

CHAPTER 59A-13 PRESCRIBED PEDIATRIC EXTENDED CARE CENTERS (PPEC)

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59A-13.004 License Procedure.

- (1) Except as provided in Sections 391.203 and 391.205, F.S., no person, firm, association, partnership, or corporation shall either directly or indirectly operate a PPEC center in this state without first applying for and receiving a license from the AHCA to operate such facility.
- (2) Any person operating a facility in this state is subject to the requirements of Sections 391.203 and 391.205, F.S., and these rules.
- (3) Separate applications for operation of a facility shall be required whenever the buildings are located on separate premises.
- (4) Licensees shall not operate facilities with a capacity greater than the number of clients indicated on the face of the license.
- (5) Licenses issued for the operation of a PPEC center shall be limited as provided in Section 391.205, F.S., and unless revoked, shall expire 1 year from the date of issuance, whichever occurs first. Applicants for license renewal shall comply with the provisions of Section 391.205, F.S., and these rules.
- (6) Other licensed entities and PPEC centers shall not collocate.
- (7) Application for a license to operate a PPEC center shall be made on AHCA Form 3110-8002 (April 1998), "Application for Licensure, Prescribed Pediatric Extended Care Center", hereby incorporated by reference, which shall be submitted by the owner or administrator to the AHCA. This form may be attained by writing to the Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, Florida 32308.
- (8) Except for counties and municipalities, every applicant shall submit the license fee required by Section 391.205, F.S., by check or money order payable to the Agency for Health Care Administration along with the application for licensure.
- (9) The annual license fee is \$650.00.
- (10) Whenever the licensee of a facility seeks to increase the number of children for which he is licensed, the licensee shall submit an application to modify his license accordingly.
- (11) Single copies of AHCA forms incorporated by reference within this section may be obtained without cost from the AHCA, 2727 Mahan Drive, Tallahassee, Florida 32308.

59A-13.005 Administration and Management.

- (1) The licensee of each PPEC center shall have full legal authority and responsibility for the operation of the facility.
- (2) Each PPEC center shall be organized in accordance with a written table of organization which describes the lines of authority and communication down to the child care level. The organizational structure shall be designed so as to ensure an integrated continuum of services to the clients.
- (3) Center supervision.
 - (a) The licensee of each center shall designate one person as administrator who shall be responsible and accountable for the overall management of the center.
 - (b) The center administrator shall designate in writing a person to be responsible for the center when the administrator is to be absent from the center for a period of 24 hours.
 - (c) Responsibilities of the center administrator shall include the following:
 1. Maintaining or causing to be maintained the following written records and any other records required by Chapter 391, F.S., and these rules. The records shall be kept in a place, form, and system ordinarily employed in acceptable medical and business practices and available in the center for inspection by the department during normal business hours:
 - a. A census record which shall indicate the number of children currently receiving services in the center;
 - b. A record of all accidents or unusual incidents involving any child or staff member that caused, or had the potential to cause, injury or harm to any person or property within the center. Such records shall contain a clear description of each accident or incident, the names of the persons involved, a description of all medical or other services provided to these persons specifying who provided such services, and the steps taken, if any, to prevent recurrence of such accident or incidents in the future;
 - c. A copy of current agreements entered into with third party providers;
 - d. A copy of current agreements with each consultant employed by the center and documentation of each consultant's visits and required written, dated reports; and
 - e. A personnel record for each employee which shall include: the Florida certificate number and current license number, as applicable; the original employment application and references furnished from the most recent health care employer and employment history for the preceding 5 years; and a copy of all job performance evaluations;
 2. Ensuring the development and maintenance of a current job description for each employee;
 3. Ensuring that each employee is furnished with a copy of written personnel policies governing conditions of employment including the job description for his own position;
 4. Ensuring that each employee receives at least a yearly written job performance evaluation which is discussed with the employee, notes job performance strengths and weaknesses, and discusses plans to correct any job performance weaknesses;
 5. Ensuring that such qualified personnel and ancillary services as are necessary to assure the health, safety, and proper care of children are provided;

6. Ensuring that each employee is assigned duties which are consistent with his job description and with his level of education, preparation, and experience; and
7. Ensuring that the infection control policies and procedures are included in the center's policy manual.

