
SENATE COMMITTEE ON HUMAN SERVICES

Senator Becker, Chair
2025 - 2026 Regular

Bill No: SB 991
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Fiscal: Yes

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

SUMMARY

This bill requires the California Department of Social Services (CDSS), when it substantiates a violation in a residential care facility for the elderly (RCFE) that constitutes abuse, as defined in the residents of residential care facilities bill of rights, to categorize and cite the violation according to the specific type of abuse that has been substantiated. Requires CDSS to ensure that these categorized citations are reflected in any public-facing transparency, licensing, or enforcement databases maintained by CDSS.

ABSTRACT

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, which lists 30 rights, including, but not limited to, the following:
- a. To be encouraged and assisted in exercising their rights as citizens and residents of the facility; and to be free from interference, coercion, discrimination, and retaliation in exercising their rights.
 - b. To care, supervision, and services that meet their individual needs and are delivered by staff that are sufficient in numbers, qualifications, and competency to meet their needs.
 - c. To make choices concerning their daily life in the facility.
 - d. To fully participate in planning their care, including the right to attend and participate in meetings or communications regarding the care and services to be provided, as specified, and to involve persons of their choice in the planning process. The licensee shall provide necessary information and support to ensure that residents direct the process to the maximum extent possible, and are enabled to make informed decisions and choices.
 - e. To be free from neglect, financial exploitation, involuntary seclusion, punishment, humiliation, intimidation, and verbal, mental, physical, or sexual abuse.
 - f. To present grievances and recommend changes in policies, procedures, and services to the staff of the facility, the facility's management and governing authority, and to any other person without restraint, coercion, discrimination, reprisal, or other retaliatory actions. The licensee shall take prompt actions to respond to residents' grievances.
 - g. To contact CDSS, the long-term care ombudsman, or both, regarding grievances against the licensee.
 - h. To receive in the admission agreement a comprehensive description of the method for evaluating residents' service needs and the fee schedule for the items and services provided, and to receive written notice of any rate increases.
 - i. To be protected from involuntary transfers, discharges, and evictions in violation of state laws and regulations. (*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*)
- 9) Requires basic services to include, at a minimum:
- a. Care and supervision, as defined.
 - b. Safe and healthful living accommodations and services, as specified.
 - c. Three nutritionally well-balanced meals and snacks made available daily, as specified.
 - d. Personal assistance and care as needed by the resident and as indicated in the preadmission appraisal, with those activities of daily living such as dressing, eating, bathing, and assistance with taking prescribed medications, as specified.
 - e. Regular observation of the residents' physical and mental condition, as specified.
 - f. Arrangements to meet health needs, including arranging transportation, as specified.
 - g. A planned activities program which includes social and recreational activities appropriate to the interests and capabilities of the resident, as specified. (*22 CCR 87464(f)*)
- 10) Defines "physical abuse" as any of the following:
- a. Assault, as defined in Section 240 of the Penal Code.
 - b. Battery, as defined in Section 242 of the Penal Code.
 - c. Assault with a deadly weapon or force likely to produce great bodily injury, as defined in Section 245 of the Penal Code.
 - d. Unreasonable physical constraint, or prolonged or continual deprivation of food or water.
 - e. Sexual assault, that means any of the following:
 - i. Sexual battery, as defined in Section 243.4 of the Penal Code.
 - ii. Rape, as defined in Section 261 of the Penal Code, or former Section 262 of the Penal Code.
 - iii. Rape in concert, as described in Section 264.1 of the Penal Code.
 - iv. Incest, as defined in Section 285 of the Penal Code.

