

By Senator Harrell

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A bill to be entitled  
An act relating to health care; amending s. 408.821,  
F.S.; authorizing the Agency for Health Care  
Administration to authorize certain agencies and  
organizations to access, use, and run reports in a  
specified database for certain purposes; amending s.  
408.822, F.S.; requiring the agency to publish survey  
results in a specified manner to ensure that certain  
facilities cannot be identified; amending s. 429.07,  
F.S.; authorizing assisted living facilities to retain  
certain licenses under certain circumstances;  
requiring such facilities to notify the agency when  
specified staffing conditions occur; amending s.  
429.17, F.S.; requiring the agency to accept for  
review certain late submissions for application  
renewal; providing that late fees may still apply in  
such cases; creating s. 429.212, F.S.; defining terms;  
requiring referral agencies for assisted living  
facilities to disclose specified information to a  
consumer; requiring a referral agency to communicate  
to certain assisted living facilities of the  
consumer's decision to stop using such referral  
agency; prohibiting a referral agency from specified  
acts; requiring a referral agency to notify an  
assisted living facility immediately if the referral  
agency refers a consumer to that facility; providing  
requirements for contracts entered into between a  
referral agency and an assisted living facility;  
prohibiting a referral agency from offering or

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entering into referral contracts for compensation prohibited by state or federal law; amending s. 429.23, F.S.; revising the definition of the term "adverse incident"; requiring that an adverse incident report to the agency include specified information relating to the affected resident and the type of incident; deleting provisions requiring the agency to send a certain report; amending s. 429.256, F.S.; revising provisions relating to assistance with the self-administration of medication; amending s. 429.26, F.S.; requiring a third party providing certain services or treatments to provide specified notes and reports to the assisted living facility within a specified timeframe; revising requirements for a medical examination form; amending s. 429.41, F.S.; revising licensure inspection requirements; amending s. 429.52, F.S.; revising training and education requirements for specified assisted living facility staff; amending s. 429.55, F.S.; revising specified information that each assisted living facility must provide to the agency; creating s. 429.56, F.S.; creating the Assisted Living Task Force adjunct to the agency for specified purposes; requiring the agency to provide administrative support to the task force; providing for membership, compensation, meetings, and duties of the task force; requiring the agency to provide specified reports and information requested by the task force; requiring the task force to submit interim status reports and a final report to the

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Governor and the Legislature by specified dates;  
requiring that the reports be made available on the  
agency's website; providing for future legislative  
review and repeal; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (4) of section 408.821, Florida  
Statutes, is amended to read:

408.821 Emergency management planning; emergency  
operations; inactive license.—

(4) The agency may adopt rules relating to emergency  
management planning, communications, and operations. Licensees  
providing residential or inpatient services must use ~~utilize~~ an  
online database approved by the agency to report information to  
the agency regarding the provider's emergency status, planning,  
or operations. The agency may authorize support agencies and  
organizations that assist the state as part of the Emergency  
Support Function 8 of the State Emergency Response Team to  
access, use, and run reports in the database when responding to  
declared emergencies.

Section 2. Subsection (5) of section 408.822, Florida  
Statutes, is amended to read:

408.822 Direct care workforce survey.—

(5) The agency shall continually analyze the results of the  
surveys and publish the results on its website in the form of  
aggregate data on a state or regional basis and in a manner  
sufficient to ensure that a licensed facility cannot be  
identified. The agency shall update the information published on

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its website monthly.

Section 3. Subsection (3) of section 429.07, Florida Statutes, is amended to read:

429.07 License required; fee.—

(3) In addition to the requirements of s. 408.806, each license granted by the agency must state the type of care for which the license is granted. Licenses shall be issued for one or more of the following categories of care: standard, extended congregate care, limited nursing services, or limited mental health. An assisted living facility may retain such license until licensure renewal, regardless of whether the facility currently has residents using such services. However, if a facility is no longer staffed to provide these specialty services, it must notify the agency of such lapse in staffing immediately, and again once the facility is properly staffed to resume providing such specialty services.