Specific Authority 391.214 FS. Law Implemented 391.214(1) FS. History--New 3-8-89, Formerly 10D-102.005, Amended 5-24-98.

59A-13.007 Admission, Transfer, and Discharge Policies.

- (1) Each PPEC center shall have written policies and procedures governing the admission, transfer, and discharge of children.
- (2) The admission of each child to a PPEC center shall be under the supervision of the center administrator or his designee, and shall be in accordance with the center's child care policies and procedures.
- (3) Each child admitted to a PPEC center shall be admitted upon prescription of the licensed prescribing physician and shall remain under the care of the licensed primary physician for the duration of his stay in the center.
- (4) Each child admitted for service to a PPEC center shall meet at least the following criteria:
 - (e) Infants and children considered for admission to the PPEC center will be those who are medically or technologically dependent.
 - (f) The infants and children must not, prior to admission, present significant risk of infection to other children or personnel. The medical and nursing directors shall review, on a case-by-case basis, any child with a suspected infectious disease to determine appropriateness of admission.
 - (g) The child must be medically stabilized, require skilled nursing care, or other interventions, and be appropriate for outpatient care.
 - (h) If the child meets the preceding criteria, the medical or nursing director of the PPEC center will implement a preadmission plan which delineates services to be provided and appropriate sources for such services.
 1. If the child is hospitalized at the time of referral, pre-admission planning will include the parents or guardians, relevant hospital medical, nursing, social services and developmental staff to assure that the hospital discharge plans will be implemented following placement in the PPEC center.
 2. A consent form, outlining the purpose of a PPEC center, family responsibilities, authorized treatment and appropriate liability release, and emergency disposition plans shall be signed by the parents or guardians and witnessed prior to admission to the PPEC center. The parents or guardians and the PPEC center shall be provided a copy of the consent form. Confidentiality of PPEC records shall be maintained in accordance with Section 455.241, F.S.

Specific Authority 391.214 FS. Law Implemented 391.214(1) FS. History--New 3-8-89, Formerly 10D-102.007.

59A-13.008 Child Care Policies.

- (1) Each PPEC center shall develop, implement, and maintain written policies and procedures governing all child care and related medical or other services provided.
- (2) Child care policies and procedures shall be developed and maintained by a group of professional PPEC center staff personnel comprised of at least the medical director or medical consultant, the center administrator, and the director of nursing services. All child care policies and procedures shall be reviewed no less often than annually and shall be revised as needed.
- (3) The child care policies and procedures developed shall, at a minimum, ensure client care in compliance with the provisions of Chapter 391, F.S., and the standards contained in these rules.

Specific Authority 391.214 FS. Law Implemented 391.214(1) FS. History—New 3-8-89, Formerly 10D-102.008.

59A-13.009 Medical Director.

A board certified pediatrician will serve as the medical director for the PPEC center.

Responsibilities shall include:

- (1) Periodic review of services to assure acceptable levels of quality;
- (2) Maintenance of a liaison role with the medical community;
- (3) Advisement on the development of new programs and modifications of existing programs;
- (4) Assurance that medical consultation will be available in the event of the medical director's absence;
- (5) Serving on committees as defined and required by these rules and by the center's policies;
- (6) Consulting with the center administrator on the health status of facility personnel;
- (7) Reviewing reports of all accidents or unusual incidents occurring on the premises and identifying to the center administrator hazards to health and safety; and
- (8) Ensuring the development of a policy and procedure for the delivery of emergency services and the delivery of regular physician's services when the child's attending physician or his designated alternative is not available.

Specific Authority 391.214 FS. Law Implemented 391.214(1)(d), (f) FS. History—New 3-8-89, Formerly 10D-102.009.

59A-13.010 Nursing Services.

