# ALL COUNTY STAFFING DADE, INC.
## APPLICATION FOR EMPLOYMENT

### PRINT CLEARLY AND LEGIBLY

SECTION 1: Name/Address

| | | | |
|---|---|---|---|
| Last: | First: | | MI: |
| Address: | | | |
| City: | State: | Zip: | Telephone: |
| Social Security #: | | DOB: | |

SECTION 2: Desired Employment

| | | |
|---|---|---|
| Position: | Date you can start: | |
| Are you currently employed?: ☐ yes ☐ no | If employed, may we inquire of your current employer?: ☐ yes ☐ no | |
| Have you applied to this registry before?: ☐ yes ☐ no | If so, when: | |

SECTION 3: Education

| | | | |
|---|---|---|---|
| HIGH SCHOOL | Name & Location of School: | | |
| | Years Attended: | Date Graduated: | Degree: |
| UNIVERSITY/ COLLEGE UNDERGRADUATE | Name & Location of School: | | |
| | Years Attended: | Date Graduated: | Degree: |
| UNIVERSITY/ COLLEGE GRADUATE | Name & Location of School: | | |
| | Years Attended: | Date Graduated: | Degree: |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | Name & Location of School: | | |
| | Years Attended: | Date Graduated: | Course study: |

SECTION 4: Employment History

| | | | |
|---|---|---|---|
| Employer: | | Job Title: | |
| Address: | | Duties: | |
| Phone: | | Salary: | |
| Date From: | Date To: | Reason for Leaving: | |

| | | | |
|---|---|---|---|
| Employer: | | Job Title: | |
| Address: | | Duties: | |
| Phone: | | Salary: | |
| Date From: | Date To: | Reason for Leaving: | |

| | | | |
|---|---|---|---|
| Employer: | | Job Title: | |
| Address: | | Duties: | |
| Phone: | | Salary: | |
| Date From: | Date To: | Reason for Leaving: | |

## SECTION 5: Personal References

| | |
|---|---|
| Name: | Occupation: |
| Address: | Relationship: |
| Phone: | Years Known: |

| | |
|---|---|
| Name: | Occupation: |
| Address: | Relationship: |
| Phone: | Years Known: |

| | |
|---|---|
| Name: | Occupation: |
| Address: | Relationship: |
| Phone: | Years Known: |

## SECTION 6: Physical Record

Do you have any physical disabilities that would prevent you from performing the work for which you are applying?: ☐ yes ☐ no If so, please describe:

Have you ever been injured? ☐ yes ☐ no Provide Details:

## SECTION 7: Licenses/Certification

| TYPE | LICENSE /CERT.# | EXPIRATION DATE | STATE ISSUED |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## SECTION 8: Additional Areas of Expertise

Areas of specialized study, research or additional experience:

List the foreign languages you speak fluently: Read: Write:

U.S. Military Service: Separation Rank:

Present Membership in National Guard or Reserves: [ ] YES [ ] NO

## SECTION 9: Emergency Contact Information

| | |
|---|---|
| Name: | Relation: |
| Address: | Telephone: |

I voluntarily give ALL COUNTY STAFFING DADE, INC. the right to make a thorough investigation of my past employment. I agree to cooperate in such an investigation. I understand that my employment will be based in part on the accuracy of the information provided on this application.

Signature: _____ Date: _____

**REGISTRY AUTHORIZED REPRESENTATIVE INTERVIEWER**

HIRED? YES [ ] NO [ ] SIGNATURE: DATE:

# ALL COUNTY STAFFING DADE, INC.
## INDEPENDENT CONTRACTOR'S AVAILABILITY FORM

Contractor's Name:_____ Title: _____

Are you available to work: Weekends? [ ] yes [ ] no
Holidays? [ ] yes [ ] no
Rotating Shifts [ ] yes [ ] no

I am available for: Staff Relief [ ] yes [ ] no Private Duty [ ]yes [ ] no

IF AVAILABLE FOR STAFF PLEASE INDICATE WITH A CHECK MARK BELOW

| FACILITY | |
|---|---|
| General Hospital | |
| Psychiatric Hospital | |
| Pediatric Hospital | |
| Nursing Home | |
| Ambulatory Surgical Center | |
| Dialysis Center | |
| Jail / Prison | |
| Crisis Stabilization Unit | |
| Addiction Treatment Center | |
| Physician's Office | |
| Workman's Comp. Treatment Center | |
| Assisted Living Facility | |

Do you have responsibilities that would limit your availability? [ ] yes [ ] no
If yes, explain: _____

_____

PLEASE INDICATE DAYS AND HOURS YOU ARE AVAILABLE TO WORK

| DAYS | FROM | TO |
|---|---|---|
| SUNDAY | | |
| MONDAY | | |
| TUESDAY | | |
| TUESDAY | | |
| WEDNESDAY | | |
| THURSDAY | | |
| FRIDAY | | |
| SATURDAY | | |

I understand that if changes in my availability as indicated above occur, it is my responsibility to notify ALL COUNTY STAFFING DADE, INC. as soon as possible. I understand that in emergency situations ALL COUNTY STAFFING DADE, INC. may call on me to temporarily work shifts not indicated above.

Signature:_____ Date:_____

# ALL COUNTY STAFFING DADE, INC.

## EMPLOYEE REFERENCE

Name of Applicant: _____

Address of Applicant: _____

Social Security #_____

**List at least two (2) employers** we may contact for professional references:

| Name | Address | Telephone |
|---|---|---|
| 1. | | |
| 2. | | |

Date of phone contact for reference: 1_____ 2_____

| | 1 | 2 |
|---|---|---|
| Past employment confirmed: | [ ]Yes [ ]No | [ ]Yes [ ]No |
| Would contact re-hire: | [ ]Yes [ ]No | [ ]Yes [ ]No |

Dates of employment: 1._____ 2._____

Name of person contacted: 1._____

2._____

Comments:

Hired? [ ]Yes [ ]No Date Hired:

Salary:

Registry Representative Signature:

# ALL COUNTY STAFFING DADE, INC.

## EMPLOYEE REFERENCE

Name of Applicant: _____

Address of Applicant: _____

Social Security #_____

**List at least two (2) employers** we may contact for professional references:

| Name | Address | Telephone |
|---|---|---|
| 1. | | |
| 2. | | |

Date of phone contact for reference: 1_____ 2_____

| | 1 | 2 |
|---|---|---|
| Past employment confirmed: | [ ]Yes [ ]No | [ ]Yes [ ]No |
| Would contact re-hire: | [ ]Yes [ ]No | [ ]Yes [ ]No |

Dates of employment: 1._____ 2._____

Name of person contacted: 1._____

2._____

Comments:

Hired? [ ]Yes [ ]No Date Hired:

Salary:

Registry Representative Signature:

ALL COUNTY STAFFING DADE, INC.
633 NE 167th STREET SUITE 619
NORTH MIAMI BEACH, FLORIDA 33162
(786) 323-0009

# CONFIDENTIALITY STATEMENT

I have been formally instructed in maintaining the confidentiality of medical records and understand that except as needed to conduct the business of the working day, the medical information regarding patients may not be discussed with anyone inside or outside the registry.

I understand that no information is to be released without the written "Release of Information" consent signed by the patient or the patient's legal representative.

It is understood that breaks in the policies and procedures of ALL COUNTY STAFFING DADE, INC. concerning confidentiality may result in the immediate termination of my contract without further notice.

_____
Name

_____
Signature

_____
Date

ALL COUNTY STAFFING DADE, INC.
633 NE 167th STREET SUITE 619
NORTH MIAMI BEACH, FLORIDA 33162
(786) 323-0009

# TRANSPORTATION RESPONSIBILITY POLICY

It has been explained to me that I am being offered contractual work assignments with the understanding that I have personal transportation at my disposal to be used for travel to and from patient assignments.

I further understand that **I am responsible for maintaining automobile liability to include bodily injury and property damage.**

Should I be unable to make patient visits assigned to me because of transportation problems, I will give ALL COUNTY STAFFING DADE, INC. a minimum of one working day or eight hours notice.

Failure to comply with the above may result in the immediate termination of my contract without further notice.

_____

Name

_____

Signature

_____

Date

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Social security number**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | – | | | – | | | | |

**Employer identification number**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | – | | | | | | | |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

| **Sign Here** | **Signature of U.S. person** ▶ | **Date** ▶ |
|---|---|---|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

## Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

# ALL COUNTY STAFFING DADE, INC.
## INDEPENDENT CONTRACTOR AGREEMENT

THIS AGREEMENT, dated _____, 20_____ by and between ALL COUNTY STAFFING DADE, INC., a Nurse Registry, (hereinafter referred to as the "Registry" and _____ (hereinafter referred to as the "Independent Contractor ("IC").