(a) A standard license shall be issued to facilities providing one or more of the personal services identified in s. 429.02. Such facilities may also employ or contract with a person licensed under part I of chapter 464 to administer medications and perform other tasks as specified in s. 429.255.

(b) An extended congregate care license shall be issued to each facility that has been licensed as an assisted living facility for 2 or more years and that provides services, directly or through contract, beyond those authorized in paragraph (a), including services performed by persons licensed under part I of chapter 464 and supportive services, as defined by rule, to persons who would otherwise be disqualified from continued residence in a facility licensed under this part. An

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extended congregate care license may be issued to a facility that has a provisional extended congregate care license and meets the requirements for licensure under subparagraph 2. The primary purpose of extended congregate care services is to allow residents the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency as they become more impaired. A facility licensed to provide extended congregate care services may also admit an individual who exceeds the admission criteria for a facility with a standard license, if he or she is determined appropriate for admission to the extended congregate care facility.

1. In order for extended congregate care services to be provided, the agency shall ~~must~~ first determine whether ~~that~~ all requirements established in law and rule are met and shall ~~must~~ specifically designate, on the facility's license, that such services may be provided and whether the designation applies to all or part of the facility. This designation may be made at the time of initial licensure or relicensure, or upon request in writing by a licensee under this part and part II of chapter 408. The notification of approval or the denial of the request shall be made in accordance with part II of chapter 408. Each existing facility that qualifies to provide extended congregate care services must have maintained a standard license and may not have been subject to administrative sanctions during the previous 2 years, or since initial licensure if the facility has been licensed for less than 2 years, for any of the following reasons:

- a. A class I or class II violation;
- b. Three or more repeat or recurring class III violations

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of identical or similar resident care standards from which a pattern of noncompliance is found by the agency;

c. Three or more class III violations that were not corrected in accordance with the corrective action plan approved by the agency;

d. Violation of resident care standards which results in requiring the facility to employ the services of a consultant pharmacist or consultant dietitian;

e. Denial, suspension, or revocation of a license for another facility licensed under this part in which the applicant for an extended congregate care license has at least 25 percent ownership interest; or

f. Imposition of a moratorium pursuant to this part or part II of chapter 408 or initiation of injunctive proceedings.

The agency may deny or revoke a facility's extended congregate care license for not meeting the criteria for an extended congregate care license as provided in this subparagraph.

2. If an assisted living facility has been licensed for less than 2 years, the initial extended congregate care license must be provisional and may not exceed 6 months. The licensee shall notify the agency, in writing, when it has admitted at least one extended congregate care resident, after which an unannounced inspection shall be made to determine compliance with the requirements of an extended congregate care license. A licensee with a provisional extended congregate care license which demonstrates compliance with all the requirements of an extended congregate care license during the inspection shall be issued an extended congregate care license. In addition to

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sanctions authorized under this part, if violations are found during the inspection and the licensee fails to demonstrate compliance with all assisted living facility requirements during a follow-up ~~followup~~ inspection, the licensee must ~~shall~~ immediately suspend extended congregate care services, and the provisional extended congregate care license expires. The agency may extend the provisional license for not more than 1 month in order to complete a follow-up ~~followup~~ visit.

3. A facility ~~that is~~ licensed to provide extended congregate care services shall maintain a written progress report on each person who receives such nursing services from the facility's staff which describes the type, amount, duration, scope, and outcome of services ~~that are~~ rendered and the general status of the resident's health. A registered nurse, or appropriate designee, representing the agency shall visit the facility at least twice a year to monitor residents who are receiving extended congregate care services and to determine whether ~~if~~ the facility is in compliance with this part, part II of chapter 408, and relevant rules. One of the visits may be in conjunction with the regular survey. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall serve as part of the team that inspects the facility. The agency may waive one of the required yearly monitoring visits for a facility that has:

- a. Held an extended congregate care license for at least 24 months;
- b. No class I or class II violations and no uncorrected class III violations; and
- c. No ombudsman council complaints that resulted in a

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204 citation for licensure.

205 4. A facility ~~that is~~ licensed to provide extended  
206 congregate care services must:

207 a. Demonstrate the capability to meet unanticipated  
208 resident service needs.

