

**Legislation:** SB 204 Health Care Facilities – Assisted Living Programs – Memory Care and Alzheimer’s Disease Unit Regulations

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**Position:** Support

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**This is the testimony of the State Long-Term Care Ombudsman, which is required to be independent from the Maryland Department of Aging. This testimony does not reflect a position being taken by the Maryland Department of Aging.**

As Maryland’s State Long-Term Care Ombudsman, I am pleased to offer this letter of support for SB 204 Health Care Facilities – Assisted Living Programs – Memory Care and Alzheimer’s Disease Unit Regulations.

Individualized person-centered care is critical for all residents in assisted living facilities, but even more so for individuals with dementia residing in dementia units. These residents often have significant and profound cognitive deficits that require staff that have a higher level of training, expertise in dementia (all types), time and patience to anticipate the needs of residents, and to provide a high quality of care for those that live in dementia units.

This bill requires regulations to be developed to address the needs of residents in these units as well addressing staffing and training requirements. Residents deserve activities and care provided in a dementia unit that has minimum standards that are specific to dementia and not just how they are different than the rest of the building. The current regulations are not specific enough and do not describe how dementia care should be provided. I recommend that each person reading my testimony should review the assisted living COMAR to look at the current regulations, and decide for themselves if the current regulations are sufficient to ensure the quality of life and quality of care for an individual with dementia.

When visiting dementia units, I have noticed that there are activities listed on the calendar from morning until the afternoon. On several visits, I have noticed that residents are sitting around watching TV without interaction from staff. On the activities calendar, the activity was listed as social hour or coffee talk. There was no staff member facilitating an activity, no interaction with staff members, and residents sitting around watching television. This activity may be different than what is offered in the other part of the facility, but it is not an activity specific to an individual with dementia. This activity does not address social isolation needs which require staff interaction, care, and support.

Currently there is not a minimum staffing ratio required for an assisted living facility or a dementia unit within an assisted living facility. Caregivers in these facilities often have multiple jobs within the facility and are not required to have a geriatric nursing assistant license. Having a minimum staffing ratio will help ensure that caregivers assigned to the dementia unit will be dedicated to providing direct care to residents including the consideration for checking on residents during the night. The staff on the dementia unit should be awake during the night regardless of the plan of care for each resident. This is currently not a requirement of caregivers in assisted living facilities unless the need for awake staff is indicated in the resident's service plan.

This bill also covers discharge planning. Currently residents in assisted living facilities do not have the right to appeal a discharge letter and can be discharged for any reason. Additional regulations must be put in place to protect the rights of residents receiving a 30 day discharge notice. Residents or their legal resident representative must receive the notice and have these additional protections. In addition, because of the complex needs of individuals with dementia, discharge planning must be person-centered and often takes more time and planning because of issues related to cognition and behavior. If the individual resides on a unit with a good model for care that has specific goals and treatment options related to dementia and the current population residing in the unit as well as staff that are well-trained who understand and anticipate the needs of the resident, discharge can at times be avoided.

In summary, the current regulations need to be made more specific to address the needs and care of individuals with dementia. I urge you to support SB 204 Health Care Facilities – Assisted Living Programs – Memory Care and Alzheimer's Disease Unit Regulations.