Now, therefore, the parties hereto agree as follows:

1.) Patients are accepted for care only by ALL COUNTY STAFFING DADE, INC.

2.) The manner in which the services will be controlled, coordinated, and evaluated include:

- The Registry will determine based on the plan of care the IC's schedule.
- The DON and/or his/her designee will coordinate and evaluate care and services provided using clinical chart audits to ensure that the Plan of Care is being followed, documentation reflects the services provided and progression toward goals, assessments are complete and accurate, and patient satisfaction surveys will be conducted to ensure patient satisfaction with the services provided by the IC.
- The IC will be required to attend case conferences and in-services.
- IC supervisory visits will be conducted as per Registry policy.

3.) EMPLOYMENT. The Registry shall employ the Independent Contractor on an as needed basis to provide services to its patients/clients. The IC is aware that the Registry maintains compliance with all non-discriminatory laws and does not discriminate. The Registry maintains compliance with Civil Rights requirements and its hiring practices are not based on race, sex, age, national origin, handicap, marital status, religious practices or political affiliations. The Registry employs a multi-disciplinary team of individuals capable of meeting the assessed needs of its patients/clients. The Registry does not guarantee th IC work and the employment is based on an as needed basis only. The IC further understands that he/she i to be available to the Registry in the event his/her services are required on an "As Needed" Basis. The IC i required to provide to the Registry a completed application for employment and documented evidence of a licenses, certifications, physician exam, CPR, background screen, and any required State, Federal and local documents prior to the Registry assigning work. The IC is responsible for ensuring that all documents are maintained current and provide the Registry with renewed documents ASAP to maintain the personnel file current. The IC is responsible for payment of all estimated taxes, maintaining auto insurance and any professional liability insurances. The Registry will provide an orientation of the Registry's policies and procedures to the IC. The IC will be required to provide services following the Registry's policies and procedures. The Registry may terminate this agreement without written notice and such termination date will be determined in its sole discretion. The IC is required to provide the Registry with a minimum of thirty (30) days written notice prior to termination of this agreement.

2.) TERMS. Once the IC accepts an assignment, he/she is to provide the Registry with no less than 4 hour notice when unable to complete the assignment. The IC is to be punctual, properly dressed with good hygiene, have reliable transportation, display patient oriented skills and a team focus. **The IC is to turn i to the Registry clinical notes of visits within one week of the visit with the exception of initial visits which are to be turned in within 72 hours of the visit.** Payment will be made by the Registry only after the notes and/or evidence of the visits have been received. The Independent Contractor shall not be entitle to any other compensation or benefit other than for work performed.

3.) DUTIES. The IC is contracted to perform the duties of a _____ and will be paid $_____ per (visit/hour/day/week/month). The IC understands that assignments of patient(s) are subject to a number of factors which include but are not limited to geographic area, skill level and qualifications, diagnosis and complexity of patient care and other criteria. The Independent Contractor understands that the Registry makes no assurance or guarantee that any patient or patients will be assigned to him/her. Within the limitations herein stated, the Independent Contractor will render such services within the scope of his/her practice and shall maintain at all times the necessary required professional liability and workmen's compensation insurance coverage's at his/her expense. **As an independent contractor I acknowledge that I am responsible for paying my social security and other taxes. I also acknowledge that I will receive an IRS 1099 Form for the presiding year by February of each year which is also forwarded to the Internal Revenue Service (IRS).**

4.) CONFIDENTIALITY. The Independent Contractor shall abide by all of the requirements set forth by HIPAA and respect the confidentiality and privacy of all patient records and information. It is also understood that during the course of the Agreement, the Independent Contractor may be privy to information considered **confidential and the property of the Registry.** The Independent Contractor shall not during the course of this Agreement and for a period of five (5) years after said Agreement has expired or is terminated by the Registry, disclose such information.. If such information involves patient records and information, the independent Contractor shall not disclose such information; the independent Contractor shall not disclose such information unless it is within the guidelines set forth by HIPAA and AHCA (CMS) together with written consent from the patient.

5.) INDEMNIFICATION AND HOLD HARMLESS PROVISION. The Independent Contractor agrees hereby to indemnify and hold harmless the Registry from any and all claims by the Independent Contractor which may arise out of and in the course of the performance of his/her duties hereunder. Any and all claims for unemployment benefits and or claims for worker's compensation benefits are hereby expressly waived by the Independent Contractor who agrees to maintain his/her own liability, professional liability, health, and accident insurance as may be necessary or required by the Registry.

6.) RELATIONSHIP BETWEEN PARTIES. The Independent Contractor is employed by the Registry only for the purposes and to the extent set forth in this Agreement, and his/her relation to the Registry during the period of his/her employment shall be that of an independent contractor. The Independent Contractor shall not be considered as having an employee status or as being entitled to participate in any benefit plans of the Registry pertaining to or in connection with any insurance, pension, stock, bonus, profit-sharing, or similar benefits for their direct employees.

7.) PROFESSIONAL RESPONSIBILITY. Nothing in this Agreement shall be construed to interfere with o otherwise affect the rendering of services by the Independent Contractor in accordance with his/her independent and professional judgment. The Independent Contractor shall perform his/her services on an "As Need" and/or "Per Visits" Basis within the scope of his/her professional licensing and pursuant to a plan of treatment/service provision plan/authorized itinerary ordered by the physician for each patient.

8.) DAILY SUMMARY OF SERVICES. The Independent Contractor shall maintain a written daily summary of his/her patient visits and the home health services which he/she has provided. Each patient (or an authorized member of the patient's household) must sign the Independent Contractor's written daily summary, thereby confirming that the home health services were rendered on the date specified therein. Other quality assurance measures may be taken by AHCA, CMS or the Registry which may include telephone verification or other verification methods.

## All County Staffing Dade, Inc.

Independent Contractor Orientation

1. Introduction to Registry model of home care.

2. Explanation of Independent Contractor status and forms to be completed and understood:

a. Independent Contractor Agreement
b. Independent Contractor description (state rules on your scope of duties)
c. Registration policies
d. W-9
e. Liability Insurance

3. Explanation of payment from client for your pay and our fees, documentation and pay periods.
4. Tips on how to keep your business growing thru great costumer service.
5. Explanation of your self-employment taxes.
6. Emergency disaster plan.
7. Client Rights and Responsibilities.
8. Supplemental staffing policies.

I have been orientated to the policies and procedures of the registry and understand them and agree to abide by them.

Contractor Signature _____ Print _____ Date _____

## All County Staffing Dade, Inc

AS AN INDEPENDENT CONTRACTOR OF ALL COUNTY STAFFING DADE, INC. YOU WILL BE EXPECTED TO:

1. Meet the initial hiring requirements
2. Give accurate information on application, time slips, registration, and certification.
3. Be neat, clean and well groomed at all times.
4. Be conservative in use of make-up, cologne/perfume, and jewelry.
5. Absolutely no smoking in client's home.
6. Wear the name tag provided by All County Staffing Dade, Inc. while on assignment.
7. Be aware and accessible to the client while on duty in the home or institution.
8. Do not give the client your phone number (all communications must be made through our office). Also, do not abuse the use of your cell phone while on duty. Place cell phone on vibrate so as not to disturb the client.
9. Do not discuss information about the client.
10. Never borrow or take money or possessions from the client.
11. Never accept a payment from the client. All County Staffing, Inc will pay you bi-weekly for hours worked.
12. Never take clients to your home
13. Never work for the client privately while employed by All County Staffing Dade, Inc.
14. Notify the office immediately if and when any accident/incident or injury occurs to the client while you are on duty.

_____ _____

Independent Contractor Signature Date

## All County Staffing Dade, Inc.

# SAFE WORKING PRACTICES

As an Independent Contractor, I _____,

do hereby agree to comply with the following safe working practices:

1. I agree to follow established departmental safety practices.

2. I agree to report any work related accident/incident or injury to a supervisor as soon as it occurs, but no later than the end of my duty shift.

3. If my job involves the handling of clients, I agree to use a 'lift' belt, have assistance or use mechanical lifting devices for all clients who require any form of assistance in making any movement.

I understand that failure on my part to follow the above procedures could result in disciplinary action, not excluding termination.

