

Date of Hearing: June 23, 2026

ASSEMBLY COMMITTEE ON AGING AND LONG-TERM CARE

Patrick Ahrens, Chair

SB 991 (Menjivar) – As Amended May 14, 2026

**SENATE VOTE:** 38-0

**SUBJECT:** Residential care facilities for the elderly (RCFE): categorization of citations

**SUMMARY:** This bill requires the California Department of Social Services (CDSS), when it substantiates a violation in a 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. Specifically, **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.
- 7) Makes the provisions of this bill operative July 1, 2027.

**EXISTING LAW:**

- 1) Establishes, in federal law, the Older Americans Act (OAA), which promotes the well-being of Americans 60 years old and above through services and programs designed to meet their needs. (*42 United States Code (USC.) § 3001, et seq.*)
- 2) Establishes, within the OAA, the Office of the Long-Term Care Ombudsman (LTCO) Program and requires states to establish and operate a LTCO Program for the purpose of identifying, investigating, and resolving complaints that may adversely affect the health, safety, welfare, or rights of residents of long-term care facilities. (*42 USC § 3058(g)*)
- 3) Establishes the Office of the State LTCO under the California Department of Aging (CDA), for the purpose of protecting and advocating for the rights and health and safety of long-term care facility residents, and in providing leadership, direction, and support to local LTCO programs. (*WIC § 9700 et seq.*)

- 4) Defines “long-term care facility,” for purposes of establishing the role of the State LTCO, to mean a nursing facility or SNF, including distinct parts of facilities that are required to comply with licensure requirements for SNFs, or a RCFE. (*WIC §9701*).
- 5) Establishes the “California Residential Care Facilities for the Elderly (RCFE) Act” to provide for the licensure and regulation of RCFEs as a separate category within the existing licensing structure of CDSS. (*HSC §1569 et seq.*)
- 6) Defines “care and supervision” to mean the facility assumes responsibility for, or provides or promises to provide in the future, ongoing assistance with activities of daily living without which the resident’s physical health, mental health, safety, or welfare would be endangered. Assistance includes assistance with taking medications, money management, or personal care. Specifies that providing care and supervision requires a facility to be licensed. Specifies that care and supervision includes, but is not limited to, any one or more of the following activities provided by a person or facility to meet the needs of residents:
  - a. Assistance in dressing, grooming, bathing and other personal hygiene;
  - b. Assistance with taking medication, as specified;
  - c. Central storing and distribution of medications, as specified;
  - d. Arrangement of and assistance with medical and dental care. This may include transportation, as specified;
  - e. Maintenance of house rules for the protection of residents;
  - f. Supervision of resident schedules and activities;
  - g. Maintenance and supervision of resident monies or property; and,
  - h. Monitoring food intake or special diets. (*HSC §1569.2(c); 22 CCR §87101*)
- 7) Defines “RCFE” to mean a housing arrangement chosen voluntarily by individuals ages 60 and older, or their authorized representative, where varying levels and intensities of care and supervision, protective supervision, personal care, or health-related services are provided, based upon their varying needs, as determined in order to be admitted and to remain in the facility. (*HSC § 1569.2(p)(1)*)
- 8) 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 provide 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 be free from neglect, financial exploitation, involuntary seclusion, punishment, humiliation, intimidation, and verbal, mental, physical, or sexual abuse.
  - d. To contact CDSS, the LTCO, or both, regarding grievances against the licensee.

- e. To be protected from involuntary transfers, discharges, and evictions in violation of state laws and regulations. (HSC §1569.269)
- 9) All records and files of the LTCO relating to any complaint or investigation made pursuant to this chapter and the identities of complainants, witnesses, patients, or residents shall remain confidential, unless disclosure is authorized by the patient or resident or his or her conservator of the person or legal representative, required by court order, or release of the information is to a law enforcement agency, public protective service agency, licensing or certification agency in a manner consistent with federal laws and regulations. (*WIC § 9725*)
  - 10) 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)
  - 11) Requires CDSS to inspect and license RCFEs. (HSC §1569.11)
  - 12) Establishes the Elder Abuse and Dependent Adult Civil Protection Act
    - a. Requires health practitioners, care custodians, clergy members, and employees of county adult protective services agencies and local law enforcement agencies to report known or suspected cases of abuse of elders and dependent adults and to encourage community members in general to do so.
    - b. Collects information on the numbers of abuse victims, circumstances surrounding the act of abuse, and other data which will aid the state in establishing adequate services to aid all victims of abuse in a timely, compassionate manner.
    - c. Provides for protection under the law for all those persons who report suspected cases of abuse, provided that the report is not made with malicious intent. (*WIC §15600 et seq.*)
  - 13) 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)
  - 14) 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, 22 CCR §87464(f))

**FISCAL EFFECT:** According to the Senate Committee on Appropriations, CDSS estimates General Fund costs of \$777,000 in 2026-27 and \$759,000 ongoing thereafter for state administration.