- v. Sodomy, as defined in Section 286 of the Penal Code.
 - vi. Oral copulation, as defined in Section 287 or former Section 288a of the Penal Code.
 - vii. Sexual penetration, as defined in Section 289 of the Penal Code.
 - viii. Lewd or lascivious acts, as defined in paragraph (2) of subdivision (b) of Section 288 of the Penal Code.
- f. Use of physical or chemical restraint or psychotropic medication under any of the following conditions:
- i. For punishment.
 - ii. For a period beyond that for which the medication was ordered pursuant to the instructions of a physician and surgeon licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given.
 - iii. For any purpose not authorized by the physician and surgeon. (*WIC 15610.63*)
- 11) Defines “abandonment” as the desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody. (*WIC 15610.05*)
- 12) Defines “abduction” as the removal from this state and the restraint from returning to this state, or the restraint from returning to this state, of any elder or dependent adult who does not have the capacity to consent to the removal from this state and the restraint from returning to this state, or the restraint from returning to this state, as well as the removal from this state or the restraint from returning to this state, of any conservatee without the consent of the conservator or the court. (*WIC 15610.06*)
- 13) Defines “financial abuse” of an elder or dependent adult as (or as having occurred) when a person or entity does any of the following:
- a. Takes, secretes, appropriates, obtains, or retains real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both.
 - b. Assists in taking, secreting, appropriating, obtaining, or retaining real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both.
 - c. Takes, secretes, appropriates, obtains, or retains, or assists in taking, secreting, appropriating, obtaining, or retaining, real or personal property of an elder or dependent adult by undue influence, as defined in Section 15610.70. (*WIC 15610.30*)
- 14) Provides that a person or entity shall be deemed to have taken, secreted, appropriated, obtained, or retained property for a wrongful use if, among other things, the person or entity takes, secretes, appropriates, obtains, or retains the property and the person or entity knew or should have known that this conduct is likely to be harmful to the elder or dependent adult. (*WIC 15610.30*)

- 15) Provides that, for purposes of “financial abuse”, a person or entity takes, secretes, appropriates, obtains, or retains real or personal property when an elder or dependent adult is deprived of any property right, including by means of an agreement, donative transfer, or testamentary bequest, regardless of whether the property is held directly or by a representative of an elder or dependent adult. *(WIC 15610.30)*
- 16) Provides that, for purposes of the “financial abuse” section, “representative” means a person or entity that is either of the following:
- a. A conservator, trustee, or other representative of the estate of an elder or dependent adult.
 - b. An attorney-in-fact of an elder or dependent adult who acts within the authority of the power of attorney. *(WIC 15610.30)*
- 17) Defines “isolation” as any of the following:
- a. Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.
 - b. Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons.
 - c. False imprisonment, as defined in Section 236 of the Penal Code.
 - d. Physical restraint of an elder or dependent adult, for the purpose of preventing the elder or dependent adult from meeting with visitors. *(WIC 15610.43)*
- 18) Provides that activities defined as “isolation” shall be subject to a rebuttable presumption that they do not constitute isolation if they are performed pursuant to the instructions of a physician and surgeon licensed to practice medicine in the state, who is caring for the elder or dependent adult at the time the instructions are given, and who gives the instructions as part of his or her medical care. *(WIC 15610.43)*
- 19) Provides that activities defined as “isolation” shall not constitute isolation if they are performed in response to a reasonably perceived threat of danger to property or physical safety. *(WIC 15610.43)*
- 20) Defines “mental suffering” as fear, agitation, confusion, severe depression, or other forms of serious emotional distress that is brought about by forms of intimidating behavior, threats, harassment, or by deceptive acts performed or false or misleading statements made with malicious intent to agitate, confuse, frighten, or cause severe depression or serious emotional distress of the elder or dependent adult. *(WIC 15610.53)*
- 21) Defines “neglect” as either of the following:

- a. The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise.
- b. The negligent failure of an elder or dependent adult to exercise that degree of self care that a reasonable person in a like position would exercise. (*WIC 15610.57*)

22) Provides that neglect includes, but is not limited to, all of the following:

- a. Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter.
- b. Failure to provide medical care for physical and mental health needs. A person shall not be deemed neglected or abused for the sole reason that the person voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.
- c. Failure to protect from health and safety hazards.
- d. Failure to prevent malnutrition or dehydration.
- e. Substantial inability or failure of an elder or dependent adult to manage their own finances.
- f. Failure of an elder or dependent adult to satisfy any of the needs, as specified, for themselves as a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health.
- g. Neglect includes being homeless if the elder or dependent adult is also unable to meet any of the needs, as specified. (*WIC 15610.57*)

23) Provides that “undue influence” means excessive persuasion that causes another person to act or refrain from acting by overcoming that person’s free will and results in inequity. In determining whether a result was produced by undue influence, all of the following shall be considered:

- a. The vulnerability of the victim. Evidence of vulnerability may include, but is not limited to, incapacity, illness, disability, injury, age, education, impaired cognitive function, emotional distress, isolation, or dependency, and whether the influencer knew or should have known of the alleged victim’s vulnerability.
- b. The influencer’s apparent authority. Evidence of apparent authority may include, but is not limited to, status as a fiduciary, family member, care provider, health care professional, legal professional, spiritual adviser, expert, or other qualification.
- c. The actions or tactics used by the influencer. Evidence of actions or tactics used may include, but is not limited to, all of the following:
 - i. Controlling necessities of life, medication, the victim’s interactions with others, access to information, or sleep.
 - ii. Use of affection, intimidation, or coercion.