WORKER SIGNATURE:_____DATE:_____

WITNESS SIGNATURE:_____DATE:_____

9.) AUTOMOBILE PUBLIC LIABILITY INSURANCE. The Independent Contractor hereby agrees to undertake, at his/her expense, to maintain in effect at all times automobile liability insurance coverage for his/her motor vehicle at or above the minimum levels required by the state for: Bodily injury and Property Damage. Furthermore, the Independent Contractor agrees that he/she is fully responsible for any and all costs, expenses and assessments arising from or in connection with the use of his/her automobile or the rendering of his/her services as outlined in this agreement.

10.) PHYSICAL EXAMINATIONS. The Independent Contractor, no less frequently than annually or every two (2) years for State Licensed only Registry, shall undergo a physical examination and a Mantoux method Tuberculin Skin Test and provide the Registry with the written results. The Registry reserves the right to require the IC to obtain testing for hepatitis or any other infectious disease if it deems it to be necessary.

11.) AMENDMENT. No amendment to this agreement shall be effective unless it is reduced to writing and signed by an authorized representative of the Registry and the Independent Contractor.

12.) SEVERABILITY. The illegality, invalidity or unenforceability of any provision of this Agreement shal not affect the legality, validity or enforceability of any other provision of this Agreement.

13) POLICIES AND PROCEDURES. The Independent Contractor will be required to attend orientation to the Registry's policies and procedures and to abide by them. The IC shall exercise his/her judgment to determine the means and manner in which he/she shall provide home health services to the Registry's patients within the guidelines of the Registry's policies and procedures. The Independent Contractor shall participate in such in-service training sessions conducted by the Registry.

14.) ENTIRE AGREEMENT. The written Agreement shall be constructed in accordance with the laws of the state of Florida and shall constitute the entire Agreement between the parties.

**ALL COUNTY STAFFING DADE, INC.**
A Nurse Registry

Printed Name:_____ Title:_____
Administrator /Authorized Representative Agent

Signature:_____ Date:_____

**INDEPENDENT CONTRACTOR**

Printed Name:_____ Title:_____

Signature:_____ Date:_____

**All County Staffing Dade, Inc**

# CONTRACT

## INDEPENDENT CONTRACTOR

**ALL PAYMENTS FROM CLIENT OR SUBCONTRACTOR MUST BE DIRECTLY TO THE REGISTRY. WORKER/INDEPENDENT CONTRACTOR RECOGNIZES THE RIGHTS OF THE REGISTRY. AS A WORKER/INDEPENDENT CONTRACTOR OF ALL COUNTY STAFFING DADE, INC. I AGREE NOT TO ACCEPT ASSIGNMENT (WORK) FOR ANY OTHER CLIENT OR REGISTRY FOLLOWING THE TERMINATION OR DESCONTINUATION OF ANY PATIENTS OR REGISTRY WITHIN TWELVE MONTHS FOLLOWING THE TERMINATION OF THE ASSIGNMENT. IN THE EVENT THAT I VIOLATE THE ABOVE CONDITION, I AGREE TO PAY THE REGISTRY, ALL COUNTY STAFFING DADE, INC. UPON DEMAND THE SUM OF $3000 PLUS ATTORNEY'S FEES AS LIQUIDATION DAMAGE.**

_____ _____

**SIGNATURE** **DATE**

**All County Staffing Dade, Inc.**

## INDEPENDENT CONTRACTOR DESCRIPTION

**CONTRACT TYPE:** **CERTIFIED NURSING ASSISTANT/HOME HEALTH AIDE**

**QUALIFICATION:** Must have Florida CNA certificate or have a minimum of 40 hours of HHA training and with an HHA Certificate.
Must receive a minimum of 2 hours initial training in HIV/AIDS and 1 hour biennially of HIV/AIDS training.
Maintain a current CPR certification, Physical and TB test.

**CONTRACTOR GUIDELINES:** CNA/HHA referred for home care shall be referred in accordance with Chapter 59A-18.0081. The registry is prohibited from interfering with the method and means as defined by Chapter 59A-18.

To provide personal care to a patient in home, hospital facility, which consist of assisting with those normal activities of daily living (ADL) that the patient could perform if physically able and shall be limited to assisting the patient with:

- Bathing
- Toileting
- Assisting with Physical transfer from bed to chair or wheelchair as needed
- Remind patient to take medications
- Maintain a clean, safe and healthy environment which may include light housekeeping, dusting, laundry, vacuuming, tidying, dishes, making and changing bed linen.
- Grocery shopping and errands
- Dressing
- Grooming
- Assisting with ambulating as needed
- Eating/Plan, prepare and serve meals
- Take vital signs, temperature, pulse, blood pressure and respiration as required by care plan
- Companionship activities
- Be responsible for documenting services provided to the patient and for filing said documentation with the nurse registry on a regular basis
- Transporting patient to doctor appointments
- Observing appearance of skin and gross behavioral changes in the patient and reporting these changes to the family and the nurse registry or the registered nurse responsible for assessing the case when giving care in the home or to the responsible facility employee if staffing in a facility

Perform other activities as taught and documented by a registered nurse, concerning activities for a specific patient and restricted to the following:

- Assisting with the change of a colostomy bag, reinforcement of dressing
- Assisting with the use of devices for aid to daily living such as a Wheelchair or walker
- Assisting with prescribed range of motion exercises
- Assisting with prescribed ice cap or collar
- Doing simple urine tests for sugar, acetone, or albumin
- Measuring and preparing special diets
- Measuring intake and output of fluids
- Measuring temperature, pulse, respiration or blood pressure

A Certified Nursing Assistant/Home Health Aide is prohibited from performing the following tasks:

- Changing sterile dressings
- Irrigating body cavities, such as giving an enema, irrigating a colostomy or wound, performing gastric irrigation or enteral feeding.
- Catheterizing a patient
- Administering medications
- Applying heat by any method
- Caring for a tracheotomy tube
- Providing any personal health care services

A Certified Nursing Assistant/Home Health Aide is also prohibited from providing medical or other health care services that require specialized training and that may be performed only by a licensed health care professional.

_____ _____

Independent Contractor Witness

_____ _____

Date Date

# ATTESTATION OF COMPLIANCE
## with Background Screening Requirements

**Authority:** This form may be used by **all employees** to comply with:

- the attestation requirements of **section 435.05(2), Florida Statutes**, which state that every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer; **AND**
- the proof of screening within the previous 5 years in **section 408.809(2), Florida Statutes** which requires proof of compliance with level 2 screening standards that have been screened through the Care Provider Background Screening Clearinghouse created under Section 435.12, F.S., or screened within the previous 5 years by the Agency, Department of Health, Department of Elder Affairs, the Agency for Persons with Disabilities, Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority to operate a continuing care retirement community under Chapter 651, F.S., and in accordance with the standards in Section 408.809(2), F.S., if that agency is not currently implemented in the Care Provider Background Screening Clearinghouse.

***This form must be maintained in the employee's personnel file.*** If this form is used as proof of screening for an administrator or chief financial officer to satisfy the requirements of an **application for a health care provider license**, please attach a copy of the screening results and submit with the licensure application.

| |
|---|
| **Employee/Contractor Name:** |
| **Health Care Provider/ Employer Name:** |
| **Address of Health Care Provider:** |

I hereby attest to meeting the requirements for employment and that I have not been arrested for or been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to any offense, or have an arrest awaiting a final disposition prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction:

**Criminal offenses found in section 435.04, F.S.**

(a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.

(b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.

(c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.

(d) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.

(e) Section 782.04, relating to murder.

(f) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.

(g) Section 782.071, relating to vehicular homicide

(h) Section 782.09, relating to killing of an unborn quick child by injury to the mother.

(i) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.

(j) Section 784.011, relating to assault, if the victim of the offense was a minor.

(k) Section 784.03, relating to battery, if the victim of the offense was a minor.

(l) Section 787.01, relating to kidnapping.

(m) Section 787.02, relating to false imprisonment.

(n) Section 787.025, relating to luring or enticing a child.

(o) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.

(p) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.

(q) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.

(r) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.

(s) Section 794.011, relating to sexual battery.

(t) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.

(u) Section 794.05, relating to unlawful sexual activity with certain minors.

(v) Chapter 796, relating to prostitution.

(w) Section 798.02, relating to lewd and lascivious behavior.

(x) Chapter 800, relating to lewdness and indecent exposure.

(y) Section 806.01, relating to arson.

(z) Section 810.02, relating to burglary.

