**Testimony to the Executive Office of Aging and Elder Affairs regarding Assisted Living Residences-**

Dated May 15, 2025

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All assisted living residences should provide the same information to consumers. One chain of Assisted Living Residences (ALRs) said that its disclosure documents are 150 pages, while another has a disclosure document of 21 pages. Disclosures should be standardized and required to be presented in addition to marketing materials. CMS has extensive government websites that consumers rarely use. The average consumer does not know who regulates Assisted Living Residences. Therefore, the burden should be placed on the ALRs rather than the Executive Office of Aging and Elder Affairs (EOAE)

Alternatively, ALRs could be required to provide consumers with the EOAE website.

Disclosures should include

* the cost of rent for all types of units available, including memory care units
* the cost for incontinence care, both bladder and bowel, and the cost of supplies
* the cost for mobility assistance,
* a list of all fees and charges,
* staffing plans, including when a licensed nurse is present,
* the percentage increase in fees for the past 3 years
* ownership details, and
* a copy of the Executive Office of Aging’s latest Inspection Reports.

All billing should be itemized and provided monthly.

The Nurse Practice Act states that LPNs can assist in developing care plans, but an RN is responsible for writing care plans. Therefore, each facility should be required to have at least one RN on staff who writes the resident care plans. The RN need not have a bachelor's degree.

ALRs should be required to cohort residents with infections in a dining room separate from the main dining room. This would include all residents required to mask per the Mass Dept. of Health and the Centers for Disease Control guidelines. ALRs should be encouraged to work with their local Boards of Health to develop such policies, or the EOAE could work with the Department of Public Health to provide guidance to ALRs on best practices.

When a resident is determined to have a change in status, either the exacerbation of a chronic problem or a new illness, staff should observe the resident every four hours for the first 48 hours or more frequently, based on the judgment of a nurse (LPN or RN).

Activities should be chosen to maintain mental acuity and physical status.

A nurse should review all resident care plan changes with every resident care assistant, including weekend staff. This is essential to ensure residents receive timely care for their conditions.

There should always be at least two people on duty, cross-trained in each other’s responsibilities.

Meal plans should follow the USDA guidelines for older Americans.

Consider adding a nurse and a part-time nutritionist to the EOAE to evaluate ALRs. Menus and care plans could be reviewed prior to a certification visit.