaluating the effectiveness of cleaning; and
- (IV) The roles of staff and residents in maintaining a clean and safe environment.

**Interpretive Guideline**

Review policy and procedures manual for documentation that policies and procedures have been developed to include all required items.

**ST - R0201 - Housekeeping / Maintenance**

**Title** Housekeeping / Maintenance

**Type** Rule

65E-4.016(17)(e)1.b., F.A.C.

**Regulation Definition**

Furniture and furnishings shall be clean and reasonably attractive.

**Interpretive Guideline**

Observe the facility for verification that furniture and furnishings are clean and attractive.



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**ST - R0202 - Housekeeping / Maintenance**

**Title** Housekeeping / Maintenance

**Type** Rule

65E-4.016(17)(e)1.c., F.A.C.

**Regulation Definition**

Odors shall be controlled by appropriate sanitation practices, effective cleaning procedures and proper use of ventilation.

**Interpretive Guideline**

Observe the facility for verification that it is free of odors.

Review policy and procedures manual for documentation that policies and procedures have been established for cleaning and deodorizing.

Examine the kitchen and bathrooms for verification of exhaust fans or other appropriate ventilation.

**ST - R0204 - Housekeeping / Maintenance**

**Title** Housekeeping / Maintenance

**Type** Rule

65E-4.016(17)(e)1.e., F.A.C.

**Regulation Definition**

Bedding shall be kept clean and free of odors or stains.

**Interpretive Guideline**

Examine bedding for verification that it is clean and free of odors and stains.

**ST - R0205 - Housekeeping / Maintenance**

**Title** Housekeeping / Maintenance

**Type** Rule

65E-4.016(17)(e)1.e(1), F.A.C.

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**Regulation Definition**

Mattresses and pillows shall be sanitized between uses by different residents.

**Interpretive Guideline**

Examine mattresses and pillows for verification of cleanliness.

Review policy and procedures manual for documentation that a policy and procedures have been established for the sanitation of mattresses and pillows between residents.

Interview staff for verification of compliance with care of mattresses and pillows.

**ST - R0206 - Housekeeping / Maintenance**

**Title** Housekeeping / Maintenance

**Type** Rule

65E-4.016(17)(e)1.e(II), F.A.C.

**Regulation Definition**

Blankets and bedspreads shall be washed or dry cleaned at least quarterly.

**Interpretive Guideline**

Examine blankets and bedspreads for verification of cleanliness.

Review policy and procedures manual for documentation that a policies and procedures have been established for care of blankets and bedspreads.

Review blanket/bedspread cleaning schedule.

Interview residents for verification that blankets and bedspreads are cleaned at least every three months.

Interview staff for verification of compliance with policy regarding care of blankets and bedspreads.

**ST - R0207 - Housekeeping / Maintenance**

**Title** Housekeeping / Maintenance

**Type** Rule

65E-4.016(17)(e)1.e.(III), F.A.C.

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**Regulation Definition**

Bed linens shall be washed at least weekly, or more frequently if necessary

**Interpretive Guideline**

Examine bed linens for verification of cleanliness.

Review policies and procedures manual for documentation that policies and procedures have been established for care of bed linens.

Check the laundry schedule for verification that bed linens are laundered at least weekly.

Interview staff for verification of compliance with laundry standards.

Interview residents for verification that bed linens are laundered at least weekly.

**ST - R0208 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(a)1, F.A.C.

**Regulation Definition**

Facility Standards. Building and Construction Requirements.  
The construction and renovation of a facility shall comply with the provisions of Chapter 553, F.S., Building Construction Standards.

**Interpretive Guideline**

**ST - R0209 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(a)2, F.A.C.

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**Regulation Definition**

Sewage, including liquid wastes from cleaning operations, shall be disposed of in a public sewage system or other approved sewage system in accordance with Chapter 64E-6, F.A.C., Standards for Individual Sewage Disposal Facilities.

**Interpretive Guideline**

**ST - R0210 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(a)3, F.A.C.

**Regulation Definition**

All sanitary facilities shall comply with the requirements of Chapter 64E-10, F.A.C.

**Interpretive Guideline**

**ST - R0211 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(a)4, F.A.C.

**Regulation Definition**

All plumbing shall comply with the plumbing code legally applicable to the area where the facility is located.

**Interpretive Guideline**

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**ST - R0212 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

64E-4.017(a)5, F.A.C.

**Regulation Definition**

The water supply must be adequate, of safe and sanitary quality and from an approved source in accordance with Chapters 64E-4 and 62-550, F.A.C., Drinking Water Standards, Monitoring, and Reporting.

**Interpretive Guideline**

**ST - R0213 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(a)7, F.A.C.

**Regulation Definition**

Facilities and additions shall be constructed to allow full compliance with the provisions of paragraph 65E-4.016(17)(b), F.A.C.

**Interpretive Guideline**

**ST - R0214 - Disaster Prep & Training**

**Title** Disaster Prep & Training

**Type** Rule

65E-4.016(17)(b)1, F.A.C.

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**Regulation Definition**

(b) Health and Safety.

1. Disaster Preparedness.

- a. The facility shall have or operate under a safety committee with a safety director or officer who is familiar with the applicable local, state, federal and National Fire Protection Association safety standards. The committee's functions may be performed by an already existing committee or governing board subcommittee with related interests and responsibilities.
- b. The facility shall have or be a part of a written internal and external disaster plan, developed with the assistance of qualified fire, safety and other experts.