(aa) Section 810.14, relating to voyeurism, if the offense is a felony.

(bb) Section 810.145, relating to video voyeurism, if the offense is a felony.

(cc) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.

(dd) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.

(ee) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.

(ff) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.

(gg) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.

(hh) Section 826.04, relating to incest.

(ii) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child

(jj) Section 827.04, relating to contributing to the delinquency or dependency of a child.

(kk) Former s. 827.05, relating to negligent treatment of children.

(ll) Section 827.071, relating to sexual performance by a child.

(mm) Section 843.01, relating to resisting arrest with violence.

(nn) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.

(oo) Section 843.12, relating to aiding in an escape.

(pp) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.

(qq) Chapter 847, relating to obscene literature.

(rr) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.

(ss) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.

(tt) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.

(uu) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.

(vv) Section 944.40, relating to escape.

(ww) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.

(xx) Section 944.47, relating to introduction of contraband into a correctional facility.

(yy) Section 985.701, relating to sexual misconduct in juvenile justice programs.

(zz) Section 985.711, relating to contraband introduced into detention facilities.

(3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

**Criminal offenses found in section 408.809(4), F.S.**

(a) Any authorizing statutes, if the offense was a felony.

(b) This chapter, if the offense was a felony.

(c) Section 409.920, relating to Medicaid provider fraud.

(d) Section 409.9201, relating to Medicaid fraud.

(e) Section 741.28, relating to domestic violence.

(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.

(g) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.

(h) Section 817.234, relating to false and fraudulent insurance claims.

(i) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.

(j) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider.

(k) Section 817.505, relating to patient brokering.

(l) Section 817.568, relating to criminal use of personal identification information.

(m) Section 817.60, relating to obtaining a credit card through fraudulent means.

(n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.

(o) Section 831.01, relating to forgery.

(p) Section 831.02, relating to uttering forged instruments.

(q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.

(r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.

(s) Section 831.30, relating to fraud in obtaining medicinal drugs.

(t) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony

(u) Section 895.03, relating to racketeering and collection of unlawful debts.

(v) Section 896.101, relating to the Florida Money Laundering Act.

☐ **I have been granted an Exemption from Disqualification through the Agency for Healthcare Administration (AHCA).**

*Date of Decision:* _____

☐ **I have been granted an Exemption from Disqualification through the Florida Department of Health.**

*Date of Decision:* _____

***A copy of the Exemption from Disqualification decision letter must be attached****

If you are also using this form to provide evidence of prior Level 2 screening (fingerprinting) in the last 5 years and have not been unemployed for more than 90 days, please provide the following information. **A copy of the prior screening results must be attached.**

Purpose of Prior Screening:_____

Screening conducted by: Date of Prior Screening: _____

- ☐ Agency for Healthcare Administration
- ☐ Department of Health
- ☐ Agency for Persons with Disabilities
- ☐ Department of Elder Affairs
- ☐ Department of Financial Services
- ☐ Department of Children and Family Services

## Attestation

Under penalty of perjury, I, _____, hereby swear or affirm that I meet the requirements for qualifying for employment in regards to the background screening standards set forth in Chapter 435 and section 408.809, F.S. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by any health care provider licensed pursuant to Chapter 408, Part II F.S.

| Employee/Contractor Signature | Title | Date |
|---|---|---|

# Employment Eligibility Verification

**Department of Homeland Security**
U.S. Citizenship and Immigration Services

**USCIS**
**Form I-9**
OMB No. 1615-0047
Expires 03/31/2016

**►START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.**
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

| Last Name *(Family Name)* | First Name *(Given Name)* | Middle Initial | Other Names Used *(if any)* |
|---|---|---|---|
| | | | |

| Address *(Street Number and Name)* | Apt. Number | City or Town | State | Zip Code |
|---|---|---|---|---|
| | | | | |

| Date of Birth *(mm/dd/yyyy)* | U.S. Social Security Number | E-mail Address | Telephone Number |
|---|---|---|---|
| | ☐☐☐-☐☐-☐☐☐☐ | | |

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following):**

☐ A citizen of the United States

☐ A noncitizen national of the United States *(See instructions)*

☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:*

**1.** Alien Registration Number/USCIS Number: _____

**OR**

**2.** Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

**3-D Barcode**
**Do Not Write in This Space**

| Signature of Employee: | Date *(mm/dd/yyyy):* |
|---|---|
| | |

## Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

**I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.**

| Signature of Preparer or Translator: | | | Date *(mm/dd/yyyy):* |
|---|---|---|---|
| Last Name *(Family Name)* | First Name *(Given Name)* | | |
| Address *(Street Number and Name)* | City or Town | State | Zip Code |
| | | | |

STOP *Employer Completes Next Page* STOP

## Section 2. Employer or Authorized Representative Review and Verification

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

**Employee Last Name, First Name and Middle Initial from Section 1:**

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity | AND | List C<br>Employment Authorization |
|---|---|---|---|---|
| Document Title: | | Document Title: | | Document Title: |
| Issuing Authority: | | Issuing Authority: | | Issuing Authority: |
| Document Number: | | Document Number: | | Document Number: |
| Expiration Date *(if any)(mm/dd/yyyy)*: | | Expiration Date *(if any)(mm/dd/yyyy)*: | | Expiration Date *(if any)(mm/dd/yyyy)*: |
| Document Title: | | | | |
| Issuing Authority: | | | | |
| Document Number: | | | | |
| Expiration Date *(if any)(mm/dd/yyyy)*: | | | | |
| Document Title: | | | | |
| Issuing Authority: | | | | |
| Document Number: | | | | |
| Expiration Date *(if any)(mm/dd/yyyy)*: | | | | |

**3-D Barcode**
**Do Not Write in This Space**

### Certification

**I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment *(mm/dd/yyyy)*: _____ *(See instructions for exemptions.)***

| Signature of Employer or Authorized Representative | Date *(mm/dd/yyyy)* | Title of Employer or Authorized Representative |
|---|---|---|
| Last Name *(Family Name)* First Name *(Given Name)* | | Employer's Business or Organization Name |
| Employer's Business or Organization Address *(Street Number and Name)* | City or Town | State / Zip Code |

## Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

| A. New Name *(if applicable)* Last Name *(Family Name)* First Name *(Given Name)* Middle Initial | B. Date of Rehire *(if applicable) (mm/dd/yyyy)*: |
|---|---|

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

| Document Title: | Document Number: | Expiration Date *(if any)(mm/dd/yyyy)*: |
|---|---|---|

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

| Signature of Employer or Authorized Representative: | Date *(mm/dd/yyyy)*: | Print Name of Employer or Authorized Representative: |
|---|---|---|

## LISTS OF ACCEPTABLE DOCUMENTS
## All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

| LIST A<br>Documents that Establish Both Identity and Employment Authorization | OR | LIST B<br>Documents that Establish Identity | AND | LIST C<br>Documents that Establish Employment Authorization |
|---|---|---|---|---|
| 1. U.S. Passport or U.S. Passport Card | | 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | | 1. A Social Security Account Number card, unless the card includes one of the following restrictions:<br>(1) NOT VALID FOR EMPLOYMENT<br>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION<br>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | | 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | 3. School ID card with a photograph | | 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | | 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:<br>a. Foreign passport; and<br>b. Form I-94 or Form I-94A that has the following:<br>(1) The same name as the passport; and<br>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. | | 5. U.S. Military card or draft record | | 5. Native American tribal document |
| | | 6. Military dependent's ID card | | 6. U.S. Citizen ID Card (Form I-197) |
| | | 7. U.S. Coast Guard Merchant Mariner Card | | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 8. Native American tribal document | | |
| | | 9. Driver's license issued by a Canadian government authority | | 8. Employment authorization document issued by the Department of Homeland Security |
| | | **For persons under age 18 who are unable to present a document listed above:** | | |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | 10. School record or report card | | |
| | | 11. Clinic, doctor, or hospital record | | |
| | | 12. Day-care or nursery school record | | |

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

## All County Staffing Dade, Inc

## INDEPENDENT CONTRACTOR ORIENTATION

## CERTIFIED NURSING ASSISTANT (CNA) AND HOME HEALTH AIDE (HHA)

REGISTRATION POLICIES

I have received the following applicable rules and Florida State Statutes of AHCA and the contractor description (summarized from regulations) and agree to follow them:

1. 59A-18.00081: Certified Nursing Assistant and Home Health Aide
2. 400.506: Licensure of nurse registries; requirements; penalties.
3. 400.512: Screening of nurse registry personnel.
4. 400.484: Right of inspection; deficiencies; fines.
5. 400.462: Definitions.
6. 400.495: Notice of toll-free telephone number for central abuse hotline.
7. 59A-18.017: Supplemental Staffing for Health Care Facilities.
8. Independent Contractor Description- Duties Summary from regulations.

