

Assisted Living Residences Commission Public Hearing held on May 15, 2025

Jake Quigley spoke first.

Jake Quigley: Yes, thank you for the opportunity today to comment at the public hearing. My name is Jake Quigley. I actually started my career as an Executive Director of an Assisted Living community here in Massachusetts in 2012. I am currently the Senior Vice President of Operations for Benchmark Senior Living where we currently operate 67 communities across the Northeast, 32 of which are located here in Massachusetts. In my experience operating and living in the state, I have found that most of our Residents and families have been overwhelmingly happy with their assisted living community and their experience. I would like to call the Commission's attention to the existing framework through which assisted living providers such as ourselves and the customers share information. For example, when a person is interested in learning about assisted living, we refer to the consumer guide, which is of course published by the state, which is thorough 20-page summary to explain what assisted living is and how it differs from a nursing home. By law, we are also required to provide potential move-ins with the disclosure of rights and services, which each assisted living produces on its own. But the disclosure statement is required to cover specific topics such as staffing, the role of a nurse, food choices available, and an explanation of the reasons when a Resident may have to move out of one of our communities. My company's disclosure statement is about 20 pages long. If a person is interested in moving in to one of our communities, then we will certainly discuss our residency agreement. The state has developed a great quick two-page cover sheet and encourages all communities such as ourselves to use it so that we can go point by point through some of the most significant clauses of the contract, which we find incredibly helpful for those Residents and families seeking our services. Our residency agreement of course includes all of our fees, explanation of services, a summary of Resident rights, and it explains the levels of care we offer. It is very comprehensive and our community on average consists of almost 40 pages in length. These documents are all part of every initial application for licensure, so the state reviews and approves them before use. If we make any significant changes of course we submit those documents again for the state review and approval. Overall, I can attest that assisted living providers are comprehensively and appropriately regulated in Massachusetts as evidenced by the disclosure and transparency that I've just described here, which we also of course make available to the public. In my experience serving many seniors and families over the last 13 years, I have found assisted living communities to be helpful and informative. Residents and families have benefited from the current regulations just as they are now, as shown by the satisfaction and continued interest in the great services and accommodations that we offer in our assisted living residences. I've also found this to be reinforced through our current regulatory

requirement in gathering frequent feedback to measure Resident satisfaction and really focus on quality assurance and improvement. Our surveys and various other collection methods have continuously allowed us to review and have scores that are consistently above industry averages and scores of the like. With that, I just want to thank the Commission for the work that they are doing here today and the opportunity to share my opinions in public comment.

Deborah Strafass spoke next.

PLEASE NOTE: Her testimony was frequently unintelligible due to a bad connection. I have tried my best to transcribe what she stated at the hearing, but I do not think the Commission should rely solely on my transcription. We asked her to submit written testimony, which she has done.

Deborah Strafass: So I'm Deborah Strafass. Let's call me an end user. I am speaking specifically to dementia care units in assisted living facilities--that's what I'm really approaching today. I work within the Alzheimer's community. I am a caregiver support group facilitator. I have done this since about 2015 or 2016. For the past four or five years since Covid, I have been with one group in particular who has really gone through many many different stages and the whole process of placing loved ones into assisted living memory care units. I also work with people with Alzheimer's in an adult day center, so again I'm interfacing with people with early-stage dementia as well as with therapy groups and with the Alzheimer's Association itself [unintelligible due to a bad connection]...It's not a very formal statement that I have for you but I really want to speak to... [unintelligible]...very, very necessary and needed services. I think I will say with response to what was already said, nobody reads 20 pages of disclosures, 40 pages of information....[unintelligible]...under the duress of trying to place a loved one [unintelligible].

Patrick Sullivan informs Deborah that we are having difficulty understanding her due to a bad connection.

[unintelligible]...Specifically about memory units in assisted living [unintelligible]...not well enough regulated. We find [unintelligible]...