(I) The plan shall identify the availability of fire protection services and provide for the following:

- (A) Use of the fire alarm,  
(B) Transmission of the alarm to the fire department,  
(C) Response to the alarm,  
(D) Isolation of the fire,  
(E) Evacuation of the fire area, with posted evacuation routes,  
(F) Preparation of the building for evacuation; and,  
(G) Fire extinguishment.

(II) The plan shall be made available to all facility staff and posted in appropriate areas within the facility.

(III) There shall be records indicating the nature of disaster training and orientation programs offered to staff.

**Interpretive Guideline**

Review the disaster preparedness plan for approval by local government entities. Interview facility staff to determine if plan is available and they are knowledgeable. Observe/Tour to see if plan is posted in appropriate areas.

**ST - R0216 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)2.a.I, F.A.C.

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**Regulation Definition**

Fire Safety.

a. RTFs shall comply with all applicable federal, state and local fire safety standards.

(I) For facility Level IB, which may have no more than three residents incapable of self-preservation, and for facility Levels II, III, IV, and V, which may have no residents incapable of self-preservation, each resident record shall have a signed statement by a physician or licensed psychologist regarding the resident's capability of self-preservation.

**Interpretive Guideline**

Review a sample of resident records for physician/licensed psychologist statement of capability of self preservation for each resident for Level IB, II, III, IV and V facilities.

Review local county fire inspection reports

**ST - R0217 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)2.a.(II)g, F.A.C.

**Regulation Definition**

Smoking. The program shall have a written policy governing smoking in the facilities.

**Interpretive Guideline**

Review the policy and procedure for resident smoking

**ST - R0218 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)2.a.(II)g.(I), F.A.C.

**Regulation Definition**

The smoking policy shall be conspicuously posted and made known to all residents, staff and visitors.

**Interpretive Guideline**

Observe for posting of the smoking policy

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**ST - R0219 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)2.a.(II)g.(II), F.A.C.

**Regulation Definition**

Smoking shall be prohibited in any area of the facility where combustible supplies, materials, liquids or gases are in use or stored.

**Interpretive Guideline**

Observe resident smoking areas

**ST - R0220 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)2.a.(II)g.(III), F.A.C.

**Regulation Definition**

Ambulatory residents shall not be permitted to smoke in bed.

**Interpretive Guideline**

**ST - R0221 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)2.a.(II)g.(IV), F.A.C.

**Regulation Definition**

Unsupervised smoking by residents confined to bed shall be prohibited.

**Interpretive Guideline**



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**ST - R0222 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)2.a.(II)g.(V), F.A.C.

**Regulation Definition**

Wastebaskets and ashtrays shall be made of noncombustible materials, and wastebaskets shall not be used as ashtrays.

**Interpretive Guideline**

**ST - R0223 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)2.h.(II), F.A.C.

**Regulation Definition**

The program shall secure, on a yearly basis or as required by statute, a documented fire safety inspection, including an inspection of electrical equipment.

**Interpretive Guideline**

Review the annual fire safety inspection

**ST - R0224 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)2.h.(III), F.A.C.

**Regulation Definition**

A report of the most recent fire inspection must be kept on file and accessible to authorized individuals.

**Interpretive Guideline**

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**ST - R0225 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)3.a, F.A.C.

**Regulation Definition**

The grounds and all buildings on the grounds shall be maintained in a safe and sanitary condition, as required in Chapter 386, F.S., Nuisances Injurious to Health.

**Interpretive Guideline**

**ST - R0226 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)3.b, F.A.C.

**Regulation Definition**

The building shall be free of hazards such as cracks in the floors, walls, or ceiling; warped or loose boards, tile, linoleum, handrails or railings; and broken window panes or missing window screens.

**Interpretive Guideline**

Observe the building during tour.

**ST - R0227 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)3.c, F.A.C.

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**Regulation Definition**

Protection shall be provided from sharp or jagged projections, "invisible" glass, moving parts, heated surfaces, heavy objects that could fall, or any other potentially hazardous condition.

**Interpretive Guideline**

**ST - R0228 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)G F.A.C.

**Regulation Definition**

The facility shall be free of unsafe accumulations of possessions, including equipment and supplies of residents, staff or owner.

**Interpretive Guideline**

Observe resident areas

**ST - R0229 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)3.e, F.A.C.

**Regulation Definition**

Grab bars shall be nonremovable

**Interpretive Guideline**

**ST - R0230 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)3.f, F.A.C.

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**Regulation Definition**

The temperature of the hot water supply shall be regulated and shall be between 105°-115° at the outlet.

**Interpretive Guideline**

Check water temps

**ST - R0231 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)3.g, F.A.C.

**Regulation Definition**

Any electrical fans, except ceiling paddle fans, shall be screened. All electrical fans, including paddle fans, shall be placed in a safe location.

**Interpretive Guideline**

**ST - R0232 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(b)3.h, F.A.C.

**Regulation Definition**

All potentially dangerous or toxic substances shall be stored in a cabinet or enclosure, away from food or other areas that could constitute a hazard to the residents.

**Interpretive Guideline**

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**ST - R0241 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(d)9, F.A.C.

**Regulation Definition**

The use of door locks or closed sections of the building shall comply with all applicable safety standards.

**Interpretive Guideline**

**ST - R0242 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(d)15.a, F.A.C.

**Regulation Definition**

All resident bedrooms shall be ventilated, well-lighted and located convenient to a bathroom

**Interpretive Guideline**

**ST - R0257 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(e)2.a, F.A.C.

**Regulation Definition**

Maintenance.  
The interior and exterior of buildings shall be reasonably attractive and in good repair. Loose, cracked or peeling

**Interpretive Guideline**

Observe interior and exterior of the building to ensure good repair

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wallpaper shall be promptly replaced, repaired or removed and the exposed area repainted to provide a satisfactory finish.

