



March 19, 2026

Dear Chair Donovan and Members, House Health and Human Services Committee,

On behalf of SACRI I strongly support **H7624** and thank Rep. Donovan and the co-sponsors for introducing it. I have many years of experience in Long Term Care policy from being Director of the former Dept. of Elderly Affairs and my work managing the Long Term Care Coordinating Council (LTCCC) for ten years. I am also a current member of the LTCCC and the state Alzheimer's Advisory Council. Assisted Living Residences have evolved from the original "Homes for Sheltered Care for Older Adults" back in 1976 to today's Assisted Living Residences (ALR) with several special licenses such as *Limited Health Services* and *Dementia Care*.

Unlike nursing homes, ALR's are entirely regulated by states so there are variations from state to state. In RI, we have 65 licensed ALRs with 5,010 beds. Of these, 35 have dementia special care units with 1,314 beds (25% of the total). Unlike nursing homes which are paid for mostly by Medicaid and Medicare, ALRs are mostly paid privately with average monthly costs of \$7,780. Prior to 2017, inspections of ALRs were done annually or when a complaint prompted an inspection. In 2017, the law was changed to require biennial inspections at a minimum.

H7624 would require with Dementia Special Care Units to be inspected annually. A dementia care license is required when one or more resident's impact their ability to function as demonstrated by: safety concerns due to elopement risk or other behavior; inappropriate social behaviors that adversely impact the rights of others; inability to self-preserve due to dementia; or a physician's recommendation that the resident needs dementia support consistent with this level; or if the residence advertises or represents special dementia services or if the residence segregates residents with dementia. Dementia care licenses must meet additional staff and staff training requirements and provide a secure environment.

A January 28, 2026 report from the RI Department of Health (RIDOH) to the RI LTCCC provided details on what RIDOH staff considered to be instances of Immediate Jeopardy (IJ) in 2025. An IJ citation refers to non-compliance with regulations resulting in a serious adverse outcome or likely serious adverse outcome, serious injury, serious harm, serious impairment or death has occurred, is occurring, or is likely to occur to one or more identified recipients at risk. The citations included elopements, failure to identify wandering behavior and to provide a secure living environment.

These were disturbing findings. Of the 25 IJ's, over 1/3 related to residents in dementia care units. They involved elopements, failure to identify wandering behavior and to provide a secure living environment. Persons with dementia have cognitive limitations and may not have the capacity to understand when their care plans are not being adhered to or be able to make a complaint when appropriate care is not being provided. Some may not have relatives or friends who can speak or advocate on their behalf. Reverting to annual inspections for those ALRs with dementia care licenses will increase confidence that appropriate care for vulnerable residents in our ALR Special Care Units is being provided.

Thank you for your consideration of my support for H7624.
Maureen Maigret, SACRI Policy Advisor