(1) A registered nurse will serve full-time as the Director of Nursing. The Director of Nursing must have at least the following qualifications:

- (a) Minimum of a baccalaureate degree in nursing;
- (b) Current Florida licensure;
- (c) Completion of a course in pediatric CPR, with annual recertification; and
- (d) Minimum of 2 years general pediatric experience of which at least 6 months shall have been spent in a pediatric intensive care or neonatal intensive care settings during the previous 5 years.

(2) The Director of Nursing shall be responsible for the daily operation of the PPEC center.

(3) Registered nurse staffing standards:

- (a) All PPEC centers shall have a minimum full-time equivalent of 2 registered nurses.
- (b) The registered nurse shall have at least the following qualifications and experience:
 1. Licensure as a registered nurse in Florida, under Chapter 464, F.S, and a baccalaureate degree in nursing or 2 or more years of pediatric speciality care experience;
 2. Annual pediatric CPR certification; and
 3. Minimum of 2 years experience in general pediatrics with at least 6 months experience caring for medically or technologically dependent children.
 4. Pediatric nursing experience is defined as being responsible for the care of acutely ill or chronically ill children within the previous 24 months.

(c) The registered nurse staff shall be responsible for at least the following:

1. Provision of nursing interventions; educational services to increase the family's confidence and competence in caring for the child with special needs; assistance to facilitate coping with the effects of chronic illness on the child and family and support effective relationships among siblings and the ill

- child; interventions to foster normal development and psychosocial adaptation;
 - 2. Knowledge of availability and access requirements to community resources; and
 - 3. Fostering and maintaining collaborative relationship with the interdisciplinary health team.
- (4) If nursing assistants are utilized to augment registered nurse staffing, the nursing assistant shall have as a minimum the following qualifications:
- (a) Two years experience in the care of infants and toddlers;
 - 1. References documenting skill in care of infants and children;
 - 2. Basic cardiac life support annual certification.
 - (b) The nursing assistant staff shall work under the supervision of the registered nurse and be responsible for providing direct care to PPEC center children.
- (5) Total staffing for nursing services shall be, at a minimum, in the following ratios but at no time shall be less than 1 staff member on duty per 3 children. If only one staff member is on duty, that member must be a registered nurse:

Specific Authority 391.214 FS. Law Implemented 391.214(1)(d), (f) FS. History—New 3-8-89, Formerly 10D-102.010.

59A-13.013 In-service Training for Staff and Parents and Guardians.

Each PPEC center shall develop a parent and guardian training program which will be available to staff, parents and guardians and includes at least the following:

- (1) Quarterly staff development programs appropriate to the category of personnel will be conducted to maintain quality patient care.
- (2) All staff development programs will be documented.
- (3) All employees shall maintain annual pediatric cardiopulmonary resuscitation certification.
- (4) Each new employee will participate in orientation to acquaint the employee with the philosophy, organization, program, practices, and goals of the PPEC center.
- (5) A comprehensive orientation to acquaint the parent or guardian with the philosophy and services will be provided at the time of the child's placement in the PPEC center.

Specific Authority 391.214 FS. Law Implemented 391.214(1)(a) FS. History—New 3-8-89, Formerly 10D-102.013.

59A-13.014 Medical Record.

A medical record shall be maintained for each child. The records shall contain at least the following:

- (1) All details of the referral, admission, correspondence and papers concerning the child;
- (2) Entries in the medical record shall be in ink and signed by authorized personnel and include at least the following:
 - (a) Physician orders;
 - (b) Flow chart of medications and treatments administered;
 - (c) Concise, accurate information and initialed case notes reflecting progress toward protocol of care goals achievement or reasons for lack of progress;
 - (d) Documentation of nutritional management and special diets, as appropriate;
 - (e) Documentation of physical, occupational, speech and other special therapies;
- (3) An individualized protocol of care developed within 10 working days of admission and revised to include recommended changes in the therapeutic plans. The disposition to be followed in the event of emergency situations will be specified in the plan of care;
- (4) Medical history, include allergies and special precautions;
- (5) Immunization record;
- (6) Quarterly review of Protocol of Care to update the plan in consultation with other professionals involved in the child's care;
- (7) A discharge order written by the primary physician will be documented and entered in the child's record. A discharge summary, which includes the reason for discharge, will also be included.

