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Chapter 434: Protecting Those With Alzheimer's Disease and Dementia By Increasing Educational Requirements For RCFE Staff

Michelle Stowell

Code Sections Affected

Health and Safety Code §§ 1569.626, 1569.627 (new), 1569.15, 1569.33, 1569.616 (amended).

AB 1753 (Romero); 2000 STAT. Ch. 434

I. INTRODUCTION

Alzheimer's Disease is a disease of the brain which results in the loss of nerve cells¹ and leads to loss of memory.² Dementia is a primary symptom of Alzheimer's Disease.³ Dementia symptoms include loss of memory, reduction in comprehension, and a decreased ability to function socially.⁴ An estimated half a million Californians have Alzheimer's Disease.⁵ Among those over age 65, Alzheimer's Disease is currently the eighth leading cause of death.⁶ However, it was not until former President Ronald Reagan's battle with Alzheimer's Disease became public that the debilitating effects of Alzheimer's began to be understood by the general population.⁷ Since his initial diagnosis in 1994, his family, as well as the rest of the nation, have watched his condition worsen.⁸

While most people with Alzheimer's Disease are cared for at home, as is President Reagan,⁹ approximately forty-five thousand Californians with dementia currently live in assisted care facilities called Residential Care Facilities for the

1. Roberto J. Manzano, *More Like Home Aging: Calabasas Center Represents Trend Toward Assisted Living Rather Than Nursing Care, For Seniors Suffering From Dementia*, L.A. TIMES, Feb. 26, 2000, at B1.

2. Patty Allen-Jones, *Alzheimer's Hot Line Planned*, SARASOTA HERALD-TRIB., Oct. 9, 1999, at B1.

3. See Geoffrey Cowley, *Alzheimer's: Unlocking the Mystery*, NEWSWEEK, Jan. 31, 2000, at 48 (explaining that when a patient exhibits symptoms of dementia, doctors rule out other causes before diagnosing the patient with Alzheimer's Disease).

4. See AMERICAN PSYCHIATRIC ASSOCIATION, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS 134-135 (4th ed. 1994) (stating that a person who exhibits signs of dementia may have Alzheimer's Disease, however, not all dementia is caused by Alzheimer's Disease).

5. Open Letter from The California Council of The Alzheimer's Disease and Related Disorders Association, Inc. (Jan. 3, 2000) (copy on file with the *McGeorge Law Review*).

6. *Id.*

7. See Maureen Reagan, *My Father's Battle With Alzheimer's*, NEWSWEEK, Jan. 31, 2000, at 55 (describing her father's battle with Alzheimer's).

8. *Id.*

9. *Id.*

Elderly (RCFEs).¹⁰ One-third of those currently living in assisted care facilities have moderate to severe dementia.¹¹ That number is expected to increase to over one-half as the baby boomer generation ages.¹² As the percentage of those suffering from dementia increases, advocates call for more training of personnel who work with Alzheimer's patients.¹³

Unlike nursing homes, assisted living facilities are regulated at the state level.¹⁴ States have been left to decide how much to regulate assisted care facilities, or whether to regulate them at all.¹⁵ As a result of this choice, a number of states have opted to have no regulations for assisted care facilities.¹⁶ Many states, California included, are overhauling and refining the guidelines and rules for assisted living facilities operating in their state.¹⁷ Such legislation is on the rise due to the fact that the lack of special training in caring for those with Alzheimer's leads to improper care and abuse, and it places such individuals in a more restrictive environment than necessary.¹⁸

Last year the General Accounting Office, a Congressional investigatory agency, published a report stating that consumers are not given enough information by assisted care facilities to determine if facilities offer services appropriate to meet their needs.¹⁹ In many cases, the information given is inconsistent or incomplete.²⁰ Lack of information has led families to place loved ones in the wrong facility, which has resulted in involuntary transfers and discharges from facilities.²¹ In the case of some individuals, especially elderly patients, transfers can worsen their medical conditions by causing patients to experience anger, insecurity, and anxiety.²² In some cases, a move may even cause death.²³

10. CALIFORNIA COUNCIL OF THE ALZHEIMER'S ASSOCIATION AND CALIFORNIA SENIOR LEGISLATURE, THE CONSUMER DISCLOSURE AND STAFF TRAINING ACT OF 2000: A LEGISLATIVE PROPOSAL FOR CONSIDERATION BY ASSEMBLYWOMAN GLORIA ROMERO, PHD, 1 [hereinafter LEGISLATIVE PROPOSAL].

