

## **012925 Testimony to Chair Beidle Re Senate Bill 46**

Uploaded by: Anthony Brown

Position: FAV

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**STATE OF MARYLAND**  
**OFFICE OF THE ATTORNEY GENERAL**

**ANTHONY G. BROWN**  
*Attorney General*

January 29, 2025

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, Maryland 21401

*Re: Senate Bill 465 – Health Care Facilities - Nursing Homes and Assisted Living  
Programs - Video Recordings*

Dear Chair Beidle:

The Office of the Attorney General (OAG) supports **Senate Bill 465** – Health Care Facilities - Nursing Homes and Assisted Living Programs - Video Recordings.

Since 1979, the Medicaid Fraud & Vulnerable Victims Unit in the OAG has investigated and prosecuted the abuse and neglect of vulnerable adults, including older adults and those with disabilities. Studies suggest that, before the COVID-19 pandemic, as many as 1 in 10 adults aged 60 and over would experience some form of elder abuse or neglect.<sup>1</sup> That number rose to 1 in 5 during the pandemic.<sup>2</sup> Notably, however, even those numbers may not be an accurate reflection of the problem's true scope due to underreporting by residents fearful of retribution.<sup>3</sup>

Cases involving vulnerable victims are unique and challenging. These victims cannot advocate for themselves and are often non-verbal, have dementia, or suffer from memory

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<sup>1</sup> Rosay, A. B., & Mulford, C. F. (2016). Prevalence estimates and correlates of elder abuse in the United States: The National Intimate Partner and Sexual Violence Survey. *Journal of Elder Abuse & Neglect*, 29(1), 1–14.

<sup>2</sup> Chang, E. S. & Levy, B. R. (2021). High Prevalence of Elder Abuse During the COVID-19 Pandemic: Risk and Resilience Factors. *The American Journal of Geriatric Psychiatry*, 29(11), 1152–1159.

<sup>3</sup> Storey, J. E. (2020). Risk factors for elder abuse and neglect: A review of the literature. *Aggression and Violent Behavior*, 50, 101339.

problems. When these victims experience unexplained injuries, the OAG's ability to investigate/prosecute their cases is hindered by the victim's inability to communicate or testify. Many of OAG's most successful cases over the past two years have been based on video evidence that captured the events that led to the injuries. The use of video to monitor common areas of long-term care facilities can provide both direct and circumstantial evidence for abuse prosecutions. It can also assist in investigations by providing information on potential witnesses and the timeframe of events in question. **Senate Bill 465** would require skilled nursing facilities and assisted living facilities to install video recording equipment in common areas of their facilities and retain the footage for at least 120 days, subject to law enforcement inspection.

Below are a few examples of cases in which video played a crucial role in obtaining justice for our State's vulnerable populations:

**Case 1:** Defendant was a trained geriatric nursing assistant licensed by the State of Maryland to care for elderly adults. The victim was a 74-year-old male, who suffered from dementia and resided at a nursing home due to his inability to care for himself. During an altercation, Defendant pushed the victim to the ground fracturing his left hip. Complications from his injuries ultimately led to his death which was ruled a homicide. The entire incident was captured by a security camera in the hallway (a common area). It not only captured the unprovoked assault, but the Defendant's actions after the fact that indicated she had little concern for the victim who was lying on the ground in agony. Defendant was sentenced to 25 years of incarceration suspend all but 7 years.

**Case 2:** Defendant assaulted a developmentally disabled resident who was attempting to leave the facility. Defendant punched the resident repeatedly in the back of the head. The event was witnessed by another worker at the facility. While the assault-in-chief was not captured on video, the events leading up to it, as well as the rough handling and bullying that occurred in the aftermath were captured by cameras in the dayroom, hallway, and over the backdoor of the facility (common areas). This video evidence corroborated the testimony of the eyewitness. The Court placed the Defendant on three years supervised probation, precluded him from working for any care provider that is funded by either a Federal or State health care program, and precluded from providing care to any vulnerable adult or child

**Case 3:** A school nurse found a developmentally disabled victim to have extensive bruising on her body, abrasion wounds on her abdomen, buttocks, and knees, and her scalp was red missing a small patch of hair. When the nurse removed the victim's ponytail, chunks of hair fell out. A video recording from a camera in the living area of the victim's apartment captured a portion of the assault. In the video, the caretaker grabs the victim by her feet and drags her from the couch, saying "come on go in the room so I can beat your ---." The caretaker then drags the victim by her arm towards the bedroom and uses her foot to kick her in her buttock area while she is on her hands and knees crawling into her bedroom. While off camera in the bedroom, the provider yells expletives at the victim and berates her. Two large thumps are then heard, the bedroom door slams shut. After a trial, Defendant was found guilty and sentenced to five years of incarceration, suspending all but six months.

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**Case 4:** In April of 2024, a neighbor reviewed footage from a security camera mounted on the side of her home. The video depicted an intellectually disabled man emerging from the side door of the neighboring residence and tossing a small object, later found to be a chicken bone, over the fence into the neighbor's yard. As he tosses the object, Defendant, the victim's caregiver, comes up from behind, grabs him by the shirt and throws him inside. The footage depicted Defendant hitting the victim in the head and throwing punches at the victim as he backs out of the camera's view.

By limiting the scope of this requirement to only common areas, we are avoiding the privacy concerns that have plagued prior attempts to pass laws directed at this issue. Recording of private areas is expressly addressed and prohibited in this bill. The cameras required by this bill would be placed only in public areas of a facility where residents would otherwise be in full view of staff, visitors, and other residents.

Video recording has become ubiquitous in our communities. Members of the public appear on camera hundreds of times a day. These cameras often serve to protect the people of Maryland and bear silent witness to events as they unfold. In today's criminal cases video evidence such as street cameras, body-worn cameras and even citizens using their own cellphones has become commonplace and has proven invaluable in seeking justice for victims. Our State's most vulnerable residents deserve no less protection, and no less justice. This bill will ensure that the OAG and other law enforcement agencies can continue to protect those who cannot protect themselves.

For the foregoing reasons, the Office of the Attorney General urges a favorable report on **Senate Bill 465**.

Sincerely,

A handwritten signature in black ink, appearing to read "AG Brown".

