CHAPTER 64B9-11
MAINTENANCE OF MEDICAL RECORDS

64B9-11.001 Medical Records of Deceased Nurse

(1) Each Registered Nurse (RN), Certified Nurse Specialist (CNS) or Advanced Registered Nurse Practitioner (ARNP) engaged in private practice, who maintains possession of client/patient medical records, shall ensure that the executor, administrator, personal representative or survivor of such licensee shall arrange to maintain those medical records in existence upon the death of the licensee for a period of at least two (2) years from the date of the death of the licensee.

(2) Within one (1) month from the date of death of the licensee, the executor, administrator, personal representative or survivor shall cause to be published in the newspaper of greatest general circulation in the county where the licensee practiced, a notice indicating to the clients/patients of the deceased licensee that the nurse’s medical records are available to the clients/patients or their duly constituted representative from a specific person at a certain location.

(3) At the conclusion of a 22-month period of time from the date of death of the licensee or thereafter the executor, administrator, personal representative or survivor shall cause to be published once during each week for four (4) consecutive weeks, in the newspaper of greatest general circulation in the county where the licensee practiced, a notice indicating to the clients/patients of the deceased nurse that client/patient records will be disposed of or destroyed one (1) month or later from the last day of the fourth week of publication of notice.


64B9-11.002 Medical Records of Nurses Relocating or Terminating Practice

(1) The Board of Nursing and the Legislature recognize the need for maintenance and retention of medical records in order to protect and serve clients/patients. For that reason, the Legislature has directed the Board of Nursing to promulgate rules setting standards that will provide a minimum requirement for retention and disposition of client/patient records of nurses relocating and terminating practice. However, the Board of Nursing is concerned that the promulgation of these rules may mislead the licensed nurses. Paragraph (2) of this rule sets forth standards which, if not met, will constitute a violation of Sections 456.058 and 464.018, Florida Statutes, and will subject the nurse to disciplinary proceedings. Nurses should retain medical records as long as needed not only to serve and protect clients/patients, but also to protect themselves against adverse actions. The times specified in paragraph (2) below may well be less than the length of time necessary for protecting the nurses. Furthermore, the times stated may fall below the community standards for retention in specific communities and practice settings and for specific client/patient needs. For these purposes, nurses may wish to seek advice from private legal counsel or their insurance carrier.

(2) Each Registered Nurse, Certified Nurse Specialist or Advanced Registered Nurse Practitioner engaged in private practice, who maintains possession of client/patient medical records, shall, when terminating or relocating practice in such a manner as to no longer be reasonably available to clients/patients, notify each client/patient of such termination or relocation and unavailability. Such notification shall consist of at least causing to be published, in the newspaper of greatest general circulation in each county in which the nurse practices or practiced, a notice which shall contain the date of termination or relocation and an address at which medical records may be obtained. Such notice shall be published no less than 4 times over a period of at least 4 weeks. In addition, the nurse shall place in a conspicuous location in or on the facade of the nurse’s office, a sign, announcing the termination or relocation of the practice. The sign shall be placed at least thirty (30) days prior to the termination or relocation and shall remain until the date of termination or relocation. Both the notice and the sign shall advise the clients/patients of their opportunity to transfer or receive their medical records. Furthermore, each such licensee shall see that client/patient records are maintained and may be obtained by the client/patient for a minimum of 2 years after the termination or relocation of practice.

CHAPTER 64B9-12
ADMINISTRATION OF INTRAVENOUS THERAPY BY LICENSED PRACTICAL NURSES

64B9-12.001 Statement of Intent and Purpose.
(1) The “practice of practical nursing” as defined by Section 464.003(3)(b), F.S., includes the “administration of treatments and medication,” under direction, and holds the licensed practical nurse “responsible and accountable for making decisions . . . based upon the individual’s educational preparation and experience in nursing.” As medical science advances and the demands for health care in Florida grow, the scope of nursing practice, in general, and of the practice of practical nursing, in particular, is expanding. It has become necessary that the licensed practical nurse, when qualified by training and education and when approved by the institution at which the licensed practical nurse is employed, engage in the limited administration of intravenous therapy both to serve the public and to allow the professional nurse to better perform those acts requiring professional nursing specialized knowledge, judgment and skill.

(2) The purpose of this rule is to protect the public by ensuring the availability of intravenous therapy and its competent administration in the care of the ill, injured or the infirm. In keeping with the purpose, this rule authorizes the qualified licensed practical nurse to administer those aspects of intravenous therapy within the scope of practice of the licensed practical nurse, enumerates those aspects of intravenous therapy outside the scope of practice of the licensed practical nurse, and sets out the educational and/or competency verification necessary to administer, under direction, limited forms of intravenous therapy.


64B9-12.002 Definitions.
(1) “Administration of Intravenous Therapy” is the therapeutic infusion and/or injection of substances through the venous peripheral system, consisting of activity which includes: observing, initiating, monitoring, discontinuing, maintaining, regulating, adjusting, documenting, planning, intervening and evaluating.

(2) “Under the direction of a registered professional nurse” means that the registered professional nurse has delegated intravenous therapy functions to a qualified licensed practical nurse. The registered professional nurse does not in all instances have to be on the premises in order for the licensed practical nurse to perform the delegated functions.

(3) “Direct supervision” means on the premises and immediately physically available.


64B9-12.003 Aspects of Intravenous Therapy Outside the Scope of Practice of the LPN.
(1) Aspects of intravenous therapy which are outside the scope of practice of the licensed practical nurse unless under the direct supervision of the registered professional nurse or physician and which shall not be performed or initiated by licensed practical nurses without direct supervision include the following:

(a) Initiation of blood and blood products;
(b) Initiation or administration of cancer chemotherapy;
(c) Initiation of plasma expanders;
(d) Initiation or administration of investigational drugs;
(e) Mixing IV solution;
(f) IV pushes, except heparin flushes and saline flushes.

(2) Although this rule limits the scope of licensed practical nurse practice, it is appropriate for licensed practical nurses to care for patients receiving such therapy.

64B9-12.004 Authority for the LPN to Administer Limited Forms of Intravenous Therapy.

(1) With the exception of those aspects of intravenous therapy deemed outside the scope of practice of the licensed practical nurse by Rule 64B9-12.003, F.A.C., above, and subject to the approval of the institution at which the licensed practical nurse is employed, any licensed practical nurse who meets the competency knowledge requirements of Rule 64B9-12.005, F.A.C., below, is authorized to administer intravenous therapy under the direction of a registered professional nurse.

(2) Individuals who have completed a Board approved prelicensure practical nursing education program, professional nursing students who qualify as graduate practical nurses, or licensed practical nurses who have not completed the specified course under Rule 64B9-12.005, F.A.C., may engage in a limited scope of intravenous therapy under the direction of a registered nurse, physician or dentist. This scope includes:
   (a) Perform calculation and adjust flow rate;
   (b) Observe and report subjective and objective signs of adverse reactions to IV administration;
   (c) Inspect insertion site, change dressing, and remove intravenous needle or catheter from peripheral veins.
   (d) Hanging bags or bottles of hydrating fluid.


64B9-12.005 Competency and Knowledge Requirements Necessary to Qualify the LPN to Administer IV Therapy.