11. *Id.*

12. *Id.*

13. *Id.*

14. See Alice Ann Love, *Report Cites Misleading Assisted-Living Pitches*, THE RECORD, Apr. 27, 1999, at A21 (discussing that states are in charge of setting regulations for assisted living facilities, and many states, including California, set only minimal requirements).

15. See *id.* (describing the various requirements individual states have for assisted living facilities).

16. See Patricia Neighmond, *All Things Considered*, National Public Radio, Apr. 26, 1999, available in 1999 WL 32904790 (explaining that inconsistencies in regulations of assisted living facilities exist because states, and not the Federal government, regulate these facilities).

17. JULIE CHEEKA, NATIONAL CENTER FOR ASSISTED LIVING, ASSISTED LIVING STATE REGULATORY REVIEW 2000, at i.

18. See Letter from Rowena Chen, Chair, County of San Joaquin, to Assemblymember Gloria Romero (Mar. 6, 2000) [hereinafter Chen Letter] (on file with the *McGeorge Law Review*) (explaining that better education for staff members in contact with Alzheimer's patients will lead to less abuse and better treatment).

19. Beth Witrogen McLeod, *Out in the Cold: Challenging the Eviction of a Family Member From a Long-Term Care Facility Can Be a Tough, But Necessary, Battle*, WALL ST. J., June 5, 2000, at 10.

20. Sanford Jacobs, *Information, Please*, WALL ST. J., Nov. 8, 1999, at 3.

21. McLeod, *supra* note 19, at 10.

22. *Id.*

23. *Id.*

Chapter 434 does increase disclosure requirements, but does not require sweeping changes to either RCFE staff or administrative training programs.²⁴ Therefore, it is not surprising that there is no opposition to it.²⁵ Chapter 434 is a small step in the direction of better care for those with Alzheimer's Disease in RCFEs.²⁶ This legislation is promising in that it allows those with Alzheimer's Disease, and their families, to be better informed when choosing facilities.²⁷ Additionally, RCFEs that hold themselves out as specializing in Alzheimer patient care must now train staff on how to care for patients with the disease.²⁸

II. LEGAL BACKGROUND

Prior to Chapter 434, California law did not require special training for staff or specific programs at RCFEs that held themselves out as specializing in Alzheimer patient care.²⁹ In California, RCFEs were licensed and regulated by the California Department of Social Services (CDSS), and were required to undergo a quality of care inspection on an annual basis.³⁰ Those facilities serving clients with Alzheimer's had only to seek the approval of CDSS in order to serve Alzheimer's patients.³¹ Even though approval by CDSS was required, approval was not conditioned on special training in Alzheimer patient care.³² As a result, RCFEs could hold themselves out as providing specialized care to clients with Alzheimer's Disease without having to meet any State requirements, as none existed.³³ Both the Alzheimer's Association, which represents Alzheimer patients and their families, as well as the California Assisted Living Facilities Association, which represents RCFEs in California, agree that such a practice should not be allowed.³⁴

Prior to Chapter 434, there were no other laws concerning either the training of RCFE staff and administrators who handle clients with Alzheimer's, or disclosure

24. CAL. HEALTH & SAFETY CODE § 1569.33(d) (amended by Chapter 434); *id.* § 1569.627 (enacted by Chapter 434).

25. See *The National Center for Assisted Living, What is NCAL?*, at 1-2 (visited July 30, 2000), available at <http://www.ncal.org/what/what.htm> (on file with the *McGeorge Law Review*) [hereinafter WHAT IS NCAL?] (detailing NCAL's opposition to regulation of assisted care facilities that will cause a significant price increase).

26. See LEGISLATIVE PROPOSAL, *supra* note 10, at 1-2 (giving an overview of the Association's legislative plan).

27. CAL. HEALTH & SAFETY CODE § 1569.627 (enacted by Chapter 434).

28. *Id.* § 1569.626 (amended by Chapter 434).

29. LEGISLATIVE PROPOSAL, *supra* note 10.

30. CAL. HEALTH & SAFETY CODE § 1569.33 (amended by Chapter 434).

31. *Id.*

32. *Id.*

33. See CALIFORNIA COUNCIL OF THE ALZHEIMER'S ASSOCIATION CALIFORNIA SENIOR LEGISLATURE, THE CONSUMER DISCLOSURE AND STAFF TRAINING ACT OF 2000, 1 (explaining how Chapter 434 will set both training standards for RCFE staff and disclosure requirements for RCFE facilities).