I have signed an independent contractor agreement and understand and agree that I will be responsible for my own payroll taxes and will not be covered for workers compensation, social security and unemployment benefits per the contract.

_____ _____

INDEPENDENT CONTRACTOR WITNESS

_____ _____

DATE DATE

## 1) 59A-18.0081 Certified Nursing Assistant and Home Health Aide.

The certified nursing assistant (C.N.A.) and the home health aide shall:
(1) Be limited to assisting a patient in accordance with s. 400.506(10)(b), F.S.;
(2) Be responsible for documenting services provided to the patient or client and for filing said documentation with the nurse registry on a regular basis. These service logs will be stored by the nurse registry in the client's file, along with the monthly nurse assessments. The service logs shall include the name of the patient or client and a listing of the services provided;
(3) Be responsible for observing appearance and gross behavioral changes in the patient and reporting these changes to the caregiver and the nurse registry or the registered nurse responsible for assessing the case when giving care in the home or to the responsible facility employee if staffing in a facility;
(4) Be responsible to maintain a clean, safe and healthy environment, which may include light cleaning and straightening of the bathroom, straightening the sleeping and living areas, washing the patient's dishes or laundry, and such tasks to maintain cleanliness and safety for the patient;
(5) Perform other activities as taught and documented by a registered nurse, concerning activities for a specific patient and
restricted to the following:
(a) Assisting with the change of a colostomy bag, reinforcement of dressing;
(b) Assisting with the use of devices for aid to daily living such as a wheelchair or walker;
(c) Assisting with prescribed range of motion exercises;
(d) Assisting with prescribed ice cap or collar;
(e) Doing simple urine tests for sugar, acetone or albumin;
(f) Measuring and preparing special diets;
(g) Measuring intake and output of fluids; and
(h) Measuring temperature, pulse, respiration or blood pressure.
(6) Be prohibited from changing sterile dressings, irrigating body cavities such as giving an enema, irrigating a colostomy or wound, performing gastric irrigation or enteral feeding, catheterizing a patient, administering medications, applying heat by any method, or caring for a tracheotomy tube.
(7) For every CNA, a nurse registry shall have on file a copy of the person's State of Florida certification.
(8) For every home health aide, a nurse registry shall have on file documentation of successful completion of at least forty
hours of training, pursuant to s. 400.506(10)(a), F.S., in the following subject areas:
(a) Communication skills;
(b) Observation, reporting and documentation of patient status and the care or services provided;
(c) Reading and recording temperature, pulse and respiration;
(d) Basic infection control procedures;
(e) Basic elements of body functions that must be reported to the patient's registered nurse or physician;
(f) Maintenance of a clean, safe, and healthy environment;
(g) Recognition of emergencies and knowledge of emergency procedures;
(h) Physical, emotional, and developmental characteristics of the populations served by the registry, including the need for
respect for the patient, his privacy, and his property;

(i) Appropriate and safe techniques in personal hygiene and grooming, including bed bath, sponge, tub, or shower bath; shampoo, sink, tub, or bed; nail and skin care; oral hygiene
(j) Safe transfer techniques and ambulation;
(k) Normal range of motion and positioning;
(l) Adequate nutrition and fluid intake;
(m) The role of the aide in the home;
(n) Differences in families;
(o) Food and household management; and
(p) Other health-related topics pertinent to home health aide services offered in the home.
(9) Individuals who earn their CNA certificate in another state must contact the Florida Certified Nursing Assistant office at the Department of Health to inquire about taking the written examination prior to working as a CNA in Florida, pursuant to Part II of Chapter 464, F.S.
(10) Home health aides who complete their training in another state must provide a copy of the course work and a copy of their training documentation to the nurse registry. If the course work is equivalent to Florida's requirements, the nurse registry may refer the home health aide for contract. If the home health aide's course work does not meet Florida's requirements, the home health aide must receive training in a school approved by the Department of Education to the extent necessary to bring the training into compliance with Rule 59A-18.0081(6), prior to being referred for contract.
(11) CNAs and home health aides referred by nurse registries must receive a minimum of 2 hours of initial training in HIV/ AIDS and 1 hour biennially of HIV/AIDS training, pursuant to s. 381.0035, F.S.; and training to maintain a current CPR certification.
*Specific Authority 400.497, 400.506 FS. Law Implemented 400.497, 400.506 FS. History–New 1-27-94, Amended 12-24-00.*

## 2) 400.506 Licensure of nurse registries; requirements; penalties.--

(1)A nurse registry is exempt from the licensing requirements of a home health agency but must be licensed as a nurse registry. Each operational site of the nurse registry must be licensed, unless there is more than one site within a county. If there is more than one site within a county, only one license per county is required. Each operational site must be listed on the license.

(2)Each applicant for licensure must comply with the following requirements: (a)Upon receipt of a completed, signed, and dated application, the agency shall require background screening, in accordance with the level 2 standards for screening set forth in chapter 435, of the managing employee, or other similarly titled individual who is responsible for the daily operation of the nurse registry, and of the financial officer, or other similarly titled individual who is responsible for the financial operation of the registry, including billings for patient care and services. The applicant shall comply with the procedures for level 2 background screening as set forth in chapter 435.

(b)The agency may require background screening of any other individual who is an applicant if the agency has probable cause to believe that he or she has been convicted of a crime or has committed any other offense prohibited under the level 2 standards for screening set forth in chapter 435.

(c)Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other health care or assisted living licensure requirements of this state is acceptable in fulfillment of the requirements of paragraph (a).

(d) A provisional license may be granted to an applicant when each individual required by this section to undergo background screening has met the standards for the Department of Law Enforcement background check but the agency has not yet received background screening results from the Federal Bureau of Investigation. A standard license may be granted to the applicant upon the agency's receipt of a report of the results of the Federal Bureau of Investigation background screening for each individual required by this section to undergo background screening which confirms that all standards have been met, or upon the granting of a disqualification exemption by the agency as set forth in chapter 435. Any other person who is required to undergo level 2 background screening may serve in his or her capacity pending the agency's receipt of the report from the Federal Bureau of Investigation. However, the person may not continue to serve if the report indicates any violation of background screening standards and a disqualification exemption has not been requested of and granted by the agency as set forth in chapter 435.

(e)Each applicant must submit to the agency, with its application, a description and explanation of any exclusions, permanent suspensions, or terminations of the applicant from the Medicare or Medicaid programs. Proof of compliance with the requirements for disclosure of ownership and control interests under the Medicaid or Medicare programs may be accepted in lieu of this submission.

(f)Each applicant must submit to the agency a description and explanation of any conviction of an offense prohibited under the level 2 standards of chapter 435 by a member of the board of directors of the applicant, its officers, or any individual owning 5 percent or more of the applicant. This requirement does not apply to a director of a not-for-profit corporation or organization if the director serves solely in a voluntary capacity for the corporation or organization, does not regularly take part in the day-to-day operational decisions of the corporation or organization, receives no remuneration for his or her services on the corporation or organization's board of directors, and has no financial interest and has no family members with a financial interest in the corporation or organization, provided that the director and the not-for-profit corporation or organization include in the application a statement affirming that the director's relationship to the corporation satisfies the requirements of this paragraph.

(g)A license may not be granted to an applicant if the applicant or managing employee has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to, any offense prohibited under the level 2 standards for screening set forth in chapter 435, unless an exemption from disqualification has been granted by the agency as set forth in chapter 435.

(h)The agency may deny or revoke the license if any applicant:

1.Has falsely represented a material fact in the application required by paragraph (e) or paragraph (f), or has omitted any material fact from the application required by paragraph (e) or paragraph (f); or 2.Has had prior action taken against the applicant under the Medicaid or Medicare program as set forth in paragraph (e).

(i)An application for license renewal must contain the information required under paragraphs (e) and (f).

(3)Application for license must be made to the Agency for Health Care Administration on forms furnished by it and must be accompanied by the appropriate licensure fee, as established by rule and not to exceed the cost of regulation under this part. The licensure fee for nurse registries may not exceed $1,000 and must be deposited in the Health Care Trust Fund.