(1) Contents. The board endorses the Intravenous Therapy Course Guidelines issued by the Education Department of the National Federation of Licensed Practical Nurses, November, 1983. The intravenous therapy education must contain the following components:
   (a) Policies and procedures of both the Nurse Practice Act and the employing agency in regard to intravenous therapy. This includes legalities of both the Licensed Practical Nurse role and the administration of safe care. Principles of charting are also included.
   (b) Psychological preparation and support for the patient receiving IV therapy as well as the appropriate family members/significant others.
   (c) Site and function of the peripheral veins used for veinpuncture.
   (d) Procedure for veinpuncture, including physical and psychological preparation, site selection, skin preparation, palpation of veins, and collection of equipment.
   (e) Relationship between intravenous therapy and the body’s homeostatic and regulatory functions, with attention to the clinical manifestations of fluid and electrolyte imbalance.
   (f) Signs and symptoms of local and systemic complications in the delivery of fluids and medications and the preventive and treatment measures for these complications.
   (g) Identification of various types of equipment used in administering intravenous therapy with content related to criteria for use of each and means of troubleshooting for malfunction.
   (h) Formulas used to calculate fluid and drug administration rate.
   (i) Methods of administering drugs intravenously and advantages and disadvantages of each.
   (j) Principles of compatibility and incompatibility of drugs and solutions.
   (k) Nursing management of the patient receiving drug therapy, including principles of chemotherapy, protocols, actions, and side effects.
   (l) Nursing management of the patient receiving blood and blood components, following institutional protocol. Include indications and contraindications for use; identification of adverse reactions.
   (m) Nursing management of the patient receiving parenteral nutrition, including principles of metabolism, potential complications, and physical and psychological measures to ensure the desired therapeutic effect.
   (n) Principles of infection control in IV therapy, including aseptic technique and prevention and treatment of iatrogenic infection.
   (o) Nursing management of special IV therapy procedures that are commonly used in the clinical setting, such as heparin lock, central lines, and arterial lines.
   (p) Glossary of common terminology pertinent to IV fluid therapy.
(q) Performance check list by which to evaluate clinical application of knowledge and skills.

(2) Central Lines. The Board recognizes that through appropriate education and training, a Licensed Practical Nurse is capable of performing intravenous therapy via central lines under the direction of a registered professional nurse as defined in subsection 64B9-12.002(2), F.A.C. Appropriate education and training requires a minimum of four (4) hours of instruction. The requisite four (4) hours of instruction may be included as part of the thirty (30) hours required for intravenous therapy education specified in subsection (4) of this rule. The education and training required in this subsection shall include, at a minimum, didactic and clinical practicum instruction in the following areas:

(a) Central venous anatomy and physiology;
(b) CVL site assessment;
(c) CVL dressing and cap changes;
(d) CVL flushing;
(e) CVL medication and fluid administration;
(f) CVL blood drawing; and
(g) CVL complications and remedial measures.

Upon completion of the intravenous therapy training via central lines, the Licensed Practical Nurse shall be assessed on both theoretical knowledge and practice, as well as clinical practice and competence. The clinical practice assessment must be witnessed by a Registered Nurse who shall file a proficiency statement regarding the Licensed Practical Nurse’s ability to perform intravenous therapy via central lines. The proficiency statement shall be kept in the Licensed Practical Nurse’s personnel file.

(3) Providers: The LPN/IV education must be sponsored by a provider of continuing education courses approved by the Board pursuant to Rule 64B9-5.005, F.A.C. To be qualified to teach any such course, the instructor must be a currently licensed registered nurse in good standing in this state, have teaching experience, and have professional nursing experience, including IV therapy. The provider will be responsible for issuing a certificate verifying completion of the requisite number of hours and course content.

(4) Educational Alternatives. The cognitive training shall include one or more of the following:

(a) Post-graduate Level Course. In recognition that the curriculum requirements mandated by Sections 464.019(1)(b), 464.019(1)(f), and 464.019(1)(g), F.S., for practical nursing programs are extensive and that every licensed practical nurse will not administer IV Therapy, the course necessary to qualify a licensed practical nurse or graduate practical nurse to administer IV therapy shall be not less than a thirty (30) hour post-graduate level course teaching aspects of IV therapy containing the components enumerated in subsection 64B9-12.005(1), F.A.C.

(b) Credit for Previous Education. The continuing education provider may credit the licensed practical nurse or graduate practical nurse for previous IV therapy education on a post-graduate level, providing each component of the course content of subsection 64B9-12.005(1), F.A.C., is tested by and competency demonstrated to the provider.

(c) Nontraditional Education. Continuing education providers may select nontraditional education alternatives for acquisition of cognitive content outlined in Rule 64B9-12.005, F.A.C. Such alternatives include:

1. Interactive videos;
2. Self study;
3. Other nontraditional education that may be submitted to the Board for consideration and possible approval. Any continuing education providers using nontraditional education must make provisions for demonstration of and verification of knowledge.

(5) Clinical Competence. The course must be followed by supervised clinical practice in intravenous therapy as needed to demonstrate clinical competence. Verification of clinical competence shall be the responsibility of each institution employing a licensed practical nurse based on institutional protocol. Such verification shall be given through a signed statement of a Florida licensed registered nurse.

64B9-12.006 Effective Date of this Chapter.

To allow institutions time to evaluate the competency and knowledge of or to train the licensed practical nurses who may want to engage in intravenous therapy, the provisions of this rule chapter shall become operable in 180 days from the date this rule chapter is effective. Nothing shall prohibit those individuals who meet the requirements specified in this rule chapter at the time of its adoption from engaging in the intravenous therapy as delineated in this rule chapter.

CHAPTER 64B9-13
HOME HEMODIALYSIS TREATMENTS

64B9-13.001 Purpose

Pursuant to Section 464.022(11), F.S., unlicensed persons may provide hemodialysis treatments to a patient in the patient’s home when such unlicensed persons: are chosen by the patient; have completed the training set forth below; and maintain immediate telephonic access with a registered nurse who is licensed pursuant to Chapter 464, F.S., and who has training and experience in dialysis treatment.


64B9-13.002 Training Requirements

Persons wishing to provide hemodialysis treatments to a patient in the patient’s home, excepting those providing such treatment pursuant to Section 464.022(1), F.S., must successfully complete a minimum of three months training in providing dialysis treatment in a hospital, educational facility, or treatment center, which either teaches the providing of or provides dialysis treatments to patients. Successful completion of the training shall be certified by the person responsible for providing the training and must be approved by the patient’s primary physician or primary nephrologist prior to the providing of any dialysis treatments in the home to the patient by the person trained to provide the treatment. Persons responsible for providing training in home hemodialysis must meet the qualifications set forth in 42 C.F.R. 405.2102(d).


64B9-13.003 Components of Hemodialysis

The three month period of training shall provide instruction and an opportunity for assessment of skills in the performance of the initiation, monitoring, and termination of hemodialysis treatments and shall provide as well an overview of hemodialysis treatments. At a minimum, the period of training shall include the following components:

1. Anatomy.
2. Functions of Normal Kidneys and Renal Failure.
3. Chronic and Acute Renal Failure.
5. Functions of the Artificial Kidney.
7. Diet.
8. Monitoring.
10. Dialysis Medication Preparation.
11. Medications.
13. The Hemodialysis System.
15. Venipuncture.
17. Medical Problems During and Following Dialysis.
(18) Emergency Procedures.

(19) Mechanical Problems.

(20) Infection Control with Emphasis on Blood Transmitted Diseases.

CHAPTER 64B9-14
DELEGATION TO UNLICENSED ASSISTIVE PERSONNEL

64B9-14.001 Definitions
64B9-14.002 Delegation of Tasks or Activities
64B9-14.003 Delegation of Tasks Prohibited

64B9-14.001 Definitions.
As used in this chapter, the following mean:

(1) “Unlicensed assistive personnel” (UAP) are persons who do not hold licensure from the Division of Health Quality Assurance of the Department of Health but who have been assigned to function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through regular assignments or delegated tasks or activities and under the supervision of a nurse.

(2) “Assignments” are the normal daily functions of the UAP’s based on institutional or agency job duties which do not involve delegation of nursing functions or nursing judgment.

(3) “Competency” is the demonstrated ability to carry out specified tasks or activities with reasonable skill and safety that adheres to the prevailing standard of practice in the nursing community.

(4) “Validation” is ascertaining the competency including psychomotor skills of the UAP, verification of education or training of the UAP by the qualified individual delegating or supervising the task based on preestablished standards. Validation may be by direct verification of the delegator or assurance that the institution or agency has established and periodically reviews performance protocols, education or training for UAP’s.

(5) “Delegation” is the transference to a competent individual the authority to perform a selected task or activity in a selected situation by a nurse qualified by licensure and experience to perform the task or activity.