Anthony G. Brown

# **MaCCRA 2025 Testimony - Support - Senate Bill 465**

Uploaded by: Bruce Hartung

Position: FAV



**Maryland Continuing Care Residents Association**  
**Protecting the Future of Continuing Care Residents**  
**The Voice of Continuing Care Residents at Annapolis**

**SUBJECT:** Senate Bill 465 – Health Care Facilities – Nursing Homes and Assisted Living Programs – Video Recording  
**COMMITTEE:** Senate Finance Committee  
The Honorable Pam Beidle, Chair  
**DATE:** February 11, 2025  
**POSITION:** **Favorable**

The **Maryland Continuing Care Residents Association (MaCCRA)** is a not-for-profit organization representing the residents in continuing care retirement communities (CCRCs). Maryland has over 20,000 older adults living in 38 licensed CCRCs. The principal purpose of MaCCRA is to protect and enhance the rights, well-being, and financial security of current and future residents while maintaining the viability of the providers whose interests are frequently the same as their residents. MaCCRA supports efforts to enhance transparency, accountability, financial security, and preserve existing protections in law and regulation for current and future CCRC residents statewide.

**On behalf of the MaCCRA, we support Senate Bill 465.** Consistent with our focus noted above, MaCCRA is concerned with those in our membership and others living in CCRC nursing homes and assisted living who are among the most vulnerable citizens in the State. However, due to low pay for caregivers (nurses, nurses aides, medical technicians, etc.), staffing shortages, and the growing cultural disparity between the caregiver and the cared-for, care can suffer. This reality can, and has, led to situations in which nursing home and assisted living residents experience theft and mental and physical abuse.

Providing video surveillance in the common areas of a nursing or assisted living facility is an inobtrusive means to help assure that unfortunate or wrongful actions do not befall residents. At the same time, by limiting video coverage to common areas, as defined in the bill, the right of residents and staff to a reasonable expectation of privacy is protected. Should an allegation of mistreatment or abuse be brought by a resident or a staff member, a video would provide a substantially unimpeachable form of evidence that would serve both legitimate prosecution and the opportunity for improvement in the performance of the facility.

**We ask for a favorable report on Senate Bill 465.**

**For further information please contact:** Bruce Hartung, President  
Maryland Continuing Care Residents Association c/o [brucehartung@sbcglobal.net](mailto:brucehartung@sbcglobal.net)

# **DYER, Granddaughter TESTIMONY (2).pdf**

Uploaded by: Catherine White

Position: FAV

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02/07/2025

State of Maryland General Assembly  
Annapolis Maryland

SB0465 - Health Care Facilities - Nursing Homes and Assisted Living Programs - Video Recordings, In Favor

RE: State of Maryland v. Maria A. McLeod  
Case No. C-03-CR-21-003253

\*please excuse any typos as I was writing this up to the deadline of getting in 2 days prior to hearing\*

To whom it may concern,

My name is Catherine Corcoran White and I am the granddaughter of Catherine Elizabeth Dyer who passed away on Jan. 18, 2021, the result of a gruesome attack by a State of Maryland Licensed care provider. I was lucky enough to spend time helping to care for my grandmother prior to the incident involving Maria A. McLeod which took place on the night of Jan. 13, 2021 / Jan. 14, 2021, since this would be the last time period I would be able to do so.

As a family, we were also incredibly lucky to have had the nanny-cam set up in my grandparent's apartment - originally placed there to ensure my grandfather would not fall when he went to visit my grandmother in her hospital bed which was set up in the living room of their assisted living apartment complex. Had we not had this camera, we would never have known how the injuries my grandmother sustained were in fact caused by said care provider - leading to her untimely passing just a few days later.

It is my goal with this testimony to advocate on behalf of the victims, past, present, and future - to ensure that they do not suffer in silence and that the injustices that so many vulnerable persons endure in assisted living facilities are documented, recorded, and utilized as evidence no matter how long the legal proceedings take. In addition, I believe that known cameras in these facilities will deter care-providers from acting out on their impulses since they know they are being recorded. A video truly is the best testimony - and given that my grandmother was



non-verbal after the assault, it was her only and best advocate during the attack.

While I believe the option to have cameras in the rooms themselves would be most beneficial, this first step of having cameras in the common areas is one step in the right direction. As the opposing side will argue - mainly the cost of these cameras - the cost of human suffering that is happening on a daily basis in these facilities far outweighs the costs of the cameras. In addition to the cost of suffering for the family members who have to relive this trauma, day after day. I still have such pain thinking about the times we all came to court with my grandfather in a wheelchair, his suit and tie pristinely dry-cleaned and pressed, poster boards full of pictures, all ready to give our statements - and Ms. McLeod nowhere to be seen. This was a recurring trend on multiple occasions - until she was issued a bench warrant. This, and the subsequent civil lawsuit which proceeded, kept this wound open for years following the initial assault. I do believe if this bill is passed into law, finally my family will be able to heal.

What happened to my grandparents is just the tip of the iceberg of what is an incredibly egregious state of assisted living facilities in Maryland and nationally spanning socioeconomic class, race, and location. Even with COVID-19 restrictions, my family was constantly in communication and had eyes on my grandparents at most/all times. Had it not been for the camera, Ms. McLeod would have again abused another vulnerable person in her care. Thus, if there were ever another time which would cause our most vulnerable citizens to be on complete lockdown - these cameras would provide some peace to the families and accountability of those care providers entrusted with their lives.

Writing this testimony - even years after the fact - brings up the same emotions of deep sadness and palpable anger. I remember the night of Jan. 14th, 2021 so clearly. Leading up to it were already feelings of frustration regarding the care my grandparents were receiving from various care providers, but I was at peace knowing that we had plans as a family to transition my grandparents back into their own condo outside of the assisted living facility.

Given that I had seen my grandmother in good spirits just about a week prior to the incident, I was confident that she was on the upswing from COVID-19/her hip fracture and would be back to herself in no time. My grandmother was so much greater than any expectations assigned to her age and she always overcame even the most unsurmountable diagnosis/trauma. She was that person we all just expected to live forever considering she was the 'sun we all revolved around.' She had so much to live for and always - always - pulled through. She was and will be the most optimistic person about the human experience I will ever know. Regardless of the pain or difficulty she was dealt, she never complained. She loved her family so much and she was so very much loved by us all. She had just had her first great- grand baby born in Aug. of 2020 and she was determined to get back to Ocean City for another season of sitting on the porch surrounded by family ( Ocean City is where my grandparents had spent every summer since they met on the boardwalk under the Esskay Clock on 9th Street - and had just received the Key to The City in 2019 to commemorate their 90th birthdays and dedication to the city).