- iii. Initiation of changes in personal or property rights, use of haste or secrecy in effecting those changes, effecting changes at inappropriate times and places, and claims of expertise in effecting changes.
- iv. The equity of the result. Evidence of the equity of the result may include, but is not limited to, the economic consequences to the victim, any divergence from the victim's prior intent or course of conduct or dealing, the relationship of the value conveyed to the value of any services or consideration received, or the appropriateness of the change in light of the length and nature of the relationship. (*WIC 15610.70*)

This Bill:

- 1) Requires CDSS, when they substantiate a violation in a RCFE that constitutes abuse, as defined in the residents of RCFE bill of rights, to categorize and cite the violation according to the specific type of abuse that has been substantiated.
- 2) Requires CDSS to categorize and cite violations as one or more of the following: physical abuse; abandonment; abduction; financial abuse; isolation; mental suffering; neglect; or undue influence.
- 3) Provides that this categorization of cite violations does not limit CDSS's ability to assess civil penalties.
- 4) Provides that this section does not require CDSS to assess a civil penalty where none is otherwise authorized by law.
- 5) Provides that this section does not require CDSS to alter the elements required to substantiate abuse under existing law.
- 6) Requires CDSS to ensure that these categorized citations are reflected in any public-facing transparency, licensing, or enforcement databases maintained by CDSS.

FISCAL IMPACT

This bill has not yet been analyzed by a fiscal committee.

BACKGROUND AND DISCUSSION**Purpose of the Bill:**

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.

Long-Term Care Complaint Process

Long-term care can take many forms and is licensed and overseen by various state level agencies. Each facility type has a complaint process and a public-facing online page for consumers and others to see how many complaints have been filed, as well as other information about those complaints. These processes and the information on the public-facing online pages are not uniform across different forms of long-term care.

Skilled Nursing Facilities are health facilities that provide skilled nursing care and supportive care to patients whose primary need is for skilled nursing care on an extended basis. As health care facilities, Skilled Nursing Facilities are licensed and overseen by the California Department of Public Health. Any person or organization may file a complaint against a Skilled Nursing Facility to the Licensing and Certification Division of the California Department of Public Health. Complaints can be filed about abuse, neglect, violations of rights, poor care, lack of staffing, unsafe conditions, mistreatment, improper charges, among other things. Complaints can be made orally or in writing, and filed in person or electronically.

Once a complaint is filed, the Department of Public Health must notify the complainant within two working days of receipt of the complaint of the name of the investigator assigned to the case. The Department of Public Health must begin an onsite investigation of the complaint within 10 working days of receipt of the complaint, or within 24 hours if the complaint involves threat of imminent danger or death or serious bodily harm.

The Community Care Licensing Division of the CDSS investigates complaints against RCFEs. Like Skilled Nursing Facilities, any person can file a complaint against an RCFE. Complaints can be filed about abuse, neglect, poor care, or eviction issues, among other things. The investigation must begin within 10 working days of receipt of the complaint. Investigation length can vary greatly depending on the severity of the case.

Once a complaint is filed, a Licensing Program Analyst (analyst) at the local Regional Office investigates the complaint. Findings of the initial investigation are documented on a LIC 856B, C, or D form—depending on if the complaint was substantiated, unsubstantiated or unfounded. If the analyst determines a violation of statutes or regulations has occurred, the analyst will issue a citation documenting the requirement that was violated, as well as if it was a Type A violation or a Type B violation. A Type A violation is a violation resulting in an immediate risk to the persons in care and requires corrections within 24 hours of the citation. A Type B violation is a violation that results in a potential risk to the persons in care and corrections are required within a reasonable time.

