



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
 Nellie M. Gorbea, *Secretary of State*

Rules and Regulations Filing Form

1. Agency Name and Address

Department of Health
 Cannon Building Three Capitol Hill Providence

2. Title of Rule

Rules and Regulations for Licensing Assisted Living Residences

3. Statutory Source of Authority

Chapter 23-17.4 of the Rhode Island General Laws, as amended

4. Concise Explanatory Statement - §42-35-2.6

For the purpose of defining the minimum standards for licensed assisted living residences in Rhode Island

5. Type of Filing

Emergency Rules

- A1. Emergency 120-day initial - §42-35-2.10
 Adoption
 Amendment of ERLID:
 Repeal of ERLID:

- A2. Emergency 60-day renewal - §42-35-2.10
 Adoption
 Amendment
 Repeal

Indicate ERLID of 120-day initial:

Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:

Final Rules

- B1. Amendment - §42-35-3(a) B2. Adoption - §42-35-3(a) B3. Repeal - §42-35-3(a)
 C. Technical Revision D. Direct Final Rule - §42-35-2.11

Supersedes ERLID: 2122

If B1 or C, please indicate new, amended, deleted, or revised sections:
 sections 1.0; 2.0; 3.0; 4.0; 6.2; 8.0; 9.0; 10.0; 11.0; 12.0; 13.0; 14.1; 17.7; 20.3; 21.2; 22.3; 22.6; 22.07; 22.8; 23.1; 24.1; 24.2; 27.9; 27.13; 29.2; 31.3;
 references; Appendices A, B, C, D

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8:12/12/2003
 Date of Public Hearing - §42-35-2.8:01/12/2004
 End of Comment Period - §42-35-2.8 :

7. Agency Additional Information - Web Page

http://

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

Name

Title

Notary Public

Subscribed and sworn before me
 this _____ day of _____, _____