(4)The Agency for Health Care Administration may deny, revoke, or suspend a license or impose an administrative fine in the manner provided in chapter 120 against a nurse registry that:

(a)Fails to comply with this section or applicable rules.

(b)Commits an intentional, reckless, or negligent act that materially affects the health or safety of a person receiving services.

(5)A license issued for the operation of a nurse registry, unless sooner suspended or revoked, expires 1 year after its date of issuance. Sixty days before the expiration date, an application for renewal must be submitted to the Agency for Health Care Administration on forms furnished by it. The Agency for Health Care Administration shall renew the license if the applicant has met the requirements of this section and applicable rules. A nurse registry against which a revocation or suspension proceeding is pending at the time of license renewal may be issued a conditional license effective until final disposition by the Agency for Health Care Administration of such proceedings. If judicial relief is sought from the final disposition, the court having jurisdiction may issue a conditional license for the duration of the judicial proceeding.

(6)The Agency for Health Care Administration may institute injunctive proceedings under s. 400.515.

(7)A person that offers or advertises to the public that it provides any service for which licensure is required under this section must include in such advertisement the license number issued to it by the Agency for Health Care Administration.

(8)It is unlawful for a person to offer or advertise to the public services as defined by rule without obtaining a valid license from the Agency for Health Care Administration. It is unlawful for any holder of a license to advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds a license. A person who violates this subsection is subject to injunctive proceedings under s. 400.515.

(9)Any duly authorized officer or employee of the Agency for Health Care Administration may make such inspections and investigations as are necessary to respond to complaints or to determine the state of compliance with this section and applicable rules.

(a)If, in responding to a complaint, an agent or employee of the Agency for Health Care Administration has reason to believe that a crime has been committed, he or she shall notify the appropriate law enforcement agency.

(b)If, in responding to a complaint, an agent or employee of the Agency for Health Care Administration has reason to believe that abuse, neglect, or exploitation has occurred, according to the definitions in chapter 415, he or she shall file a report under chapter 415. (10)(a)A nurse registry

may refer for contract in private residences registered nurses and licensed practical nurses registered and licensed under part I of chapter 464, certified nursing assistants certified under part II of chapter 464, home health aides who present documented proof of

successful completion of the training required by rule of the agency, and companions or homemakers for the purposes of providing those services authorized under s. 400.509(1). Each person referred by a nurse registry must provide current documentation that he or she is free from communicable diseases.

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

(c)A registered nurse shall make monthly visits to the patient's home to assess the patient's condition and quality of care being provided by the certified nursing assistant or home health aide. Any condition, which in the professional judgment of the nurse requires further medical attention, shall be reported to the attending physician and the nurse registry. The assessment shall become a part of the patient's file with the nurse registry and may be reviewed by the agency during their survey procedure.

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

(12)Each nurse registry must require every applicant for contract to complete an application form providing the following information:

(a)The name, address, date of birth, and social security number of the applicant.

(b)The educational background and employment history of the applicant.

(c)The number and date of the applicable license or certification.

(d)When appropriate, information concerning the renewal of the applicable license, registration, or certification.

(13)Each nurse registry must comply with the procedures set forth in s. 400.512 for maintaining records of the employment history of all persons referred for contract and is subject to the standards and conditions set forth in that section. However, an initial screening may not be required for persons who have been continuously registered with the nurse registry since September 30, 1990.

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

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

(16)Each nurse registry shall prepare and maintain a comprehensive emergency management plan that is consistent with the criteria in this subsection and with the local special needs plan. The plan shall be updated annually. The plan shall specify how the nurse registry shall facilitate the provision of continuous care by persons referred for contract to persons who are registered pursuant to s. 252.355 during an emergency that interrupts the provision of care or services in private residencies.

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

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

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

(d)Each person referred for contract shall not be required to continue to provide care to patients in emergency situations that are beyond the person's control and that make it impossible to provide services, such as when roads are impassable or when patients do not go to the location specified in their patient records.

(e)The comprehensive emergency management plan required by this subsection is subject to review and approval by the county health department. During its review, the county health department shall

ensure that, at a minimum, the local emergency management agency, the Agency for Health Care Administration, and the local chapter of the American Red Cross or other lead sheltering agency are given the opportunity to review the plan. The county health department shall complete its review within 60 days after receipt of the plan and shall either approve the plan or advise the nurse registry of necessary revisions.

(f)The Agency for Health Care Administration shall adopt rules establishing minimum criteria for the comprehensive emergency management plan and plan updates required by this subsection, with the concurrence of the Department of Health and in consultation with the Department of Community Affairs.

(17)All persons referred for contract in private residences by a nurse registry must comply with the following requirements for a plan of treatment:

(a)When, in accordance with the privileges and restrictions imposed upon a nurse under part I of chapter 464, the delivery of care to a patient is under the direction or supervision of a physician or when a physician is responsible for the medical care of the patient, a medical plan of treatment must be established for each patient receiving care or treatment provided by a licensed nurse in the home. The original medical plan of treatment must be timely signed by the physician and reviewed by him or her in consultation with the licensed nurse at least every 2 months. Any additional order or change in orders must be obtained from the physician and reduced to writing and timely signed by the physician. The delivery of care under a medical plan of treatment must be substantiated by the appropriate nursing notes or documentation made by the nurse in compliance with nursing practices established under part I of chapter 464.

(b)Whenever a medical plan of treatment is established for a patient, the initial medical plan of treatment, any amendment to the plan, additional order or change in orders, and copy of nursing notes must be filed in the office of the nurse registry.

(18)The nurse registry must comply with the notice requirements of s. 400.495, relating to abuse reporting.

(19)In addition to any other penalties imposed pursuant to this section or part, the agency may assess costs related to an investigation that results in a successful prosecution, excluding costs associated with an attorney's time. If the agency imposes such an assessment and the assessment is not paid, and if challenged is not the subject of a pending appeal, prior to the renewal of the license, the license shall not be issued until the assessment is paid or arrangements for payment of the assessment are made.

(20)The Agency for Health Care Administration shall adopt rules to implement this section.

**History.**--ss. 2, 4, ch. 90-101; s. 27, ch. 91-57; ss. 13, 23, ch. 93-214; s. 51, ch. 94-218; s. 1056, ch. 95-148; ss. 49, 71, ch. 98-171; s. 10, ch. 99-332; s. 14, ch. 2000-140; s. 21, ch. 2000-153; ss. 104, 161, ch. 2000-318; s. 80, ch. 2000-349; s. 25, ch. 2001-53; s. 2, ch. 2001-67; s. 148, ch. 2001-277. [1]**Note.**--As amended by s. 80, ch. 2000-349. For a description of multiple acts in the same

session affecting a statutory provision, *see* preface to the *Florida Statutes*, "Statutory Construction." Paragraph (2)(d) was also amended by s. 161, ch. 2000-318, and that version reads:

d) A provisional license may be granted to an applicant when each individual required by this section to undergo background screening has met the standards for the abuse registry background check through the agency and the Department of Law Enforcement background check, but the agency has not yet received background screening results from the Federal Bureau of Investigation. A standard

license may be granted to the applicant upon the agency's receipt of a report of the results of the Federal Bureau of Investigation background screening for each individual required by this section to undergo background screening which confirms that all standards have been met, or upon the granting of a disqualification exemption by the agency as set forth in chapter 435. Any other person who is required to undergo level 2 background screening may serve in his or her capacity pending the agency's receipt of the report from the Federal Bureau of Investigation. However, the person may not continue to serve if the report indicates any violation of background screening standards and a disqualification exemption has not been requested of and granted by the agency as set forth in chapter 435.

## 3) 400.512 Screening of home health agency personnel; nurse registry personnel; and companions and homemakers.—

The agency shall require employment or contractor screening as provided in chapter 435, using the level 1 standards for screening set forth in that chapter, for home health agency personnel; persons referred for employment by nurse registries; and persons employed by companion or homemaker services registered under s. 400.509.

(1)(a) The Agency for Health Care Administration may, upon request, grant exemptions from disqualification from employment or contracting under this section as provided in s. 435.07, except for health care practitioners licensed by the Department of Health or a regulatory board within that department.

(b) The appropriate regulatory board within the Department of Health, or that department itself when there is no board, may, upon request of the licensed health care practitioner, grant exemptions from disqualification from employment or contracting under this section as provided in s. 435.07.