209 b. Offer a physical environment that promotes a homelike  
210 setting, provides for resident privacy, promotes resident  
211 independence, and allows sufficient congregate space as defined  
212 by rule.

213 c. Have sufficient staff available, taking into account the  
214 physical plant and firesafety features of the building, to  
215 assist with the evacuation of residents in an emergency.

216 d. Adopt and follow policies and procedures that maximize  
217 resident independence, dignity, choice, and decisionmaking to  
218 permit residents to age in place, so that moves due to changes  
219 in functional status are minimized or avoided.

220 e. Allow residents or, if applicable, a resident's  
221 representative, designee, surrogate, guardian, or attorney in  
222 fact to make a variety of personal choices, participate in  
223 developing service plans, and share responsibility in  
224 decisionmaking.

225 f. Implement the concept of managed risk.

226 g. Provide, directly or through contract, the services of a  
227 person licensed under part I of chapter 464.

228 h. In addition to the training mandated in s. 429.52,  
229 provide specialized training as defined by rule for facility  
230 staff.

231 5. A facility ~~that is~~ licensed to provide extended  
232 congregate care services is exempt from the criteria for



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continued residency set forth in rules adopted under s. 429.41. A licensed facility must adopt its own requirements within guidelines for continued residency set forth by rule. However, the facility may not serve residents who require 24-hour nursing supervision. A licensed facility that provides extended congregate care services must also provide each resident with a written copy of facility policies governing admission and retention.

6. Before the admission of an individual to a facility licensed to provide extended congregate care services, the individual must undergo a medical examination as provided in s. 429.26(5) and the facility must develop a preliminary service plan for the individual.

7. If a facility can no longer provide or arrange for services in accordance with the resident's service plan and needs and the facility's policy, the facility must make arrangements for relocating the person in accordance with s. 429.28(1)(k).

(c) A limited nursing services license shall be issued to a facility that provides services beyond those authorized in paragraph (a) and as specified in this paragraph.

1. In order for limited nursing services to be provided in a facility licensed under this part, the agency must first determine whether ~~that~~ all requirements established in law and rule are met and must specifically designate, on the facility's license, that such services may be provided. This designation may be made at the time of initial licensure or licensure renewal, or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or

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denial of such request shall be made in accordance with part II of chapter 408. An existing facility that qualifies to provide limited nursing services must have maintained a standard license and may not have been subject to administrative sanctions that affect the health, safety, and welfare of residents for the previous 2 years or since initial licensure if the facility has been licensed for less than 2 years.

2. A facility ~~that is~~ licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services ~~that are~~ rendered and the general status of the resident's health. A registered nurse representing the agency shall visit the facility at least annually to monitor residents who are receiving limited nursing services and to determine whether ~~if~~ the facility is in compliance with applicable provisions of this part, part II of chapter 408, and related rules. The monitoring visits may be provided through contractual arrangements with appropriate community agencies. A registered nurse shall also serve as part of the team that inspects such facility. Visits may be in conjunction with other agency inspections. The agency may waive the required yearly monitoring visit for a facility that has:

a. Had a limited nursing services license for at least 24 months;

b. No class I or class II violations and no uncorrected class III violations; and

c. No ombudsman council complaints that resulted in a citation for licensure.

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291       3. A person who receives limited nursing services under  
292 this part must meet the admission criteria established by the  
293 agency for assisted living facilities. When a resident no longer  
294 meets the admission criteria for a facility licensed under this  
295 part, arrangements for relocating the person shall be made in  
296 accordance with s. 429.28(1)(k), unless the facility is licensed  
297 to provide extended congregate care services.

298       Section 4. Subsection (2) of section 429.17, Florida  
299 Statutes, is amended to read:

300       429.17 Expiration of license; renewal; conditional  
301 license.—

302       (2) A license shall be renewed in accordance with part II  
303 of chapter 408 and the provision of satisfactory proof of  
304 ability to operate and conduct the facility in accordance with  
305 the requirements of this part and adopted rules, including proof  
306 that the facility has received a satisfactory firesafety  
307 inspection, conducted by the local authority having jurisdiction  
308 or the State Fire Marshal, within the preceding 12 months. If an  
309 application for renewal is submitted within 30 days after the  
310 expiration date of the license, the application must be accepted  
311 for review if the application submission contains an explanation  
312 of the reason for the submission after licensure expiration;  
313 however, late fees may still be imposed.