**ST - R0258 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(e)2.b, F.A.C.

**Regulation Definition**

The facility grounds shall be maintained in a safe and reasonably attractive manner.

**Interpretive Guideline**

Observe the grounds

**ST - R0259 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(e)2.c, F.A.C.

**Regulation Definition**

Furniture and furnishings shall be kept in good repair.

**Interpretive Guideline**

**ST - R0260 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(e)2.d, F.A.C.

**Regulation Definition**

All heating, air conditioning, electrical, mechanical, plumbing and fire protection systems shall function properly.

**Interpretive Guideline**

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**ST - R0261 - Physical Plant**

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(d)3, F.A.C.

**Regulation Definition**

The facility shall be accessible to handicapped persons or the facility shall have written policies and procedures that describe how handicapped individuals can gain access to the facility for necessary services.

**Interpretive Guideline**

Observe indoor and outdoor access and environment for compliance.

**ST - R0262 - Physical Plant**

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(d)5, F.A.C.

**Regulation Definition**

All areas of the facility occupied by residents shall be climatically controlled in a manner conducive to the comfort and privacy of the residents.

- a. A temperature of at least 72° F shall be maintained during waking hours in all areas used by residents. During hours when residents are normally asleep, a temperature of at least 68° F shall be maintained. These temperature requirements apply unless otherwise mandated by federal or state authorities.
- b. Temperatures of all inside areas of buildings used by residents shall not exceed 85° F.
- c. When cooling devices are used, they shall be placed or adjusted in a manner which minimizes drafts.

**Interpretive Guideline**

Observe areas of the facility for comfortable temps within required temperature ranges.

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**ST - R0263 - Physical Plant Requirements**

**Title** Physical Plant Requirements

**Type** Rule

65E-4.016(17)(d)15. a.-d., F.A.C

**Regulation Definition**

Bedrooms.

- a. All resident bedrooms shall be ventilated, well-lighted and located convenient to a bathroom.
- b. Resident bedrooms designated for single occupancy shall provide a minimum inside measurement of 80 square feet of usable floor space.
- c. Resident bedrooms designated for multiple occupancy shall provide a minimum inside measurement of 60 square feet of usable floor space per bed and be limited to four occupants.
- d. All resident bedrooms shall open directly into a corridor, a common use area or the outside, except in those facilities comprised of apartments.

**Interpretive Guideline**

Observe resident bedrooms for compliance

**ST - R0264 - Environment**

**Title** Environment

**Type** Rule

65E-4.016(17)(d)16

**Regulation Definition**

Bathrooms.

- a. A toilet and lavatory facility shall be provided for every six residents, and toilets shall be equipped with seats.
- b. A minimum of one tub or shower facility, equipped with non-slip devices, shall be provided for every eight residents.

**Interpretive Guideline**

Observe resident bathrooms

Interview residents about privacy and access to the bathrooms.



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- c. Bathrooms shall be ventilated, adequately lighted and have clearly labeled hot and cold running water.
- d. Each bathroom shall have a door in working order to assure privacy.
- e. When there is more than one toilet or bathing facility in a bathroom, provisions are required for privacy.
- f. Bathrooms used by physically handicapped residents shall be equipped to ensure safety and independent mobility.
- g. Sole access to toilet or bathing facilities shall not be through another resident's sleeping room, except in facilities comprised of apartments

**ST - R0265 - Environment - Common Living Area**

**Title** Environment - Common Living Area

**Type** Rule

65E-4.016(17)(d)17

**Regulation Definition**

Common Living Areas.

- a. A room, separate from sleeping areas, shall be provided where residents may read or engage in socialization or other leisure time activities.
- b. A minimum of 35 square feet of living and dining space per resident shall be provided by all facilities except those comprised of apartments. This space shall include living, recreational and other space designated accessible to residents, but shall not include bathrooms, corridors, storage space, or screened porches which cannot be adapted for year round use. Facilities with bedrooms which include living space may count the square footage that is in excess of the bedroom square footage requirements as part of the 35 square footage living and dining space requirements.

**Interpretive Guideline**

Observe resident common living areas

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**ST - R0266 - Physical Plant**

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(e)1.c., F.A.C.

**Regulation Definition**

The facility shall be free of unsafe or unsightly clutter or accumulations of possessions, equipment or supplies.

**Interpretive Guideline**

Observe the environment

**ST - R0267 - Fire Safety/ Disaster Planning**

**Title** Fire Safety/ Disaster Planning

**Type** Rule

65E-4.016 (17)(b)2.,(II) b.-f.

**Regulation Definition**

Facility Levels IB, II, III, IV, and V shall have a prompt evacuation capability.

b. Level IV and V facilities shall have a written policy on the safe use of extension cords and adapters. The use of extension cords and adapters is prohibited in Level I, II and III facilities.

c. Electrical cords and appliances shall be maintained in a safe condition.

d. Portable heating devices shall be used only in emergency situations as defined in agency procedures approved by the governing board.

e. Flammable liquids or gas cylinders shall not be positioned near flame or heat sources, nor stored with combustible materials.

f. Emergency Power. The facility shall provide egress lighting that will operate in the event of a power failure.

**Interpretive Guideline**

Review the facility evacuation plan

Review the written policy on safe use of extension cords and adapters for Level IV and V facilities. Observe for extension cords and adapters which are prohibited in Level I, II and III facilities.

Interview staff

Observe for storage of flammable liquids or gas cylinders.