(2) The administrator of each home health agency, the managing employee of each nurse registry, and the managing employee of each companion or homemaker service registered under s. 400.509 must sign an affidavit annually, under penalty of perjury, stating that all personnel hired, contracted with, or registered on or after October 1, 1994, who enter the home of a patient or client in their service capacity have been screened and that its remaining personnel have worked for the home health agency or registrant continuously since before October 1, 1994.

[1](3) As a prerequisite to operating as a home health agency, nurse registry, or companion or homemaker service under s. 400.509, the administrator or managing employee, respectively, must submit to the agency his or her name and any other information necessary to conduct a complete screening according to this section. The agency shall submit the information to the Department of

Law Enforcement for state processing. The agency shall review the record of the administrator or manager with respect to the offenses specified in this section and shall notify the owner of its findings. If disposition information is missing on a criminal record, the administrator or manager, upon request of the agency, must obtain and supply within 30 days the missing disposition information to the agency. Failure to supply missing information within 30 days or to show reasonable efforts to obtain such information will result in automatic disqualification. [1](4) Proof of compliance with the screening requirements of chapter 435 shall be accepted in lieu of the requirements of this section if the person has been continuously employed or registered without

a breach in service that exceeds 180 days, the proof of compliance is not more than 2 years old, and the person has been screened by the Department of Law Enforcement. A home health agency, nurse registry, or companion or homemaker service registered under s. 400.509 shall directly provide proof of compliance to another home health agency, nurse registry, or companion or homemaker service registered under s. 400.509. The recipient home health agency, nurse registry, or companion or homemaker service registered under s. 400.509 may not accept any proof of compliance directly from the person who requires screening. Proof of compliance with the screening requirements of this section shall be provided upon request to the person screened by the home health agencies; nurse registries; or companion or homemaker services registered under s. 400.509.

[1](5) There is no monetary liability on the part of, and no cause of action for damages arises against, a licensed home health agency, licensed nurse registry, or companion or homemaker service registered under s. 400.509, that, upon notice that the employee or contractor has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under s. 435.03 or under any similar statute of another jurisdiction, terminates the employee or contractor, whether or not the employee or contractor has filed for an exemption with the agency in accordance with chapter 435 and whether or not the time for filing has expired.

(6) The costs of processing the statewide correspondence criminal records checks must be borne by the home health agency; the nurse registry; or the companion or homemaker service registered under s. 400.509, or by the person being screened, at the discretion of the home health agency, nurse registry, or s. 400.509 registrant.

(7)(a) It is a misdemeanor of the first degree, punishable under s. 775.082 or s. 775.083, for any person willfully, knowingly, or intentionally to:

1. Fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment a material fact used in making a determination as to such person's qualifications to be an employee under this section;

2. Operate or attempt to operate an entity licensed or registered under this part with persons who do not meet the minimum standards for good moral character as contained in this section; or

[1]3. Use information from the criminal records obtained under this section for any purpose other than screening that person for employment as specified in this section or release such information to any other person for any purpose other than screening for employment under this section.

(b) It is a felony of the third degree, punishable under s. 775.082, s. 775.083, or s. 775.084, for any person willfully, knowingly, or intentionally to use information from the juvenile records of a person obtained under this section for any purpose other than screening for employment under this section.

**History.**--s. 14, ch. 93-214; s. 21, ch. 94-134; s. 21, ch. 94-135; s. 1057, ch. 95-148; s. 17, ch. 95-152; s. 14, ch. 95-158; s. 1, ch. 95-201; s. 40, ch. 95-228; s. 128, ch. 95-418; s. 11, ch. 96-268; ss. 230, 231, ch. 96-406; s. 12, ch. 99-332; ss. 105, 163, ch. 2000-318; s. 82, ch. 2000-349.

[1]**Note.**--As amended by s. 82, ch. 2000-349. For a description of multiple acts in the same session affecting a statutory provision, *see* preface to the *Florida Statutes*, "Statutory Construction." Subsections (3)-(5) and subparagraph (7)(a)3. were also amended by s. 163, ch. 2000-318, and that version reads:

(3) As a prerequisite to operating as a home health agency, nurse registry, or companion or homemaker service under s. 400.509, the administrator or managing employee, respectively, must submit to the agency his or her name and any other information necessary to conduct a complete screening according to this section. The agency shall submit the information to the Department of Law Enforcement and shall conduct a search for any report of confirmed abuse. The agency shall review the record of the administrator or manager with respect to the offenses specified in this section and shall notify the owner of its findings. If disposition information is missing on a criminal record, the administrator or manager, upon request of the agency, must obtain and supply within 30 days the missing disposition information to the agency. Failure to supply missing information within 30 days or to show reasonable efforts to obtain such information will result in automatic disqualification.

(4) Proof of compliance with the screening requirements of chapter 435 shall be accepted in lieu of the requirements of this section if the person has been continuously employed or registered without a breach in service that exceeds 180 days, the proof of compliance is not more than 2 years old, and the person has been screened through the agency for any reports of confirmed abuse and for any criminal record from the Department of Law Enforcement. A home health agency, nurse registry, or companion or homemaker service registered under s. 400.509 shall directly provide proof of compliance to another home health agency, nurse registry, or companion or homemaker service registered under s. 400.509. The recipient home health agency, nurse registry, or companion or homemaker service registered under s. 400.509 may not accept any proof of compliance directly from the person who requires screening. Proof of compliance with the screening requirements of this section shall be provided upon request to the person screened by the home health agencies; nurse registries; or companion or homemaker services registered under s. 400.509.

(5)(a) There is no monetary liability on the part of, and no cause of action for damages arises against, a licensed home health agency, licensed nurse registry, or companion or homemaker service registered under s. 400.509, that, upon notice of a confirmed report of adult abuse, neglect, or exploitation through the agency, terminates the employee or contractor against whom the report was issued, whether or not the employee or contractor has filed for an exemption with the agency in accordance with chapter 435 and whether or not the time for filing has expired.

(b) If a home health agency is asked about a person who was employed by or contracted with that agency, there is no monetary liability on the part of, and no cause of action for damages arising against, a former employer of the person for that agency, who reasonably and in good faith communicates his or her honest opinions about the former caregiver's job performance. This paragraph does not affect the official immunity of an officer or employee of a public corporation.

3. Use information from the criminal records or the agency's reports of confirmed abuse obtained under this section for any purpose other than screening that person for employment as specified in this section or release such information to any other person for any purpose other than screening for employment under this section.

## 4) 400.484 Right of inspection; deficiencies; fines.

(1) Any duly authorized officer or employee of the agency may make such inspections and investigations as are necessary in order to determine the state of compliance with this part and with applicable rules. The right of inspection extends to any business that the agency has reason to believe is being operated as a home health agency without a license, but such inspection of any such business may not be made without the permission of the owner or person in charge unless a warrant is first obtained from a circuit court. Any application for a license issued under this part or for license renewal constitutes permission for an appropriate inspection to verify the information submitted on or in connection with the application.

(2) The agency shall impose fines for various classes of deficiencies in accordance with the following schedule:

(a) A class I deficiency is any act, omission, or practice that results in a patient's death, disablement, or permanent injury, or places a patient at imminent risk of death, disablement, or permanent injury. Upon finding a class I deficiency, the agency may impose an administrative fine in the amount of $5,000 for each occurrence and each day that the deficiency exists. In addition, the agency may immediately revoke the license, or impose a moratorium on the admission of new patients, until the factors causing the deficiency have been corrected.

(b) A class II deficiency is any act, omission, or practice that has a direct adverse effect on the health, safety, or security of a patient. Upon finding a class II deficiency, the agency may impose an administrative fine in the amount of $1,000 for each occurrence and each day that the deficiency exists. In addition, the agency may suspend the license, or impose a moratorium on the admission of new patients, until the deficiency has been corrected.

(c) A class III deficiency is any act, omission, or practice that has an indirect, adverse effect on the health, safety, or security of a patient. Upon finding an uncorrected or repeated class III deficiency, the agency may impose an administrative fine not to exceed $500 for each occurrence and each day that the uncorrected or repeated deficiency exists.

(d) A class IV deficiency is any act, omission, or practice related to required reports, forms, or documents which does not have the potential of negatively affecting patients. These violations are of a type that the agency determines do not threaten the health, safety, or security of patients. Upon finding an uncorrected or repeated class IV deficiency, the agency may impose an administrative fine not to exceed $200 for each occurrence and each day that the uncorrected or repeated deficiency exists.

(3) In addition to any other penalties imposed pursuant to this section or part, the agency may assess costs related to an investigation that results in a successful prosecution, excluding costs associated with an attorney's time.