314       Section 5. Section 429.212, Florida Statutes, is created to  
315 read:

316       429.212 Referral agencies for assisted living facilities.—

317       (1) As used this section, the term:

318       (a) "Consumer" means a person seeking a referral to an  
319 assisted living facility.

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(b) "Referral agency" means a person or entity that provides assisted living facility referrals to consumers for a fee collected from a consumer or a facility. The term does not include:

1. An assisted living facility or its employees; or
2. A resident of an assisted living facility, or a resident's family member who refers a consumer to the facility regardless of any discount or other remuneration the community pays to that person.

(c) "Referral" means the act of directing, recommending, or facilitating the connection of a person, or his or her representative, to an assisted living facility, with the intent of assisting the person in obtaining long-term care, housing, or related services, where the referring person or entity receives compensation, including, but not limited to, a fee or a commission, from the facility. The term includes providing information about specific facilities or providers, arranging tours or consultations, or coordinating placement in the facility.

(2)(a) At the time of a referral, a referral agency shall provide to the consumer a disclosure statement that includes all of the following:

1. A description of the referral agency's services.
2. A statement on whether the consumer or the assisted living facility to which the consumer is referred is responsible for paying the referral fee.
3. A statement that the consumer may stop using the referral agency at any time without cause or penalty.
4. A statement identifying the date of expiration of the

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349 referral services being provided to the consumer, including an  
350 explanation that after the expiration of the referral services,  
351 neither the consumer nor the assisted living facility that the  
352 consumer chooses is responsible for paying any referral fee.

353 5. A statement disclosing whether the referral agency has  
354 contracts with the recommended assisted living facilities.

355 6. A notice that the consumer has the right to request  
356 information about all assisted living facilities in the  
357 requested geographic area which meet the consumer's stated  
358 preferences and care needs, including facilities with which the  
359 referral agency does not have a contractual relationship.

360 (b) If a consumer decides to stop using a referral agency,  
361 the referral agency shall communicate the consumer's decision to  
362 all assisted living facilities to which the referral agency has  
363 referred the consumer. A consumer's decision to stop using a  
364 referral agency does not affect a contractual agreement, if any,  
365 between the referral agency and an assisted living facility.

366 (3) A referral agency may not:

367 (a) Refer a consumer to an assisted living facility in  
368 which the referral agency has an ownership, management, or  
369 financial interest;

370 (b) Hold a power of attorney for a consumer or hold a  
371 consumer's property in any capacity;

372 (c) Knowingly refer a consumer to an assisted living  
373 facility that is unlicensed and is not exempt from licensing  
374 under applicable law;

375 (d) Collect a referral fee when a consumer moves to a  
376 different assisted living facility, unless the consumer has  
377 engaged the referral agency to help facilitate his or her move

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378 to a different facility; or

379 (e) Collect a referral fee after the expiration of the  
380 referral according to the contract between the referral agency  
381 and the assisted living facility.

382 (4) If a referral agency refers a consumer to an assisted  
383 living facility, the referral agency must immediately notify the  
384 assisted living facility of the referral by a written physical  
385 or electronic document that includes the time and date of the  
386 referral. Such notification must include a copy of the  
387 disclosure statement provided to the consumer by the referral  
388 agency.

389 (5) (a) A written contract entered into between a referral  
390 agency and an assisted living facility may provide for the  
391 compensation of a referral agency for all referrals made with  
392 respect to an assisted living facility. The amount of  
393 compensation may be based on the volume or value of referrals  
394 made by the referral agency or business generated between the  
395 parties.

396 (b) Notwithstanding any other law to the contrary,  
397 compensation paid to a referral agency which is in compliance  
398 with this section is not grounds for disciplinary action against  
399 an assisted living facility.

400 (c) A referral agency may not offer or enter into a  
401 contract authorized under this section for compensation  
402 otherwise prohibited under state or federal law.