The Community Care Licensing Division cites violations of abuse as falling under Health and Safety Code 1569.269 (RCFE Residents' Bill of Rights) or California Code of Regulations Title 22 Section 87468.1 (a resident's right to be free from various forms of abuse). In addition to issuing citations for personal rights violations related to abuse, the Community Care Licensing Division follows mandatory reporting requirements when abuse is suspected or substantiated and a SOC 341 form is completed and submitted to relevant agencies, including law enforcement and the Department of Justice. The SOC 341 form includes the below section:

F. REPORTED TYPES OF ABUSE (Check All that Apply):

1. Perpetrated by Others (WIC 15610.07 & 15610.63):

- | | |
|---|--|
| a. <input type="checkbox"/> Physical (e.g. assault/battery, constraint or deprivation, chemical restraint, over/under medication) | e. <input type="checkbox"/> Abandonment |
| b. <input type="checkbox"/> Sexual | f. <input type="checkbox"/> Isolation |
| c. <input type="checkbox"/> Financial | g. <input type="checkbox"/> Abduction |
| d. <input type="checkbox"/> Neglect (including Deprivation of Goods and Services by a Care Custodian) | h. <input type="checkbox"/> Psychological/Mental |
| | i. <input type="checkbox"/> Other _____ |

2. Self-Neglect (WIC 15610.57 (b)(5)):

- | | |
|--|---|
| a. <input type="checkbox"/> Neglect of Physical Care (e.g. personal hygiene, food, clothing, malnutrition/dehydration) | c. <input type="checkbox"/> Financial Self-Neglect (e.g. inability to manage one's own personal finances) |
| b. <input type="checkbox"/> Self-Neglect of Residence (unsafe environment) | |

Abuse Resulted In (Check All that Apply):

- No Physical Injury Minor Medical Care Hospitalization Care Provider Required
 Death Mental Suffering Serious Bodily Injury* Other (Specify) _____
 Unknown Health & Safety Endangered

This bill seeks to include the specificity of complaints posted on the public CDSS website in a manner similar to the specificity of this form.

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. This bill seeks to make the information available on the public facing website for RCFEs include more details like those available for Skilled Nursing Facilities.

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.

AB 348 (Brown, 2015) would have required the Department of Public Health to meet the same deadlines for investigating incidents reported by long-term health care facilities that the Department of Public Health is required to meet when investigating incidents reported to the Department of Public Health by members of the public. AB 348 was held on the Senate Appropriations suspense file.

AB 1554 (Skinner, 2014) would have made numerous changes, effective July 1, 2015, to the complaint investigation process used by CDSS when responding to complaints submitted against RCFEs and affords complainants with two levels of appeal. This bill would have required CDSS to assess an immediate civil penalty, as specified, for interfering with a complaint investigation or for retaliating against residents or staff involved in the investigation. AB 1554 was held on the Senate Appropriations suspense file.

AB 2171 (Wieckowski, Chapter 702, Statutes of 2014) established a bill of rights for residents of RCFEs.

COMMENTS

RCFEs care for tens of thousands of vulnerable Californians, with a licensed capacity of over 210,000 statewide in over 8,300 licensed facilities. Complaints filed against these facilities and the details of substantiated violations are critical information for families, advocates, and policymakers to protect health and safety. Current practice does not provide this specificity as it cites only broad violation of rights sections of law and regulations. As mandatory reporters, CDSS's Community Care Licensing Division, which license RCFEs, also utilizes form SOC 341 in cases of suspected or substantiated abuse. That form breaks down violations in the exact way this bill contemplates. Providing this information to the public will provide critical information and the needed transparency for this vulnerable population. This is especially critical as California's population of older adults continues to grow.

POSITIONS**Support:**

California Long Term Care Ombudsman Association (Sponsor)

AARP

Alzheimer's Association

California Advocates for Nursing Home Reform

California Association for Adult Day Services

California Coalition on Family Caregiving

California Elder Justice Coalition

California Health Advocates

Consumer Attorneys of California

Council on Aging – Southern California Long-Term Care Ombudsman Program in Riverside County

Disability Action Center

Disability Rights California

El Dorado County Long-term Care Ombudsman Program

Elder Law & Advocacy

Empowered Aging

Family Caregiver Alliance

Imperial County Long-Term Care Ombudsman Program

Integrated Community Collaborative

Justice in Aging

Kern County Long-Term Care Ombudsman Program

Legal Assistance for Seniors

Long Term Care Services of Ventura County

Office of the State Long-Term Care Ombudsman

Orange County Ombudsman Program

Placer Independent Resource Services

San Francisco Long Term Care Ombudsman Felton Institute

Senior Advocacy Services

Silicon Valley Independent Living Center

Wise and Healthy Aging

Oppose:

None received

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