The memory care units need more assistance, more regulation. We need oversight of care, we need requirement reporting disease and symptom and behavioral manage...[unintelligible] in assisted memory units. There's needs to continually be [unintelligible]...and not enough for someone who is working with dementia everyday. I can tell you through a numerous number of personal stories of people with loved ones in where the caregiver simply did not [unintelligible]...proper dementia awareness [unintelligible]. In

the assisted memory units, there's needs to be a smaller caregiver to resident ratio [unintelligible]...the current ratio...[unintelligible]

For memory units, there's need to be clear care plans and required family communication on a regular basis. There needs to be recording [unintelligible]... so that they can make plans and informed decisions for future....this is an ongoing issue with people who have their loved ones in care who then need to move on other levels of care. Many times they are not even well informed about the rising levels of care within the assisted memory unit as their loved one needs more care—now there's another thousand dollars, now there's another thousand dollars. Ok so they need [unintelligible] this level. Maybe they should move to a nursing home, that's another place that is very fuzzy. So [unintelligible]

Assisted living will send residents to the ER as needed, a dementia person cannot go unattended. So either they have to inform the family and wait for the family member to arrive or they need to call the designated attendant who will go with the person with dementia to the emergency room [unintelligible]...they cannot quickly communicate what their needs [unintelligible]. The last piece I have here is [unintelligible] disclose care needs [unintelligible]...and reasonable assessment—not necessarily assessing for the facility, but assessing for the level of care that is needed and that can this facility provide that level of care [unintelligible] and then the final thing I would advocate for [unintelligible] livable wages [unintelligible] full dementia care staff. Thank you very much for listening. These are my concerns today and they come from myself and from [unintelligible] caregivers.

Devon Sicard spoke next.

Devon Sicard: I have been in senior living for almost ten years as a nurse, a wellness director, an executive director, and now a senior executive director for EPOCH Senior Living. I currently work at Waterstone at Wellesley Assisted Living and Independent Living. I also am the daughter of a Resident in an ALR, so I can speak to both sides. I believe that I can bring a different scope, a different perspective because of the familial experience that I've had. When somebody comes to us, it's typically after an acute event, being recently widowed and not feeling safe at home. We have a very special vulnerable time in their life and we can guide the families into the right path. You know we have quite a few folks who come to us in their 70s, who are dealing with all sorts of issues, who just don't want to live at home and want to be in a safe place where they can have supportive therapies of their choice. Dignified living. There's a huge spectrum of services amongst all the ALRs in Massachusetts. I believe that navigating them is increasingly difficult the more that's out there. I think that EPOCH does a beautiful job with giving people a lot of time and giving them a lot of education about what's out there. I understand the difficulties people have with going to the emergency room and how we have a packet that goes with them. We are

open to that conversation with the emergency room, with the families. There is a continuity of care that is available there 24 hours a day. We have a nurse that they can call to make sure that they have that information. As people age in place, we have more and more folks in their 90s and over 100. People can age in place with the supportive care. I believe that regulations have their place, but I also believe that Assisted Livings do a pretty good job about doing surveys with the families and the Residents, and making sure that everyone is happy. We are 100%. We have been for years, with a waitlist—there's a reason for that. People want to make their own choices about their own providers and have a dignified choice in this very special and vulnerable part of their life. Thank you for letting me speak.

Bodo Liesenfeld spoke next.

Bodo Liesenfeld: I'm Bodo Liesenfeld. I am the co-founder of Anthemion Senior Lifestyles—The Cordwainer, which is a 61-bed memory care assisted living residence in Norwell, Massachusetts. I would like to speak about the importance of preserving assisted living as a model that promotes Resident choice and independence.

The Cordwainer was founded to provide people living with dementia a safe, secure place to live life to the fullest. Based on feedback from our Residents and their families, we've created something truly special. One Resident, her name is Norma, she said: "I told my children, don't ever take me away from this place. I am so happy here. It's wonderful." And Norma's sentiment is echoed by many who enjoy the supportive care and programs of which is offered in a home-like setting, with services that are tailored to individual needs.

Assisted living balances safety and support without being institutional. Residents choose this model because they want a warm, home-like environment—not a sterile, impersonal facility. They want to preserve their independence and avoid rigid schedules or limited choices. And they want care that meets them where they are in their aging journey—not a one-size fits-all.

Medical services are provided by third-party healthcare professionals, not by assisted living staff and that clearly separates personal care from medical care. To preserve the essence of assisted living, regulations must support—not restrict—the flexibility Residents need to age in dignity and choice.

Massachusetts' current assisted living regulations, enforced by the Executive Office of Aging & Independence, provide a thoughtful balance that protects Resident safety, supports operator success, and promotes independence. And the Executive Office of Aging & Independence holds operators to high standards, including a rigorous certification process requiring detailed operations plans, qualified staff, and compliance with fire, building, and safety codes.