403 Section 6. Present subsections (4), (6), (7), (8), (9), and  
404 (10) of section 429.23, Florida Statutes, are redesignated as  
405 subsections (3), (4), (5), (6), (7), and (8), respectively, and  
406 subsection (2) and present subsections (3), (4), (5), and (9) of

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that section are amended, to read:

429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.—

(2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means:

(a) An event over which facility personnel possess the capacity, authority, or realistic ability to ~~could~~ exercise control rather than as a result of the resident's condition and results in:

1. Death;
2. Brain or spinal damage;
3. Permanent disfigurement;
4. Fracture or dislocation of bones or joints;
5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;
6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or
7. An event that is reported to law enforcement or its personnel for investigation; or

(b) Resident elopement, if the elopement places the resident at risk of harm or injury.

~~(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all~~

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~~adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident.~~

~~(3)(4)~~ Licensed facilities shall provide Within 15 days after the occurrence of an adverse incident, licensed facilities shall provide, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the results of the facility's investigation into the adverse incident.

~~(5) Three business days before the deadline for the submission of the full report required under subsection (4), the agency shall send by electronic mail a reminder to the facility's administrator and other specified facility contacts. Within 3 business days after the agency sends the reminder, a facility is not subject to any administrative or other agency action for failing to withdraw the preliminary report if the facility determines the event was not an adverse incident or for failing to file a full report if the facility determines the event was an adverse incident.~~

~~(7)(9)~~ The adverse incident reports ~~and preliminary adverse incident reports~~ required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.

Section 7. Paragraphs (a) and (b) of subsection (4) of section 429.256, Florida Statutes, are amended to read:



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465 429.256 Assistance with self-administration of medication  
466 and with other tasks.—

467 (4) Assistance with self-administration of medication does  
468 not include:

469 (a) Mixing, compounding, converting, or calculating  
470 medication doses, except for measuring a prescribed amount of  
471 liquid medication, ~~or~~ breaking a scored tablet or crushing a  
472 tablet as prescribed, or dialing an insulin pen prefilled by the  
473 manufacturer.

474 (b) The preparation of syringes for injection or the  
475 administration of medications by any injectable route, except  
476 for the attachment of a new needle to an insulin pen prefilled  
477 by the manufacturer.

478 Section 8. Paragraph (a) of subsection (1) and subsection  
479 (5) of section 429.26, Florida Statutes, are amended to read:

480 429.26 Appropriateness of placements; examinations of  
481 residents.—

482 (1) The owner or administrator of a facility is responsible  
483 for determining the appropriateness of admission of an  
484 individual to the facility and for determining the continued  
485 appropriateness of residence of an individual in the facility. A  
486 determination must be based upon an evaluation of the strengths,  
487 needs, and preferences of the resident, a medical examination,  
488 the care and services offered or arranged for by the facility in  
489 accordance with facility policy, and any limitations in law or  
490 rule related to admission criteria or continued residency for  
491 the type of license held by the facility under this part. The  
492 following criteria apply to the determination of appropriateness  
493 for admission and continued residency of an individual in a

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494 facility:

495 (a) A facility may admit or retain a resident who receives  
496 a health care service or treatment ~~that is~~ designed to be  
497 provided within a private residential setting if all  
498 requirements for providing that service or treatment are met by  
499 the facility or a third party. The third party must provide  
500 notes and reports pertaining to any change in condition of the  
501 resident to the facility within 24 hours after each resident  
502 visit in a manner agreed upon by the third party and the  
503 facility.

504 (5) Each resident must have been examined by a licensed  
505 physician, a licensed physician assistant, or a licensed  
506 advanced practice registered nurse within 60 days before  
507 admission to the facility or within 30 days after admission to  
508 the facility, except as provided in s. 429.07. The information  
509 from the medical examination must be recorded on the  
510 practitioner's form or on a form adopted by agency rule. The  
511 medical examination form, completed to the extent deemed to be  
512 appropriate by the practitioner, and signed only by the  
513 practitioner, must be submitted to the owner or administrator of  
514 the facility, who shall use the information contained therein to  
515 assist in the determination of the appropriateness of the  
516 resident's admission to or continued residency in the facility.  
517 The owner or administrator may request additional information to  
518 be completed by the practitioner in the medical examination form  
519 if necessary to determine appropriateness of admission or  
520 continued residency in the facility. The medical examination  
521 form may only be used to record the practitioner's direct  
522 observation of the patient at the time of examination and must

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include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.