The evening of January 14th, 2021 was one of the most difficult nights of my life. I knew that my

grandmother was in a rough spot that day as she wasn't as responsive during our Facetime conversations as she had been the days prior and she just looked 'out of it.' At this point, I was still in the dark about the events that had taken place just that night prior and I was decorating her condo with flowers, butterflies, and 'Welcome Home' signs. In my head, we were just getting her to the condo to help her recover so she could get back on her way to spending another summer at the Ocean with us all - as she had hoped. I was sitting in the car with my mom outside of their condo and my mother told me that I had to remain strong. She told me that there was an incident with a caregiver who had kissed my grandfather and then crawled into bed with my grandmother. I felt like the ground from beneath me had been ripped. I began shaking and throwing up in the parking lot outside of my grandparent's condo. My aunt and uncles arrived shortly thereafter and my aunt reiterated to me the great importance of being strong for my grandmother when she was to arrive by ambulance.

When the ambulance came and my grandmother was taken out - she was a shell of herself. It really seemed as if she had checked out and she was not forming complete sentences and just looked like she was absolutely traumatized and stunned. We all were and it was about to get so - so much worse. They had transferred her from her assisted living home via ambulance still with her original chucks/sheets/clothing. When my mother and I went to inspect and clean my grandmother up - we were confronted with something that I will never forget. Her entire underside was bloodied. Her catheter/urine bag was completely concentrated, a sign of prolonged dehydration. She had rips on her butt and rashes that went all the way up and down her back. She had large gashes, skin tears, and bruises on her arms and legs. Her turtleneck was bloodied in spots. She looked as if she had just gone to battle. Knowing what she had endured that night prior and seeing her as she was, I couldn't shake the very visceral feeling of sadness, devastation, and anger.

Had it not been for the nanny-cam, the following events would have remained in the dark and completely unknown:

#### TIMELINE OF EVENTS

January 12, 2021: My family is diligently planning the move back to condo. Making all of the necessary arrangements.

January 13, 2021:

### *14:00 Home Care Nurse Visiting*

My mother spoke with a home-care nurse who told my mom that my grandmother was doing OK and she had an aid come with her to help with my grandmother's bath. The nurse informed my mother that my grandmother was alert and oriented and had a productive cough and that her vital signs were stable.

*On video of this day's visit, the nurse instructed staff the importance of turning my grandmother. She also instructed the nursing assistant to make sure my grandmother was sitting upright for at least 20 minutes after she ate. The video shows my grandmother sitting upright in bed awake and alert as screen shot above.*

### Assault Transcript

*The information I am about to discuss is taken from the video that the police and the court have in their possession*

*\*please note that 'my grandmother and mommom are used interchangeably as is my grandfather and poppop' \**

The defendant McLeod shows up for her 7P to 7A Shift.

19:00:00 She walks to the area where my grandparents are - without putting on PPE. She has a coat on. Purse around her shoulder and mask around her mouth. She introduces herself to my grandfather and tells him she will be with him from 7:00 PM to 7:00 AM

She walks past my grandmother who's lying in bed and makes no notion to her. In the video I hear the CNA on day shift talking to McLeod, I assume giving her instructions about the importance of turning my grandmother every two hours and placing her in a sitting position to eat and drink.

21:09:39

My grandmother is sliding down in bed. She is complaining about something hurting. CNA McLeod has the covers pulled down and tells my mom she will put gloves on. She still has no PPE other than a mask.

21:10:32

CNA McLeod is at my grandmother's bedside. Asked her if she would like some water. My grandmother replied yes.

00:00:00 January 14, 2021

00:00:04

CNA McLeod is sitting on the side of the right side of bed. My grandmother states her leg hurts. CNA McLeod uncovers my grandmother and said "Oh Fuck" who did this to you? Four minutes pass by and she is almost yelling at my grandmother. My grandmother is heard speaking in sentences about her leg injury (This was never noted or assessed at the start of shift) CNA McLeod takes her camera out and starts taking pictures. She asks my grandmother why she didn't tell anyone.

00:05:06

My grandmother is heard moaning and mumbling words. CNA McLeod has left bedside and she appears to be talking to someone

00:05:59

My grandmother continues to moan. CNA McLeod is on the phone laughing and saying 'she is serious.'

00:07:21

My grandmother continues to moan. CNA McLeod comes back. With my grandmother sliding down the bed, she sits on the foot of bed and tells my grandmother "she is gonna call the office" telling my grandmother, "I don't understand how the knee got like this and I don't understand what is going on." My grandmother's response is moaning.

( photo taken next day 01/14/2022 of the knee in question)

00:10:10

CNA McLeod is back talking on the phone with earbuds in. My grandmother is lying in bed uncovered and moaning.

00:19:26

My grandmother is still lying in bed, no oxygen appears on face. CNA McLeod starts

talking about someone suing her as my grandmother lies uncovered in bed. She uses multiple wipes to rub her perineal area. She is telling my grandmother she will be there Wednesday, Thursday, Friday and Saturday. "Do you want me to come back again?" she asks my grandmother.

00:21:53

My grandmother is still on her back. CNA McLeod is lifting grandmother's legs up and continues wiping her perineal area as she continues to talk nonsense to her.

00:23:42

CNA McLeod puts the head of the bed flat and tells my grandmother "I am going to clean you up." My mom is flat and starts coughing, CNA McLeod asks are you ok?

00:24:52

CNA McLeod pushes my grandmother over on her side and asks "How old are you?" My grandmother's response is muffled. CNA McLeod is telling her "she looks good for her age" she goes on while rubbing her perineal area stating to my grandmother, "you are so nice, you are so sweet"

00:24:26

Blankets and clothes are all over the floor. CNA McLeod is seen pushing my grandmother over on side and telling her how beautiful she is as she continues to wipe her perineal area and her buttocks.

00:29:48

CNA McLeod yanks the pad out from behind grandmother's back with force. She has my grandmother on her back.

