



INTERMEDIATE CARE FACILITIES FOR THE DEVELOPMENTALLY DISABLED

- **RULE**
- **STATUTE**
- **CRITERIA**

**Current until changed by State
Legislature or AHCA**

**Intermediate Care Facilities for the Developmentally Disabled
Florida Statutes Chapter 393, Section 067(h)**

- (8) The department shall promulgate rules establishing minimum standards for licensure of residential facilities and comprehensive transitional education programs, including rules requiring facilities and programs to train staff to detect and prevent sexual abuse of residents and clients, minimum standards of quality and adequacy of care, and uniform fire safety standards established by the State Fire Marshal which are appropriate to the size of the facility or of the component centers or units of the program.

- (9) The department and the Agency for Health Care Administration, after consultation with the Department of Community Affairs, shall adopt rules for residential facilities under the respective regulatory jurisdiction of each establishing minimum standards for the preparation and annual update of a comprehensive emergency management plan. At a minimum, the rules must provide for plan components that address emergency evacuation transportation; adequate sheltering arrangements; postdisaster activities, including emergency power, food, and water; postdisaster transportation; supplies; staffing; emergency equipment; individual identification of residents and transfer of records; and responding to family inquiries. The comprehensive emergency management plan for all comprehensive transitional education programs and for homes serving individuals who have complex medical conditions is subject to review and approval by the local emergency management agency. During its review, the local emergency management agency shall ensure that the following agencies, at a minimum, are given the opportunity to review the plan: the Agency for Health Care Administration, the Department of Children and Family Services, and the Department of Community Affairs. Also, appropriate volunteer organizations must be given the opportunity to review the plan. The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions.

- (10) The department may conduct unannounced inspections to determine compliance by residential facilities and comprehensive transitional education programs with the applicable provisions of this chapter and the rules adopted pursuant hereto, including the rules adopted for training staff of a facility or a program to detect and prevent sexual abuse of residents and clients. The facility or program shall make copies of inspection reports available to the public upon request.

- (11) An alternative living center and an independent living education center, as

defined in s. 393.063(8), shall be subject to the provisions of s. 419.001, except that such centers shall be exempt from the 1,000-foot-radius requirement of s. 419.001(2) if:

- (a) Such centers are located on a site zoned in a manner so that all the component centers of a comprehensive transition education center may be located thereon; or
 - (b) There are no more than three such centers within said radius of 1,000 feet.
- (12) Each residential facility or comprehensive transitional education program licensed by the department shall forward annually to the department a true and accurate sworn statement of its costs of providing care to clients funded by the department.
- (13) The department may audit the records of any residential facility or comprehensive transitional education program which it has reason to believe may not be in full compliance with the provisions of this section; provided that, any financial audit of such facility or program shall be limited to the records of clients funded by the department.
- (14) The department shall establish, for the purpose of control of licensure costs, a uniform management information system and a uniform reporting system with uniform definitions and reporting categories.
- (15) Facilities and programs licensed pursuant to this section shall adhere to all rights specified in s. 393.13, including those enumerated in s. 393.13(4).
- (16) No unlicensed residential facility or comprehensive transitional education program shall receive state funds. A license for the operation of a facility or program shall not be renewed if the licensee has any outstanding fines assessed pursuant to this chapter wherein final adjudication of such fines has been entered.
- (17) The department shall not be required to contract with new facilities licensed after October 1, 1989, pursuant to this chapter. Pursuant to chapter 287, the department shall continue to contract within available resources for residential services with facilities licensed prior to October 1, 1989, if such facilities comply with the provisions of this chapter and all other applicable laws and regulations.

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

**EMERGENCY MANAGEMENT PLANNING CRITERIA FOR
DEVELOPMENTALLY DISABLED**

I. INTRODUCTION

- A. Provide basic information concerning the facility to include:
 - 1. Name of facility
 - 2. Address
 - 3. Telephone #
 - 4. Directions to home
- B. Statement of purpose of the Plan.
- C. Signature of person who developed plan and telephone #.
- D. Approval by County Emergency Management Director and date.
- E. Owner / Operator's Name.
 - 1. Address
 - 2. Work telephone #
 - 3. Home telephone #
- F. Administrator's name
 - 1. Address
 - 2. Work and home telephone #
 - 3. Beeper or Cell #
- G. Assistant Administrator's name
 - 1. Address
 - 2. Work and home telephone #
 - 3. Beeper or Cell #

- H. Name of individual implementing plan if not administrator.
 - 1. Address
 - 2. Work and home telephone #
 - 3. Beeper or Cell #
- I. Year facility was built.
- J. Construction: Concrete block, brick, wood frame, or other, specify.
- K. Date of modifications or additional construction.

II. AUTHORITIES AND REFERENCES

- A. Statement of purpose of the Plan.
- B. Signature of person who developed plan and telephone #.

III. HAZARD ANALYSIS

- A. Is the facility in a flood zone? Yes or No
 - 1. Identify flood zone
- B. Is the facility in a hurricane evacuation zone? Yes or No
 - 1. Identify evacuation level.
- C. Distance of facility from:
 - 1. Railroad
 - 2. Major Transportation Artery
 - 3. Body of Water
- D. Is the facility within 10 miles of a nuclear power plant? Yes or No
- E. Is the facility within 50 miles of a nuclear power plant? Yes or No
- F. Describe potential hazards that may impact upon the facility, E.G. flooding, fires, exposure to hazardous materials, nuclear accidents, extended power outages, hurricanes, tornadoes, ect.
- G. What has been the facility's experience with the above?