Section 9. Subsection (5) of section 429.41, Florida Statutes, is amended to read:

429.41 Rules establishing standards.—

(5) The agency may use an abbreviated biennial standard licensure inspection that consists of, at a minimum, a desk review of key quality-of-care standards in lieu of a full inspection in a facility that has a good record of past performance. However, a full inspection must be conducted in a facility that has a history of class I or class II violations; uncorrected class III violations; or a class I, class II, or uncorrected class III violation resulting from a complaint referred by the State Long-Term Care Ombudsman Program within the previous licensure period immediately preceding the inspection or if a potentially serious problem is identified during the abbreviated inspection. The agency shall adopt by

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rule the key quality-of-care standards.

Section 10. Subsection (6) of section 429.52, Florida Statutes, is amended to read:

429.52 Staff training and educational requirements.—

(6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Additional training and a determination of competency by a registered nurse or a licensed pharmacist is required for dialing or attaching a new needle to an insulin pen that is prefilled by the manufacturer. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training.

Section 11. Paragraphs (a) and (b) of subsection (1) of section 429.55, Florida Statutes, are amended to read:

429.55 Consumer information.—

(1) CONSUMER INFORMATION WEBSITE.—The Legislature finds that consumers need additional information on the quality of care and service in assisted living facilities in order to select the best facility for themselves or their loved ones. Therefore, the Agency for Health Care Administration shall create content that is easily accessible through the home page of the agency's website either directly or indirectly through links to one or more other established websites of the agency's choosing. The website must be searchable by facility name, license type, city, or zip code. By November 1, 2015, the agency shall include all content in its possession on the website and add content when received from facilities. At a minimum, the

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content must include:

(a) Information on each licensed assisted living facility, including, but not limited to:

1. The name and address of the facility.
2. The name of the owner or operator of the facility.
3. The number and type of licensed beds in the facility, including the planned number of beds by license, category, specialization, and Medicaid coverage.
4. The types of licenses held by the facility.
5. The facility's license expiration date and status.
6. The total number of clients that the facility is licensed to serve and the most recently available occupancy levels.
7. The number of private and semiprivate rooms offered.
8. The bed-hold policy.
9. The religious affiliation, if any, of the assisted living facility.
10. The languages spoken by the staff.
11. Availability of nurses.
12. Forms of payment accepted, including, but not limited to, Medicaid, Medicaid long-term managed care, private insurance, health maintenance organization, United States Department of Veterans Affairs, CHAMPUS program, or workers' compensation coverage.
13. Indication if the licensee is operating under bankruptcy protection.
14. Recreational and other programs available.
15. Special care units or programs offered.
16. Whether the facility is a part of a retirement

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community that offers other services pursuant to this part or part III of this chapter, part II or part III of chapter 400, or chapter 651.

17. Links to the State Long-Term Care Ombudsman Program website and the program's statewide toll-free telephone number.

18. Links to the websites of the providers.

19. Other relevant information that the agency currently collects.

(b) Survey and violation information for the facility, including a list of the facility's violations committed during the previous 60 months, until such a time as a change of ownership occurs, provided that the former and new ownership do not share any direct or indirect controlling interest ~~which on July 1, 2015, may include violations committed on or after July 1, 2010.~~ The list must ~~shall~~ be updated monthly and include all of the following for each violation:

1. A summary of the violation, including all licensure, revisit, and complaint survey information, presented in a manner understandable by the general public.

2. Any sanctions imposed by final order.

3. The date the corrective action was confirmed by the agency.

The agency may adopt rules to administer this section.

