

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Alex Lee, Chair

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

SENATE VOTE: 38-0

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

SUMMARY: Requires the California Department of Social Services (CDSS), when a violation is substantiated in a residential care facility for the elderly (RCFE) that constitutes abuse, to further categorize and cite violations in accordance with the type of violation, as specified. Requires CDSS to publish these violations as categorized. Specifically, **this bill:**

- 1) Requires CDSS, when they substantiate a violation in an RCFE that constitutes abuse, as defined in the Residents' 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 violations does not limit CDSS's ability to assess civil penalties.
- 4) Specifies that these provisions do not require CDSS to assess a civil penalty where none is otherwise authorized by law.
- 5) Provides that these provisions do 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) Delays the implementation until July 1, 2027.

EXISTING LAW:

- 1) Defines an 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 or 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. (Health and Safety Code [HSC] § 1569.2(o))
- 2) Requires a person, firm, partnership, association, or corporation within the state and a state or local public agency to have a current valid license or special permit to operate, establish, manage, conduct, or maintain an RCFE. (HSC § 1569.10)

- 3) 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; and,
 - i) To be protected from involuntary transfers, discharges, and evictions in violation of state laws and regulations. (HSC § 1569.269)
- 4) Requires every licensed RCFE to provide at least the following basic services, including, but not limited to:
 - a) Care and supervision, as defined;
 - b) Personal assistance and care as needed by the resident and as indicated in the pre-admission appraisal, with those activities of daily living such as dressing, eating, bathing, and assistance with taking prescribed medications, as specified;
 - c) Regular observation of the resident's physical and mental condition, as specified; and,
 - d) Arrangements to meet health needs, including arranged transportation, as specified. (HSC § 1569.312; 22 California Code of Regulations § 87464(f))

- 5) Defines “physical abuse” as any of the following:
 - a) Assault, as defined in Penal Code Section 240;
 - b) Battery, as defined in Penal Code Section 242;
 - c) Assault with a deadly weapon or force likely to produce great bodily injury, as defined in Penal Code Section 245;
 - 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 Penal Code Section 243.4;
 - ii) Rape, as defined in Penal Code Section 261, or former Penal Code Section 262;
 - iii) Rape in concert, as described in Penal Code Section 264.1;
 - iv) Incest, as defined in Penal Code Section 285;
 - v) Sodomy, as defined in Penal Code Section 286;
 - vi) Oral copulation, as defined in Penal Code Section 287, or former Penal Code Section 288(a);
 - vii) Sexual penetration, as defined in Penal Code Section 289;
 - viii) Lewd or lascivious acts, as defined in Penal Code Section 288(b)(2);
 - 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; and,
 - iii) For any purpose not authorized by the physician and surgeon. (Welfare and Institutions Code [WIC] § 15610.63)
- 6) 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)
- 7) Defines “abduction” as the removal from this state or the restraint from returning to this state, of any elder or dependent adult who does not have the capacity to consent, 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)
- 8) 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; or,
 - 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. (WIC § 15610.30)
- 9) 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)
- 10) 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)
- 11) 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; or,
 - b) An attorney-in-fact of an elder or dependent adult who acts within the authority of the power of attorney. (WIC § 15610.30)
- 12) 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 their 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 they are 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 Penal Code Section 236; or,
 - 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)
- 13) 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 their medical care. (WIC § 15610.43)
- 14) 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)

- 15) 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)
- 16) 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; or,
 - 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)
- 17) 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; or,
 - g) Neglect includes being homeless if the elder or dependent adult is also unable to meet any of their needs, as specified. (WIC § 15610.57)
- 18) 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; and,
 - 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)

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:

Background: *Residential Care Facilities for the Elderly.* RCFEs are responsible for providing housing, housekeeping, supervision, 24-hour staffing, and personal care assistance with activities of daily living, such as hygiene, dressing, eating, and walking, to individuals 60 years of age and older. California's network of RCFEs ranges from small homes serving fewer than six residents to larger RCFEs that can house over 100 residents in communities across the state. 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. RCFEs are considered non-medical facilities and are not required to have nurses or doctors on staff, but typically bring licensed health care practitioners into the facility to provide care as necessary. Some RCFEs include memory care units for seniors with dementia. CDSS licenses and regulates RCFEs. Current law provides that licensed RCFEs are not subject to controls on rent imposed by any state or local agency or other local government entity. As of June 2024, there were 7,578 licensed RCFEs with a capacity to serve 176,959 residents. The majority of these facilities have six or fewer beds.

Long-term Care Facilities Oversight. In California, long-term care varies by care needs, consumer choice, and availability. Of those choices, facilities are common. Many facilities are even co-located on the same campus as an RCFE or a skilled nursing facility (SNF). 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.

SNFs are health facilities that typically provide higher levels of care to patients whose primary need is for skilled nursing care on an extended basis. As health care facilities, SNFs are licensed and overseen by the California Department of Public Health (CDPH). Any person or organization may file a complaint about abuse, neglect, violations of rights, poor care, lack of staffing, unsafe conditions, mistreatment, improper charges, among other things, to CDPH.

Once a complaint is filed, CDPH must notify the complainant within two working days of receipt of the complaint of the name of the investigator assigned to the case. CDPH 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 a threat of imminent danger, death, or serious bodily harm.