Observe emergency power of egress lighting

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**ST - R0268 - Standards for Client Records**

**Title** Standards for Client Records

**Type** Rule

65E-4.014(3)(a) (b)

**Regulation Definition**

(3) Client Record System.

(a) A service provider must develop an individualized record for each client it serves except for those clients seen on a brief emergency basis, and for whom no further services are indicated. The detail and comprehensiveness of each record will depend upon the amount of contact the agency has with the client. The information in subparagraphs 65E-4.014(3)(b)1. and 9., F.A.C., must be obtained for every client. The necessity for all other information will vary depending upon the service needs of the client.

(b) Record Information - The provider must obtain from or develop for each client it serves the following information:

1. Name, address, telephone number, marital status, sex, race, date of birth, names and addresses of client's next of kin or guardian, referral source, presenting problem and financial eligibility information as specified by the department,
2. The name of the individual having primary responsibility for the client's treatment,
3. Assessment information,
4. Information on results from diagnosis and evaluation,
5. Service plan,
6. Progress notes,
7. Medication profile,
8. As necessary, a time-specific statement authorizing release of confidential information, signed and dated by the client or guardian, which designates the agency to receive the information,

**Interpretive Guideline**

Review a sample of client records for each of the required components

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- 9. Termination reports,
- 10. Treatment plan and treatment plan updates; and,
- 11. Legal status.

**ST - R0269 - Standards for Client Records**

**Title** Standards for Client Records

**Type** Rule

65E-4.014(3)(c)

**Regulation Definition**

(c) Progress notes, activity notes or status reports shall be prepared at least monthly for clients having a service plan or treatment plan unless the plan indicates less frequent need. Content shall include:

1. Dates of contact with client, and as needed, client's family, friends, and involved service or resource agencies,
2. Description of client progress, or lack thereof, relative to the service plan or treatment plan; and,
3. Description of any modification to the service plan or treatment plan resulting from such factors as changes in client's needs, changes in resources and new assessment findings

**Interpretive Guideline**

Review a sample of client records for monthly progress reports and the required components of the reports.

**ST - R0270 - Standards for Client Records**

**Title** Standards for Client Records

**Type** Rule

65E-4.014(3)(d)

**Regulation Definition**

(d) Termination Reports - A termination report must be filed in the record within 4 weeks after official termination of services.

**Interpretive Guideline**

Review a sample of closed records for termination reports to ensure they contain the required components.

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For clients not requiring additional services and for whom services are being terminated, the report shall contain the following:

1. Reason for termination - Non-CCMS cases with no contact over a 90-day period must be closed or terminated except in those cases where the service plan or treatment plan does not indicate the need for such frequent contact. Examples of reasons to close a case are refusal of services, no longer in need of services, referred to another agency, left the area and deceased,
2. Evaluation of impact of agency's services on each client's service plan or treatment plan goals or objectives,
3. Signature of individual preparing report and date of preparation; and,
4. For a client whose case is being closed and who is being referred to another agency for further services that are not provided by the referring agency, the report must also include the reason for referral.

**ST - R0271 - Standards for Client Records**

**Title** Standards for Client Records

**Type** Rule

65E-4.014(3)(e)

**Regulation Definition**

(e) Policies and Procedures for Client Records - Service providers shall have written policies and procedures regarding client records which insure the following:

1. Client records are current and accurate,
2. Client records are stored in a locked room or container,
3. The information in client records is safeguarded against loss, defacement, tampering or use by unauthorized persons,
4. Confidentiality of the information contained in a client's record and communication between staff members and clients

**Interpretive Guideline**

Review the policies and procedures for client records for required components.

Interview staff for knowledge of facility policies and procedures for client records and observe record storage.

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is protected as stated in subsection 394.4615, F.S., and Rule 65E-5.038, F.A.C.,

5. Records shall be removed from the jurisdiction and safekeeping of the provider only in accordance with written policies and procedures as required by law,

6. Training in verbal and written confidentiality requirements is provided to all staff as part of new staff orientation and ongoing staff development,

7. There is a master filing system which includes a comprehensive record of each client's involvement in every aspect of the program,

8. Client records are maintained minimally for 7 years after the date of the last entry,

9. The client record system is directed, staffed and equipped to facilitate processing, checking, indexing, filing, retrieval and review of all client records; and,

10. There is adequate space, equipment and supplies, compatible with the needs of the client record services to enable the personnel to function effectively and to maintain client records readily accessible.

**ST - R0272 - Screening/Intake Procedures**

**Title** Screening/Intake Procedures

**Type** Rule

65E-4.014(4)

**Regulation Definition**

(4) Screening and Intake Procedures - Providers must have written screening and intake procedures which minimally assure that:

(a) A single telephone number is established that is manned 24 hours daily, 7 days per week through which a client may secure information and referral for initial intake with an appropriate provider;

**Interpretive Guideline**

Review facility's written screening and intake procedures.  
Interview staff about the process

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- (b) Upon initial request for service, a screening is done to determine the immediacy of the client's needs;
- (c) Screening services are conducted by staff members specifically trained to perform this function, in order to ascertain the appropriateness of the agency's services to meet the needs of the client;
- (d) For cases determined to be non-emergency, initial intake services are offered as immediately as appropriate to meet the needs of the client;
- (e) When the services offered by the agency are found to be inappropriate for the needs of a potential client, the agency shall secure a timely referral for the person to a more appropriate agency or service and make all reasonable efforts to confirm that the client has been accepted for service. If no referral is established, the agency shall, with the consent of the client, notify Children and Family Services district CCMS staff to assist them in identifying service gaps in the community;
- (f) During the intake process, all potential clients have explained to them the nature of the services offered, the procedures, fees, and hours involved, and their choices, rights, and responsibilities while receiving services; and,
- (g) A smooth and effective transition occurs from intake to initiation of services. For clients who are not eligible for assignment to a CCMS case manager, a primary therapist or treatment coordinator must be assigned.