Section 12. Section 429.56, Florida Statutes, is created to read:

429.56 Assisted Living Task Force.—

(1) The Assisted Living Task Force, a task force as defined in s. 20.03(5), is created adjunct to the agency to address the

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increasing demand for assisted living services due to the aging population, addressing the future of senior living in a way that promotes personalized care, increasing flexibility in facility operations, and encouraging increased investment in the assisted living industry. The agency shall provide administrative support services relating to the functions of the task force for the purposes of carrying out the duties and responsibilities of the task force.

(2)(a) The task force is composed of the following members:

1. A person appointed by the President of the Senate.

2. A person appointed by the Speaker of the House of Representatives.

3. The secretary of the agency, or his or her designee.

4. The secretary of the Department of Elderly Affairs, or his or her designee.

5. The secretary of the Department of Children and Families, or his or her designee.

6. A representative from the Florida Senior Living Association.

7. A representative from the Florida Health Care Association.

8. A representative from LeadingAge Southeast.

9. A representative from the Florida Assisted Living Association.

10. A representative from the Alzheimer's Association.

11. A representative from the Florida Chapter of the American Association of Retired Persons.

12. The following members of the task force shall be appointed by the secretary of the agency, from nominees

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recommended by the associations listed in subparagraphs 6.-9.:

a. A representative of senior housing real estate investment trusts.

b. A representative of assisted living facility owners.

c. A representative of assisted living facility administrators.

d. A representative of assisted living facility management companies.

e. A representative of assisted living facility Alzheimer's disease or other related disorders providers.

f. A representative of continuing care facilities.

g. A representative of assisted living facility limited nursing services providers.

h. A representative of assisted living facility limited mental health providers.

i. A representative of assisted living facility extended congregate care providers.

13. The following members of the task force shall be appointed by the secretary of the agency, from among nominees presented by the entities listed in subparagraphs 4., 5., 10., and 11.:

a. A representative of residents.

b. A representative of resident families.

(b) Members of the task force shall serve without compensation. Each member serves at the pleasure of the official who appointed the member. A vacancy on the task force must be filled in the same manner as the original appointment.

(c) The task force shall elect from among its members a chair to serve for 1 year. At the end of his or her term, a new



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chair shall be elected in the same manner. The chair may create committees or work groups to help with tasks, such as research, scheduling speakers, and drafting reports and policy recommendations.

(d) Members of the task force shall be appointed, and the task force shall hold its first meeting by October 1, 2026. The task force shall meet quarterly or sooner upon the call of the chair or upon the request of a majority of its members. The task force may hold its meetings in person or by teleconference or other electronic means; however, all meetings must have teleconference or electronic capabilities. Notices for any scheduled meetings of the task force must be published in advance on the agency's website.

(3) The duties of the task force include, but are not limited to, all of the following:

(a) Identify innovative, person-centered care models to meet the diverse needs of the state's aging population, as well as age in place protocols to prevent or reduce the transfer of residents to more acute settings when possible.

(b) Identify laws and regulations that would benefit from modernization to enhance the state's place as the national leader in senior living. These recommendations must include, but are not limited to, developing compliance process improvements to reduce administrative burdens and enhance operational efficiency and updating resident rights and adverse incident reporting.

(c) Identify opportunities to position Florida strategically as the national leader in the senior living industry with a focus on attracting investors, owners,

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operators, and an increased workforce.

(d) Create a needs assessment with policy recommendations to assess and improve the impact of the state's growing aging population on assisted living facilities. The task force must incorporate national trends and emerging issues, including, but not limited to, facility licensing, bed capacity, staffing, and service delivery to best inform recommendations and maintain the state's relevance and leadership in the industry.

(e) Suggest enhancements to improve the collection and use of assisted living facility data, with a focus on promoting accuracy and transparency.

(4) (a) The agency shall provide reports and information requested by the task force to assist the task force in fulfilling its duties.

(b) The task force shall submit interim status reports detailing the efforts of the task force and findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1, 2027, and October 1, 2028, and a final report by September 1, 2029. The reports must be made available on the agency's website.

(5) In accordance with s. 20.052(8), this section is repealed on October 2, 2029, unless reviewed and saved from repeal through reenactment by the Legislature.

Section 13. This act shall take effect July 1, 2026.