**History.**--s. 45, ch. 75-233; s. 2, ch. 81-318; ss. 79, 83, ch. 83-181; ss. 8, 23, ch. 93-214; s. 5, ch. 99-332; s. 158, ch. 2000-318.

## 5) 400.462 Definitions.--As used in this part, the term:

(1) "Administrator" means a direct employee of the home health agency or a related organization, or of a management company that has a contract to manage the home health agency, to whom the governing body has delegated the responsibility for day-to-day administration of the home health agency. The administrator must be a licensed physician, physician assistant, or registered nurse licensed to practice in this state or an individual having at least 1 year of supervisory or administrative experience in home health care or in a facility licensed under chapter 395 or under part II or part III of this chapter. An administrator may manage a maximum of five licensed home health agencies located within one agency service district or within an immediately contiguous county. If the home health agency is licensed under this chapter and is part of a retirement community that provides multiple levels of care, an employee of the retirement community may administer the home health agency and up to a maximum of four entities licensed under this chapter that are owned, operated, or managed by the same corporate entity. An administrator shall designate, in writing, for each licensed entity, a qualified alternate administrator to serve during absences.

(2) "Agency" means the Agency for Health Care Administration.

(3) "Certified nursing assistant" means any person who has been issued a certificate under part II of chapter 464. The licensed home health agency or licensed nurse registry shall ensure that the certified nursing assistant employed by or under contract with the home health agency or licensed nurse registry is adequately trained to perform the tasks of a home health aide in the home setting.

(4) "Client" means an elderly, handicapped, or convalescent individual who receives personal care services, companion services, or homemaker services in the individual's home or place of residence.

(5) "Companion" or "sitter" means a person who cares for an elderly, handicapped, or convalescent individual and accompanies such individual on trips and outings and may prepare and serve meals to

such individual. A companion may not provide hands-on personal care to a client. (6) "Department" means the Department of Children and Family Services.

(7) "Director of nursing" means a registered nurse and direct employee of the agency or related business entity who is a graduate of an approved school of nursing and is licensed in this state; who has at least 1 year of supervisory experience as a registered nurse in a licensed home health agency, a facility licensed under chapter 395, or a facility licensed under part II or part III of this chapter; and who is responsible for overseeing the professional nursing and home health aid delivery of services of the agency. An employee may be the director of nursing of a maximum of five licensed home health agencies operated by a related business entity and located within one agency service district or within an immediately contiguous county. If the home health agency is licensed under this chapter and is part of a retirement community that provides multiple levels of care, an employee of the retirement community may serve as the director of nursing of the home health agency and of up to four entities licensed under this chapter which are owned, operated, or managed by the same corporate entity. A director of nursing shall designate, in writing, for each licensed entity, a qualified alternate registered nurse to serve during the absence of the director of nursing.

(8) "Home health agency" means an organization that provides home health services and staffing services.

(9) "Home health agency personnel" means persons who are employed by or under contract with a home health agency and enter the home or place of residence of patients at any time in the course of their employment or contract.

(10) "Home health services" means health and medical services and medical supplies furnished by an organization to an individual in the individual's home or place of residence. The term includes organizations that provide one or more of the following:

(a) Nursing care.

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

(c) Home health aide services.

(d) Dietetics and nutrition practice and nutrition counseling.

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

(11) "Home health aide" means a person who provides hands-on personal care, performs simple procedures as an extension of therapy or nursing services, assists in ambulation or exercises, or assists in administering medications as permitted in rule and for which the person has received training established by the agency under s. 400.497(1).

(12) "Homemaker" means a person who performs household chores that include housekeeping, meal planning and preparation, shopping assistance, and routine household activities for an elderly,

handicapped, or convalescent individual. A homemaker may not provide hands-on personal care to a client.

(13) "Home infusion therapy provider" means an organization that employs, contracts with, or refers a licensed professional who has received advanced training and experience in intravenous infusion therapy and who administers infusion therapy to a patient in the patient's home or place of residence.

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

(15) "Nurse registry" means any person that procures, offers, promises, or attempts to secure health-care-related contracts for registered nurses, licensed practical nurses, certified nursing assistants, home health aides, companions, or homemakers, who are compensated by fees as independent contractors, including, but not limited to, contracts for the provision of services to patients and contracts to provide private duty or staffing services to health care facilities licensed under chapter 395 or this chapter or other business entities. (16) "Organization" means a corporation, government or governmental subdivision or agency, partnership or association, or any other legal or commercial entity, any of which involve more than

one health care professional discipline or a health care professional and a home health aide or certified nursing assistant. The term does not include an entity that provides services using only volunteers or only individuals related by blood or marriage to the patient or client.

(17) "Patient" means any person who receives home health services in his or her home or place of residence.

(18) "Personal care" means assistance to a patient in the activities of daily living, such as dressing, bathing, eating, or personal hygiene, and assistance in physical transfer, ambulation, and in administering medications as permitted by rule.

(19) "Physician" means a person licensed under chapter 458, chapter 459, chapter 460, or chapter 461.

(20) "Skilled care" means nursing services or therapeutic services delivered by a health care professional who is licensed under part I of chapter 464; part I, part III, or part V of chapter 468; or chapter 486 and who is employed by or under contract with a licensed home health agency or is referred by a licensed nurse registry.

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

**History.**--s. 38, ch. 75-233; s. 2, ch. 81-318; ss. 62, 79, 83, ch. 83-181; s. 12, ch. 85-167; s. 1, ch. 87-123; s. 2, ch. 88-219; s. 1, ch. 88-323; s. 1, ch. 90-101; s. 31, ch. 90-306; s. 2, ch. 90-319; s. 25,

ch. 91-57; s. 28, ch. 91-263; ss. 2, 23, ch. 93-214; s. 781, ch. 95-148; s. 56, ch. 95-228; s. 126, ch. 99-8; s. 1, ch. 99-332; ss. 102, 156, ch. 2000-318; s. 77, ch. 2000-349.

## 6) 400.495 Notice of toll-free telephone number for central abuse hotline.

On or before the first day home health services are provided to a patient, any home health agency or nurse registry licensed under this part must inform the patient and his or her immediate family, if appropriate, of the right to report abusive, neglectful, or exploitative practices. The statewide toll-free telephone number for the central abuse hotline must be provided to patients in a manner that is clearly legible and must include the words: "To report abuse, neglect, or exploitation, please call toll-free (phone number)." The Agency for Health Care Administration shall adopt rules that provide for 90 days' advance notice of a change in the toll-free telephone number and that outline due process procedures, as provided under chapter 120, for home health agency personnel and nurse registry personnel who are reported to the central abuse hotline. Home health agencies and nurse registries shall establish appropriate policies and procedures for providing such notice to patients.

**History.**--ss. 5, 9, ch. 88-219; ss. 11, 23, ch. 93-214; s. 785, ch. 95-148; s. 79, ch. 2000-349.

59A-18.017 Supplemental Staffing for Health Care Facilities.

(1) Each nurse registry may provide staffing services to health care facilities licensed under Chapter 395, F.S., or under Parts I, II, IV, V, or VI of Chapter 400, F.S., or other business entities on a temporary basis by licensed nurses, home health aides, and certified nursing assistants.
(2) Each independent contractor shall carry their professional license or certification with them at all times during their working hours at a health care facility, and shall produce such a record for review by the health care facility, upon request.
(3) Nurse registries shall, at least annually, request a performance outcome evaluation from the health care facilities where the individual has provided services for that period of assignment, These evaluations shall be maintained in the individual's registration file.
(4) Each nurse registry shall establish a system for the recording and follow-up of complaints involving individuals they referred to health care facilities or other business entity, and such records shall be kept in the individual's registration file.
(5) Each nurse registry shall provide to the independent contractor, the name of the appropriate person at the health care facility who will be responsible for orientation to the facility.
(6) Each nurse registry shall, upon receiving licensure and certification information, inform the health care facility or other business entity, if a licensed or certified individual being referred to the facility is on probation with their professional licensing board or certifying agency or has any other restrictions placed on their license or certification. The registry shall also advise the licensed or certified individual that this information has been given to the health care facility or other business entity and keep a copy of this information in the independent contractor's file.
(7) Each nurse registry shall maintain on file the name and address of facilities to whom the independent contractor is referred for contract, the amount, of the fee charged, the title of the position, and the amount of the fee received by the registry.
(8) Each nurse registry shall maintain files in an organized manner and such files will be made available for inspection by the agency during the hours the registry is in operation.