	LEGISLATIVE ACTION	
Senate		House
Comm: RCS		
04/09/2015		
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The Committee on Judiciary (Bean) recommended the following:

Senate Amendment

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Delete lines 826 - 1007 and insert:

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(a) Each individual patient shall receive services, including, for a patient placed under s. 394.4655 shall receive, those services that are included in the court order which are suited to his or her needs, and which shall be administered skillfully, safely, and humanely with full respect for the individual's patient's dignity and personal integrity. Each individual patient shall receive such medical, vocational,

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social, educational, substance abuse, and rehabilitative services as his or her condition requires in order to live successfully in the community. In order to achieve this goal, the department shall is directed to coordinate its mental health and substance abuse programs with all other programs of the department and other state agencies.

- (b) Facilities shall develop and maintain, in a form that is accessible to and readily understandable by individuals held for examination or admitted for mental health or substance abuse treatment patients and consistent with rules adopted by the department, the following:
- 1. Criteria, procedures, and required staff training for the any use of close or elevated levels of supervision, of restraint, seclusion, or isolation, or of emergency treatment orders, and for the use of bodily control and physical management techniques.
- 2. Procedures for documenting, monitoring, and requiring clinical review of all uses of the procedures described in subparagraph 1. and for documenting and requiring review of any incidents resulting in injury to individuals receiving services patients.
- 3. A system for investigating, tracking, managing, and responding to complaints by individuals persons receiving services or persons individuals acting on their behalf.
- (c) Facilities shall have written procedures for reporting events that place individuals receiving services at risk of harm. Such events must be reported to the managing entity in the facility's region and the department as soon as reasonably possible after discovery and include, but are not limited to:

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- 1. The death, regardless of cause or manner, of an individual examined or treated at a facility that occurs while the individual is at the facility or that occurs within 72 hours after release, if the death is known to the facility administrator.
- 2. An injury sustained, or allegedly sustained, at a facility, by an individual examined or treated at the facility and caused by an accident, self-inflicted injury, assault, act of abuse, neglect, or suicide attempt, if the injury requires medical treatment by a licensed health care practitioner in an acute care medical facility.
- 3. The unauthorized departure or absence of an individual from a facility in which he or she has been held for involuntary examination or involuntary placement.
- 4. A disaster or crisis situation such as a tornado, hurricane, kidnapping, riot, or hostage situation that jeopardizes the health, safety, or welfare of individuals examined or treated in a facility.
- 5. An allegation of sexual battery upon an individual examined or treated in a facility.
- (d) (c) A facility may not use seclusion or restraint for punishment, to compensate for inadequate staffing, or for the convenience of staff. Facilities shall ensure that all staff are made aware of these restrictions on the use of seclusion and restraint and shall make and maintain records that which demonstrate that this information has been conveyed to each individual staff member members.
 - (5) COMMUNICATION, ABUSE REPORTING, AND VISITS.-
 - (a) Each individual person receiving services in a facility

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providing mental health services under this part has the right to communicate freely and privately with persons outside the facility unless it is determined that such communication is likely to be harmful to the individual person or others. Each facility shall make available as soon as reasonably possible to persons receiving services a telephone that allows for free local calls and access to a long-distance service to the individual as soon as reasonably possible. A facility is not required to pay the costs of the individual's a patient's longdistance calls. The telephone must shall be readily accessible to the patient and shall be placed so that the individual patient may use it to communicate privately and confidentially. The facility may establish reasonable rules for the use of the this telephone which, provided that the rules do not interfere with an individual's a patient's access to a telephone to report abuse pursuant to paragraph (e).

- (b) Each individual patient admitted to a facility under the provisions of this part shall be allowed to receive, send, and mail sealed, unopened correspondence; and the individual's no patient's incoming or outgoing correspondence may not shall be opened, delayed, held, or censored by the facility unless there is reason to believe that it contains items or substances that which may be harmful to the individual patient or others, in which case the administrator may direct reasonable examination of such mail and may regulate the disposition of such items or substances.
- (c) Each facility shall allow must permit immediate access to an individual any patient, subject to the patient's right to deny or withdraw consent at any time τ by the individual, or by

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the individual's patient's family members, guardian, guardian advocate, health care surrogate or proxy, representative, Florida statewide or local advocacy council, or attorneys attorney, unless such access would be detrimental to the individual patient. If the a patient's right to communicate or to receive visitors is restricted by the facility, written notice of such restriction and the reasons for the restriction shall be served on the individual and patient, the individual's patient's attorney, and the patient's quardian, quardian advocate, health care surrogate or proxy, or representative; and such restriction, and the reasons for the restriction, must shall be recorded in on the patient's clinical record with the reasons therefor. The restriction must of a patient's right to communicate or to receive visitors shall be reviewed at least every 7 days. The right to communicate or receive visitors may shall not be restricted as a means of punishment. This Nothing in this paragraph may not shall be construed to limit the provisions of paragraph (d).

- (d) Each facility shall establish reasonable rules, which must be the least restrictive possible, governing visitors, visiting hours, and the use of telephones by individuals patients in the least restrictive possible manner. An individual has Patients shall have the right to contact and to receive communication from his or her attorney their attorneys at any reasonable time.
- (e) Each individual patient receiving mental health or substance abuse treatment in any facility shall have ready access to a telephone in order to report an alleged abuse. The facility staff shall orally and in writing inform each

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individual patient of the procedure for reporting abuse and shall make every reasonable effort to present the information in a language the individual patient understands. A written copy of that procedure, including the telephone number of the central abuse hotline and reporting forms, must shall be posted in plain view.

- (f) The department shall adopt rules providing a procedure for reporting abuse. Facility staff shall be required, As a condition of employment, facility staff shall to become familiar with the requirements and procedures for the reporting of abuse.
- (6) CARE AND CUSTODY OF PERSONAL EFFECTS OF PATIENTS. -A facility shall respect the rights of an individual A patient's right to the possession of his or her clothing and personal effects shall be respected. The facility may take temporary custody of such effects if when required for medical and safety reasons. The A patient's clothing and personal effects shall be inventoried upon their removal into temporary custody. Copies of this inventory shall be given to the individual patient and to his or her the patient's quardian, quardian advocate, health care surrogate or proxy, or representative and shall be recorded in the patient's clinical record. This inventory may be amended upon the request of the individual patient or his or her the patient's guardian, guardian advocate, health care surrogate or proxy, or representative. The inventory and any amendments to it must be witnessed by two members of the facility staff and by the individual patient, if he or she is able. All of the apatient's clothing and personal effects held by the facility shall be returned to the individual patient immediately upon his or her the discharge or transfer of the patient from the

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facility, unless such return would be detrimental to the individual patient. If personal effects are not returned to the patient, the reason must be documented in the clinical record along with the disposition of the clothing and personal effects, which may be given instead to the individual's patient's quardian, quardian advocate, health care surrogate or proxy, or representative. As soon as practicable after an emergency transfer of a patient, the individual's patient's clothing and personal effects shall be transferred to the individual's patient's new location, together with a copy of the inventory and any amendments, unless an alternate plan is approved by the individual patient, if he or she is able, and by his or her the patient's quardian, quardian advocate, health care surrogate or proxy, or representative.

- (7) VOTING IN PUBLIC ELECTIONS.—A patient who is eligible to vote according to the laws of the state has the right to vote in the primary and general elections. The department shall establish rules to enable patients to obtain voter registration forms, applications for absentee ballots, and absentee ballots.
 - (8) HABEAS CORPUS.-
- (a) At any time, and without notice, an individual a person held or admitted for mental health or substance abuse examination or placement in a receiving or treatment facility,