Electronic Monitoring Policy

This policy explains when a resident may use a video camera or other electronic monitoring device in his or her room. Florida law does not currently set rules for in-room electronic monitoring in assisted living facilities. If a law or rule is adopted, Generations will update this policy to comply and will notify you in writing. You need to complete the request form below only if you want to use a device.

1. **Request and Approval**

   - Before installing a device, you or your legal representative must give the Administrator the completed request form below. The Administrator will respond within seven (7) days, and approval will not be unreasonably withheld.
   - Generations will not deny admission to, retaliate against, or otherwise treat a resident differently for requesting or using a device under this policy.

2. **Video Only; No Audio**

   - Audio recording and live-listening features must be turned off. Florida law (Chapter 934, Florida Statutes) prohibits recording or listening to private conversations without the consent of everyone involved, and a device in your room may pick up the conversations of staff, visitors, and other residents.

3. **Roommates**

   - In a semi-private room, a device may be used only with the written consent of your roommate (or the roommate's legal representative), given on the form below. The roommate may set conditions, such as times the device is turned off or areas it may not view.
   - The roommate may withdraw consent at any time by notifying the Administrator. The device must then be turned off or removed within

twenty-four (24) hours. At your request, Generations will try to offer you another room if one is available, at the rates in Appendix B.

4. **Placement and Privacy**

- The device must be in plain view. Hidden devices are not permitted.
- The device must not view the bathroom, another resident's room or bed area, or the hallway.
- You or your legal representative may ask staff to cover or turn off the device during bathing, dressing, or personal care, and staff will follow that request.

5. **Equipment and Cost**

- You are responsible for buying, installing, maintaining, and removing the device, and for its internet service, unless the Administrator agrees otherwise in writing.
- The device must be installed safely, with cords secured, and must not create a fire or tripping hazard or interfere with the Community's equipment or network.
- Generations is not responsible for loss of or damage to the device, except as provided in Section II.E.3 of the Resident Agreement.

6. **Notice**

- Generations will post a notice at the entrance of the home stating that resident rooms may be monitored by electronic devices.

7. **Recordings**

- Recordings belong to you. Only you, your legal representative, and persons you authorize may view them. Recordings may not be posted on social media or the internet, or shared with others, except with law enforcement, the Agency for Health Care Administration, the Long-Term Care Ombudsman Program, or as needed in a legal proceeding.
- If a recording shows possible abuse, neglect, or exploitation, please report it to the Florida Abuse Hotline at 1-800-96-ABUSE (1-800-962-2873) and notify the Administrator. Generations will cooperate fully with any investigation.

- Generations does not watch or monitor the device. A device does not replace staff supervision or change the care and services described in the Resident Agreement.

8. Staff and Compliance

- Staff will not obstruct, tamper with, or turn off an approved device except at your request, at a roommate's request under Section 3, or in an emergency.
- If this policy is not followed, Generations will notify you in writing. If the problem is not corrected within seven (7) days, Generations may require the device to be removed.

Request to Use an Electronic Monitoring Device

Resident's Name (printed): _____

Device (make, model, and type): _____

Location in room and area it will view: _____

[ ] I confirm that audio recording and live-listening features are turned off.

Resident's Signature: _____ Date: _____

Legal Representative Name (printed): _____

Legal Representative Signature: _____ Date: _____

Roommate Consent (semi-private rooms only)

Roommate's Name (printed): _____

Conditions (if any): _____

Roommate or Legal Representative Signature: _____ Date: _____

Community Approval

[ ] Approved [ ] Not approved; reason: _____

Administrator's Signature: _____ Date: _____