34. LEGISLATIVE PROPOSAL, *supra* note 10; Letter from Kathryn Rees, Legislative Advocate, Rees & Associates Incorporated: Legislative Advocacy Governmental Affairs, to Assemblymember Gloria Romero (Mar. 28, 2000) [hereinafter Rees Letter] (on file with the *McGeorge Law Review*) (stating that training about dementia will better prepare RCFE staff to handle clients with Alzheimer's Disease).

of programs from those RCFEs that held themselves out as offering such programs.³⁵ Before Chapter 434, regulations on fences and exits were the only requirements RCFEs had to comply with in order to serve Alzheimer's clients.³⁶ Consequently, those making decisions about where to place loved ones with Alzheimer's were not receiving enough information to make well-informed decisions.³⁷ Inadequate information about facilities has led to mismatching between Alzheimer's patients and facilities, prompting the need for transfer to other facilities.³⁸ Additionally, the lack of Alzheimer patient care education for RCFE staff has led to the placement of Alzheimer's patients in environments more restrictive than necessary, thus increasing the potential for abuse.³⁹ Because the laws regulating RCFEs did not adequately address these problems, Chapter 434 was enacted.⁴⁰

III. CHAPTER 434

Under Chapter 434, all RCFE administrators, regardless of where they are employed, are required to have special training in the care of those with Alzheimer's and dementia.⁴¹ Existing RCFE administrator certification programs must include at least four hours of training to be eligible to care for those with dementia, whether that dementia be the result of Alzheimer's Disease or other medical conditions.⁴² However, after January 1, 2002, this requirement will increase to eight hours.⁴³ The training will include instruction in care, the physical environment, admissions procedures and assessment of those with dementia.⁴⁴ Chapter 434 does not increase the cost of administrative certification programs, but rather, it changes the curriculum of administrative certification programs.⁴⁵

While all RCFEs administrators are affected by Chapter 434, the majority of Chapter 434 focuses on those RCFEs that hold themselves out as specialists in

35. CAL. HEALTH & SAFETY CODE § 1569.33 (West 2000).

36. *Id.* §§ 1569.698, 1569.699.

37. Letter from Lydia Missaelides, Executive Director, California Association for Adult Day Services, to Assemblymember Dion Aroner (Mar. 27, 2000) (on file with the *McGeorge Law Review*) (explaining that under current law, families that do not receive enough information to make decisions about where to place loved ones).

38. See Jacobs, *supra* note 20 (discussing that without adequate information, families may put loved ones in assisted living facilities do not meet the client's needs, and may result in forced moves).

39. See Chen Letter, *supra* note 18 (explaining that education will help RCFE staff provide better care to clients with Alzheimer's Disease).

40. See ASSEMBLY COMMITTEE ON AGING AND LONG TERM CARE, COMMITTEE ANALYSIS OF AB 1753, at 2 (Apr. 25, 2000) (summarizing the changes in the current law made by Chapter 434).

41. CAL. HEALTH & SAFETY CODE § 1569.616(b) (amended by Chapter 434).

42. *Id.*

43. *Id.* § 1569.616(f) (amended by Chapter 434).

44. *Id.* § 1569.616(b) (amended by Chapter 434).

45. *Id.*; see ASSEMBLY COMMITTEE ON AGING AND LONG TERM CARE, COMMITTEE ANALYSIS OF AB 1753, at 1 (Apr. 25, 2000) (explaining the differences and similarities between Chapter 434 and previous law).

Alzheimer patient care.⁴⁶ Such facilities will have to disclose to CDSS the special features their facilities provide, including admission agreements.⁴⁷ Further, such information will be provided to the public upon request.⁴⁸

Additionally, CDSS will adopt training guidelines for the staff of RCFEs that promote their facilities as equipped to care for clients with Alzheimer's Disease.⁴⁹ Within the first four weeks on the job, new staff who are in contact with clients must undergo six hours of training about caring for those with dementia.⁵⁰ In addition, all staff members who directly care for clients must annually undergo eight hours of in service training on the care of those with dementia.⁵¹ The cost for such training will be borne by each individual RCFE facility that advertises their use of special programs for clients with Alzheimer's Disease and dementia caused by other medical conditions.⁵²

Starting on July 1, 2001, CDSS will conduct an annual evaluation process of RCFEs that fall under Chapter 434.⁵³ The evaluation will include an investigation by CDSS to see that such facilities are complying with the new staff educational requirements, as well as disclosure requirements.⁵⁴