**ST - R0273 - Evaluation Procedures**

**Title** Evaluation Procedures

**Type** Rule

65E-4.014(5)

**Regulation Definition**

(5) Evaluation Procedures - Each agency will have a written

**Interpretive Guideline**

Review the facility's written procedures for when evaluations/assessments are initiated and completed.

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procedure describing the process whereby evaluation services will be initiated and completed for clients.

Review a sample of client records to ensure evaluations/assessments contain the required components.

**ST - R0274 - Assessment & Trtmt Plan Procedures**

**Title** Assessment & Trtmt Plan Procedures

**Type** Rule

65E-4.014(6)

**Regulation Definition**

**Interpretive Guideline**

(6) Assessment and Treatment Plan Development - The assessment and treatment plan must be completed, and the actions specified in the plan must be initiated for each active client within 30 days after completion of intake.

(a) The assessment must, with input from the client, include:

1. Description and evaluation of presenting problem,
2. Information from the intake and evaluation; and,
3. Description of the client's current and potential strengths and problems, the client's family and friends, pertinent service agencies with whom the client has been involved, and other social support systems that may contribute to the course of treatment.

(b) Treatment plan goals or objectives must be derived from the initial assessment of the client's needs and strengths.

1. Each goal or objective must be developed with the client, be achievable, have a reasonable time frame for achievement and be stated in terms of observable and measurable outcomes.
2. For each goal or objective, the actions needed to attain that goal and the responsible individual or individuals must be listed.
3. A minimum of one goal or objective shall be developed with the client for each treatment environment serving the client. Social programs, networks and clubs are exempt from this requirement.
4. For clients who are assessed to be in need of services or



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resources external to the provider and who do not meet CCMS criteria for the assignment of a case manager, externally related service or resource goals or objectives shall be developed by the primary therapist or treatment coordinator on either the treatment plan or service plan.

a. If the agency does not offer the services needed, the primary therapist for the non-CCMS client must refer and link the client to appropriate agencies which provide the needed services. A copy of the relevant parts of the service plan or treatment plan and other relevant client information shall be submitted to referral agencies when authorized by the client or guardian.

b. If the service needed is not available in the community, this information shall be reported to district CCMS staff.

5. Dates and results of follow-up contacts by the primary therapist must be entered into the client record.

**ST - R0275 - QA & Peer Review Systems**

**Title** QA & Peer Review Systems

**Type** Rule

65E-4.014(7)

**Regulation Definition**

(7) Quality Assurance Program, including Utilization and Peer Review Systems.

(a) Service providers are required to have an established, ongoing quality assurance program.

(b) Each service provider must describe in writing its quality assurance program to include:

1. Composition of review committees,
2. Procedures to be followed in reviewing cases,
3. Criteria and standards used in the review process and procedures for their development; and,
4. Procedures to be followed to assure dissemination of the

**Interpretive Guideline**

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results.

**ST - R0276 - Staffing Patterns**

**Title** Staffing Patterns

**Type** Rule

65E-4.016 (4)2.

**Regulation Definition**

2. Staffing Pattern. Level IA facilities must maintain a minimum of 1-10 staff to resident ratio with never less than 2 staff on the premises at all times. There must be 24 hours per day, 7 days per week nursing supervision, provided minimally by a licensed practical nurse under the direction of an on-call licensed physician or registered nurse.

Staffing Pattern. Level II facilities must maintain a minimum of 1-15 staff to resident ratio with never less than one staff on the premises when residents are present during normal waking hours. During normal sleeping hours, a minimum of 1-22 staff to resident ratio is required. The facility must have procedures to mobilize additional staff 24 hours daily in the event of emergency need.

Staffing Pattern. Level III facilities must maintain a minimum 1-20 staff to resident ratio with never less than one staff on the premises when residents are present during normal waking hours. During normal sleeping hours, a minimum of 1-40 staff to resident ratio is required. The facility must have procedures to mobilize additional staff 24 hours daily in the event of emergency need.

Staffing Pattern. Level IV facilities may have less than 24 hours per day, 7 days per week on-premises supervision; however, on-call staff must be available at all times. Staff shall

**Interpretive Guideline**

Level IA. A Level IA facility provides a structured group treatment setting with 24 hours per day, 7 days per week supervision for residents who have major skill deficits in activities of daily living and independent living, and are in need of intensive staff supervision, support and assistance. Nursing services are provided on this level but are limited to medication administration, monitoring vital signs, first aid, and individual assistance with ambulation, bathing, dressing, eating and grooming.

Level IB. Level IB facilities shall meet all Level IA criteria with the exception of fire safety requirements. Level IB fire safety requirements are specified in sub-subparagraph 65E-4.016(17)(b)2.a., F.A.C.

Level II. A Level II facility provides a structured group treatment setting with 24 hour per day, 7 days per week supervision for five or more residents who range from those who have significant deficits in independent living skills and need extensive supervision, support and assistance to those who have achieved a limited capacity for independent living, but who require frequent supervision, support and assistance.

Level III. A Level III facility consists of collocated apartment units with an apartment or office for staff who provide on-site assistance 24 hours per day, 7 days per week. The facility may be comprised of a block of apartments within a large apartment complex. The residents served in this facility have a moderate capacity for independent living.

Level IV. A Level IV facility provides a semi-independent, minimally structured group setting for 4 or more residents who have attained most of the skills required for independent living and require minimal staff support.