Residents are also protected by a robust rights to dignity, privacy and independence, along with oversight from the Assisted Living Ombudsman Program and the Elder Abuse hotline.

But further regulations risk more harm than do good. Tighter staffing requirements would worsen workforce shortages, more reporting and mandates would drain resources from Resident care to paperwork. Higher costs would price out middle-income families and maybe lead to closures.

So overregulation could push assisted living towards a more nursing home model, stripping away the very appeal Residents value. I invite everyone to visit a nursing home on one side and then visit an assisted living like the one we have and you immediately see why seniors choose assisted living—not for clinical care, but for community and autonomy. Thank you for your attention and I thank the Commission for their work.

Wendy Nowokunski spoke next.

Wendy Nowokunski: Thank you for allowing me to speak on my professional and personal experiences with assisted living in Massachusetts. I'm Wendy Nowokunski and professionally I am the co-founder and president of the Northbridge Companies and Chair of the Massachusetts Assisted Living Association. Personally, I'm an adult daughter of my dad who lived and thrived in assisted living for seven years until his passing at 93 years old. My dad was diagnosed with Parkinson's Disease in his mid-80s. A fall in his home brought him to a rehab and ultimately to assisted living. In his home, his diet had been poor, he wasn't taking his medication properly, he was on a walker, but most of all, he was lonely and struggling with his diagnosis. Within six months of moving in to assisted living, with a proper diet, medication reminders, the right personal care plan to meet his specific needs, he was no longer using his walker. He started painting again and literally took over the art studio. He created a quarterly journal of free expression and encouraged other Residents and staff to submit stories and artwork to share. I've been in senior living for over 30 years and I've served thousands of seniors and their families over that time. I've received notes, letters, emails of appreciation for what we do and how we do it. Now that I've experienced it with my dad, I cannot tell you how appreciative I am personally and proud professionally that we are able to offer assisted living to seniors and their families. I know the ALR Commission is seeking input on Resident satisfaction and quality of life. Hopefully my personal story can give you a perspective on quality of life. I might also suggest that you ask assisted living providers throughout the state about their Resident and family satisfaction scores. As with most assisted living providers in this state, we survey our Residents and families, and our company has consistently achieved over 92% satisfaction year after year. We look forward to continuing to work with AGE to ensure that regulations we have in place serve our Residents' needs and desires to provide choice, a safe and

fulfilling home-like environment, flexibility to provide personalized care based upon individual needs, ensuring that staff are well-trained to deliver on those particular care and services and only pay for the support that they need. Thank you again for allowing me to speak today.

John Ford spoke next.

John Ford: I'm John Ford. I'm a legal services attorney and I have submitted written testimony on behalf of Dignity Alliance and the Mass. chapter of the Academy of Elder Law Attorneys. But I did want to respond to what testimony has occurred so far. I am not just an advocate, but I have a family member in assisted living, and she has no complaints. But the fact is that the ALR Ombudsman receives thousands of complaints every year and we have no sense of how serious or not serious they are. We don't know whether it's cold soup or something that's seriously wrong, so I think the Commission has within their own deliberations recognized that there are regulatory changes that are needed both with respect to the safety of Residents because the memory care units very much look like nursing homes to me. And as the Commission members know, the Attorney General is in the process of developing consumer protection regulations which I think are critical, not only so that Residents know what their rights are, but facilities have a clear sense ahead of time of what actions or inactions would amount to unsafe or unfair and deceptive trade practices. I think the industry is doing very well. I'm not a critic at all, but there are certainly changes needed and I hope that the Commission will address the needs, the reforms that are required. Thank you very much.

Leslie Robinson spoke next.

Leslie Robinson: Good afternoon everyone. I wanted to introduce myself. My name's Leslie Robinson. I'm the Senior Vice President of Operations for Northbridge Companies. I've been in the industry of senior living for over 30 years. I'm a licensed nursing home administrator by my background and have worked at various levels of continuum of care throughout my 30 years in the industry. My concern—or let me share—I believe the success of assisted living in Massachusetts has really been due to the flexibility and focus on person-centered care. As somebody who has come out a nursing home industry initially in my early career, I feel like that's so important and I think that makes Massachusetts unique with that, especially with assisted living. I want to share a few stories with you—one quickly. We have a Resident who moved into one of our communities. She had a family-owned business and had to step away from that as she started developing a little bit of confusion. She moved into our community. Our team did a thorough assessment, met, discussed with the entire team her background and her history. Her needs have been able to be met because we learned about her. When she's upset or

has a bad day, one of the things that we have done is we've given her a name tag. The name tag is her name with her family-owned business on it. We shared with her marketing materials from her own business. She feels a sense of purpose, she organizes them, she puts them together--she has pride and purpose when she does that. She pulls them out and she actually shares pictures with us and her friends—saying look this is my picture, wasn't I beautiful. It is so lovely that we can take the time and individualize her care and spend that one-on-one time with her, learning about her and then being able to share and giving her a sense of purpose. If we all remember Maslow's Hierarchy of Needs, it goes back to that third level where you feel that sense of love, you feel that sense of purpose. And that's what that flexibility has been able to do.