- H. License capacity of facility.
- I. Average daily census.
- J. Live-in staff / family members.
- K. Description of residents:
 - 1. Are ambulatory without assistance of any kind.
 - 2. Require only human assistance with mobility.
 - 3. Require only mechanical devices for mobility.
 - 4. Require both human assistance and mechanical devices for mobility.
 - 5. Require special medical equipment for survival.
 - 6. Require intensive personal assistance or supervision.
- L. Narrative description of special considerations for residents in the event of disaster.

IV. EMERGENCY OPERATIONS

- A. Name and title of individual in charge during emergency.
- B. Alternate if above designee is not available.
- C. Chain of command below alternate.
(Attach chart as attachment A)
- D. Specify the roles of staff during an emergency.
- E. Describe procedures for assuring staffing during an emergency, including provisions for the families of staff.
- F. List of emergency supplies for a minimum of 72 hours:
(Include list as attachment B)
 - 1. Food: (type and amount)
 - 2. Portable water: _____ Gallons
 - 3. Medications: (type and amount)
 - 4. Special equipment: (type and amount)
 - 5. Incontinent supplies: (type and amount)
 - 6. Personal hygiene supplies: (type and amount)

- 7. Disposable plates, utensils, cups: (type and amount)
- 8. Emergency power supply and necessary fuel (type and amount)
- 9. Procedure for assuring emergency supplies are available and up to date.
- G. Notification Systems
 - 1. How will the facility receive notification of impending disaster?
 - 2. 24 Hour contact telephone number for facility if different from number on first page.
 - 3. How will key staff be notified of impending disaster?
 - 4. State policy to key staff to report to the facility:
 - 5. How will residents be notified of the impending disaster and the precautions which will be implemented?
 - 6. What is the secondary system of notification should the primary system fail?
 - 7. If the facility must be evacuated, how will you notify the site to which you will evacuate?
 - 8. How will the families of residents be notified of the evacuation and the site to which their family member will be taken?
- H. In the event of the following natural and manmade disasters, what is your primary plan. Will you remain in the facility or to evacuate?
 - 1. Hazardous material spill
 - 2. Nuclear power plant accident
 - 3. Flooding
 - 4. Forest Fire
 - 5. Extended power outage
 - 6. Hurricane
 - 7. Tornado
 - 8. Fire in the facility

- I. Who is responsible for implementing the evacuation of the facility?
- J. Identification of evacuation site(s):
 - 1. Facility name
Address
Owner / Administrator
Telephone Number
 - 2. Facility name
Address
Owner / Administrator
Telephone Number
 - 3. Facility name
Address
Owner / Administrator
Telephone Number
- K. Attach copy (ies) of the signed agreement (s) with the evacuation site (s) as attachment C.
- L. Describe the procedure for accounting for all residents after the facility has been evacuated:
 - 1. Who will be the last employee to leave the facility? What are the employee's duties specific to the status of the facility?
 - 2. How will the resident and staff of the facility be transported to the evacuation site? (If transportation has to be provided by individual who are not staff of the facility or agencies, attach a copy or copies of agreements with these individuals or agencies as attachment D to this plan).
- M. Attach a copy of the facility evacuation route and alternate route maps as attachment E to this plan.
 - 1. How will the emergency supplies be transported to the evacuation site?
 - 2. How long will it take from the time the evacuation process is implemented until the evacuation site is reached?
 - 3. List staff who will accompany and remain with residents at the evacuation site. (Attach signed agreements with these staff for this duty as Attachment F to this plan).

- 4. State the facility policy on personal possessions the resident may take with him/her to the evacuation site.
 - 5. State procedures for maintaining current information about each resident and contact with resident's family for the duration of the emergency.
- I. Re-entry
- 1. Who may authorize return to and re-entry of the facility?
 - 2. How will the facility be inspected and who will perform the inspection to ensure that the facility is structurally sound to enter?
 - 3. How will the residents and staff of the facility be transported from the evacuation site to the facility?
(If transportation has to be provided by individual who are not staff of the facility or agencies, the agreements with these individuals or agencies which are in attachment D to this plan should specify the return arrangements.)
- J. Sheltering
- 1. Are there plans for this facility to be used as an evacuation site for any other facility (ies) or the family members or staff who are required to remain at the facility for the duration of the emergency?
 - Yes or No
 - If yes, specify who will be sheltered.
 - If the answer is no, proceed to
 - 2. Describe procedures for receiving evacuees.
 - 3. How will the needs for food, water, medicines and supplies of the evacuees be met?
 - 4. Describe the facility's responsibilities for the evacuees including support staff, supervision and care.
 - 5. Attach copies of a floor plan which indicates how the evacuees will be housed as attachment G to this plan.
 - 6. Will your license permit you to house additional people or will your services as a shelter cause you to exceed licensed capacity? What plans have you made to obtain permission to exceed capacity?

V. INFORMATION AND TRAINING

- A. How are staff trained to perform their roles relating to this plan and who conducts the training? Include provisions for training new staff.
 - 1. What is the training schedule for emergency plan procedures?
 - 2. What is the schedule for emergency plan drills?
 - 3. How will any deficiencies noted in these drills be corrected?
 - 4. As attachment I to this plan, attach a roster of the names, telephone numbers, addresses and specific directions to the homes of all staff with disaster related roles.
 - 5. As attachment J to this plan attach a list of the names, telephone numbers and addresses for all emergency service providers in your area.