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have a minimum of weekly on-premises contact with residents.

Staffing Pattern. Level V facilities may have less than 24 hours per day, 7 days per week on-premises staff; however, on-call staff must be available at all times. Staff shall have a minimum of weekly on-premises contact with residents.

**ST - R0277 - Eligibility Criteria**

**Title** Eligibility Criteria

**Type** Rule

65E4.016, (4)(a)1., (4)(c)1, (4)(d)1; (4)

**Regulation Definition**

A1. Resident Eligibility Criteria. Persons who enter Level I facilities must meet the following minimum criteria:

- a. Diagnosed as having mental illness,
- b. Age 18 or older,
- c. Ambulatory or capable of self-transfer,
- d. Able to participate in treatment programming and services,
- e. Free of major medical conditions requiring ongoing 24 hours per day, 7 days per week nursing services,
- f. Assessed as having the potential, with staff supervision, to self-administer medication, maintain personal hygiene, and participate in social interaction; and,
- g. Does not exhibit chronic inappropriate behavior which disrupts the facility's activities or is harmful to self or others.

C1. Resident Eligibility Criteria. A person who enters Level II facilities, in addition to meeting the eligibility criteria specified in Level I, must meet the following criteria:

- a. Self-administers medication with staff supervision,
- b. Maintains personal hygiene and grooming with staff supervision,
- c. Initiates and participates in social interaction with staff

**Interpretive Guideline**

Observe and interview a sample of clients. Cite this tag if any client is found to not meet the eligibility criteria.

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- supervision,
- d. Performs assigned household chores with staff supervision;
- and,
- e. Is capable of self-preservation in accordance with subparagraph 65E-4.016(17)(b)2., F.A.C.

D1. Resident Eligibility Criteria. A person who enters Level III facilities, in addition to meeting the criteria specified in Levels I and II, must meet the following criteria:

- a. Self-administers and monitors own medication with minimal prompting,
- b. Performs household chores with minimal prompting,
- c. Maintains personal hygiene and grooming with minimal prompting,
- d. Utilizes recreational and social resources with staff encouragement,
- e. Utilizes community transportation systems,
- f. Manages income with assistance; and,
- g. Expresses problems and concerns to appropriate persons.

E1. Resident Eligibility Criteria. A person who enters Level IV facilities, in addition to meeting the eligibility criteria specified in Levels I, II and III, must demonstrate proficiency in performing at least the following skills without daily supervision:

- a. Self-administers and monitors own medications,
- b. Performs household chores and activities,
- c. Maintains personal hygiene and grooming,  
Manages income,
- e. Utilizes recreational and social resources,
- f. Procures food and other items necessary to maintain a household,
- g. Prepares meals either individually or cooperatively; and,
- h. Utilizes community transportation systems.

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**ST - R0278 - Physical Plant**

**Title** Physical Plant

**Type** Rule

65E-4.016(17)(b)4.a., b., F.A.C.

**Regulation Definition**

4. Health and Sanitation.
- a. Appropriate health and sanitation inspection certificates shall be obtained before occupying any new physical facility or addition, and at least yearly or as required by statute, thereafter. A report of the most recent inspection must be on file and accessible to authorized individuals.
- b. Hot and cold running water under pressure shall be readily available in all washing, bathing and food preparation areas.

**Interpretive Guideline**

- Review the most recent inspection from local health authorities.
- Observe the hot and cold running water pressure in washing, bathing and food preparation areas.

**ST - R1300 - Visitation**

**Title** Visitation

**Type** Rule

DEM Emerg Order 20-011

**Regulation Definition**

1. Every facility must continue to prohibit the entry of any individual to the facility, except in the following circumstances:
- A. Family members, friends, and individuals visiting residents in end- of-life situations including any resident enrolled in hospice;
- B. Hospice or palliative care workers caring for residents in end-of-life situations including any resident enrolled in hospice;

**Interpretive Guideline**

Refer to the Visitation Frequently Asked Questions (FAQs) posted at [http://ahca.myflorida.com/docs/Visitation\\_FAQs\\_11-4-20.pdf?utm\\_source=iContact&utm\\_medium=email&utm\\_campaign=hqa-alert&utm\\_content=ESS\\_COVID19\\_VisitQA\\_11042020\\_LTCFacs](http://ahca.myflorida.com/docs/Visitation_FAQs_11-4-20.pdf?utm_source=iContact&utm_medium=email&utm_campaign=hqa-alert&utm_content=ESS_COVID19_VisitQA_11042020_LTCFacs)

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C. Any individuals or providers giving necessary health care to a resident, provided that such individuals or providers: (1) comply with the most recent Centers for Disease Control and Prevention (CDC) requirements for personal protective equipment (PPE), (2) are screened for signs and symptoms of COVID-19 prior to entry, and (3) comply with the most recent infection control requirements of the CDC and the facility;

D. Facility staff;

E. Facility residents;

F. Attorneys of Record for residents in Adult Mental Health and Treatment Facilities or forensic facilities for court-related matters if virtual or telephonic means are unavailable;

G. Public Guardians as set forth in chapter 744, Florida Statutes, Professional Guardians as defined by subsection 744.102(17), and their professional staff pursuant to subsection 744.361(14), Florida Statutes;

H. Attorneys and their legal staff who are acting in their capacity as the legal representatives of residents where (a) the residents and lawyers are engaged in an active attorney-client relationships, (b) the visit is related to representation in legal proceedings or in consultation on legal matters, and (c) virtual or telephonic means are unavailable;