00:32:58

CNA McLeod separates my grandmother's legs and uses multiple wipes to clean her perineal area. My grandmother is moaning and CNA McLeod says "I will stop."

00:34:09

My grandmother remains flat in bed and sounds like she has a very wet cough. I can't see O2 on my grandmother. CNA McLeod appears to use lotion to massage my grandmother's chest instead of putting her head up to let her cough up secretions.

01:58:29

CNA McLeod is sitting almost on top of my grandmother. My grandmother's head is nearly flat. She is shouting to her long deceased dad Vincent. Her hair is down, shoes off. No PPE on.

01:59:00

She gets off my grandmother's bed and walks to my dad's room.

02:02:06

CNA McLeod is out of picture. Mommom is lying with head slightly elevated and eyes wide open. Oxygen is turned off. I hear CNA McLeod talking to my grandfather. My grandfather's voice is raised but I can't understand what he is saying. My mommom is now going on hours without O2.

02:04:09

It sounds like my grandfather is saying "Just Stop."

02:05:00

CNA McLeod's voice still sounds like it is coming from my grandfather's room and I can hear him saying something to her. Mommom has slid down in bed, no O2 on and her eyes wide open. She is moving her legs around as if to push the covers off.

02:33:28 - 02:35:35

CNA McLeod appears to be talking on the phone in the kitchen. I can see mommom is still awake down in bed, eyes open and moving her legs around.

02:35:38

CNA McLeod reappears and is kneeling down beside Mommom's bed. She appears to have her left hand under the covers near her perineal area rubbing. She is mumbling words and is about an inch away from Mommom's face

02:36:58

CNA McLeod pulls her right hand out from the cover and starts stroking my Mommom's face. She is face to face with my grandmother. Her full head of hair is covering Mommom's face.

02:37:54

CNA McLeod pulls her face off of Mommom and is mumbling words to her. She is still on her knees at Mommom's bedside and appears to be resting on her perineal area.

Mommom's eyes are wide open. She is mumbling.

02:38:21

CNA McLeod stands up and lays her body across Mommom's chest.

Mommom's face is occluded and you can see CNA McLeod's hand going through my grandmother's hair.

02:38:54

CNA McLeod stands again and climbs into Mommom's L side of bed. You can hear my grandmother say "Get Out, Get Out". CNA McLeod nearly pushes my Mommom off the left side of and has her left arm wrapped around my Mommom's neck. Her legs were on top of my Mommom's legs.

02:39:57

CNA McLeod, who is laying inches from my Mommom's face, pulls my grandmother's face to her and starts kissing her. Hand appears to be covering my grandmother's face. Mommom is awake with no oxygen on.

02:41:02

CNA McLeod is lying almost on top of Mommom with her left hand down by my grandmother's perineal area. She starts kissing Mommom on her left cheek. She starts asking my grandmother, "How Old Are You"? My grandmother responds 90. CNA McLeod goes on asking \* more times 90 what. You can see where CNA McLeod's left hand is under cover by my grandmother's perineal area and she asks my mom "Do you like It?"

02:45:16

CNA McLeod continues asking "How are you?" My grandmother has a very loud cough." My grandmother doesn't reply. CNA McLeod gets angry and says don't do that to me and starts kissing and pushing on my mom. CNA McLeod sits up in bed and starts shouting loudly "I need assistance!"

07:00:00

CNA McLeod is still in bed with my grandmother, stretches and knocks her fist into my grandmother's face. My grandmother is lying there with a blank stare. Mommom had been in the same position since 6 pm the night before with no oxygen on the entire time

Late morning- January 14:

My grandfather called my uncles and told them Maria McLeod had tried to get in his bed with him. Meanwhile my family worked frantically trying to get transportation for my grandmother to her condo as we knew she was in bad shape following an attempted facetime call with her - in which she was non-responsive.

My family was able to hire an ambulance service for transfer. A well-known family friend and nurse was able to assist in the transfer. She said my grandmother was awake but had no emotions, aphasic. She had her oxygen in place. It appeared she had been in the same position for a long time, bed linens were dirty.

7:40PM My grandmother is finally brought out via a gurney ( *I still was unaware of her assault at this time*).



By 9 pm the entire family was at the condo, all wearing PPE to avoid exposure. There was so much confusion. My grandmother was awake but was just moaning repetitively. Her Respiratory was shallow and her breaths sounded horrible. We had a suction machine and my mother was trying to desperately have my grandmother cough. I knew if my grandmother was mentally with us, she would be fighting. She had no fight, but we were not going to give up on her. Knowing her request to not be hospitalized, my mother and I stayed up all night clearing her up, turning her, and comforting her trying desperately to get her secretions up. She had numerous new skin tears and bruises. Her urine bag was completely concentrated - a sign of prolonged dehydration. Her backside was completely broken down and she had a large rash up her entire back. Her sheets, chucks, and turtle-neck bloodied.

Police and detectives arrived shortly after to the apartment and were taking photos of my Mommom's body, including her perineal area. They took her bloodied turtleneck, sheets which they transferred directly from her bed to the transfer gurney/hospital bed, with them as evidence.

That night ( Jan. 14th, 2021), I told my mother to get some much needed rest and that I would set up an air mattress and stay by my grandmother's side. While she was not using full sentences or even words, she was awake the entire night looking like a deer in the headlights repeating 'No, No, No, No, No.' This is not the first time that I have spent the night at my grandmother's bedside, but it was the first time I had seen her with both her arms outside of her blankets

stretched upwards in the position they were fixed - she seemed to be stuck somewhere else mentally. She was sweating profusely and her lips were quivering. I was desperate to get her comfortable. Trying everything from putting her favorite popsicles up to her lips to playing the Sound of Music ( her favorite movie) near her pillow. Nothing seemed to work. I asked her if she was scared and she nodded her head - in agreement. I kept telling her that I was so sorry for what had happened, but that she was home now and that she was safe. I'm not even sure exactly what time she ended up falling asleep as I dozed off by 3:30/4 am after many futile attempts and having gotten my mother up to give her some medicine to help her sleep. That was the last verbal communication of any sort that I received from my grandmother.