I, from my nursing home experience, I do worry that regulatory requirements would not allow us that flexibility to have that extra time to seek out her individual interests and then be able to meet her where she's at. So that is a concern about the proposal for new regulations, that we wouldn't have flexibility and that we wouldn't have that person-centered care. We have another resident who's a scientist, who has been a very impressive scientist by his background, such that he has done Ted Talks in his earlier life prior to moving in. A similar situation where if he's having a difficult day or if he just needs fulfillment, we talk to him and say hey do you mind if we share one of your Ted Talks and we show a Ted Talk, invite all the Residents, and he can discuss the scientific approaches that he's used for whatever the Ted Talk is that he's focused on. We show the Ted Talk, other Residents enjoy it, they feel like they've actually met a superstar because he's on the big screen TV, and they enjoy those Ted Talks with him. Again, that takes some extra time to get to know people but it's meeting them where they're at. I think we all remember the study where it said lack of social connectedness can significantly increase the risk of premature death and they actually compare that to smoking 15 cigarettes a day. I think that's one of the things that we're able to do is meet people where they're at, give them that social connectedness, and really I think it's so important. So just to recap, as we consider any regulatory changes, I think it's critical that we maintain the flexibility to help our Residents maintain their dignity and offer meaningful, purposeful connections for them. More opportunities for that rather than just sitting at home and watching Wheel of Fortune on TV. Thank you so much for your time and I appreciate the opportunity to speak. Thank you.

Lori Luzzo spoke next.

Lori Luzzo: Hi there. Good Afternoon. Thank you for the opportunity to speak. My name is Lori Luzzo. I am the Senior Executive Director for EPOCH Senior Living, and I operate primarily a memory care community in Pembroke, Massachusetts. I'm here and I want to actually share a personal story. I've been on both sides of the industry as a family member,

as well as an operator. I do have experience in skilled nursing. But this story really kind of hits home, my grandmother is 95 years old, soon to be 96 years old—lived independently in the home with no resources coming in at all. She had a bout with sepsis last fall which spiraled her health, and she wound up in a skilled nursing facility, and where she continued to decline. She was there for three months. Her health was grave. We really thought that the end was near. We made the decision to move her to one of my buildings and it was important to her family that she come to a place where we knew that all of her needs would be met and she would still have that person-centered care and also maintain her dignity [unintelligible]. She came here on a Friday afternoon. We really didn't anticipate that she would be here by Monday morning. And I am happy and proud to say that she has made a full recovery. She is thriving in our environment. She is walking independently. She has all of her needs met with the resources that we have that come into the community to help.

And I don't believe that she would be here today if she didn't have the opportunity to be here in the setting to allow her to thrive and to continue on. So it's very meaningful for me as an operator, as somebody in the industry whereby I take this position extremely seriously and I can tell our Residents' families when they come and meet with me what we can do for their loved ones, but to feel it and to see it on a personal side as well is something that is quite remarkable. So, we need to certainly be able to maintain our regulations and what we are able to do that really set us apart from the skilled world because there is absolutely a need for skilled nursing, but there is absolutely a need for a social environment whereby Residents can be engaged and we can reduce their isolation because we know that the headspace is something that really feeds into the health aspect as well and this story has proven that. I thank you for the opportunity to share. Have a great afternoon.

Jeff Helm spoke next.

Jeff Helm: This is Jeff Helm and I want to thank Patrick and the Commission for asking for input from people like me, I'm an end user. Both my mom and dad needed full time care for over 13 years--Dad had dementia and Mom had Alzheimer's. So we've experienced care at [unintelligible] different levels.