I. Representatives of the federal or state government seeking entry as part of their official duties, including but not limited to Long-Term Care Ombudsman program, representatives of the Department of Children and Families, the Department of Health, the Department of Elderly Affairs, the Agency for Health Care Administration, the Agency for Persons with Disabilities, a protection and advocacy organization under 42 U.S.C. §15041, the Office of the Attorney General, any law enforcement officer, and any emergency medical personnel;

J. Compassionate care visitors who meet the following definitions and satisfy the following criteria:

i. Compassionate care visitors provide support,

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including emotional support, to help residents deal with difficult transition or loss, upsetting events, end-of-life situations, significant changes (such as recent admission to the facility), the need for assistance, cueing or encouraging with eating or drinking, or emotional distress or decline.

ii. Regarding compassionate care visitors, the facility shall:

1. Establish policies and procedures for designation and utilizations of compassionate care visitors;

2. Set a limit on the total number of visitors allowed in the facility based on the ability of staff to safely screen and monitor visitation;

3. Develop an agreeable schedule in concert with the residents and visitors, including evening and weekends, to accommodate work or childcare barriers;

4. Provide instructional signage throughout the facility and infection prevention and control education, including education on proper use of PPE, hand hygiene, and social distancing;

5. Designate key staff to support infection prevention and control training;

6. Screen compassionate care visitors to prevent possible introduction of COVID-19;

7. Maintain a visitor log for signing in and out;

8. Monitor visitor adherence to appropriate use of face masks, PPE, and social distancing, especially for those who may have difficulty with compliance such as children; and

9. After attempts to mitigate concerns, restrict or revoke visitation if the compassionate care visitor fails to follow infection prevention and control requirements or other COVID-19-related rules of the facility.

iii. Compassionate care visitors shall:

1. Wear a surgical mask and other PPE as appropriate. PPE for compassionate care visitors must be

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consistent with the most recent CDC guidance for health care workers;

2. Participate in facility-provided training on infection prevention and control, use of PPE, use of masks, hand sanitation, and social distancing, and sign acknowledgement of completion of training and adherence to the facility's infection prevention and control policies;

3. Comply with facility-provided COVID-19 testing, if offered;

4. Visit in the resident's room or in facility-designated visitation areas within the building; and

5. Maintain social distance of at least six feet with staff and other residents and limit movement in the facility except compassionate care visitors are not required to maintain social distance from the resident being visited.

iv. The facility may require compassionate care visitors to submit to facility-provided COVID-19 testing so long as use of testing is based on the most recent CDC and U.S. Food and Drug Administration (FDA) guidance.

K. General visitors, i.e. individuals other than compassionate care visitors, under the criteria detailed below:

i. To accept general visitors, the facility must meet the following criteria:

1. Other than in a dedicated wing or unit that accepts COVID-19 cases from the community, the facility must have no new facility-onset of resident COVID-19 cases in the previous fourteen (14) days;

2. The facility must have fourteen (14) days with no new facility-onset of staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test;

3. Sufficient staff to support management of visitors;

4. Adequate PPE for staff, at a minimum;

5. Adequate cleaning and disinfecting supplies; and

6. Adequate capacity at referral hospitals for the



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facility.

ii. General visitors must:

1. Wear a face mask and perform proper hand hygiene;
2. Sign an acknowledgement form noting receipt and understanding of the facility's visitation and infection prevention and control policies.
3. Comply with facility-provided COVID-19 testing, if offered;
4. Visit in a resident's room or other facility-designated area; and
5. Maintain social distance of at least six feet with staff and residents, and limit movement in the facility.

iii. Before allowing general visitors, the facility shall:

1. Set a policy to prohibit visitation if the resident receiving general visitors is quarantined, positive for COVID-19 and not recovered (as defined by most recent CDC guidance), or symptomatic for COVID-19;
2. Screen general visitors to prevent possible introduction of COVID-19;
3. Establish limits on the total number of visitors allowed in the facility, or with a resident at one time based on the ability of staff to safely screen and monitor visitation;
4. Establish limits on the length of visits, days, hours, and number of visits allowed per week;
5. Schedule visitors by appointment only;
6. Maintain a visitor log for signing in and out;
7. Immediately cease general visitation if a resident--other than in a dedicated wing or unit that accepts COVID-19 cases from the community--tests positive for COVID-19, or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19, or a staff person who was in the facility in the prior ten (10) days tests positive for COVID-19;
8. Monitor visitor adherence to appropriate use of

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masks, PPE, and social distancing;

9. Notify and inform residents and their representatives of any changes in the facility's visitation policy;

10. Clean and disinfect visiting areas between visitors and maintain handwashing or sanitation stations; and

11. Designate staff to support infection-prevention and control education of visitors on use of PPE, use of masks, hand sanitation, and social distancing.

iv. Facilities allowing general visitation shall enable general visitation as described in either or both paragraphs 1 and 2 below:

1. Provide outdoor visitation spaces that are protected from weather elements, such as porches, courtyards, patios, or other covered areas that are protected from heat and sun, with cooling devices if needed. The provisions of K.(i)(1) and (2) are not applicable to outdoor visitation.

2. Create indoor visitation spaces for residents in a room that is not accessible by other residents, or in the resident's private room if the resident is bedbound and for health reasons cannot leave his or her room.

v. Limit the number of visitors per resident at one time,

vi. Each facility may require general visitors to submit to facility- provided COVID-19 testing so long as use of testing is based on the most recent CDC and FDA guidance.

