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An Analysis of the Relationship Between Enforcement Data and Client Groups Served

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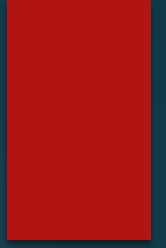
Assisted Living in Wisconsin: Introduction

Assisted Living Facilities are operating like “mini-nursing homes”

Increase in significant regulatory concerns reported by WI DHS

CBRFs have increased the most, and account for a large portion of regulatory concerns

Assisted Living in Wisconsin: Introduction



Literature Review

Regulatory Trends

- Increase in enforcement activity, resident acuity, and number of CBRFs.
- More complexity of investigations and in serious outcomes to residents (sexual assault, resident injuries, resident discharge).

Measuring Quality

- Survey backlog of 40% of ALFs not having a survey within target of 2 years
- Methods are reactive and collect minimal data

Literature Review

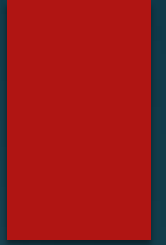
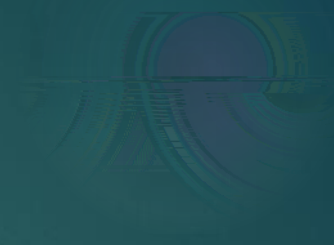
Caring for Dementia

- 1 in 4 WI residents with dementia are cared for in a residential setting
- Other states have more specific requirements for facilities serving residents with dementia than WI

Specialized Care

- Studies of residential care in other countries have shown better outcomes for older adults with mental illness cared for in specialized care units.

Methods:



Methods: Data Collection

Self-Reports

- CBRFs are specifically required to report any incidents of death, fire, misconduct, communicable disease, elopement, law enforcement intervention, incident or accident, catastrophe or evacuation, licensee and caregiver pending charges, change in service to residents, administrator change, facility change in ownership or location, and facility closing.
- Licensing specialists inspect CBRFs through unannounced surveys. The WI DHS target is to conduct these at minimum every two years. If complaints are received between that time, they may conduct additional surveys. Chapter 50, Wis. Stat. affords penalties for CBRFs who are found to be in violation of the state laws governing them.

Results:

Capacity for a CBRF ranged from 5-150 beds; the average was sixteen.

No CBRFs in Wisconsin served all ten client groups.

The largest percentage of CBRFs served two client groups, accounting for 30% (477) of all CBRFs. Of those serving two client groups, 70% (335) served clients with irreversible dementia /Alzheimer's and advanced age.

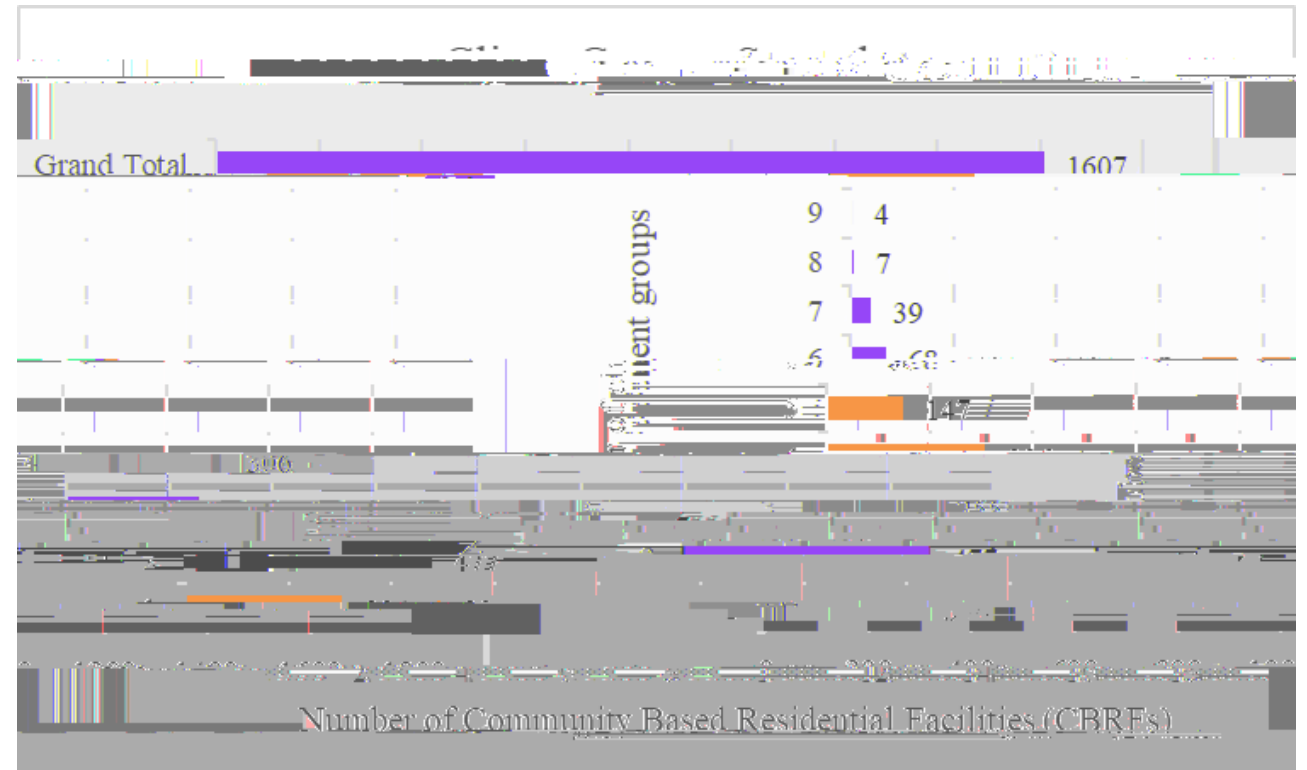
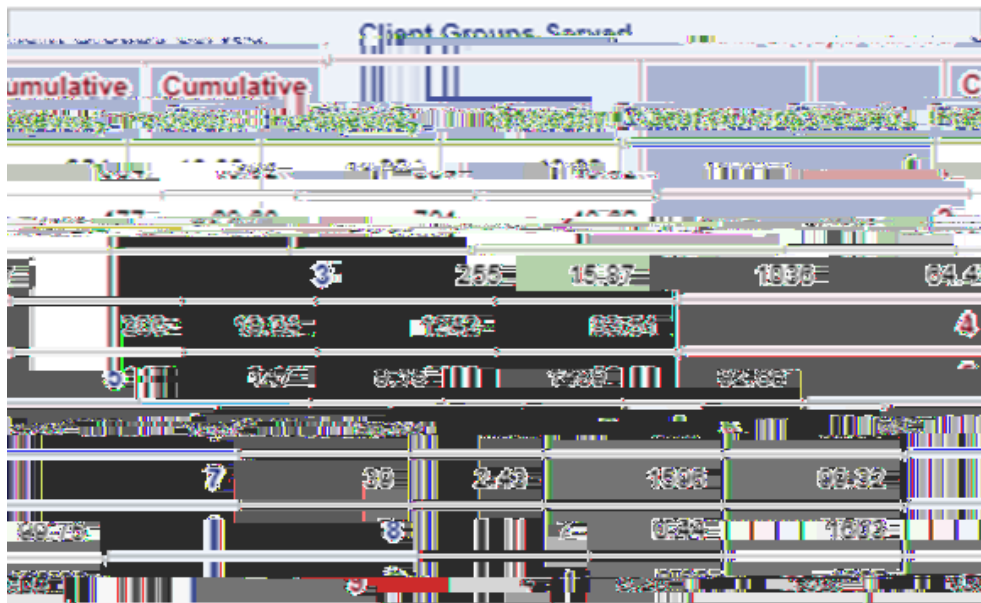
Only 36% of CBRFs served more than four client groups.

