



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:

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

 Notary Public

 Title

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