Chapter 434 also includes a disclosure requirement.⁵⁵ On demand, an RCFE must disclose information about its facility, including the level of care, programs, or environment, advertised as tailoring to clients with Alzheimer's Disease or dementia caused by other medical conditions.⁵⁶

IV. ANALYSIS OF THE NEW LAW

A. *Benefits of Chapter 434*

Supporters of Chapter 434 hope that education will provide ideas and guidance on how to adequately care for those with Alzheimer's.⁵⁷ Those with Alzheimer's Disease or dementia are at greater risk of elder abuse than the rest of the elder

46. CAL. HEALTH & SAFETY CODE § 1569.15(m) (amended by Chapter 434); *id.* §§ 1569.626, 1569.627 (enacted by Chapter 434).

47. *Id.* § 1569.15(m) (amended by Chapter 434).

48. *Id.* § 1567 (enacted by Chapter 434).

49. *Id.* § 1569.626 (amended by Chapter 434).

50. *Id.* § 1569.626(a) (amended by Chapter 434).

51. *Id.* § 1569.626(b) (amended by Chapter 434).

52. See ASSEMBLY COMMITTEE ON AGING AND LONG TERM CARE, COMMITTEE ANALYSIS OF AB 1753, at 1 (Apr. 25, 2000) (explaining that RCFEs will pay for the additional educational requirements).

53. CAL. HEALTH & SAFETY CODE § 1569.33(d) (amended by Chapter 434).

54. *Id.* § 1569.37(c) (amended by Chapter 434).

55. *Id.* § 1569.627 (enacted by Chapter 434).

56. *Id.*

57. See Letter from Joan Lee, Legislative Liaison, Gray Panthers of Sacramento, to Assemblymember Gloria Romero, (Feb. 4, 2000) (on file with the *McGeorge Law Review*) (discussing the inappropriate treatment that Alzheimer's clients receive from untrained staff, and the need for better education).

population because they require a much greater degree of attention and care,⁵⁸ such as assistance with walking, bathing, personal hygiene, and medication.⁵⁹ Education for those who work with the elderly may be part of the solution to this growing problem of elder abuse.⁶⁰

Supporters of Chapter 434 also believe that its disclosure requirements enable clients and their families to choose the RCFE that best meets their needs.⁶¹ By increasing the information available to those making the difficult decision as to where to place a loved one, families can make informed choices, thereby preventing involuntary transfers.⁶²

B. Possible Adverse Consequences of Chapter 434

It is possible that the additional staff training costs that RCFEs must now bear will be passed along to consumers in the form of higher monthly fees for care.⁶³ On average, clients currently pay \$1,807 per month to stay in an assisted care facility.⁶⁴ However, the greatest demand for assisted care facilities is from those with incomes under \$20,000 annually.⁶⁵ Thus, low-income seniors will face a shortage of assisted care facilities, and the shortage is expected to increase in the next twenty years as the Baby Boomer generation ages.⁶⁶

While Chapter 434 establishes the minimum number of hours of training RCFE staff must have, it does not specify exactly what type of training must be included.⁶⁷ Chapter 434 specifies that the requirements will be established by CDSS, however, it is unclear whether these guidelines will be established by experts in the area of Alzheimer's Disease and dementia, or by those without such training.⁶⁸

58. See Jill Spielvogel, *Funds for Elderly, Disabled Uncertain. The \$70 Million Put in a Bill to Help Abused Adults Could Be Halved. Counties Fear They Won't Be Able to Meet Demands*, PRESS-ENTERPRISE RIVERSIDE, Apr. 17, 1999, at B01 (discussing incidents of elder abuse and neglect and how such incidents have historically been ignored).

59. Jim Wright, *Lily of Valley Specializes in Alzheimer's Care*, N. VALLEY BUS. J., Jan. 1, 1999, at 20.

60. Denise Nelesen, *Prosecution, Awareness of Elder Abuse Expanding*, SAN DIEGO UNION-TRIB., May 15, 1999, at E3.

61. Rees Letter, *supra* note 34.

62. *Id.*

63. ASSEMBLY COMMITTEE ON AGING AND LONG TERM CARE, COMMITTEE ANALYSIS OF AB 1753, at 1 (Apr. 25, 2000).

64. *The National Center For Assisted Living, Vital Assisted Living Stats.*, at 1, available at (visited July 15, 2000) <http://www.ncal.org/about/vital.html> [hereinafter Vital Assisted Living Stats].