(6) “Delegator” is the registered nurse or licensed practical nurse delegating authority to the UAP.

(7) “Delegate” is the UAP receiving the authority from the delegator.

(8) “Supervision” is the provision of guidance by a qualified nurse and periodic inspection by the nurse for the accomplishment of a nursing task or activity, provided the nurse is qualified and legally entitled to perform such task or activity. The supervisor may be the delegator or a person of equal or greater licensure to the delegator.

(9) “Direct supervision” means the supervisor is on the premises but not necessarily immediately physically present where the tasks and activities are being performed.

(10) “Immediate supervision” means the supervisor is on the premises and is physically present where the task or activity is being performed.

(11) “Indirect supervision” means the supervisor is not on the premises but is accessible by two way communication, is able to respond to an inquiry when made, and is readily available for consultation.

(12) “Nursing judgment” is the intellectual process that a nurse exercises in forming an opinion and reaching a conclusion by analyzing data.

(13) “Education” means a degree or certification of the UAP in a specific practice area or activity providing background and experience in theoretical or clinical aspects of that practice or activity.

(14) “Training” is the learning of tasks by the UAP through on the job experience or instruction by a nurse who has the education or experience to perform the task or activity to be delegated.

Specific Authority 464.006 FS. Law Implemented 464.003(17), (18), (19), (20), 464.018(1)(h) FS. History–New 1-1-96, Amended 4-29-96, Formerly 59S-14.001.

64B9-14.002 Delegation of Tasks or Activities.
In the delegation process, the delegator must use nursing judgment to consider the suitability of the task or activity to be delegated.

(1) Factors to weigh in selecting the task or activity include:
   (a) Potential for patient harm.
   (b) Complexity of the task.
(c) Predictability or unpredictability of outcome including the reasonable potential for a rapid change in the medical status of the patient.

(d) Level of interaction required or communication available with the patient.

(e) Resources both in equipment and personnel available in the patient setting.

(2) Factors to weigh in selecting and delegating to a specific delegate include:

(a) Normal assignments of the UAP.

(b) Validation or verification of the education and training of the delegate.

(3) The delegation process shall include communication to the UAP which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate’s understanding of assignment, verification of monitoring and supervision.

(4) Initial allocation of the task or activity to the delegate, periodic inspection of the accomplishment of such task or activity, and total nursing care responsibility remains with the qualified nurse delegating the tasks or assuming responsibility for supervision.

Specific Authority 464.006 FS. Law Implemented 464.003(17),(18), (19), (20), 464.018(1)(h) FS. History–New 1-1-96, Formerly 59S-14.002.

64B9-14.003 Delegation of Tasks Prohibited.
The registered nurse or licensed practical nurse, under direction of the appropriate licensed professional as defined in Section 464.003(3)(b), F.S., shall not delegate:

(1) Those activities not within the delegating or supervising nurse’s scope of practice.

(2) Nursing activities that include the use of the nursing process and require the special knowledge, nursing judgment or skills of a registered or practical nurse, including:

(a) The initial nursing assessment or any subsequent assessments;

(b) The determination of the nursing diagnosis or interpretations of nursing assessments;

(c) Establishment of the nursing care goals and development of the plan of care; and

(d) Evaluation of progress in relationship to the plan of care.

(3) Those activities for which the UAP has not demonstrated competence.

Specific Authority 464.006 FS. Law Implemented 464.003(17),(18), (19), (20), 464.018(1)(h) FS. History–New 1-1-96, Amended 4-29-96, Formerly 59S-14.003.
**CHAPTER 64B9-15**

**CERTIFIED NURSING ASSISTANTS**

64B9-15.001 Definitions.

(1) “Governing body” means a group of three or more individuals appointed, elected, or otherwise designated, to be ultimately responsible for a certified nursing assistant training program.

(2) “Nursing home” means a long-term care facility or a nursing home facility as defined in Chapter 400, Part II, F.S.

(3) “Professional nursing” means nursing functions performed by an individual licensed as a registered nurse or advanced registered nurse practitioner.

(4) “Department of Education” means the applicable agency in the Department of Education which licenses the educational unit (Chapter 6F-2, F.A.C.), i.e. Board of Education (Chapter 1003 or 1004, F.S.) or Commission on Independent Education (Chapter 1005, F.S.).

(5) “Indirect care” for training and testing purposes means behaviors that are common threads throughout all skills, such as communication with the resident, resident rights, providing for the safety and comfort of the resident, and delivering care following infection control practices/standard precautions.

(6) “General Supervision” means a registered nurse or a licensed practical nurse currently licensed under Chapter 464, F.S., to the extent allowed under Section 400.23(3), F.S., authorizing procedures being carried out by a certified nursing assistant but who need not be present when such procedures are performed. The certified nursing assistant must be able to contact the registered nurse or licensed practical nurse acting in accordance with Section 400.23(3), F.S., when needed for consultation and advice either in person or by communication devices. This definition is not applicable to a certified nursing assistant providing services in accordance with Section 400.506(10)(b) and (c), F.S., or Part III of Chapter 400, F.S.

(7) “Direct Supervision” means the physical presence within the patient care unit of a healthcare facility or physical presence within a healthcare agency of a program instructor who assumes responsibility for the practice of the certified nursing assistant.


64B9-15.002 Certified Nursing Assistant Authorized Duties.

(1) A certified nursing assistant shall provide care and assist residents with the following tasks related to the activities of daily living only under the general supervision of a registered nurse or licensed practical nurse:

(a) Tasks associated with personal care:

1. Bathing;
2. Dressing;
3. Grooming;
4. Shaving;
5. Shampooing and caring for hair;
6. Providing and assisting with oral hygiene and denture care;
7. Caring for the skin;
8. Caring for the feet;
9. Caring for the nails;
10. Providing pericare;
11. Bed making and handling linen;
12. Maintaining a clean environment.

(b) Tasks associated with maintaining mobility:
1. Ambulating;
2. Transferring;
3. Transporting;
4. Positioning;
5. Turning;
6. Lifting;
7. Performing range of motion exercises;
8. Maintaining body alignment.

(c) Tasks associated with nutrition and hydration:
1. Feeding and assisting the resident with eating;
2. Assisting the resident with drinking.

(d) Tasks associated with elimination:
1. Toileting;
2. Assisting with the use of the bedpan and urinal;
3. Providing catheter care;
4. Collecting specimens;
5. Emptying ostomy bags, or changing bags that do not adhere to the skin;
6. Bowel and bladder training.

(e) Tasks associated with the use of assistive devices:
1. Caring for dentures, eyeglasses, contact lenses, and hearing aids;
2. Applying established prosthetic and orthotic devices;
3. Applying braces;
4. Applying antiembolus stockings;
5. Assisting with wheelchairs, walkers, or crutches;
6. Using comfort devices such as pillows, cradles, footboards, wedges, and boots;
7. Assisting with and encouraging the use of self-help devices for eating, grooming, and other personal care tasks;
8. Utilizing and assisting residents with devices for transferring, ambulation, alignment, and positioning;

(f) Tasks associated with maintaining environment and resident safety, including handling of blood and body fluid and cleaning resident care areas.

(g) Tasks associated with data gathering:
1. Measuring temperature, pulse, respiration, and blood pressure;
2. Measuring height and weight;
3. Measuring and recording oral intake;
4. Measuring and recording urinary output, both voided and from urinary drainage systems;
5. Measuring and recording emesis;

(h) Recognition of and reporting of abnormal resident findings, signs, and symptoms.

(i) Post mortem care.

(j) Tasks associated with resident socialization, leisure activities, reality orientation, and validation techniques.

(k) Tasks associated with end of life care.

(l) Tasks associated with basic first aid, CPR skills, and emergency care.

(m) Tasks associated with compliance with resident’s/patient’s rights.

(n) Tasks associated with daily documentation of certified nursing assistant services provided to the resident.

(2) A certified nursing assistant shall perform all tasks with knowledge of and awareness of a resident’s/patient’s rights and
developmental level.

