

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

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BILL #: [CS/HB 1057](#)

TITLE: Assisted Living Facilities

SPONSOR(S): Fabricio

COMPANION BILL: [SB 788](#) (Harrell)

LINKED BILLS: None

RELATED BILLS: None

Committee References

[Health Care Facilities & Systems](#)

16 Y, 0 N, As CS

SUMMARY

Effect of the Bill:

The bill prohibits the Agency for Health Care Administration (AHCA) from adopting or enforcing rules that would require an assisted living facility (ALF) with a limited nursing services (LNS) specialty license to have a nurse on staff during periods when the facility is not actively utilizing the LNS license because they don't have any residents admitted to receive limited nursing services.

The bill allows ALFs to submit preliminary adverse incident reports to AHCA within five business days instead of one business day.

The bill also allows home health aides and CNAs to assist ALF residents by dialing insulin pens and attaching new needles to insulin pens that are prefilled by the manufacturer.

Fiscal or Economic Impact:

None

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ANALYSIS

EFFECT OF THE BILL:

Assisted Living Facilities

Limited Nursing Services License

The bill prohibits the Agency for Health Care Administration (AHCA) from adopting or enforcing rules that would require an assisted living facility (ALF) with a [limited nursing services \(LNS\) specialty license](#) to have a nurse on staff during periods when the facility is not actively utilizing the LNS license because they don't have any residents admitted to receive limited nursing services. The bill does not relieve the ALF from meeting statutory and rule-based staffing requirements when the facility is providing limited nursing services to residents of the facility. (Section 1) Provisions do not exist in current Florida Laws or administrative rules which would allow AHCA to penalize a LNS licensee by administrative sanction, or otherwise, for not having a licensed nurse on staff during times that the facility does not have any residents receiving limited nursing services.¹

¹ Florida Agency for Health Care Administration, Agency Analysis of 2026 HB 1057 (January 8, 2026).

STORAGE NAME: h1057.HFS

DATE: 2/12/2026

Adverse Incident Reporting Requirements

The bill allows additional time for an ALF to submit a [preliminary adverse incident report](#) to AHCA. Specifically, the bill requires ALFs to submit preliminary adverse incident reports to AHCA within five business days instead of one business day. (Section 2)

Assistance with Self-Administration of Medications

The bill allows home health aides and certified nursing assistants (CNAs) to perform additional tasks to assist residents with [self-administration of medication](#) in ALFs. Under current law, home health aides and CNAs working in ALFs can only bring a prefilled insulin pen to a resident. The bill allows home health aides and CNAs to assist ALF residents by dialing insulin pens and attaching new needles to insulin pens that are prefilled by the manufacturer. (Section 3)

AHCA Consumer Information Website

The bill requires AHCA to post the number and type of beds for every licensed facility on their [consumer information website](#). It appears the intent is to require AHCA to post the total number of beds for each bed-type in a facility, because the website currently only includes the total number of beds in the facility and the types of specialty licenses they possess. (Section 4)

The effective date of the bill is July 1, 2026. (Section 5)

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Assisted Living Facilities

An assisted living facility (ALF) is a residential establishment, or part of a residential establishment, that provides housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.² A personal service is direct physical assistance with, or supervision of, the activities of daily living and the self-administration of medication.³ Activities of daily living include ambulation, bathing, dressing, eating, grooming, toileting, and other similar tasks.⁴

As of February 10, 2026, there are 2,984 ALFs in Florida.⁵

Licensure

ALFs are licensed and regulated by AHCA under part I of ch. 429, F.S., and part II of ch. 408, F.S., rule 59A-36, F.A.C. In addition to a standard license, an ALF may have one or more specialty licenses that allow the ALF to provide additional care.

There are four types of ALF licensure. In addition to a standard license, an assisted living facility (ALF) may have one or more specialty licenses that allow the ALF to provide additional care. These specialty licenses include

² S. 429.02(5), F.S.

³ S. 429.02(18), F.S.

⁴ S. 429.02(1), F.S.

⁵ Agency for Health Care Administration, Florida Health Finder ALF Provider Search, available at <https://quality.healthfinder.fl.gov/Facility-Provider/ALF?&type=1> (last visited February 10, 2026).

limited nursing services, limited mental health,⁶ and extended congregate care⁷. An ALF with a standard license may receive a specialty licensure designation upon initial licensure, licensure renewal, or upon written request.

Limited Nursing Services License

[Limited nursing services](#) include acts that may be performed by a person licensed as a nurse but are not complex enough to require 24-hour nursing supervision and may include such services as the application and care of routine dressings, and care of casts, braces, and splints.⁸ In addition to any nursing service permitted under a standard license, a facility with a LNS license may provide nursing care to residents who do not require 24-hour nursing supervision and to residents who do require 24-hour nursing care and are enrolled in a hospice. Prior to providing limited nursing services, AHCA must determine that all requirements in law and rule are satisfied and must specifically designate, on the facility's license, that such services may be provided. An ALF must maintain a standard ALF license for two years prior to obtaining a LNS license and may not have been subject to administrative sanctions that affected the health, safety, or welfare of residents.⁹

Provisions do not exist in current Florida Laws which would allow AHCA to penalize a LNS licensee by administrative sanction, or otherwise, for not having a licensed nurse on staff during times that the facility does not have any residents receiving limited nursing services. However, a staffing provision in the limited nursing services rule could be perceived as ambiguous. Rule 59A-36.022(2)(d), requires facilities licensed to provide limited nursing services to employ or contract with a nurse who must be available to provide such services *as needed by residents*, which could be interpreted to mean "if they have any LNS residents" or "at all times in the event that a current resident transitions from standard care to limited nursing services care."

