UNFINISHED BUSINESS

Bill No: SB 991
Author: Menjivar (D), et al.
Amended: 8/13/26
Vote: 21

SENATE HUMAN SERVICES COMMITTEE: 4-0, 4/6/26
AYES: Becker, Laird, Pérez, Weber Pierson
NO VOTE RECORDED: Ochoa Bogh

SENATE APPROPRIATIONS COMMITTEE: 7-0, 5/14/26
AYES: Cervantes, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

SENATE FLOOR: 38-0, 5/19/26
AYES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
NO VOTE RECORDED: Niello, Ochoa Bogh

ASSEMBLY FLOOR: Passed, 8/25/26

SUBJECT: Residential care facilities for the elderly: categorization of citations

SOURCE: California Long Term Care Ombudsman Association

DIGEST: This bill requires the California Department of Social Services (CDSS), when a Residential Care for the Elderly (RCFE) licensee is cited for a deficiency that constitutes abuse to categorize the type of abuse. This bill describes the categories of abuse. Requires CDSS to ensure that these categories of abuse are reflected in any public-facing transparency, licensing, or enforcement databases maintained by CDSS.

Assembly Amendments make technical and clarifying amendments, and delay implementation from July 1, 2027 to July 1, 2029.

ANALYSIS:

Existing law:

1) Creates the Elder Abuse and Dependent Adult Civil Protection Act. (Welfare and Institutions Code [WIC] § 15600 et seq.)

2) Creates the California RCFE Act. (Health and Safety Code [HSC] §1569 et seq.)

3) Defines RCFE as a housing arrangement chosen voluntarily by persons 60 years of age or over, or their authorized representative, where varying levels and intensities of care and supervision, protective supervision, or personal care are provided, based upon their varying needs, as determined in order to be admitted and to remain in the facility. Allows persons under 60 years of age with compatible needs to be admitted or retained if a licensee determines that person is compatible, as defined. (HSC § 1569.2)

4) Requires a person, firm, partnership, association, corporation, or state or local public agency to have a current valid license to operate, establish, manage, conduct, or maintain an RCFE. (HSC § 1569.10)

5) Requires CDSS to inspect and license RCFEs. (HSC § 1569.11)

6) Tasks the administrator of an RCFE with the responsibility to provide or ensure provision of services to residents with appropriate regard for the residents' physical and mental well-being and needs. (22 California Code of Regulation [CCR] § 87405)

7) Establishes the Resident's Bill of Rights for residents of RCFEs. (HSC § 1569.269)

8) Requires every licensed RCFE to provide at least the following basic services:

   a) Care and supervision.

   b) Assistance with instrumental activities of daily living in the combinations which meet the needs of residents.

   c) Helping residents gain access to appropriate supportive services, as defined, in the community.

   d) Being aware of the residents' general whereabouts, although the resident may travel independently in the community.

e) Monitoring the activities of the residents while they are under supervision of the facility to ensure their general health, safety, and well-being.

f) Encouraging the residents to maintain and develop their maximum functional ability through participation in planned activities. (HSC § 1569.312)

This bill:

1) Requires CDSS, when a licensee is cited for a deficiency that constitutes abuse, to categorize the citation according to the specific type of abuse established by the evidence.

2) Defines for the purposes of categorizing each citation, CDSS to categorize each citation into one of the following categories that is most applicable and relevant based on the facts and circumstances of the citation: physical abuse, sexual abuse, abandonment, financial exploitation, involuntary seclusion, mental abuse or suffering, neglect.

3) Makes the provisions of this bill operative July 1, 2029.

Background

Author Statement. According to the author, "Currently, the way that elder and dependent adult abuse, neglect, and exploitation are categorized by CDSS is very broadly as a violation of residents' rights rather than by the specific type of abuse found to have occurred. Examples could include a facility with rat infestations, residents wandering off without supervision, medications not properly administered, residents with bed sores, or facility staff fraudulently writing a $30,000 check to themselves, and it would all be cited and categorized as a violation of residents' rights (i.e., the "right" to be free from abuse and neglect). This umbrella category obscures how often specific forms of abuse (physical, financial, etc.) occur in RCFEs. This limits the usefulness of the data and doesn't give us an accurate depiction to inform our approach as a state to this vulnerable population. It also diminishes the experience of victims reporting these incidents and confuses consumers who are seeking information about which facilities have been found to abuse their residents. The need for Elder Abuse accountability is paramount, given that by 2040, the number of adults in institutional group settings is projected to increase by 51% according to a report by the Public Policy Institute of California. SB 991 will ensure that we are promoting consumer transparency and accountability in RCFEs by improving how substantiated reports of abuse and

neglect are categorized by CDSS and their public facing licensing and enforcement databases."

Residential Care Facilities for the Elderly (RCFEs) RCFEs, also known as assisted living facilities, are residential facilities that provide 24-hour nonmedical care and supervision for persons in need of personal services, supervision, or assistance essential for sustaining the activities of daily living or for the protection of the individual who is 60 years of age or older. RCFEs provide housing, housekeeping, supervision, and personal care assistance with activities of daily living to individuals who need that level of care. These are nonmedical facilities that are designed for individuals who are unable to live by themselves, but who do not need 24-hour nursing care. As such, these facilities are not required to have nurses, certified nursing assistants or doctors on staff. RCFEs centrally store and distribute medications for residents to self-administer. Residents of RCFEs may have mental, behavioral, or physical health needs or a developmental disability that results in their inability to live independently. These facilities range in size from small facilities operating out of single-family homes serving a handful of residents to larger buildings that can house over 100 residents.