An RCFE's oversight differs significantly from that of SNFs, in part because it is not a health facility. However, it is important to note that due to policy changes in the last six years, RCFEs are serving more complex, higher-needs residents as a benefit from the Home and Community-Based Services waiver¹. CDSS investigates complaints against RCFEs. Like SNFs, 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 whether 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, B, or C violation. A Type A violation is a violation resulting in an immediate risk to the persons in care and requires corrections, typically, 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.

CDSS also cites abuse violations as falling under the RCFE Residents' Bill of Rights, which is intended to promote dignity, autonomy, safety, and quality of life. The rights range significantly, and violations of these rights can also vary significantly. These rights include:

- Being treated with dignity, respect, and consideration.
- Receiving care and services that meet the resident's individual needs.
- Living free from abuse, neglect, intimidation, humiliation, retaliation, or exploitation.
- Having reasonable privacy in living accommodations, personal care, medical treatment, visits, communications, telephone calls, internet use, and resident meetings.
- Making personal choices about daily schedules, activities, clothing, meals (when possible), and participation in community life.
- Managing personal finances or choosing someone to do so.
- Keeping personal possessions and having them protected from theft or loss.
- Receiving visitors of the resident's choosing and communicating privately with family, friends, attorneys, physicians, advocates, and others.
- Practicing religion or choosing not to participate in religious activities.
- Organizing and participating in resident and family councils.
- Reviewing personal records and having health and personal information kept confidential, except as permitted by law.
- Presenting grievances and filing complaints without fear of retaliation.
- Being informed of facility policies, fees, and changes affecting care or residency.
- Being encouraged to exercise all civil and legal rights as a citizen.

¹ <https://www.dhcs.ca.gov/services/1915c-home-and-community-based-services-waivers/>

- Receiving notice before an involuntary transfer or eviction, except in circumstances permitted by law.

In addition to issuing citations for personal rights violations related to abuse, CDSS follows mandatory reporting requirements when abuse is suspected or substantiated, and a completed SOC 341² form is submitted to relevant agencies, including law enforcement and the Department of Justice. However, the Author and sponsor of this bill report that “violation of residents’ rights” is a catch-all when they are issuing citations to RCFEs. Meaning, it is unclear if a facility interfered with their religious rights, stole their possessions, or abused a resident.

This bill would require CDSS to categorize resident rights violations.

Long-term Care Facility Transparency. RCFE and SNF consumer data vary significantly. For SNFs, CDPH posts detailed information on each complaint, including the date submitted, the category of the complaint, the sub-category, and whether the complaint was substantiated. A consumer could fairly easily make an educated choice to send a loved one to a facility that meets their needs. However, CDSS posts minimal information on their webpage, making it hard to determine if the facility is an appropriate fit. An RCFE may have a residents’ rights violation, but a consumer can’t tell what transpired. When choosing a facility, a family considers their loved ones’ needs. For example, if a prospective resident is forgetful and not able to manage money well, then a family may not choose a facility that has a residents’ rights violation that were related to financial abuse. But they might choose a facility that has a religious rights violation. Conversely, a prospective resident with strong religious ties might find that important and prefer a facility with a financial abuse violation.

This bill seeks to publicly display a category in which a substantiated residents’ rights violation occurs.

Author’s Statement: According to the Author, “Currently, the way that elder and dependent adult abuse, neglect, and exploitation are categorized by the California Department of Social Services (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. [This bill] 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.”

² https://cdss.ca.gov/MandatedReporting/story_content/external_files/SOC341.pdf

Equity Implications: By 2040, California’s older adult population (65 years of age and over) is projected to increase by a remarkable 59%, 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 of age) is expected to increase only 3%, while the population under 20 years of age is anticipated to decrease by 23%. California is projected to have 3.4 million more older adults 65 years of age and over, and 1.7 million fewer residents less than 65 years of age. As a result, more people will need long-term care. *This bill* may help individuals make an educated choice on which long-term care option is best for them.

Double referral: This bill was previously heard in the Assembly Committee on Aging and Long term Care and on June 23, 2026, and was approved on a 7 to 0 vote.

Arguments in Support: According to the sponsors, “California Long-Term Care Ombudsman Association, “[This bill] addresses a significant gap in how substantiated abuse is categorized and publicly reported in California. Existing state law, the Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code §15600 et seq.) defines specific forms of abuse: physical abuse, neglect, financial abuse, isolation, abandonment, abduction, mental suffering, and undue influence. These are the same statutory definitions that mandated reporters must consult when determining what type of suspected abuse or neglect must be reported to the appropriate authorities, including CDSS. However, when CDSS substantiates abuse in an RCFE following an investigation, violations are categorized broadly as resident rights violations – the “right” to be free from abuse – rather than identified according to the specific statutory form of abuse established by the evidence. As a result, publicly available licensing and enforcement databases do not clearly reflect how often particular forms of abuse occur in assisted living facilities across California.

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 Legislature to evaluate where additional safeguards”

Arguments in Opposition: None on file.

RELATED AND PRIOR LEGISLATION:

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

REGISTERED SUPPORT / OPPOSITION:

Support

California Long Term Care Ombudsman Association (CLTCOA) (Sponsor)
AARP
Alzheimer's Association
Alzheimer's Greater Los Angeles
Alzheimer's Orange County
Alzheimer's San Diego
California Elder Justice Coalition (CEJC)
Contra Costa Senior Legal Services
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
Two private citizens

Opposition

None on file.

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