65. *Id.* at 2.

66. George Lauer, *Tackling Age-Old Problem Fountaingrove Site of New Senior Facilities*, THE PRESS DEMOCRAT SANTA ROSA, Apr. 11, 1999, at E1.

67. See Letter from Barbara Gillogly, Ph.D., M.F.C.C., Individual and Family Therapy, to Assemblymember Gloria Romero (Mar. 28, 2000) (on file with the *McGeorge Law Review*) (expressing concern about the content of the training that RCFE staff will receive under Chapter 434).

68. *Id.*

Verifying both the training and disclosure of RCFEs that fall under Chapter 434 is expected to cost the state approximately \$150,000.⁶⁹ The money is necessary for costs associated with re-writing the licensing application form for the RCFEs, supervising RCFE's compliance with training requirements, and developing further regulations connected with the new training requirements.⁷⁰ Some of the costs associated with the new training requirements will be offset by fines collected from RCFEs that are in violation of the requirements.⁷¹ The cost to individual RCFEs in implementing such training programs, however, has not been determined.⁷²

In adopting mandatory education in caring for those with Alzheimer's and related diseases, as well as disclosure requirements, California is following a trend started in 1997 by Florida.⁷³ Florida has the second largest number of elder residents in the United States; California is number one.⁷⁴ Florida also serves as an example that increased staff training requirements are not enough.⁷⁵ While Florida has increased the training requirements for administrators and some staff, it has neglected to allocate enough funds to either enforce these new regulations or attract new staff.⁷⁶ As a result, Florida has been unable to investigate complaints received concerning assisted care facilities in a timely manner, including those that are operating without a license.⁷⁷

Under Chapter 434, CDSS will enforce the legislation.⁷⁸ However, California could be faced with a predicament similar to that of Florida since the only funds for enforcement are provided by licensing.⁷⁹

An additional problem for Chapter 434 is its exclusion of those RCFEs that do not advertise or promote special programs for those with Alzheimer's.⁸⁰ Under Chapter 434, these facilities can still house those with Alzheimer's, but are not obligated to either specially train staff or provide information about programs for families.⁸¹ As a result of this loophole, some Alzheimer's victims living in

69. See HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1753, at 2 (May 11, 2000) (discussing the changes in the law brought about by Chapter 434).

70. *Id.*

71. ASSEMBLY COMMITTEE ON AGING AND LONG TERM CARE, COMMITTEE ANALYSIS OF AB 1753, at 2 (Apr. 25, 2000).

72. HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1753, at 2 (May 11, 2000).

73. See FLA. STAT. ANN. § 400.4178 (West 2000) (requiring staff at facilities holding themselves out as having special programs for those with Alzheimer's to meet a minimum training requirement).

74. Peter Francese, *With Senior Citizens, Population Growth Has Been a Gray Area*, WALL ST. J., May 24, 2000, at S3.

75. Chad Terhune, *Study Assails State Program to Monitor Care of Elderly*, WALL ST. J., Aug. 18, 1999, at F1.

76. Chad Terhune, *Legislature Asked to Put Money in Elder Care*, WALL ST. J., Jan. 5, 2000, at F2.

77. *Id.* at F1.

78. HEALTH SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1753, at 1 (May 11, 2000).

79. *Id.*

80. ASSEMBLY COMMITTEE ON AGING AND LONG TERM CARE, COMMITTEE ANALYSIS OF AB 1753, at 2 (Apr. 25, 2000).

81. *Id.*

California's RCFEs will be cared for by untrained staff, and therefore, will be at a higher risk for abuse.⁸²

C. Future Regulation of RCFEs

Chapter 434 has gained support from two groups with seemingly opposing agendas: the Alzheimer's Association and the California Assisted Living Facilities Association.⁸³ Most likely, this alliance took place because not all of California's 6,138 RCFEs are affected by Chapter 434.⁸⁴ Instead, only those that have the funds available to advertise or promote special facilities for those with dementia and Alzheimer's Disease are required to provide special training for their staff.⁸⁵ Those facilities that do not have the funds to advertise, but still serve clients who have Alzheimer's, are not required to provide special training for their staff.⁸⁶