January 15, 2021:

At 10 am Hospice care home to evaluate my grandmother. I was extremely anxious as my grandmother could no longer cough up her secretions. My mother needed smaller suction catheters to help get secretions from grandmother's lungs. She tried calling Johns Hopkins medical supplier to send endotracheal tube suction catheters. After many great efforts, my mother was instructed to begin administering liquid comfort medicines, i.e. morphine, lorazepam and atropine. My mother was so reluctant at first to give my grandmother medicine that would suppress her respirations but realization set in that the horrific event of abuse by McCleod had ended my Mommom's will to fight and also impaired her brain function as a result of lack of oxygen.

The days that followed were a blur, but we did everything we could do to make her comfortable and let her know that she was safe and surrounded by family and love. She seemed to be in an almost coma state the days before her passing and during some of the time, I do hope that was the case and that she was not totally aware of her surroundings; including the times when the police/investigators/police photographers were coming in and out of the condo. The police taking photos of her naked body, of her butt and her vaginal areas. I really prayed hard that she was mentally in a different - more peaceful place especially during those dark moments. Her last ones.

January 16: The hospice nurse came to the condo and told me and my mom that my grandmother was not going to get better, she said, “ignore her cough sounds and start giving her morphine.” We now became my grandmother's hospice team. For the next 2 nights, I slept on the air mattresses, turning her every 2 hours with my mother. She was never the same and to think only days earlier I heard her laughing at the sound of music, drinking Slurpees, and eating jelly donuts. For the next 2 days, my grandmother was surrounded by family and phone calls. Butterflies on the walls and her favorite garden boxes. These days are also full of interviews with law enforcement and attempts to contact the Maryland Nursing Board.

At 12:48 on Monday 18, 2021, I was assessing my grandmother's lungs alongside my mother when I noticed her heart rate was slowing down. My mom called the entire family in together. They were all present when we heard her last heartbeat. My grandfather was holding her hand.

It has taken a lot of time to have the courage to begin to write this. I have watched my family devastated and hurt by the careless actions of providers who took full advantage of my grandparents. They may have taken her last days from her, but they will never take her light. Her legacy will live on in all those she loved and those who loved her. It would be the ultimate honor and privilege to name this law in honor of my grandmother - who was the most incredible woman I've ever known, the sun we revolve around, and call it 'Mommom's Law.' She was the strongest, smartest, and kindest human I've ever had the privilege of knowing and I'm certain that this law will reduce what feels like an insurmountable amount of suffering for victims and their families.

Thank you for your support during this time. Please feel free to contact me with any

future questions.

Catherine Corcoran White *Daughter of Joanne White and Granddaughter of Catherine Elizabeth Dyer.*

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# **SB0465 Health Care Facilities - Nursing Homes and**

Uploaded by: Cecilia Plante

Position: FAV



## **TESTIMONY FOR SB0465 Health Care Facilities - Nursing Homes and Assisted Living Programs - Video Recordings**

**Bill Sponsor:** The President of the Senate

**Committee:** Finance

**Organization Submitting:** Maryland Legislative

**Coalition Person Submitting:** Aileen Alex, co-chair

**Position:** FAVORABLE

I am submitting this testimony in favor of SB0465 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists—individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists, and our Coalition supports well over 30,000 members.

According to the Maryland Department of Aging, an estimated five million older Americans are victims of elder abuse, neglect, or exploitation each year. One in ten older Americans over the age of 60 has been the victim of some kind of abuse. This is considerable given that an estimated 93% of elder abuse cases go unreported each year. Our members abhor the idea of this occurring in Maryland.

SB0465 in Maryland for 2025 focuses on requiring nursing homes and assisted living programs to install, operate, and maintain video surveillance equipment in common areas. The bill mandates that nursing homes and assisted living facilities make recorded video data available to law enforcement and state personnel upon request, to aid in their official duties.

The Maryland Legislative Coalition steadfastly supports this bill to detect and prevent abuse, neglect, or exploitation of residents.

# **MLA Testimony SB 465.pdf**

Uploaded by: Jessica Spraker

Position: FAV



**SB 465**  
**Health Care Facilities -Nursing Homes and Assisted Living Programs- Video Recordings**  
**In the Finance Committee**  
**Hearing on February 11, 2025**  
**Position: Favorable**

*Maryland Legal Aid submits its written and oral testimony supporting at the request of Rhea L. Harris,  
Deputy Chief of Legislative Affairs at the Office of the Attorney General.*

Maryland Legal Aid (MLA) asks that the Committee report **favorably and pass SB 456**, which would require skilled nursing and assisted living facilities in Maryland to install video monitoring in all common areas to detect abuse, neglect or exploitation of residents. MLA has represented thousands of vulnerable clients in these facilities, many of whom have experienced neglect and abuse. We believe this bill is a crucial step toward enhancing the safety and dignity of older and disabled residents of these facilities across the state.

MLA is a non-profit law firm that provides free legal services to the State's low-income and vulnerable residents. Our twelve offices serve residents in each of Maryland's 24 jurisdictions and handle a range of civil legal matters, including representation of adults residing in nursing home and assisted living facilities, in cases relating to health care access and unlawful discharges from skilled nursing and assisted living facilities. Many of the individuals we represent are at a heightened risk of mistreatment due to their age, health conditions, and dependence on care providers. Unfortunately, abuse and neglect in health care settings can often go unnoticed or unreported, leaving vulnerable residents at substantial risk.

At present, there is no existing law or regulation that requires the monitoring of common areas in these facilities, which are defined in the bill as dining areas, meeting rooms, hallways, facility entrances, activity and living rooms. This legislation would empower law enforcement and necessary state personnel to conduct thorough and timely investigations of reported abuse and neglect, with video evidence playing a key role in the process. We believe that with the correct oversight, this law will not only prevent or reduce future incidents but also will improve accountability and transparency in facilities where our most vulnerable residents reside.

MLA's clients report falling, denial of meal delivery, and/or physical abuse, and neglect. Any of these incidents could be evidenced by video recording in common areas. We have represented residents with dementia in memory care units in skilled nursing facilities who were inadequately supervised. This would likely be demonstrated by video recordings at entrances and other common areas. Unfortunately, the lack of supervision and accountability on the part of facilities can lead to attempts to evict and displace residents.