Results:

The order of client groups served ranked by each



Results: CBRFs and Number of Client Groups Served



Results: Memory Care

Memory Care, a term most commonly used to identify specialized care units in nursing homes, is used in as a marketing term in assisted living.

In some states, ALFs must be licensed to serve and market as a facility for Alzheimer's

Discussion

The most prominent finding throughout the evaluation of the data was that irreversible dementia /Alzheimer's and advanced age are served by a large portion of CBRFs, and they account for a disproportionate share of some of the regulatory concerns explored.

Findings also show that available data is incomplete. It is evident, and even reported by WI DHS that ALFs increasingly resemble nursing homes, even though the reporting requirements and regulatory oversight are very different.

Quality improvement efforts by WI DHS are reactive. They also seem to address increasingly evident signs clients are exceeding the bounds of care with "tools to success"; yet minimal exploration on if assisted living has exceeded the bounds of its existing structure has been reported.

Discussion: Limitations

The main method of quality assurance is through enforcement action alone and is more prescriptive than outcome-based.

A lot of trust is placed by DHS in their method of prioritizing surveys based on complaints. The amount of missed deficiencies remains unknown, along with the impact it would have on the results of this evaluation.

The data available provides the number of client groups a facility is licensed to serve; not how many client groups they are serving at a given time. Some facilities may be licensed to serve seven different client groups, yet they have a capacity of five.

Discussion: Limitations

Simplified weighing of outcomes. There were three types of negative "outcomes" documented by WI DHS; enforcements, key codes, and self-reports

Not all self-reports are a sign of wrong doing by a CBRF; they also aren't all investigated by WI DHS either

Even a key code occurrence doesn't capture the serious outcomes to the residents

EXAMPLES OF SERIOUS VIOLATIONS W/ ENFORCEMENT WHICH RESULTED IN NEGATIVE OUTCOMES FOR RESIDENTS

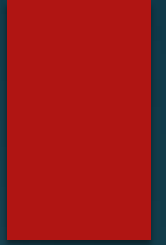
Falls	Over a period of 4 months a resident experienced decline in ambulation with 12 falls, including falls with injury. The facility did not assess the resident's safety needs or incorporate interventions to prevent injuries. The resident

Recommendations

WI DHS needs to maximize resources and have adequate department staff to complete their target of surveying every facility within two years at minimum. The existing method of complaint driven enforcement is leaving clients least able to advocate for themselves with less oversight.

Increase data collected from all CBRFs which includes the client groups served, client group specific training, and deidentified client data (basic demographics, main diagnosis, cognitive function, etcetera). Data should be used to better identify trends based on the people being served, rather than how the regulations alone are serving the people

Recommendations



Conclusion:

The limited data doesn't allow for a clear picture of the impact and correlations of the number of client groups served and the combinations of clients.

These findings raise important issues and point to an alarming pattern of increased enforcement citations at CBRFs that serve multiple client groups, especially irreversible dementia / Alzheimer's.

Urgent action and additional research is needed, which would be best initiated through an external legislative audit.