(3) A certified nursing assistant shall not perform any task which requires specialized nursing knowledge, judgment, or skills.

(4) A certified nursing assistant may receive additional training beyond that required for initial certification and upon validation of competence in the skill by a registered nurse may perform such skills as authorized by the facility.

(5) A certified nursing assistant shall not work independently without the supervision of a registered nurse or a licensed practical nurse.


64B9-15.003 Eligibility for Certification.

(1) An applicant for initial certification as a certified nursing assistant shall apply to the vendor approved by the department to administer the certified nursing assistant examination.

(2) An applicant for certification as a certified nursing assistant shall meet the requirements of Section 464.203, F.S.

(3) An applicant for initial certification must demonstrate competency to read and write if the applicant passes the clinical skills portion of the certified nursing assistant examination given in English only.


64B9-15.004 Certified Nursing Assistant Registry.

(1) Definition: The Certified Nursing Assistant Registry is a listing of certified nursing assistants who receive certification pursuant to Section 464.203, F.S., and maintain an active certificate pursuant to Sections 464.203(5) and (8), F.S.

(2) The registry is available through the Internet and contains the name and address of the certified nursing assistant.

(3) Records of certified nursing assistants in the registry who have been disciplined for any crime, or for any abuse, neglect, or exploitation as provided under Chapter 435, F.S., or for any violation of Chapters 456 and 464, F.S., or rules of the board, are so indicated on the Internet look up screen, which is accessible on the Internet at http://ww2.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP.

(4) A certified nursing assistant may be removed from the registry if the certified nursing assistant fails to maintain an active certificate pursuant to Sections 464.203(5) and (8), F.S., or by an order of the board.


64B9-15.005 Standards for Certified Nursing Assistant Training Programs.

(1) Each training program shall have a governing body which has authority to conduct the certified nursing assistant training program, determine general policy, and assure adequate financial support.

(a) A certified nursing assistant training program shall have a written description of the program that includes purpose, goals, and objectives/outcomes, and meets applicable federal and state requirements. The program description must be consistent with the purpose, goals, and objectives/outcomes of the parent institution, if any.

(b) A certified nursing assistant training program utilizing external clinical facilities shall have a written agreement between the program and each external clinical facility. The agreement shall define the rights and responsibilities of the program and the clinical facility, including the role and authority of the governing bodies of both the clinical facility and the program.

(c) A certified nursing assistant training program shall include clinical experiences in health care facilities with a standard license or a conditional license without class I or class II deficiency.

(d) A certified nursing assistant training program shall have written policies and procedures that are consistent with its parent institution. The program shall provide a regularly scheduled review of the policies and procedures governing the following areas:

1. Student attendance;
2. Student grading, including program progression and completion criteria;
3. Student record maintenance;
4. Student fees and financial aid;
5. Student rights and responsibilities; and
6. Student grievance.

(2) Each certified nursing assistant training program shall appoint a certified nursing assistant training program coordinator who
shall be responsible and accountable for compliance with these rules.

(a) A program coordinator shall hold an active, clear Florida license to practice professional nursing, two years of professional nursing experience, and one year of experience in nursing home services, i.e., care of the elderly or chronically ill of any age including supervision of certified nursing assistants.

(b) A director of nursing in a nursing home-based program may assume the administration and accountability for a program as the program coordinator but shall not engage in classroom or clinical teaching in that program.

(c) A program coordinator assumes overall accountability for the following:
   1. Acting as liaison with the Board related to the program’s continuing compliance;
   2. Participating in preparing and administering a financial plan;
   3. Developing, implementing, and evaluating the training program;
   4. Arranging for educational facilities, clinical resources, and faculty development;
   5. Recruiting, supervising, and evaluating qualified instructors who meet criteria in subsection 64B9-15.005(4), F.A.C., and ensuring there are sufficient instructors to meet clinical ratios and instructional needs;
   6. Providing admission and program completion requirements in written form to students prior to admission to the program;
   7. Developing and implementing written policies necessary for the operation of the program;
   8. Ensuring that instructors provide classroom instruction and clinical supervision to students at all times during scheduled program hours; and
   9. Providing documentation of program completion to a student within 10 days of program completion.

(3) Each certified nursing assistant training program shall have one or more program instructors who shall be responsible and accountable for the instructional aspects of the certified nursing assistant training program.

(a) A program instructor shall hold a clear, active Florida license to practice professional nursing, have at least 1 year of clinical experience, and one of the following:
   1. Have completed a course in teaching adults; or
   2. Have at least 1 year of experience in teaching adults; or
   3. Have at least 1 year of experience in supervising nursing assistants.

(b) A program instructor’s responsibilities for classroom and clinical instruction include:
   1. Participating in the planning of each learning experience;
   2. Ensuring that course objectives/outcomes are accomplished;
   3. Requiring a grade of 70% or greater on all theoretical examinations;
   4. Requiring a passing grade for satisfactory completion of all skills evaluations;
   5. Ensuring that students do not perform activities for which they have not received instruction and in which they have not been found competent;
   6. Supervising and evaluating students giving care to clients in clinical areas;
   7. Providing direct supervision in the classroom and in clinical experiences; and
   8. Monitoring health care professionals who assist in providing program instruction.

(c) A program coordinator may be an instructor but must meet the standards established in paragraph (a) above.

(d) Other personnel from the health professions may supplement the program instructor; these supplemental personnel must have at least one year of experience in their field.

(4) The certified nursing assistant training program shall have sufficient staff, finances, resources, materials, space, and supplies to meet the purpose of the program and the needs of students, faculty, administration, and staff.

(a) Classrooms and skill laboratories shall meet requirements in Chapter 1013, F.S. and Chapter 6-2, F.A.C.

(b) Current reference materials shall be appropriate to the level of the student population and the curriculum.

(c) A training program shall provide a minimum clinical instruction ratio for professional nurse to student of 1 to 15 for students caring directly for residents or clients.

(d) A training program shall provide the standardized curriculum under Rule 64B9-15.006, F.A.C., in compliance with federal guidelines.

(e) A training program shall plan and schedule clinical experiences according to the course curriculum.

(f) The training program shall include clinical experience for each certified nursing assistant student.

(g) The training program shall ensure that certified nursing assistant students are identified and treated as students and not
utilized as staff during the instructional and clinical hours the students are enrolled in a certified nursing assistant training program.

(h) A training program shall provide instructional and educational materials adequate to meet the needs of the program, the number of students, and the instructional staff. There shall be an adequate number of instructional tools and equipment for simulating resident care to provide ample opportunity for students to develop skill competency prior to direct care experiences.

(5) If the Board, through an investigation by the department, finds that an approved program no longer meets the required standards, it shall place the program on probationary status until such time as the standards are restored. If a program fails to correct these conditions within 90 days, the Board shall rescind the approval.

(a) The Board shall review a fraction of the training programs’ passing rates. The fraction shall be at the rate of 1/12th every other month.

(b) Each program’s passing rate will be reviewed every other year unless placed on probation.

(6) A training program must maintain a passing rate on certified nursing assistant examination for its graduates of not less than 10% below the state average as reported annually. If a program’s passing rate drops below the standard for 12 months, the program must be reviewed by the Board. The Board shall place the program on probation, and if the passing rate does not meet the standard within one year, the Board shall rescind the program approval.

(7) A training program shall permit the Board to conduct an on-site evaluation for initial Board approval and renewal of approval.

(8) The certified nursing assistant training program must report to the Board any changes in program coordinator or program location within 60 days.

(9) Certified nursing assistant training program approval shall not be transferred with a change of ownership. The new owner must apply per Rule 64B9-15.007, F.A.C.

(10) A certified nursing assistant training program shall notify the Board of any name change within thirty (30) days of the change.

(11) All certified nursing assistant training programs with current approval from the Department of Education will maintain approval until 180 days after the effective date of these rules. All programs must comply with the renewal requirements in Rule 64B9-15.007, F.A.C.

Rulemaking Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History–New 5-25-03, Amended 8-10-08, 6-5-12.