L. Barbers and beauty salons may resume services to residents with the following precautions:

i. Services are permissible only if:

1. Other than in a dedicated wing or unit that accepts COVID-19 cases, the facility has had no new facility- onset of resident COVID-19 cases in the previous fourteen (14) days; and

2. Fourteen (14) days have passed with no new staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test.

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- ii. Barbers and salon staff must wear surgical masks, gloves, practice proper hand hygiene, and follow the same requirements as compassionate caregivers;
  - iii. Waiting customers must follow social distancing guidelines;
  - iv. Residents receiving services must wear face masks;
  - v. Services are only provided to facility residents, not outside clients or guests;
  - vi. Services may not be provided to a resident who tests positive for COVID-19 or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19; and
  - vii. Service and salon areas must be properly cleaned and disinfected, and equipment must be sanitized between residents.
2. Individuals seeking entry to the facility, under the above section 1, will not be allowed to enter if they meet any of the screening criteria listed below:
- A. Any person infected with COVID-19 who does not meet the most recent criteria from the CDC to end isolation.
  - B. Any person showing, presenting signs or symptoms of, or disclosing the presence of a respiratory infection, including cough, fever, shortness of breath, sore throat, chills, headache, muscle pain, repeated shaking with chills, new loss of taste or smell, or any other COVID-19 symptoms identified by the CDC.
  - C. Any person who has been in close contact with any person(s) known to be infected with COVID-19, who does not meet the most recent criteria from the CDC to end quarantine.
3. All facilities must require any individual who is entering the facility and who will have physical contact with any resident to wear PPE pursuant to the most recent CDC guidelines. Persons without physical contact with any resident must wear a face mask. All facilities are encouraged to

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provide regular COVID-19 testing for staff and visitors.

4. Any resident leaving the facility temporarily for medical appointments or other activities, and any resident receiving visits from health care providers, must wear a face mask, if tolerated by that resident's condition. All residents must be screened upon return to the facility. Eye protection should also be encouraged. Appointments should be scheduled through the facility or group home to ensure proper screening and adherence to infection-control measures.

5. All visitors must immediately inform the facility if they develop a fever or symptoms consistent with COVID-19 or test positive for COVID-19 within fourteen (14) days of a visit to the facility.

6. Documentation showing compliance with the following requirements must be kept for all visitation within a facility:

A. Individuals entering a facility must be screened. To achieve this purpose, a facility may use a standardized questionnaire or other form of documentation.

B. The facility is required to maintain documentation of all non-resident individuals entering the facility. The documentation must contain:

- i. Name of the individual entering the facility;
- ii. Date and time of entry; and
- iii. The screening mechanism used by the facility to conclude that the individual did not meet any of the enumerated COVID-19 screening criteria. This documentation must include the screening employee's printed name and signature.

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**ST - R9998 - Definitions**

**Title** Definitions

**Type** Memo Tag

65E-4.016(2), F.A.C.

**Regulation Definition**

**Interpretive Guideline**

(2) Definitions - The definitions provided in this section are limited to this Rule 65E-4.014, F.A.C.

(a) CCMS - The Department of Children and Family Services Continuity of Care Management System as described in Section 394.4573, F.S.

(b) Screening - The preliminary determination of the type, extent and immediacy of the service needs of the individual seeking help.

(c) Intake - The determination of a client's service and treatment needs.

(d) Evaluation - A specific study of a client's pertinent functional areas such as socioeconomic, cultural, medical, psychological, psychiatric, educational, vocational, and environmental. This information is necessary to determine a client's problems and the services needed.

(e) Assessment - The determination of a client's current and potential strengths, problems and needs, by utilizing current intake, diagnosis and evaluation information in order to identify service needs.

(f) Planning - The development of a client's service plan or treatment plan which includes an assessment, the setting of client goals, and the identification of necessary services and resources, based upon identified needs.

(g) Quality Assurance Program - A systematic approach designed to evaluate the quality of care of an agency on an ongoing basis and to promote and maintain efficient, effective mental health services.

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(h) Utilization Review - A case-by-case assessment of the utilization of an agency's services as recorded in client records.

(i) Peer Review - Review of staff members' professional work by a comparably trained and qualified individual performing similar tasks, taking into account client characteristics, accuracy of assessment, appropriateness of treatment, duration of treatment, adequacy of planning, and relevant follow-up procedures.

(j) Case Management - Activities aimed at assessing client needs, planning services, linking the service system to a client, coordinating the various system components, monitoring service delivery and evaluating the effects of service delivery.

(k) Primary Therapist or Treatment Coordinator - The provider's treatment staff member responsible for the coordination of treatment and services to the client who is not assigned a CCMS case manager due to not meeting CCMS priority criteria.

(l) Rehabilitation - An education-based process which provides the opportunities for mentally ill persons to attain the physical, emotional and intellectual skills needed to function successfully in living, learning, work and social environments. The process includes developing the resources needed to support or strengthen clients' ability to function in these environments.

(m) Service Provider or Provider or Agency - Any agency under contract with the Department of Children and Family Services, in which all or any portion of the program or services set forth in Section 394.675, F.S., are carried out.

(n) Service Plan - The document developed with the CCMS client by the case manager which depicts goals or objectives for the attainment of services and resources. For non-CCMS clients, service or resource goals or objectives may be established on the treatment plan or on a separate service plan.

(o) Treatment - Services, provided to persons individually or

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in groups, which include rehabilitation, counseling, supportive therapy, chemotherapy, psychotherapy or any other accepted therapeutic, educational or supportive process.

(p) Treatment Plan - An individual document or identifiable section of the service plan developed by treatment staff and the client which depicts goals or objectives for the provision of services within specific treatment environments. Examples of treatment environments include but are not limited to day treatment, vocational, residential, outpatient and activities of daily living programs.