We have seen first-hand how difficult it can be for individuals and families to navigate the complex legal and investigative processes when complaints of abuse or neglect are reported to the Office of Health Care Quality or to the Office of the Attorney General. Video monitoring serves as a mechanism to hold facilities accountable to the standard of care they are required to



provide. This will provide additional safety and peace of mind to families and residents that their well-being is being taken seriously by authorities. It will also serve to enhance prosecution of individuals that engage in dangerous practices.

**On behalf of all residents in these health facilities who feel powerless and need more protection of their rights as human beings, MLA strongly urges the Committee to issue a FAVORABLE report and PASSAGE of SB465.** If you have any questions, please contact Jessica Spraker, (410) 951-7763, JSpraker@mdlab.org.

## **Testimony in support of SB0465 - Health Care Facil**

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0465\_RichardKaplowitz\_FAV  
02/11/2025  
Richard Keith Kaplowitz  
Frederick, MD 21703-7134

**TESTIMONY ON SB#0465 - POSITION: FAVORABLE**  
**Health Care Facilities - Nursing Homes and Assisted Living Programs - Video Recordings**

**TO:** Chair Beidle, Vice Chair Hayes, and members of the Finance Committee  
**FROM:** Richard Keith Kaplowitz

**My name is Richard Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of/ SB#/0465, Health Care Facilities - Nursing Homes and Assisted Living Programs - Video Recordings**

The Attorney General of Maryland has noted that “The largest population in the United States consists of people over the age of 65. Sadly, many seniors and "vulnerable adults" are targets of crimes ranging from telemarketing fraud to patient abuse in nursing home facilities. “<sup>1</sup>

The Maryland State Plan on Aging<sup>2</sup> makes the case that our senior population is large and growing and likely needs this protection.

The number of older Marylanders is increasing. Of the nearly 6.1 million people in Maryland in 2020, 22.62% were aged 60 or over. This percentage is expected to increase to 26.57% of Maryland’s projected population of 6.7 million by the year 2040.

In acknowledging these deprivations of seniors and vulnerable adults the Attorney General has requested authorities on the treatment of and prosecution of these criminal acts utilizing video evidence to assist in the prosecution. It will mandate the use of video surveillance equipment for that purpose. It will protect the patient’s privacy by limiting the surveillance to common areas of the facilities and not patient’s personal spaces. The goal is to prevent exploitation of residents. It will require nursing homes and assisted living programs to make available, on request, certain recorded video data to law enforcement and State personnel that is necessary in the course of performing their official duties.

Facilities in the healthcare industry have been utilizing video surveillance for many years. ... Over time, use of video surveillance has also transitioned to a way for management to monitor staff (particularly in medication room settings) and help deter abuse and substandard care; and, to help staff monitor patient activity and track wandering patients. Many of those in the healthcare field also see video camera surveillance as a way to ...provide instant access to real-time and/or recent footage.<sup>3</sup>

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<sup>1</sup>

<sup>1</sup><https://www.marylandattorneygeneral.gov/Pages/seniors.aspx#:~:text=Sadly%2C%20many%20seniors%20and%20%22vulnerable.to%20report%20fraud%20or%20abuse.>

<sup>2</sup> <https://aging.maryland.gov/SiteAssets/Pages/StatePlanonAging/MD%20State%20Plan%202022-2025.pdf>

<sup>3</sup> <https://www.glatfelterhealthcare.com/risk-management/content/video-surveillance-in-senior-living>

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**I respectfully urge this committee to return a favorable report on SB0465.**

# **SB 465 - Nursing Home Records FULL FINAL 020725**

Uploaded by: Robert Doyle

Position: FAV



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**Statement of the Maryland Federation of  
National Active and Retired Federal Employees  
Senate Judicial Proceedings Committee Hearing, February 5, 2025  
On SB 465 –Health Care Facilities – Nursing Homes and Assisted Living  
Programs – Video Recorders**

**(Position – FAV)**

Good afternoon, Chair Beidle and Vice-Chair Hayes and members of the Financial Committee. I am Robert M. Doyle testifying on behalf of the State Legislative Committee of the Maryland National and Retired Federal Employees Association (NARFE), representing approximately 317,000 federal annuitants and employees in Maryland. For the continuing protection and benefit of our members and all Maryland seniors, we support and ask you for a favorable report on SB 465, entitled Health Care Facilities – Nursing Home and Assisted Living Programs – Video Recorders. We thank the MD Office of Attorney General for requesting this Bill and President Ferguson for introducing it.

SB 465 will require nursing homes and assisted living programs to install, operate and maintain video surveillance equipment in the common areas of those facilities to capture the abuse, neglect or exploitation of the residents. The Bill also will require the facilities to make the recordings available to law enforcement and State Agency personnel who have a need for the recordings in their investigations.

At present, 14 states have regulations explicitly allowing the use of cameras in nursing home rooms, and two -- Maryland and New Jersey have programs or guidelines involving the use of resident-requested cameras. Based on information I reviewed while researching this bill, I believe Maryland would be the first state in the Nation to require video cameras in nursing homes.

The problem of seniors experiencing abuse, neglect or exploitation is a serious problem in Maryland (indeed, everywhere). The most recent data I could find from relevant Maryland agencies shows the following:

□ **Maryland Department of Aging, Long-Term Care Ombudsman Program:** Of the 3,711 complaints investigated by the Ombudsman Program in FY 2021, 229 of the investigated reports were alleged resident abuse cases.<sup>1</sup>

□ **The Maryland Department of Health, Office of Health Care Quality:** In FY 2021 the Office of Health Care Quality's Long Term Care Unit received 1,336 reports of alleged abuse and 1,179 allegations of neglect.<sup>2</sup>

□ **Maryland Department of Human Services, Office of Adult Services, Adult Protective Services:** In FY2021, the Adult Protective Services Program received 7,116 reports of abuse, neglect, self-neglect, and exploitation of vulnerable adults 18 years of age and older. Of these cases, 570 involved continuing Adult Protective Services case management services to monitor and assist in reducing on-going risk factors.<sup>3</sup>

□ **Maryland Attorney General's Office, Medicaid Fraud Control Unit:** The Medicaid Fraud Control Unit opened 45 abuse and neglect cases in State FY 2021. The Unit addressed each of those cases through factual investigation, legal review, and where appropriate, legal action.<sup>4</sup>