64B9-15.006 Standardized Curriculum.

(1) The standardized curriculum content for a certified nursing assistant training program shall follow the curriculum framework established by the Department of Education (Rule 6A-1.09417, F.A.C.) and shall include material that will provide a basic level of both knowledge and demonstrable skills for each student completing the program.

(2) The standardized curriculum shall require a minimum of 80 hours of classroom and 40 hours clinical instruction.

(3) Prior to any direct contact with a resident, a training program shall require that a student receive a minimum of 16 hours of classroom instruction in communication and interpersonal skills; infection control; safety/emergency procedures, including the Heimlich maneuver; promoting residents’ independence; and respecting residents’ rights.

(4) Clinical experience shall be provided under the direct supervision of the program instructor.

Rulemaking Authority 464.202, 464.203 FS. Law Implemented 464.203, 464.2085 FS. History–New 4-8-03.

64B9-15.007 Approval and Renewal of New Certified Nursing Assistant Training Programs.

(1) Certified nursing assistant training programs shall be approved by the Board prior to being offered. Retroactive approval shall not be granted.

(2) A program seeking approval shall submit and complete a New Nursing Assistant Program Application, form number DH-MQA 1256 (8/11), herein incorporated by reference, available at https://www.flrules.org/Gateway/reference.asp?No=Ref-01259 or from the Board office or on the Board’s website: www.doh.state.fl.us/mqa/nursing.

(3) Approval of a certified nursing assistant training program is valid for a two-year period.

(4) Each program must renew every two-years by completing the Nursing Assistant Training Program Renewal Application, form number DH-MQA 1257 (8/11), herein incorporated by reference, available at https://www.flrules.org/Gateway/reference.asp?No=Ref-01260 or from the Board office or on the Board’s website:
www.doh.state.fl.us/mqa/nursing, and submitting it to the Board within sixty (60) days of the program renewal date. If a program fails to timely file a renewal application, the Board shall rescind the approval.

(5) A training program shall not enroll students prior to receiving program approval.


(1) The Certified Nursing Assistant Examination shall consist of the Written Exam and the Clinical Skills Test. Both the Written Exam and the Clinical Skills Test must be passed within a two-year period in order to achieve certification. Results on either the Written Exam or the Clinical Skills Test which are over two years old are invalid and both the Written Exam and the Clinical Skills Test must be repeated.

(2) The general areas of competency of the Written Exam are as follows:
(a) Role of the Nursing Assistant;
(b) Promotion of Safety;
(c) Promotion of Function and Health of Residents;
(d) Basic Nursing Care Provided for Residents with Changes in Health; and
(e) Specific Care Provided for Residents with Changes in Health.

(3) The Board adopts a passing score as set by the National Nurse Aide Examination Council.

(4) The Clinical Skills Test includes three of the following tasks in addition to hand washing and indirect care:
(a) Personal Care:
1. Perineal Care – Female;
2. Catheter Care;
3. Dressing;
4. Partial Bed Bath;
5. Toileting – Bedpan;
6. Mouth Care – Brushing Teeth;
7. Mouth Care – Care of Dentures;
8. Grooming – Hair and Nail Care; and
10. Change Occupied Bed; and
11. Foot Care.
(b) Promotion of Function, Health, and Safety:
1. Change of Position;
2. Transfer;
3. Range of Motion for Upper Extremity;
4. Range of Motion for Lower Extremity; and
5. Ambulation.
(c) Reporting and Recording:
1. Measure and Record Pulse and Respirations;
2. Measure and Record Weight; and
3. Measure and Record Content of Urinary Drainage Bag; and
4. Measure and Record Blood Pressure.

(5) The recommended minimum passing level for each task is 3 Standard Errors of Measure below the mean. The minimum passing level of the Clinical Skills Test varies depending on the difficulty of the items selected by the testing service for each form of the examination and will be established by the testing service for each form of the examination based on its testing expertise. The candidate must have a minimum passing score on each of the five tasks on an examination form to pass the Clinical Skills Test.

(6) If an applicant fails to pass the nursing assistant competency examination in three attempts, the applicant is not eligible for reexamination unless the applicant completes an approved training program.

(7) The Clinical Skills Observers for the Clinical Skills Test must meet the following criteria:
(a) Be a registered nurse with a minimum of two years of nursing experience;
(b) Have at least one year of experience in the provision of long-term care or caring for the chronically ill of any age;
(c) Be currently licensed as a registered nurse in the state of Florida; and
(d) Shall not have any personal or professional relationship to any examinee taking the Clinical Skills Test.


64B9-15.009 Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances.

(1) The Board is authorized by law to protect the public from certified nursing assistants (CNAs) who do not meet minimum requirements for safe practice or who pose a danger to the public. The suspensions, restrictions of practice, and conditions of probation used by the Board in discharging its duties under Sections 456.072 and 464.204, F.S., shall include, but are not limited to, the following:

(a) Suspension until appearance before the Board or for a definite time period and demonstration of ability to practice safely.
(b) Suspension until appearance before the Board, or for a definite time period, and submission of mental or physical examinations from professionals specializing in the diagnosis or treatment of the suspected condition, completion of counseling, completion of continuing/in-service education, demonstration of sobriety and ability to practice safely.
(c) Suspension until fees and fines paid or until proof of Board mandated continuing/in-service education completion submitted.
(d) Suspension until evaluation by and treatment in the Intervention Project for Nurses. In cases involving substance abuse, chemical dependency, sexual misconduct, physical or mental conditions which may hinder the ability to practice safely, the Board finds participation in the IPN under a stayed suspension to be the preferred and most successful discipline.
(e) Suspension stayed so long as the registrant complies with probationary conditions.
(f) Probation with the minimum conditions of not violating laws, rules, or orders related to the ability to practice as a CNA safely, keeping the Board advised of the CNA’s address and employment, and supplying both timely and satisfactory probation and employer/supervisor reports.
(g) Probation with specified continuing/in-service education courses in addition to the minimum conditions. In those cases involving unprofessional conduct or substandard practice, including recordkeeping, the Board finds continuing/in-service education directed to the practice deficiency to be the preferred punishment.
(h) Probation with added conditions of random drug screens, abstention from alcohol and drugs, participation in narcotics or alcoholics anonymous, psychological counseling, the prohibition on agency work, or the requirement that work must be under direct supervision on a regularly assigned unit.
(i) Personal appearances before the Board to monitor compliance with the Board’s order.
(j) Administrative fine and payment of costs associated with probation or professional treatment.

(2) The Board sets forth below a range of disciplinary guidelines from which disciplinary penalties will be imposed upon practitioners and applicants for licensure guilty of violating Chapters 456 and 464, F.S. The purpose of the disciplinary guidelines is to give notice to registrants and applicants of the range of penalties which will normally be imposed upon violations of particular provisions of Chapters 456 and 464, F.S. The disciplinary guidelines are based upon a single count violation of each provision listed. Multiple counts of violations of the same provision of Chapters 456 and 464, F.S., or the rules promulgated thereto, or other unrelated violations will be grounds for enhancement of penalties. All penalties set forth in the guidelines include lesser penalties, i.e., reprimand and or course-work which may be included in the final penalty at the Board’s discretion.

(3) The following disciplinary guidelines shall be followed by the Board in imposing disciplinary penalties upon registrants for violation of the noted statutes and rules:

(a) Being found guilty, regardless of adjudication, of a forcible felony as defined in Chapter 776, F.S.

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<td>FIRST OFFENSE</td>
<td>$50 fine</td>
<td>Denial of certification or $150 fine and suspension to be followed by a term of probation or revocation</td>
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<tr>
<td>SECOND OFFENSE</td>
<td>$100 fine and probation</td>
<td>Denial of certification or $150 fine and revocation</td>
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(b) Being found guilty, regardless of adjudication, of a violation of Chapter 812, F.S., relating to theft, robbery, and related crimes.