**COMMENTS:**

**Author's Statement:** "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."

**BACKGROUND**

**Aging in California:** A recent compiled data report by the Public Policy Institute of California titled "California's Aging Population" states:

By 2040, California's older adult population (aged 65 and over) is projected to increase by a remarkable 59 percent, from 5.7 million to just over 9 million. This growth stands in stark contrast to the projected changes in other age groups. The working-age population (20–64 years old) is expected to increase only 3 percent, while the population under age 20 is anticipated to decrease by 23 percent. California is projected to have 3.4 million more older adults aged 65 and over, and 1.7 million fewer residents less than 65 years old.

This disproportionate growth in the older population will lead to a significant shift in the state's age structure. Almost one-quarter of Californians (22%) will be age 65 or older by 2040, a substantial increase from 14 percent in 2020. The old-age dependency ratio (the number of older adults per 100 adults of working ages) is projected to grow from 24 to 38. In other words, there will be 38 older adults for every 100 working adults in the state.

The most dramatic growth is projected among the oldest age groups—or the oldest old. The population aged 80 and over is expected to more than double, increasing by nearly 1.8 million in 2040. This rapid growth in the oldest age groups, driven by both the aging of the baby boomers and increases in longevity,

is especially significant because of this group's relatively high personal care and health care needs.<sup>1</sup>

Life expectancy continues to rise,<sup>2</sup> however during 2019-2021 overall life expectancy for Californians fell from 81.4 years to 78.4 years. For Hispanics, life expectancy declined by nearly 6 years, a difference three times greater than their white counterparts. And the difference between those in California's highest and lowest income brackets increased by three-and-a-half years to greater than 15 years (11.5 years before the pandemic to more than 15 years in 2021).<sup>3</sup>

It is important to note that the COVID-19 pandemic caused a brief (and traumatic) deviation from the long-term pattern of increases in life expectancy. The latest estimates suggest that life expectancy has resumed its pre-pandemic trend of gradually increasing longevity. The Department of Finance projects moderate increases in life expectancies through 2060.<sup>4</sup>

***Residential Care for the Elderly:*** Sometimes referred to as assisted living facilities, RCFEs are responsible for providing housing, housekeeping, supervision, and personal care assistance with activities of daily living, like hygiene, dressing, eating, and walking, to individuals ages 60 and older. California's network of RCFEs consists of small homes serving a handful of residents to larger RCFEs that can house over 100 residents in communities across the state. Facilities provide a special combination of housing, personalized supportive services, and 24-hour staff designed to respond to the individual needs of those who require help with activities of daily living. This level of care and supervision is for people who are unable to live by themselves but who do not need 24 hour nursing care. They are considered non-medical facilities and are not required to have nurses, certified nursing assistants or doctors on staff. RCFEs are licensed and overseen by CDSS.

***Office of the State Long-Term Care Ombudsman (LTCO):*** Under the federal OAA, each state is required to operate an Office of the State LTCO, which is charged with identifying, investigating, and resolving complaints that are made by, or on behalf of, residents of long-term care facilities. In California, the Office of the LTCO is housed under CDA. The State LTCO and their local representatives assist residents in long-term care facilities with issues related to day-to-day care, health, safety, and personal preferences, including investigating abuse and violations of residents' rights or dignity, and other issues regarding quality of care.

The LTCO has oversight responsibility for 35 local Ombudsman programs throughout California. Approximately 240 paid staff and 364 certified volunteers advocate on behalf of residents of LTC facilities. These facilities include 1,189 skilled nursing and intermediate care facilities and 7,798 residential care facilities for the elderly, with a combined count of 322,218 LTC beds.<sup>5</sup>

***Current licensing provisions for CDSS:*** Currently, following an investigation, when CDSS substantiates abuse in a RCFE violations are categorized simply as resident rights violations (*i.e.* the right to be free from abuse) rather than identified as abuse, including the specific type of abuse established by the evidence. As a result, public licensing and enforcement databases do not

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<sup>1</sup> <https://www.ppic.org/publication/californias-aging-population/>

<sup>2</sup> <https://longevity.stanford.edu/the-new-map-of-life-initiative/>

<sup>3</sup> <https://newsroom.ucla.edu/releases/covid-life-expectancy-drops-by-race-and-income>

<sup>4</sup> [www.cdc.gov/nchs/data/databriefs/db492.pdf](http://www.cdc.gov/nchs/data/databriefs/db492.pdf)

<sup>5</sup> <https://aging.ca.gov/download.ashx?IE0rcNUV0zazVMt5J2GTUg%3d%3d>

reflect how often or the specific types of particular forms of abuse occur in assisted living facilities in California. This lack of specificity limits transparency for consumers and families, reduces the usefulness of enforcement data for policymakers and regulators, and impedes efforts to identify patterns of harm and prevent future abuse across our state.