There was a couple of falls at their home and we decided it was unsafe to have them stay home, so we moved them to an assisted living facility in Hingham. And Dad progressed and passed away. In that situation, mom was then in a nursing home environment where Dad had been. That was not right for her because physically she could still tie her shoes at 95. So we then moved her to a different facility, EPOCH over in Hingham which was wonderful. Then we experienced covid. And that was an unprecedented burden on the providers, EPOCH and all the others. And we experienced a change in staff, which everybody did, so

it did have an impact on services. We were very active living locally here in the South Shore in Massachusetts, which was important at that particular time.

And then the time came that we were made aware of a wonderful known facility in Norwell, Mass. called the Cordwainer--it's privately owned. The facility really has a desire to exceed expectations of us as families, with their sort of global input in terms of assisted living care, which is absolutely phenomenal for us. So we did move mom over there. They surpassed everything that we could think of with the ADLs. She always looked like a queen. One of the things that we love about them is the programmatic design that they have over there from the environmental bringing the outdoors indoors, absolutely great in music. Mom played piano for three hours with no music and they would go out as her eyesight deteriorated, get music and then enlarge it so she could still see that and she would put on performances for other residents. She loved painting, dancing [unintelligible].

They have a wonderful chef over there where they have cloth napkins, which is just unheard of, and they get to pick what they want. Engaging and keeping Mom and the other Residents active. They bring in therapy dogs, they have community volunteers--so from a regulation point of view, as an assisted living facility they are just exceptional. One of the things that I've found pretty interesting, and I think you as a Commission would be--the owners of the facility actually give the Residents' families their cell phone numbers, so it doesn't matter if something happens in the middle of the night, they want to know about it. And Bodo Liesenfeld and his wife Pamela are just consistently involved with this. So as far as I'm concerned and oh Bodo mentioned and another resident there Norma who I also know—and I still--mom passed away a year ago this January, but I still stay engaged with the Cordwainer. They just from a community outreach point of view, they want to know what's going on, they want to know what works, if there's anything that needs to improve. And the nice thing is they react to you and they will send you either notes back and those kinds of things. So I would love to see the assisted living facilities continue to operate as they do—they are not nursing homes. I did experience a six-week thing with Mom in the nursing home when she had fallen and broken her hip and it was just not the same situation, so as far as the Commission goes, let these folks do what they do well and not overly burden them. I understand the need for safety of the Residents and consumer protection regulation, but I think as far as I'm concerned here in Massachusetts those regulations are pretty well orchestrated and done. So thanks to the Commission for letting me share that.

Brian Doherty spoke next.

Brian Doherty: Good Afternoon. Thanks for holding this hearing. I want to speak to Secretary Lipson's call—she said that we should focus on family member experiences and Resident experiences at this hearing. As President and CEO of Massachusetts Assisted Living Association, I have been in these forums with you all talking policy and getting straight to the application of regulations and how they should be shaped and so I just wanted to share my family experience that underpins that perspective and so when my grandfather passed away, we realized that he had been caregiving for my grandmother in a way that we hadn't fully appreciated and we realized that she needed assistance with daily living and that my grandfather had been dutifully doing that and never really complaining or letting us all know the extent to which she needed services like assistance with bathing that two-thirds of assisted living residents in Massachusetts receive and other types of services. So in the short term what we did is have a family rotation where I'm lucky like a lot of families are not where I have two of my aunts are nurses and so they were able to give her great care in the interim.

And then we were able to find an assisted living community where my aunt who's a nurse was able to live close by and visit her often. We also realized at that crossroads that not only did she need that assistance with daily living, but also many families as they go to assisted living learn about it—they decide is it traditional assisted living or what the state calls special care assisted living, and most people refer to it as memory care. We determined that memory care would be best for her. So I have a lot of good memories of going to the outdoor terrace that was available within the locked structure for us to sit outside with her and visit there.

My takeaway from the experience was that I wish we had moved her in sooner and I wish my grandfather had a chance to live there with her so that some of her caregiving needs could have been conducted by the staff and that she could get accustomed to the community a little bit better with him and do that more proactively. So with that type of life experience it's what leads us to believe in trying to educate people about the model of assisted living and to make those choices and to decide when they want to make a proactive choice, so that it can be a transition that happens at the right time. And that's why we distribute the assisted living resource guide to anyone who requests it free of charge. It has listing pages for communities and answers questions about paying for assisted living and the different types and has checklists for visits and encourages people to take tours. And it's also why at Mass-ALA we believe in increasing access to assisted living both in the services and in the payment models. So in the services piece, we made great progress last year—the same legislation that created this Commission to allow

nurses to provide basic health services to residents. My grandmother wouldn't have been able to stay in assisted living to the end of life, which was really important to us. It would've been a really disruptive move to skilled nursing for her last month or few weeks of life if my aunt had not been a nurse who happened to live a mile away and could come in and provide that care for her. So we want to give that opportunity for other people that there doesn't have to be a disruptive move if the nurse can provide those types of services.