These are criminal acts. It is a criminal offense for a household member, family member, or anyone responsible for the care of a vulnerable adult to neglect or abuse that person, or to intentionally and maliciously inflict severe emotional distress. If such abuse or neglect results in sexual abuse, serious injury, or death, it constitutes a first-degree felony, punishable by up to 10 years in prison and/or a fine of up to \$10,000. Abuse, neglect, or severe emotional distress that does not meet the criteria for first-degree offenses may still be prosecuted as a second-degree

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<sup>1</sup> <https://aging.maryland.gov/Pages/state-long-term-care-ombudsman.aspx>

<sup>2</sup> <https://health.maryland.gov/ohcq/Pages/home.aspx>

<sup>3</sup> <https://dhs.maryland.gov/office-of-adult-services/adult-protective-services/>

<sup>4</sup> <https://www.marylandattorneygeneral.gov/>



misdemeanor. Conviction of this misdemeanor carries a penalty of up to five years in prison and/or a fine of up to \$5,000.<sup>5</sup>

In the 2023 Session, the Assembly passed, and the Governor signed into law a bill to establish the Task Force on Preventing and Countering Elder Abuse. In its preliminary report to the Governor, the Task Force noted that “based off the U.S. census, Maryland Department of Planning, it is expected that Maryland residents 60 and older will surpass the population of Maryland residents 18 and younger for the first time in the history of our state. With the expectation of serious mental or physical infirmity or dependence increasing with advanced age, there is reason to suspect that the incidence of abuse and neglect of older adults in Maryland will rise as their population increases.”<sup>6</sup>

The Task Force has not yet issued its Final Report but we look forward to it. We believe that SB 465 represents the type of progressive legislation that would be

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<sup>5</sup> [Md. Code, Criminal Law §§ 3-604, 3-605](#)

<sup>6</sup> Preliminary Report of the Task Force on Preventing and Countering Elder Abuse, by letter dated April 30, 2024, from Andrew Rabinovitz, Chair, Task Force, to Governor Wes Moore.

included among the recommendations the Task Force will note is crucial for protecting the health and well-being of nursing home residents.

As a powerful weapon against Elder Abuse, we applaud the introduction of SB 465 and respectfully request a favorable report.

Thank you.

Robert M. Doyle, Co-Chair  
Maryland Federation – NARFE  
State Legislative Committee  
4226 Carvel Lane  
Edgewater, MD 21037  
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# **SB 465 Nursing Homes and Assisted Living Video Recor**

Uploaded by: Tammy Bresnahan

Position: FAV



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**SB 465 Health Care Facilities – Nursing Homes and Assisted Living Programs – Video Recordings**  
**Senate Finance Committee**  
**February 11, 2025**  
**FAVORABLE**

Good afternoon, Chair Beidle and Members of the Senate Finance Committee. My name is Tammy Bresnahan; I serve as the Senior Director of Advocacy for AARP Maryland. AARP is a nonprofit, nonpartisan organization dedicated to helping people aged 50 and older live their best lives. With nearly 38 million members nationwide—over 850,000 of whom live in Maryland—we advocate on key issues affecting older adults, including health security, financial stability, and personal independence.

In Maryland, AARP is committed to protecting the rights, dignity, and well-being of older residents, particularly those in vulnerable situations, such as in nursing homes and assisted living facilities. We work closely with state leaders, community organizations, and stakeholders to ensure older Marylanders have access to safe, quality care and are treated with respect. Through advocacy, education, and outreach, we champion stronger regulations and oversight to protect against abuse, neglect, and exploitation.

Our mission is clear: to make Maryland a state where older residents can live with peace of mind, knowing their safety and security are prioritized.

We strongly support **SB 465: Health Care Facilities - Nursing Homes and Assisted Living Programs - Video Recordings**. This bill is a critical step toward improving the safety and well-being of older Marylanders living in congregate settings. Inspections of these facilities have revealed ongoing concerns, emphasizing the need for enhanced protections against mistreatment.

**Key Provisions of SB 465:**

- **Video Surveillance in Common Areas:** The bill requires nursing homes and assisted living programs to install and maintain video recording equipment in shared areas. This will allow for continuous monitoring and early identification of any harmful behaviors, ensuring residents are treated with dignity and respect.
- **Access to Video Footage:** Recorded footage must be available, upon request, to law enforcement and state officials when needed for investigations or official duties. This provision is vital to holding wrongdoers accountable and strengthening oversight.

As an example of successful legislation, in November 2020, a state law was enacted allowing video monitoring in assisted living and continuum-of-care facilities, building on prior regulations

that permitted such monitoring in nursing homes. The law—supported by AARP Oklahoma—ensures families and guardians can monitor the welfare of loved ones remotely. It also protects residents from eviction or retaliation for using video equipment.

**AARP's Recommendations for Video Monitoring Legislation:**

- States should establish the right for residents or their legally recognized decision-makers to use video and technology for monitoring care, documenting services, and facilitating virtual visitation.
- Protections must be in place to safeguard roommates' privacy, and for residents unable to provide consent, a balance must be struck between the benefits of video technology and privacy rights.
- Facilities should be prohibited from discharging or refusing to admit residents who opt for video monitoring.
- Residents and their families must be notified if video equipment is used by the facility or a roommate.

We are grateful to the Maryland Attorney General and his team for their leadership on this important issue. Their commitment to safeguarding vulnerable residents highlights the urgency of passing SB 465. We respectfully urge the committee to give this bill favorable consideration.

If you have any questions, please feel free to contact me at **tbresnahan@aarp.org** or by calling **410-302-8451**. Thank you for your time and consideration.

# **SB465UNFAV-VideoNursingHomes.pdf**

Uploaded by: Loraine Arikat

Position: UNF



## **SB 465**

### **Health Care Facilities - Nursing Homes and Assisted Living Programs - Video Recordings**

#### **Position: Unfavorable**

Dear Chair Beidle and Members of the Senate Finance Committee:

My name is Ricarra Jones and I am the political director of 1199 SEIU United Healthcare Workers East. 1199SEIU is the largest healthcare workers union in the nation representing over 400,000 workers across the East Coast and over 10,000 here in Maryland and D.C. 1199SEIU opposes SB 465 because it fails to address tangible ways to improve quality care and prevent patient neglect.