While both the Alzheimer's Association and the RCFEs are in agreement over Chapter 434, there may not be agreement over future legislation.⁸⁷ The Alzheimer's Association plans to push for continued training and education for health care workers,⁸⁸ while the National Center for Assisted Living (NCAL), the largest organization representing assisted care facilities in this country, is concerned with the affordability and flexibility of such training.⁸⁹ NCAL is concerned that increased accreditation requirements will force the smaller assisted care facilities out of business.⁹⁰ While the Alzheimer's Association lobbies for required training programs and a change in curriculum for health care workers,⁹¹ NCAL believes that market forces will assure that quality service will be provided to assisted care facility clients.⁹² Even though Chapter 434 passed without opposition, further attempt to regulate RCFEs may well be met with opposition, especially because increased regulation could lead to higher RCFE fees.⁹³

82. See Chen Letter, *supra* note 18 (discussing that without staff education about Alzheimer's, abuse is more likely to occur).

83. Rees Letter, *supra* note 34; Alzheimer's Association, *About Us: Strategic Plan, 1999-2000* (last modified Nov. 2, 1997), available at <http://www.alz.org/aboutus/overview/stratplan.htm> [hereinafter STRATEGIC PLAN].

84. See SENATE HEALTH AND HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1753, at 2 (June 14, 2000) (explaining that only RCFEs that advertise or promote special programs for Alzheimer's clients are directly affected by Chapter 434).

85. CAL. HEALTH & SAFETY CODE § 1569.626 (enacted by Chapter 434).

86. See SENATE HEALTH AND HUMAN SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1753, at 2 (June 14, 2000) (explaining which RCFEs are affected by Chapter 434).

87. See STRATEGIC PLAN, *supra* note 83 (detailing the Association's plan to lobby for additional legislation in order to regulate assisted care facilities); WHAT IS NCAL?, *supra* note 17 (expressing opposition to additional legislation, especially legislation that will cause assisted care facilities to raise their rates).

88. STRATEGIC PLAN, *supra* note 83.

89. The National Center for Assisted Living, *NCAL Urges JCAHO to Make Accreditation Affordable*, Press Release, (last modified on March 24, 1999), available at <http://www.ncal.org/news/releases/nr990324.htm>.

90. Strategic Plan, *supra* note 83, at 1.

91. *Id.*

92. WHAT IS NCAL?, *supra* note 25.

93. Strategic Plan, *supra* note 83; WHAT IS NCAL?, *supra* note 25.

V. CONCLUSION

Chapter 434 is a step in the right direction because it advocates proper care of patients with Alzheimer's and dementia by trained staff.⁹⁴ Chapter 434 provides that all RCFE administrators must have training in the care of patients with Alzheimer's and dementia.⁹⁵ However, Chapter 434 does not go so far as to demand all RCFE staff be specially trained.⁹⁶ Instead, Chapter 434 limits staff training and program disclosure requirements to those that work in RCFEs that advertise special services for those with Alzheimer's or dementia.⁹⁷

However, a drawback of Chapter 434 lies in the difficulty of enforcing the new regulations.⁹⁸ Chapter 434 does not provide for additional funds, and as a consequence, these new requirements may not be enough to ensure that RCFEs comply.⁹⁹ In addition, more stringent regulations may be met with resistance from organizations, such as NCAL who oppose regulations that will make assisted care facilities more costly to run.¹⁰⁰

Still, these new training requirements will help sensitize health care workers to the special needs of their clients.¹⁰¹ If these training requirements help improve the quality of life for only a few of those living in RCFEs, then the law has helped to curb the horrible abuses that those with Alzheimer's have been subjected to in the past.¹⁰² However, more must be done to aid those with Alzheimer's and dementia, such as requiring staff of all RCFEs who care for victims of Alzheimer's to undergo training. True success in this area will only come about if future legislation reaches all RCFEs who care for those with Alzheimer's and such legislation is vigorously enforced.

94. Chen Letter, *supra* note 18.

95. CAL. HEALTH & SAFETY CODE § 1569.616 (amended by Chapter 434).

96. ASSEMBLY COMMITTEE ON AGING AND LONG TERM CARE, COMMITTEE ANALYSIS OF AB 1753, at 2 (Apr. 25, 2000).

97. CAL. HEALTH & SAFETY CODE § 1569.626 (enacted by Chapter 434).

98. HEALTH SERVICES COMMITTEE, COMMITTEE ANALYSIS OF AB 1753, at 2 (May 11, 2000).

99. *Id.*

100. WHAT IS NCAL?, *supra* note 25.

101. Chen Letter, *supra* note 18.

102. Nelesen, *supra* note 60.