

Testimony of Aileen Klein
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Good afternoon

Thank you for allowing me to tell you why it is so important to have separate regulations for dementia residents living within assisted living facilities.

People with dementia are more similar to nursing home residents than they are to AL residents. The difference is that many are physically healthy, but as a result of their cognitive issues and loss of language skills they are totally dependent on others for their daily tasks of bathing, dressing, toileting or eating. They need a great deal of care and protection due to their level of mental impairment which can vary from day to day, or even hour to hour. Sometimes they may seem lucid and a minute later, confused and disoriented. Unlike nursing patients who are usually grateful for the care, sometimes dementia residents can be aggressive, insulting (due to loss of filter). For these reasons, all caregivers need special training if they are to survive and to properly attend to the needs of these once productive, now special-needs individuals.

My mother began living in an AL facility which provides both AL and memory care facility in 2013. In 2017 she was transferred to the memory care floor. She is almost 94 and still going strong. We are very fortunate that she is able to afford an excellent facility. Such facilities in Maryland usually cost between \$7,000 and \$15,000 per month. My mother has forgotten how to do many things, including answering her phone. The ringing sound is now meaningless to her. Similarly, the pendant alarm that she wore in AL, is no longer useful. As a result, if she forgets she needs help going to the bathroom at night and gets out of bed and falls, she has no means of getting help. As we age, even our voices become weaker, so when she cries out, no one is able to hear. This could result in painful hours on the floor unattended. Therefore, frequent regular, documented nighttime bed checks are needed for dementia patients. This needs to be mandated by state law.

We had an incident a few years ago where a resident was ill and her daughter was taking a shift watching her overnight. Suddenly her mother died. The daughter had no idea what to do. She went into the hallway and called out for help. No one appeared, which was very traumatic for her as you can imagine. It turned out that one caregiver was on the other side of the floor helping another resident with toileting and the other was on a break. At times both caregivers on duty will be needed to assist a resident in the bathroom. This suggests a distinct need for increased nighttime staff.

Why do I prefer a facility that has both AL and memory care? Two reasons: first, moving a parent into a "home" is traumatic and very difficult for both my mother and me. If she developed dementia, I would have to move her again. The ensuing disorientation and depression would be unbearable for me and unkind to her. Second, a mixed facility offers many more options for everyday interaction and activities. Pre-pandemic my mother would attend Jeopardy, word games (she is still very bright), discussion groups, etc. with the AL residents. Some days she could only listen; many times, she would participate. The activities in memory care only facilities are limited - in great part due to the dearth of people participating in any one thing.

In closing I would implore you to create special regulations for memory care residents in mixed assisted living facilities. This is greatly needed since, when issuing various proclamations of testing and visitation this past year, the Governor omitted this category of residents. The facilities did not follow the

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guidelines of nursing homes, nor should they have, but we really needed different guidelines from those of AL.