[Adverse Incident Reporting Requirements](#)

When an ALF has reason to believe that an adverse incident¹⁰ has occurred, current law requires them to submit a preliminary report to AHCA through the online portal, or by electronic mail if the portal is offline, within one business day after the occurrence of an adverse incident.¹¹ 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. After submission of the preliminary report, if the event is still considered an adverse incident by the facility, the facility must submit a full report to AHCA by electronic mail, facsimile, or United States mail, within 15 days, which must include the results of the facility's investigation into the adverse incident.¹²

[Assistance with Self-Administration of Medications](#)

Home health aides and CNAs assisting residents with the [self-administration of medications](#) must take a minimum of six hours of training provided by a registered nurse or a licensed pharmacist, demonstrate their ability to perform such tasks, and take two hours of continuing education training in assisting with self-administration of medications annually.¹³ Trained unlicensed staff may assist with the self-administration of both legend and over-

⁶ S. 429.075, F.S. An ALF that serves one or more mental health residents must obtain a limited mental health license.

⁷ S. 429.07(3)(b), F.S. Extended congregate care facilities provide services to an individual that would otherwise be ineligible for continued care in an ALF. The primary purpose is to allow a resident the option of remaining in a familiar setting from which they would otherwise be disqualified for continued residency as they become more impaired.

⁸ Ss. 429.07(3)(c) and 429.02(13), F.S.

⁹ S. 429.07(3)(c), F.S.

¹⁰ S. 429.23(2), F.S. An adverse incident is an event over which facility personnel could exercise control rather than as a result of the resident's condition and results: death; brain or spinal damage; permanent disfigurement; fracture or dislocation of bones or joints; any condition that required medical attention to which the resident has not given consent, including failure to honor advanced directives; 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 an event that is reported to law enforcement or its personnel for investigation. Resident elopement is also an adverse incident if the elopement places the resident at risk of harm or injury.

¹¹ S. 429.23(3), F.S.

¹² S. 429.23(4), F.S.

¹³ S. 429.52(6), F.S.

the-counter oral dosage forms, topical dosage forms, transdermal patches, and topical ophthalmic, otic, and nasal dosage forms including solutions, suspensions, sprays, and inhalers.¹⁴

Current law authorizes home health aides and CNAs to perform certain tasks in providing assistance to ALF residents with self-administration of medication, including:¹⁵

- Bringing a resident their medication, in its previously dispensed, properly labeled container, from where it is stored, which may include an insulin syringe that is prefilled with the proper dosage by a pharmacist or the manufacturer;
- In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container;
- Placing an oral dosage in the resident's hand or placing the dosage in another container and helping the resident by lifting the container to their mouth;
- Applying topical medications;
- Keeping a record of when a resident receives assistance with self-administration of medication;
- Assisting with the use of a nebulizer, including removing the cap, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup.

Current law expressly prohibits home health aides and CNAs from performing certain tasks in providing assistance with self-administration of medication and a home health aide or CNA may not perform the following tasks:¹⁶

- Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed;
- Preparing syringes for injection or administering medications by any injectable route;
- Administering medications by way of a tube inserted in a cavity of the body;
- Administering parenteral preparations;¹⁷
- Irrigating or using debriding agents to treat a skin condition;
- Preparing rectal, urethral, or vaginal medications;
- Administering medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the home health aide or CNA, and at the request of a competent patient; or
- Administering medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

[Consumer Information Website](#)

In 2015, the Legislature required AHCA to create a website, which must be searchable by facility name, license type, city, or zip code, and must include informative content about facilities to allow consumers to select the best facility for themselves or their loved ones.¹⁸ Such informative content must include, among other things, the number and type of licensed beds in the facility.¹⁹ AHCA is not required to include the total number of licensed beds for each type of specialty license, i.e., LNS, ECC, LMH or specialty designation, i.e., memory care.

¹⁴ S. 429.256(2), F.S.

¹⁵ S. 429.256(3), F.S.

¹⁶ S. 429.256(4), F.S.

¹⁷ Parenteral means administration of a medication by injection, infusion, or implantation. U.S. Food & Drug Administration, *Route of Administration*, available at <https://www.fda.gov/drugs/data-standards-manual-monographs/route-administration> (last visited February 10, 2026).

¹⁸ Chapter 2015-126, Laws of Fla.

¹⁹ S. 429.55(1)(a), F.S.

AHCA established and continues to maintain its “Florida Health Finder” website. Currently, AHCA publishes on it website the types of specialty licenses and specialty designations for each facility and the total number of licensed beds for each facility.

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Care Facilities & Systems Subcommittee	16 Y, 0 N, As CS	2/12/2026	Lloyd	Guzzo
THE CHANGES ADOPTED BY THE COMMITTEE:	<ul style="list-style-type: none"> Removed the proposed retention of an LNS license in specified circumstances and, instead, prohibits AHCA from requiring by rule nurse staffing for limited nursing services when there are no LNS residents. 			

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.