As of February 2026, there are over 8,000 licensed senior care facilities with a total capacity of over 200,000. RCFEs are licensed and regulated by CDSS's Community Care Licensing Division (Division). The Division protects the health and safety of persons residing in RCFEs through its regulatory and enforcement programs. In addition to its licensing requirements, the Division conducts regular inspections of facilities to assess compliance with applicable laws and regulations. Violations can result in citations, fines and, in extreme cases, loss of a license to operate a facility.

Continuing Care Retirement Communities (CCRC) CCRCs offer people age 60 and older a full range of long-term care options that include independent living, assisted living, and skilled nursing care. This model allows senior residents to move from independence to high levels of care without leaving the community in which they reside. Typically, this is provided in a campus-like community setting, usually for a resident's lifetime, and always for at least one year. CCRCs require residents to sign a contract that sets forth the range of services, sometimes at an additional cost, depending on the type of contract, to be provided by the CCRC to the resident. CCRCs offer a broad range of contract options so that they have the flexibility to offer a range of services that meet their residents' varied needs. Each CCRC offers different options on costs of service, payment methods, services provided, and other elements, including lifestyle choices. All CCRCs must obtain

an RCFE license and if they offer skilled nursing services, must hold a Skilled Nursing Facility License issued by the California Department of Public Health.

Complaint Data Available to the Public When looking for a facility for oneself or a family member, a likely concern is how safe the facility is. The state provides public information about violations at facilities, but the specificity of such information varies by type of facility. This occurs even in facilities that are co-located, like RCFEs and Skilled Nursing Facilities in CCRCs.

For example, when researching a specific facility in Sacramento with both a RCFE and SNF, the information available on the public facing state websites varies in accessibility and detail. The California Department of Public Health website shows that the statewide average for complaints/reported incidents is 39 and the facility in question had 117. The website also shows/lists the details of these complaints, including the intake received date, allegation category (e.g., physical environment, quality of care/treatment), allegation subcategory (e.g., facility staffing, facility not clean, employee to resident), investigation findings (if deficiencies are noted or not), and intake type. This provides a clear picture for both residents and potential residents, lawmakers, and advocates to understand the types of allegations being made against the facility as well as what, if any, have been substantiated.

This contrasts with what is available for RCFEs. Looking at the same facility for the same calendar year, the CDSS website shows four complaint investigations. For each investigation it shows the number of allegations unfounded, substantiated, and unsubstantiated; the number of Type A and Type B citations; and dates of visits. Additional information is available on each complaint by clicking the most recent date of visit, which takes you to the complaint investigation report.

Related/Prior Legislation

AB 1911 (Reyes, 2024) would have modified the current procedures for complaints against RCFEs to the CDSS. The bill would have required CDSS to investigate complaints within specified timelines and to provide written notifications to complainants. The bill would have provided a process for a complainant to appeal the outcome of an investigation. AB 1911 was held on the Senate Appropriations suspense file.

AB 1387 (Chu, Chapter 486, Statutes of 2015) streamlined the appeals process for community care facility civil penalty and violation appeals and enhanced the complaint process for residential care facilities for the elderly.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Assembly Appropriations Committee: CDSS estimates ongoing General Fund costs of approximately $1.53 million in the first year and $1.31 million annually ongoing for additional staff to meet the requirements of the bill. These positions include one manager and five analysts to oversee and support implementation and to address complaints and implement newly established procedures, including training and technical assistance to licensees, as well as one IT specialist to review and guide security for necessary system changes and one limited-term analyst to ensure implementation integrates into existing planned and current website changes.

SUPPORT: (Verified 8/25/26)

California Long Term Care Ombudsman Association (Sponsor)
AARP
Alzheimer's Association
Alzheimer's Greater Los Angeles
Alzheimer's Orange County
Alzheimer's San Diego
California Advocates for Nursing Home Reform
California Alliance for Retired Americans
California Association for Adult Day Services
California Association of Area Agencies on Aging
California Coalition on Family Caregiving
California Elder Justice Coalition
California Health Advocates
Consumer Attorneys of California
Council on Aging, Southern California
Council on Aging-southern California Long-term Care Ombudsman Program, Riverside County, Psa 21
Disability Action Center
Disability Rights California
Disability Rights Education and Defense Fund
El Dorado County Long-term Care Ombudsman Program
Elder Law & Advocacy
Empowered Aging
Family Caregiver Alliance
Integrated Community Collaborative

Justice in Aging
Kern County Long-term Care Ombudsman Program
Legal Assistance for Seniors
Long Term Care Ombudsman Services of San Luis Obispo County
Long Term Care Services of Ventura Co, Ombudsman
Long-term Care Ombudsman Program
Office of the State Long-term Care Ombudsman
Ombudsman Services of San Mateo County, INC.
Placer Independent Resource Services
Retired Public Employees Association
San Francisco Long Term Care Ombudsman Felton Institute
Senior Advocacy Services
Silicon Valley Independent Living Center
Wise and Healthy Aging

OPPOSITION: (Verified 8/25/26)

None received

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8/25/26 21:20:33

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