SENATE THIRD READING
SB 991 (Menjivar)
As Amended August 13, 2026
Majority vote

SUMMARY

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. The 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.

Major Provisions

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:

   a) Physical abuse,

   b) Sexual abuse,

   c) Abandonment,

   d) Financial exploitation,

   e) Involuntary seclusion,

   f) Mental abuse or suffering,

   g) Neglect.

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

COMMENTS

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.
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> 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.[1]

Life expectancy continues to rise,[2] 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).[3]

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. [4]

*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-

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[1] https://www.ppic.org/publication/californias-aging-population/
[2] https://longevity.stanford.edu/the-new-map-of-life-initiative/
[3] https://newsroom.ucla.edu/releases/covid-life-expectancy-drops-by-race-and-income
[4] www.cdc.gov/nchs/data/databriefs/db492.pdf

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.[5]

Current licensing provisions for CDSS: Currently, following an investigation, when CDSS substantiates abuse, 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 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.

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.″

Arguments 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

[5] https://aging.ca.gov/download.ashx?lE0rcNUV0zazVMt5J2GTUg%3d%3d

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 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.″

Arguments in Opposition
None.

FISCAL COMMENTS

According to the analysis from the Assembly Committee on Appropriations, ″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.″

VOTES

SENATE FLOOR: 38-0-2
YES: 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
ABS, ABST OR NV: Niello, Ochoa Bogh

ASM AGING AND LONG-TERM CARE: 7-0-0
YES: Ahrens, Ellis, Arambula, Ávila Farías, Jeff Gonzalez, Blanca Rubio, Sharp-Collins

ASM HUMAN SERVICES: 7-0-0

YES: Lee, Tangipa, Calderon, Elhawary, Jackson, Celeste Rodriguez, Sanchez

ASM APPROPRIATIONS: 11-0-4
YES: Wicks, Arambula, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache
ABS, ABST OR NV: Hoover, Dixon, Ta, Tangipa

UPDATED

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