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<td><strong>FIRST OFFENSE</strong></td>
<td>$50 fine, and probation</td>
<td>Denial of certification or $100 fine, IPN evaluation, and suspension to be followed by a term of probation or revocation</td>
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<td><strong>SECOND OFFENSE</strong></td>
<td>$100 fine and probation</td>
<td>Denial of certification or $150 fine and revocation</td>
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<td>(d) Being found guilty, regardless of adjudication, of a violation of Chapter 800, F.S., relating to lewdness and indecent exposure.</td>
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<td><strong>FIRST OFFENSE</strong></td>
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<td><strong>SECOND OFFENSE</strong></td>
<td>$100 fine and probation</td>
<td>Denial of certification or $150 fine and revocation</td>
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<td>(e) Being found guilty, regardless of adjudication, of a violation of Chapter 784, F.S., relating to assault, battery, and culpable negligence.</td>
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<td>(Section 464.018(1)(d)5., F.S.)</td>
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<td><strong>FIRST OFFENSE</strong></td>
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<td><strong>SECOND OFFENSE</strong></td>
<td>$100 fine and probation</td>
<td>Denial of certification or $150 fine and revocation</td>
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<td>(f) Being found guilty, regardless of adjudication, of a violation of Chapter 827, F.S., relating to child abuse.</td>
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<td>(Section 464.018(1)(d)6., F.S.)</td>
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<td><strong>FIRST OFFENSE</strong></td>
<td>$50 fine</td>
<td>Denial of certification or $100 fine and suspension to be followed by a term of probation or revocation</td>
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<td><strong>SECOND OFFENSE</strong></td>
<td>$100 fine and probation</td>
<td>Denial of certification or $150 fine and revocation</td>
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<td>(g) Being found guilty, regardless of adjudication, of a violation of Chapter 415, F.S., relating to protection from abuse, neglect, and exploitation.</td>
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<td>(Section 464.018(1)(d)7., F.S.)</td>
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<td><strong>FIRST OFFENSE</strong></td>
<td>$50 fine</td>
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<td><strong>SECOND OFFENSE</strong></td>
<td>$100 fine and probation</td>
<td>Denial of certification or $150 fine and revocation</td>
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<td>(h) Being found guilty, regardless of adjudication, of a violation of Chapter 39, F.S., relating to child abuse, abandonment, and neglect.</td>
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<td>(Section 464.018(1)(d)8., F.S.)</td>
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<td><strong>FIRST OFFENSE</strong></td>
<td>$50 fine</td>
<td>Denial of certification or $100 fine and suspension to be followed by a term of probation or revocation</td>
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<td><strong>SECOND OFFENSE</strong></td>
<td>$100 fine and probation</td>
<td>Denial of certification or $150 fine and revocation</td>
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<td>(i) Having been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under Section 435.03, F.S., or under any similar statute of another jurisdiction; or having committed an act which constitutes domestic violence as defined in Section 741.28, F.S.</td>
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<td>(Section 464.018(1)(e), F.S.)</td>
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<td>(j) False, misleading, or deceptive advertising. (Section 464.018(1)(g), F.S.)</td>
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<td>FIRST OFFENSE</td>
<td>$100 fine</td>
<td>Denial of certification or $125 fine and suspension to be followed by probation</td>
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<td>SECOND OFFENSE</td>
<td>$100 fine</td>
<td>Denial of certification or $125 fine and suspension to be followed by probation</td>
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(k) Engaging or attempting to engage in the possession, sale, or distribution of controlled substances as set forth in Chapter 893, F.S., for any other than legitimate purposes authorized by this part. (Section 464.018(1)(i), F.S.)

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<td>FIRST OFFENSE</td>
<td>$100 fine, IPN evaluation, and suspension to be followed by probation</td>
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<td>SECOND OFFENSE</td>
<td>$125 fine and revocation</td>
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(l) Failing to report to the department any person who the registrant knows is in violation of this part or of the rules of the department or the board; however, if the registrant verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the registrant is required to report such person only to an impaired professionals consultant. (Section 464.018(1)(k) or 456.072(1)(i), F.S.)

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<td>SECOND OFFENSE</td>
<td>$75 fine and probation</td>
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(m) Making misleading, deceptive, or fraudulent representations in or related to the practice of the registrant’s profession. (Section 456.072(1)(a), F.S.)

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(n) Knowingly violating any provision of this part, a rule of the board or the department, or a lawful order of the board or department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department. (Sections 456.072(1)(b) 456.072(1)(q), 456.072(1)(dd) & 464.018(1), F.S.)

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<td>$50 fine and compliance with rule or terms of prior order</td>
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<td>SECOND OFFENSE</td>
<td>$125 fine and suspension until compliance with rule or terms of prior order plus extended probation</td>
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(o) Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of a certified nursing assistant or to the ability to practice as a certified nursing assistant. (Section 456.072(1)(c), 464.018(1)(c), F.S.)

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SECOND OFFENSE   $100 fine and probation
(p) Having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure or certification, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law.
(Section 456.072(1)(f), 464.018(1)(b), F.S.)

MINIMUM              MAXIMUM
FIRST OFFENSE $50 fine and same penalty imposed by the other jurisdiction
SECOND OFFENSE $100 fine and same penalty imposed by the other jurisdiction which at a minimum must include a term of probation
THIRD OFFENSE $150 fine and same penalty imposed by the other jurisdiction which at a minimum must include a term of suspension

(q) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another registrant.
(Section 456.072(1)(g), F.S.)

MINIMUM              MAXIMUM
FIRST OFFENSE $50 fine Denial of certification or $100 fine and suspension to be followed by a term of probation
SECOND OFFENSE $100 fine and probation Denial of certification or $150 fine and revocation
THIRD OFFENSE $150 fine and probation Denial of certification or permanent revocation

(r) Procuring, attempting to procure, or renewing certification to practice as a CNA by bribery, by knowing misrepresentations, or through an error of the department or the board.
(Section 456.072(1)(h), 464.018(1)(a), F.S.)

MINIMUM              MAXIMUM
FIRST OFFENSE $50 fine Denial of certification or revocation
SECOND OFFENSE $150 fine and probation Denial of certification or permanent revocation

(s) Aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice a profession contrary to Chapters 456, 464, F.S., or the rules of the department or the board.
(Section 456.072(1)(j), F.S.)

MINIMUM              MAXIMUM
FIRST OFFENSE $50 fine Denial of certification or revocation
SECOND OFFENSE $100 fine and probation Denial of certification or $150 fine and revocation

(t) Failing to perform any statutory or legal obligation placed upon a registrant.
(Section 456.072(1)(k), F.S.)

MINIMUM              MAXIMUM
FIRST OFFENSE $50 fine and compliance with legal obligation Denial of certification or revocation
SECOND OFFENSE $125 fine and suspension until compliance with legal obligation plus extended probation

(u) Making or filing a report which the registrant knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, or willfully impeding or obstructing another person to do so.
(Section 456.072(1)(l), 464.018(1)(f), F.S.)

MINIMUM              MAXIMUM
FIRST OFFENSE $50 fine $75 fine and suspension to be followed by probation
SECOND OFFENSE $125 fine and suspension to be followed by probation

(v) Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or
scheme in or related to the practice of a profession.

(Section 456.072(1)(m), F.S.)

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(w) Exercising influence on the patient or client for the purpose of financial gain of the registrant or a third party.

(Section 456.072(1)(n), F.S.)

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(x) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the registrant knows, or has reason to know, the registrant is not competent to perform.

(Section 456.072(1)(o), F.S.)

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(y) Delegating or contracting for the performance of professional responsibilities by a person when the registrant delegating or contracting for performance of such responsibilities knows, or has reason to know, such person is not qualified by training, experience, and authorization when required to perform them.

(Section 456.072(1)(p), F.S.)

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(z) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding.

(Section 456.072(1)(r), F.S.)

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(aa) Engaging or attempting to engage in sexual misconduct as defined and prohibited in Section 456.063(1), F.S.

(Section 456.072(1)(v), F.S.)