59A-13.015 Quality Assurance Committee.

All PPEC centers shall have a quality assurance program and will conduct quarterly reviews of the PPEC center's medical records for at least half of the children served by the PPEC center at the time of the quality assurance review.

(1) The quality assurance review will be conducted by 2 members of the quality assurance committee. The quality assurance review responsibilities shall rotate among the quality assurance committee members at least on an annual basis. Within 15 working days of its review, the quality assurance committee shall furnish copies of its report to the PPEC center medical and nursing directors.

(2) Each quarterly quality assurance review shall include:

(a) A review of the goals in each child's Protocol of Care;

(b) A review of the steps, process, and success in achieving the goals;

1-3 children 1 RN

4-6 children 2 RNs

7-9 children 2 RNs plus 1 other

10-12 children 2 RNs plus 2 others

13-15 children 3 RNs plus 2 others

16-18 children 3 RNs plus 3 others

19-21 children 4 RNs plus 3 others

22-24 children 4 RNs plus 4 others

(c) Identification of goals not being achieved as expected, reasons for lack of achievement and plans to promote goal achievement;

(d) Evidence that the protocol of care has been revised to accommodate the findings of quality assurance report will be forwarded to the quality assurance committee within 10 working days of receipt of the quality assurance committee report;

(e) Implementation of the revisions to the Protocol of Care as documented on the child's record.

(3) The quality assurance review will also ascertain the presence of the following documents in each child's medical record:

(a) A properly executed consent form; and

(b) A medical history for the child, including notations from visits to health care providers; and

(c) Immunization record, documentation of allergies and special precautions.

59A-13.020 Infection Control.

Infection control procedures shall include at least the following:

(1) The PPEC center shall contain an isolation room with one large glass area for observation of the child;

(2) Isolation procedures shall be used to prevent cross-infections;

(3) All cribs and beds shall be labeled with the individual child's name. Linens shall be removed from the crib for laundering purposes only;

(4) Bed linens shall be changed at least twice weekly;

(5) Antimicrobial soap and disposable paper towels shall be at each sink;

(6) Children suspected of having a communicable disease, which may be transmitted through casual contact, as determined by the facility's medical director, shall be isolated; the parents shall be notified of the condition; and the child shall be removed from the PPEC center as soon as possible. When the communicable disease is no longer present, as evidenced by a written physician's statement, the child may return to the PPEC center; and

- (7) PPEC center staff members suspected of having a communicable disease shall not return to the PPEC center until the signs and symptoms which relate to the communicable disease are no longer present, as evidenced by a written physician's statement.

Specific Authority 391.214 FS. Law Implemented 391.214(1)(f) FS. History–New 3-8-89, Formerly 10D-102.020.

59A-13.022 Emergency Procedures.

- (1) All PPEC centers shall conform to state standards prepared by the State Fire Marshal: **Chapter 4A-36, F.A.C.**, Uniform Fire Safety Standards for Child Care Facilities, and shall be inspected annually. A copy of the current annual fire inspection report, prepared by a certified fire inspector, shall be on file at the PPEC center.
- (2) There shall be a working telephone, which is neither locked nor a pay station, in the child care facility.
- (3) Emergency telephone numbers shall be posted on or in the immediate vicinity of all telephones.
- (4) An emergency power source shall exist, with sufficient generating power to continue function of medical equipment in the event of a power failure. The emergency generator shall be tested every 30 days and satisfactory mechanical operation will be documented on a log designed for that purpose.
- (5) Emergency transportation shall be performed by a licensed E.M.S. provider, with a PPEC center staff member accompanying the child.

Specific Authority 391.214 FS. Law Implemented 391.214(1)(f) FS. History–New 3-8-89, Formerly 10D-102.022.