SB 465 requires nursing homes and assisted living facilities: to install, operate, and maintain video surveillance across common areas to detect patient abuse, neglect, and exploitation; and to make available this video upon request to law enforcement or State personnel.

Our members know first-hand how nursing home management decisions to understaff facilities diminish patient quality care. While cameras might seem like a solution to prevent abuse or neglect, they don't necessarily guarantee better care. In addition, the legislation would authorize video recordings only which may lead to ambiguity as no audio would be captured. Technology to detect abuse and carry out punitive measures does not hold nursing home owners and managers accountable to invest in direct care through hiring more staff and providing proper staff training and supervision.

1199 SEIU opposes this legislation as it violates direct care workers' and residents' right to privacy. For staff, the presence of cameras may potentially affect interactions with residents. For residents, even in public spaces like dining areas or lounges, constant surveillance could lead to feelings of discomfort, anxiety, or a loss of dignity, particularly for those who have cognitive impairments like dementia.

Lastly, installing and maintaining surveillance cameras in all common areas of nursing homes across Maryland requires a significant financial investment. Those funds could be better spent on improving staff-to-resident ratios, improving workforce retention through higher pay and benefits or investing in training programs to enhance care quality.

We urge the Attorney General's office to work with 1199SEIU on solutions that can improve patient care, bolster jobs, and increase fiscal transparency. Effective prevention of patient abuse, neglect, and exploitation requires a multi-faceted approach that includes the diverse care team committed to ensuring quality care for residents. For those reasons we request an unfavorable report on SB465.

Sincerely,

Ricarra Jones

Political Director

1199 SEIU

[Ricarra.jones@1199.org](mailto:Ricarra.jones@1199.org)



# **SB 465 - MDH - FIN - LOI.pdf**

Uploaded by: Meghan Lynch

Position: INFO



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 11, 2025

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401-1991

**RE: SB 465 - Health Care Facilities - Nursing Homes and Assisted Living Programs - Video Recordings – Letter of Information**

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill 465 - *Health Care Facilities - Nursing Homes and Assisted Living Programs - Video Recordings*.

The Office of Health Care Quality (OHCQ) is the designated State survey agency in Maryland and is authorized to conduct certification activities on behalf of the Centers for Medicare & Medicaid Services (CMS). Through State and federal authority, OHCQ conducts surveys to determine compliance with State licensure and/or federal certification regulations, which establish the minimum requirements to remain licensed and/or certified.

SB 465 requires nursing homes and assisted living facilities to install, operate, and maintain video surveillance equipment in common areas of the facilities, such as dining areas, meeting rooms, hallways, facility entrances, activity rooms, and living rooms for the purpose of detecting abuse, neglect, or exploitation of residents.

If enacted, SB 465 will have a fiscal and operational impact on MDH of \$741,124 in the first fiscal year in order to hire additional staff to enforce the bill by inspecting 222 licensed nursing homes and 1,650 assisted living providers for their compliance in installing, operating, and maintaining video surveillance in common areas. This new expenditure is not eligible for any federal reimbursement as SB 465 mandates new State-only requirements.

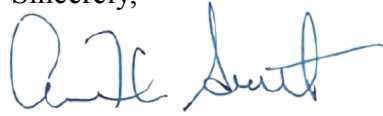
In addition to the surveyors' regular on-site survey process, SB 465 requires surveyors to conduct a compliance check of the facilities' hardware, software capability, and network storage capacity for 120 days; video camera position to ensure that the equipment captures community areas (including night shift lighting); the facility's ability to transfer large video files to law enforcement and state personnel, and a plan for ongoing maintenance.

These additional requirements would add time to the survey process, including extra hours spent on documentation and writing any deficiencies concerning the video equipment.

Likewise, OHCQ anticipates an additional volume of complaints from constituents/families related to alleged noncompliance with cameras by the facility.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs, at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read 'Laura Herrera Scott', with a stylized flourish at the end.

Laura Herrera Scott, M.D., M.P.H.  
Secretary

# **DRM\_LOI\_SB465.pdf**

Uploaded by: Tara Moriello

Position: INFO

**SENATE FINANCE COMMITTEE**  
**SB0465: HEALTH CARE FACILITIES—NURSING HOMES AND**  
**ASSISTED LIVING PROGRAMS—VIDEO RECORDINGS**  
**FEBRUARY 7, 2025**  
**LETTER OF INFORMATION**

Disability Rights Maryland (DRM) is the federally designated Protection and Advocacy (P&A) agency in Maryland, mandated to advance the civil rights of people with disabilities. **DRM offers this letter of information regarding Senate Bill 0465, which would require installation and maintenance of video surveillance equipment in the common areas of all nursing facilities and assisted living programs.**

The issue of requiring video surveillance in nursing homes and assisted living facilities is complex. There are several important factors to consider, including the following:

- Technical issues, such as the quality of video footage, interfering noise, and lack of coverage of parts of a common area of a facility due to improper camera placement and/or camera operator error.
- Privacy issues, such as whether collected video footage constitutes electronic protected health information (e-PHI) under the Health Insurance Portability and Accountability Act (HIPAA); perceptions by nursing home or facility staff about whether the presence of surveillance cameras conveys a lack of trust in them or protects them; and who may access video footage.
- Safety issues, such as whether residents of nursing homes and assisted living facilities are actually safer when surveillance cameras are in use; or whether continuous and uninterrupted video surveillance creates a false sense of safety and protection against abuse, neglect, and exploitation.
- Financial burdens, such as the cost of purchasing, installing, monitoring, and routinely maintaining video surveillance equipment in facilities.

- Possibility that nursing homes and assisted living facilities may misconstrue SB0465's definition of "common area" versus "private space" with respect to meeting places utilized by residents, such that video surveillance equipment is placed in areas of the facility where residents have a reasonable expectation of privacy.
- Possibility that video footage will allow residents and their families to understand events that have transpired inside nursing homes and assisted living facilities when a resident reports or presents with unexplained injuries or changes in behavior.
- Possibility of perceptions that residents require less oversight and monitoring due to the presence of video surveillance equipment; potential for complacency in resident care, oversight, and monitoring.

Each of these issues requires thoughtful discussion. Review of laws related to the use of electronic monitoring equipment in nursing homes and assisted living facilities in the state of [Washington](#) may be instructive in answering the above questions.

Respectfully Submitted,

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