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<td>$100 fine, IPN evaluation, and probation</td>
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<td>SECOND OFFENSE</td>
<td>$125 fine, IPN evaluation, and suspension to be followed by a term of probation</td>
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(bb) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application.

(Section 456.072(1)(w), F.S.)

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<td>SECOND OFFENSE</td>
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(cc) Failing to report to the board, or the department if there is no board, in writing within 30 days after the registrant has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction.
Convictions, findings, adjudications, and pleas entered into prior to the enactment of this paragraph must be reported in writing to the board, or department if there is no board, on or before October 1, 1999.

(Section 456.072(1)(x), F.S.)

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<td>FIRST OFFENSE $50 fine and probation</td>
<td>Denial of certification or revocation and $100 fine</td>
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<tr>
<td>SECOND OFFENSE $100 fine and probation</td>
<td>Denial of certification or revocation and $150 fine</td>
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(dd) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement officers or persons involved in accidents pursuant to Section 316.066, F.S., or using information published in a newspaper or other news publication or through a radio or television broadcast that has used information gained from such reports, for the purposes of commercial or any other solicitation whatsoever of the people involved in such accidents.

(Section 456.072(1)(y), F.S.)

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<td>FIRST OFFENSE $75 fine</td>
<td>Denial of certification or $100 fine and suspension to be followed by probation</td>
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<tr>
<td>SECOND OFFENSE $100 fine and probation</td>
<td>Denial of certification or $150 fine and suspension to be followed by probation</td>
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(ee) Being unable to practice as a CNA with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition.

(Section 456.072(1)(z), 464.018(1)(j), F.S.)

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<tr>
<td>SECOND OFFENSE $125 fine and revocation</td>
<td>Denial of certification and $150 fine and revocation</td>
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(ff) Testing positive for any drug, as defined in Section 112.0455, F.S., on any confirmed preemployment or employer-ordered drug screening when the practitioner does not have a lawful prescription and legitimate medical reason for using such drug.

(Section 456.072(1)(aa), F.S.)

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(gg) Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient’s diagnosis or medical condition.

(Section 456.072(1)(bb), F.S.)

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(hh) Being terminated from or failing to successfully complete an impaired practitioner treatment program

(Section 456.072(1)(hh), F.S.):

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(ii) Intentionally engaging in unprofessional conduct, as defined in Rule 64B9-8.005, F.A.C.

(Section 464.018(1)(h), F.S.):

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FIRST OFFENSE $50 fine, reprimand and probation, continuing education
SECOND OFFENSE $150 fine, reprimand, suspension followed by probation

(jj) Using a Class III or a Class IV laser device or product, as defined by federal regulations, without having complied with the rules adopted under Section 501.122(2), F.S., governing the registration of the devices.

(Section 456.072(1)(d), F.S.)

MINIMUM MAXIMUM
FIRST OFFENSE $50 fine, reprimand, and probation Denial of certification or $150 fine, reprimand, suspension followed by probation, or revocation
SECOND OFFENSE $150 fine and suspension followed by probation Denial of certification or $150 fine and revocation

(kk) Failing to identify through written notice, which may include the wearing of a name tag, or orally to a patient the type of license under which the practitioner is practicing. Any advertisement for health care services naming the practitioner must identify the type of license the practitioner holds. This paragraph does not apply to a practitioner while the practitioner is providing services in a facility licensed under Chapter 394, 395, 400, or 429, F.S. Each board, or the department where there is no board, is authorized by rule to determine how its practitioners may comply with this disclosure requirement.

(Section 456.072(1)(t), F.S.)

MINIMUM MAXIMUM
FIRST OFFENSE $50 fine Denial of certification or $100 fine, and suspension
SECOND OFFENSE $150 fine and suspension Denial of certification or $150 fine and revocation

(ll) Failing to comply with the requirements of Sections 381.026 and 381.0261, F.S., to provide patients with information about their patient rights and how to file a patient complaint.

(Section 456.072(1)(u), F.S.)

MINIMUM MAXIMUM
FIRST OFFENSE $50 fine Denial of certification or $100 fine, and suspension
SECOND OFFENSE $150 fine and suspension Denial of certification or $150 fine and revocation

(mm) With respect to making a personal injury protection claim as required by Section 627.736, F.S., intentionally submitting a claim, statement, or bill that has been “upcoded” as defined in Section 627.732, F.S.

(Section 456.072(1)(ee), F.S.)

MINIMUM MAXIMUM
FIRST OFFENSE $100 fine Denial of certification or $100 fine, and suspension
SECOND OFFENSE $150 fine Denial of certification or $150 fine and revocation

(nn) With respect to making a personal injury protection claim as required by Section 627.736, F.S., intentionally submitting a claim, statement, or bill for payment of services that were not rendered.

(Section 456.072(1)(ff), F.S.)

MINIMUM MAXIMUM
FIRST OFFENSE $50 fine Denial of certification or $100 fine, and suspension
SECOND OFFENSE $150 fine Denial of certification or $150 fine and revocation

(oo) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program.

(Section 456.072(1)(ii), F.S.)

MINIMUM MAXIMUM
FIRST OFFENSE $150 fine and suspension Denial of certification or revocation

(pp) Failing to remit the sum owed to the state for an overpayment from the Medicaid program pursuant to a final order, judgment, or stipulation or settlement.

(Section 456.072(1)(jj), F.S.)

MINIMUM MAXIMUM
FIRST OFFENSE Suspension until repayment Denial of certification or revocation
(qq) Being terminated from the state Medicaid program pursuant to Section 409.913, F.S., any other state Medicaid program, or the federal Medicare program, unless eligibility to participate in the program from which the practitioner was terminated has been restored.
(Section 456.072(1)(kk), F.S.)

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(rr) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, a crime in any jurisdiction which relates to health care fraud.
(Section 456.072(1)(ll), F.S.)

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(4) In licensure and disciplinary matters involving impairment, the applicant or registrant may be referred to IPN in addition to the imposition of the above-outlined disciplinary action.

(5)(a) The Board shall be entitled to deviate from the foregoing guidelines upon a showing of aggravating or mitigating circumstances by clear and convincing evidence, presented to the Board prior to the imposition of a final penalty at informal hearing. If a formal hearing is held, any aggravating or mitigating factors must be submitted to the hearing officer at formal hearing. At the final hearing following a formal hearing, the Board will not hear additional aggravating or mitigating evidence.

(b) Circumstances which may be considered for purposes of mitigation or aggravation of penalty shall include, but are not limited to, the following:
1. The danger to the public.
2. Previous disciplinary action against the registrant in this or any other jurisdiction.
3. The length of time the registrant has practiced.
4. The actual damage, physical or otherwise, caused by the violation.
5. The deterrent effect of the penalty imposed.
6. Any efforts at rehabilitation.
7. Attempts by the registrant to correct or stop violations, or refusal by the registrant to correct or stop violations.
10. Cost of disciplinary proceedings.

(6) In instances when a registrant or applicant is found guilty of any of the above offenses involving fraud or making a false or fraudulent representation, the Board shall impose a fine of $10,000.00 per count or offense.

(7) Unless stated otherwise in the Final Order, fines are payable within sixty days of the filing of the order.

Rulemaking Authority 464.204 FS. Law Implemented 456.072, 464.204 FS. History–New 10-28-02, Amended 8-12-07, 8-3-08, 10-16-12.

64B9-15.011 In-Service Training Requirements for Certified Nursing Assistants.

(1) Each certified nursing assistant must complete a minimum of 12 hours of in-service training each calendar year. For candidates certified during the calendar year, the minimum in-service hours required shall be prorated at the rate of 1.0 hours per month from the month of initial certification to the end of the calendar year.

(2) Every 2 years, in-service training hours shall include, but are not limited to, the following areas:
(a) Bloodborne Pathogens, Infection Control;
(b) Domestic Violence;
(c) Medical Record Documentation and Legal Aspects Appropriate to Nursing Assistants;
(d) Resident Rights;
(e) Communication with Cognitively Impaired Clients;
(f) CPR Skills; and
(g) Medical Error Prevention and Safety.