And then finally on the increasing access front, when you have an experience like that, you really want more people to be able to enjoy assisted living. What the state has been doing in the 25 years since assisted living has been created is really good work because what they've done is enhance the regulations to respond to the different types of residents, allow communities to do more services that have different levels of medication assistance and other types of services through the years, and that has allowed for us to begin to build enough assisted living to serve the aging population that we have. We need more of that.

So it's a good thing that the state has gone from about 14,000 people in assisted living in 2014 to about 18,000 today and growing. And gone from about 230 communities ten years ago to about 270 today. And so that growth is important and we're going to need more of it. It's the flexible regulatory structure that gives families different choices that is allowing for providers to decide to live in Massachusetts. I think the point I'd close with is that I'll be going to a national conference for assisted living next week and you realize as you meet the folks who build communities that they really decide are we going to build in Mass., or are we going to build in New Hampshire, or are we going to build in Connecticut, or are we going to go to a different region. It's the appropriate regulations that the Office of Aging and Independence has had over the years that have allowed people to say yes, we will build a new community in Massachusetts despite the high costs and really provide the assisted living that is needed here. So I'd ask you to be mindful that we are going to be moving the needle in some way in terms of whether we encourage that to continue happening or whether it's discouraged and that's why we are taking the work of this Commission so seriously and thank you all for your time.

Luidja Jean Louis spoke next.

Luidja Jean Louis: Hi. Good Afternoon and thank you for the opportunity to speak today. My name is Luidja Jean Louis and I serve as the Executive Director of Bridges by EPOCH at Lexington. We are a dedicated memory care assisted living. I've been at senior living now for about 15 years. I've served as a caregiver, as a wellness nurse, as a nursing director, and now as executive director—so I've been around. I would like to address the importance

of flexibility in our regulatory framework and the risks associated with a one-size-fits-all approach. While accountability and oversight are essential to ensure Resident safety and quality, they must support but not replace the adaptable model that currently allows a Residence to thrive. In being in memory care specifically and caring for individuals with dementia, we understand that it requires a personalized and responsive approach. Our Residents' needs and care can change rapidly and our ability to adjust care plans, to come up with interventions and support systems in real time is vital to their wellbeing and sometimes can prevent unnecessary hospitalizations. My concern is that an overly rigid regulation can sometimes hinder this adaptability and potentially compromise the quality of care that we provide. I and my company in general, we deeply value our collaborative relationship with the Executive Office of Aging & Independence. A great example of this was at our recent state survey. EOEA—or I should say the Executive Office of Aging & Independence had identified an area of concern and we were able to have a dialogue and that openness to dialogue had allowed us to implement flexible approaches, particularly concerning our limited medication administration protocols. So this partnership in general has been instrumental in enhancing our ability to serve our Residents effectively. My plea is as the Commission considers new recommendations, I encourage you to preserve this spirit of flexibility. Regulations should empower care providers to deliver individualized compassionate care that prioritizes both safety and dignity rather than imposing uniform standards that may not account for the unique needs of Residents, especially in memory care. That's really my plea for you all today—really preserving that flexibility so we can meet the need of our Residents. Thank you again for your time and for your support as always.

Kathleen Lynch Moncata spoke next. She was the last individual to give testimony.

Kathleen Lynch Moncata: As a consumer rep on this Commission, my name is Kathleen Lynch Moncata, I am a consumer rep by virtue of having a family member currently in assisted living. But I'm thankful for the people who testified, but I've got to admit I am disappointed that we didn't hear from more consumers, and I don't think that's an indication of lack of interest from consumers. I know it's not because I hear the stories from consumers. And I don't think it's indicative that everything is going swimmingly well in all of the ALRs because by virtue of the thousands and thousands of incident reports that are filed, but and perhaps we as advocates didn't get the word out sufficiently or people are afraid to come forward. But I will say that I am disappointed. I had really hoped we would hear from more consumers, but I'm glad that the people who are running the places and who've had family members in those facilities have had good experience. But I just want to state my disappointment.