***Master Plan for Aging:*** In January of 2021, the Governor released his Master Plan for Aging (MPA). The MPA prioritizes the health and well-being of older Californians and the need for policies that promote healthy aging. The MPA serves as a blueprint for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and continue California's leadership in aging, disability, and equity.

The work plan laid out in the MPA mid-way through its ten year timeline continues to highlight the urgent needs facing California's older adults, people with disabilities, their families, caregivers, advocates and the workforce supporting these populations..

The MPA for 2025-26 outlines five bold goals and currently seeks to advance 81 initiatives to build a California for All Ages by 2030. Each initiative features a designated area of focus; to deliver, to analyze and to communicate. It also includes a Data Dashboard on Aging to measure progress.<sup>6</sup>

- Goal One: Housing for All Ages and Stages
- Goal Two: Health Reimagined
- Goal Three: Inclusion and Equity, Not Isolation
- Goal Four: Caregiving That Works
- Goal Five: Affording Aging

***Argument in Support:*** The California Long-term Care Ombudsman Association, the sponsor writes, "As advocates who regularly work with residents, families, and staff in assisted living facilities, Ombudsmen see firsthand the profound human impact of abuse and neglect in long-term care settings. When abuse is substantiated but ultimately categorized only as a generic resident rights violation, the harm experienced by victims is effectively obscured within state enforcement systems. For residents and families who have endured physical abuse, gross neglect, financial exploitation, or psychological harm, it can be deeply discouraging to see those experiences reduced to a broad and non-specific violation category. Accurate categorization of abuse is therefore not merely a technical issue within regulatory databases. It is also about acknowledging the reality of what victims have experienced and ensuring their concerns are appropriately recognized within the state's framework for oversight.

This lack of specificity has real consequences for consumer transparency and accountability. Families searching for an assisted living facility for a loved one often rely on publicly available enforcement data to help evaluate safety and quality of care. Policymakers and oversight agencies also rely on enforcement data to identify patterns of harm and target prevention efforts. When substantiated abuse is not categorized according to the definitions already established in statute, it becomes significantly more difficult to determine the true scope and nature of abuse occurring in RCFEs. Without this information, it is harder for advocates, regulators, and the

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<sup>6</sup> <https://mpa.aging.ca.gov/DashBoard/>

Legislature to evaluate where additional safeguards or elder justice initiatives may be needed to prevent abuse and neglect in the future.”

California Advocates for Nursing Home Reform, writes in further support, “The need for more accurate and meaningful data around abuse in RCFEs is clear. In Federal Fiscal Year 2024 alone, California’s Long-Term Care Ombudsman Program responded to more than 3,000 complaints involving abuse, neglect, or exploitation in RCFEs. As California’s population continues to age, with the number of older adults living in institutional group quarters projected to increase dramatically over the coming decades, access to reliable information about substantiated abuse will become increasingly important for residents, families, consumer advocates, and state oversight agencies.”

**Argument in Opposition:** None.

**Dual referral:** This bill is dual-referred and upon passage out of the Committee on Aging and Long-Term Care will be rereferred to the Committee on Human Services.

## **REGISTERED SUPPORT / OPPOSITION:**

### **Support**

Alzheimer's Association  
Alzheimer's Greater Los Angeles  
Alzheimer's Orange County  
Alzheimer's San Diego  
California Advocates for Nursing Home Reform  
California Coalition on Family Caregiving  
California Collaborative for Long-term Services and Supports (CCLTSS)  
California Elder Justice Coalition (CEJC)  
California Long Term Care Ombudsman Association (CLTCOA)  
Justice in Aging  
Long Term Care Ombudsman Services of San Luis Obispo County  
Long-term Care Ombudsman Program of Santa Barbara County  
Office of the State Long-term Care Ombudsman  
Retired Public Employees Association

### **Opposition**

None.

**Analysis Prepared by:** Elizabeth Fuller / AGING & L.T.C. / (916) 319-3990