(3) After meeting the requirement in subsection (2), health care career/technical courses in a college, university, or approved nursing program may be used to meet the hour requirement in subsection (1).

(4) A certified nursing assistant is exempt from the in-service education requirement in subsection (1) if the certified nursing
assistant was on active duty with the Armed Forces for 6 months or more during the calendar year, and was in good standing with
the Board at the time active duty began. However, this exemption will not arise on the basis of the performance of short periods of
active duty (such as summer or weekend drills) by a member of the Armed Forces Reserves. Duty in the United States Public Health
Service is not considered duty in the Armed Forces.

(5) A certified nursing assistant who is the spouse of a member of the Armed Forces and was caused to be absent from Florida
due to the spouse’s duties with the Armed Forces shall be exempt from in-service hour requirements. The certified nursing assistant
must show satisfactory proof of the absence and the spouse’s military status.

(6) Each certified nursing assistant must retain in-service compliance records for a period of 4 years and submit records to the
Board if required for auditing.

Rulemaking Authority 464.202, 464.203(7) FS. Law Implemented 456.024, 464.203(7), 464.2085 FS. History–New 5-25-03, Amended 9-26-05, 2-
8-12.

64B9-15.012 Standards for In-Service Training for Certified Nursing Assistants.
Provider Qualifications. In-Service Training Providers shall be one of the following:

(1) A Facility licensed by the Agency for Health Care Administration;
(2) A continuing education provider as approved by the Board of Nursing; or
(3) A Certified Nurse Assistant association, as recognized by the Board.

CHAPTER 64B9-16
LPN SUPERVISION IN NURSING HOME FACILITIES.

64B9-16.001 Definitions
64B9-16.002 Supervision by Licensed Practical Nurses in Nursing Home Facilities
64B9-16.003 Competency and Knowledge Requirements Necessary to Qualify the LPN to Supervise in Nursing Home Facilities
64B9-16.004 Delegation of Tasks Prohibited

64B9-16.001 Definitions.
As used in this chapter, the following mean:

(1) “Certified nursing assistant” (CNA) is a person certified pursuant to Chapter 464, Part II, F.S.
(2) “Unlicensed personnel” (UP) are persons who do not hold licensure from the Division of Health Quality Assurance of the Department of Health but who have been assigned to function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through regular assignments or delegated tasks or activities and under the supervision of a nurse. Unlicensed personnel do not include certified nursing assistants.
(3) Nursing services are acts that require knowledge and skill based on biological, social, behavioral, and nursing science. Only specified nursing acts can be performed by CNAs and UPs. RNs and LPNs can perform nursing acts as stated in Section 464.003, F.S.
(4) “Supervision” is the provision of guidance and periodic inspection by the nurse for the accomplishment of a nursing task or activity, provided the nurse is qualified and legally entitled to perform such a task or activity. Supervision may be provided by an LPN to another LPN, CNA, or unlicensed personnel.
(5) “General supervision” means the registered nurse is not on the premises but accessible by two-way communication, is able to respond to an inquiry when made, and is readily available for consultation.
(6) “Immediate supervision” means the supervisor is on the premises and is physically present where the tasks and activities are being performed.
(7) “Indirect supervision” means the registered nurse is not on the premises but is accessible by two-way communication, is able to respond to an inquiry when made, and is readily available for consultation.
(8) “Nursing home” means a facility licensed under Chapter 400, Part II, F.S.
(9) “Hospital” means a facility licensed pursuant to Chapter 395, F.S.
(10) “Delegation” is the transference to a competent individual the authority to perform a selected task or activity in a selected situation by a nurse qualified by licensure and experience to perform the task or activity.

Specific Authority 400.23(3)(c) FS. Law Implemented 400.23(3)(c) FS. History–New 3-26-02.

64B9-16.002 Supervision by Licensed Practical Nurses in Nursing Home Facilities.
(1) The licensed practical nurse working in a nursing home shall qualify to supervise by meeting all of the following requirements:
   (a) Completing a minimum thirty (30) hour post-basic, Board approved licensed practical nurse supervisory education course prior to accepting any supervisory assignments. The course may be provided by a Board approved continuing education provider or an approved school of nursing.
   (b) Demonstrating a work history of no less than six (6) months of full-time clinical nursing experience in a hospital or nursing home.
(2) In lieu of the thirty (30) hour post-basic nurse supervisory education course referenced above, licensed practical nurses may qualify to supervise if the nurse has successfully completed a supervisory course on a post-graduate level and a provider credits the nurse for such course, providing each component of the course content of paragraphs 64B9-15.003(3)(a)-(m), F.A.C., is tested by and competency demonstrated to the provider.
(3) There shall be a registered nurse providing supervision of the licensed practical nurse.
(4) Tasks and activities shall be delegated by the LPN to the CNA or UP based on the following:
   (a) The task/activity is within the area of responsibility of the nurse delegating the task.
   (b) The task/activity is within the knowledge, skills, and ability of the nurse delegating the task.
(c) The task/activity is of a routine, repetitive nature and shall not require the CNA or UP to exercise nursing knowledge, judgment, or skill.

(d) The CNA or UP can and will perform the task/activity with the degree of care and skill that would be expected of the nurse.

Specific Authority 400.23(3)(c) FS. Law Implemented 400.23(3)(c) FS. History–New 3-26-02.

64B9-16.003 Competency and Knowledge Requirements Necessary to Qualify the LPN to Supervise in Nursing Home Facilities.

(1) The licensed practical nurse supervisory course must be sponsored by an approved nursing education program or an approved provider of nursing continuing education pursuant to Chapter 64B9-5, F.A.C.

(2) The course instructor must be a currently licensed registered nurse in good standing with this state, have nursing education experience, and have professional nursing experience involving delegation and supervision.

(3) The minimum thirty (30) hour post-basic licensed practical nurse supervisory education course shall include:
   (a) An overview of Chapter 464, F.S., the Nurse Practice Act, Sections 456.031, 456.033, F.S., and Chapter 64B9, F.A.C., Rules and Regulations for Nursing,
   (b) The scope of practice for the licensed practical nurse is defined in Section 464.003(3)(b), F.S.,
   (c) The supervisory role of the licensed practical nurse as defined in Section 400.23(3)(c), F.S., including limits of authority and appropriate documentation in patient records,
   (d) Supervisory role transition,
   (e) Strategies for directing the practice of others,
   (f) Principles of delegation,
   (g) Effective communication,
   (h) Team building and conflict resolution,
   (i) Work performance accountability,
   (j) Employee evaluation,
   (k) Interpersonal relationship skills,
   (l) Assignment development, and
   (m) Recognition and resolution of inappropriate delegation.

(4) Nursing homes utilizing licensed practical nurses in a supervisory role shall provide at least sixteen (16) hours supervisory experience with direct supervision by a registered nurse prior to the licensed practical nurse assuming supervisory responsibilities. Documentation by the registered nurse of the licensed practical nurse’s supervisory competence shall be maintained in the licensed practical nurse’s personnel file.

(5) Once a licensed practical nurse with at least five (5) years of full-time clinical nursing experience completes the sixteen (16) hours of supervisory experience as outlined above in (4), he or she may immediately begin supervisory duties and have until August 31, 2002, to complete the requirements outlined above in (1) and (2).

Specific Authority 400.23(3)(c) FS. Law Implemented 400.23(3)(c) FS. History–New 3-26-02.

64B9-16.004 Delegation of Tasks Prohibited.

The licensed practical nurse, under the direction of the appropriate licensed professional as defined in Section 464.003(3)(b), F.S. shall not delegate:

(1) Any activity that is outside the scope of practice of the LPN; or in which the Nurse Practice Act stipulates that the LPN must have direct supervision of a Registered Nurse in order to perform the procedure.

(2) Those activities for which the licensed practical nurse, certified nursing assistant or UP has not demonstrated competence.

Specific Authority 400.23(3)(c) FS. Law Implemented 400.23(3)(c) FS. History–New 3-26-02.