



Assisted Living in Wisconsin: An Analysis of the Relationship Between Enforcement Data and Client Groups Served

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Overview

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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

- ▶ CBRFs can serve up to 10 client groups (Right)
- ▶ **Purpose:** To examine the relationship between the number of client groups served in Wisconsin CBRFs and the number of deficiencies recorded

Physically
Disabled

Mental Health
Problems

Irreversible
Dementia

Advanced Age

Correctional
Clients

Pregnant
Needing
Counseling

Drug Abuse

Developmental
Disabilities

Terminally Ill

Traumatic Brain
Injury

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:

- ▶ Data was requested from WI DHS specific to each facility
- ▶ The data had to be cleaned up and combined to analyze for this project
- ▶ Data was collected on all ALFs, but only CBRFs were analyzed

RESIDENTIAL CARE FACILITIES						
	Facility Type	Acronym	Description	State Reg.	Capacity	
Assisted Living Facilities: Facilities for persons who need some level of care monitoring services but choose to live in a setting without 24-hour access to nursing services. Facilities types include Adult Day Care, Adult Family Home, Community Based Resident Facility, and Residential Care Apartment Complex.	Residential Care Apartment Complex	RCAC	Independent apartment units in which the following services are provided: room and board, up to 28 hours per week of supportive care, personal care, and nursing services.	WI Administrative Code DHS 89, Wis. Stat. 30	5-109	Registered or certified
	Adult Family Home	AFH	A place where 3 or 4 adults who are not related to the operator reside and receive care, treatment or services that are above the level of room and board and that may include up to 7 hours per week of nursing care per resident.	WI Administrative Code DHS 88, Wis. Stat. 50	3-4	Certified or licensed
	Community Based Residential Facility	CBRF	A place where 5 or more unrelated people live together in a community setting. Services provided include room and board, supervision, support services , and may include up to 3 hours of nursing care per week.	WI Administrative Code DHS 83, Wis. Stat. 50	5-257	Licensed
Nursing Home		SNF, NF	A place where 5 or more persons who are not related to the operator or administrator reside, receive care or treatment and, because of their mental or physical condition, require access to 24-hour nursing services, including limited nursing care, intermediate level nursing care and skilled nursing services.	WI Administrative Code DHS 132, Wis. Stat. 50		

Methods: Data Collection

The below records for each CBRF between 2015-2017 were collected from WI DHS:

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.

Enforcements

- 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.

Key Code Enforcements

- Select violations are weighted more seriously than others based on the regulation they are associated with. Identified based on their potential to affect resident outcomes specifically related to quality of life and quality of care, key code violations are associated with these core areas: consumer rights, provision of services, nutrition and food services, physical environment and safety, staff training, and medication system.

Methods: Data Analysis

Analysis included:

1. relative frequency of CBRFs serving the different number of client groups per facility
2. relative frequency of CBRFs serving the different number of client groups with enforcements, key code enforcements, self-reports, and some unique categories of self-reports
3. variations of the previously mentioned calculations to identify any possible regional and funding trends
4. relative frequency of CBRFs serving the different number of client groups with enforcements, key code enforcements, self-reports, and some unique categories of self-reports when eliminating facilities that don't serve irreversible dementia/Alzheimer's and advanced age- comparing them to the unfiltered results
5. relative frequency of CBRFs serving one client group only (by client group) with enforcements, key code enforcements, self-reports
6. percentage of total key code enforcements issued to the CBRFs serving each number of client groups was also calculated and compared to the percent of total CBRFs they account for

*due to the range in enforcements per CBRF, average per client group would have been skewed.

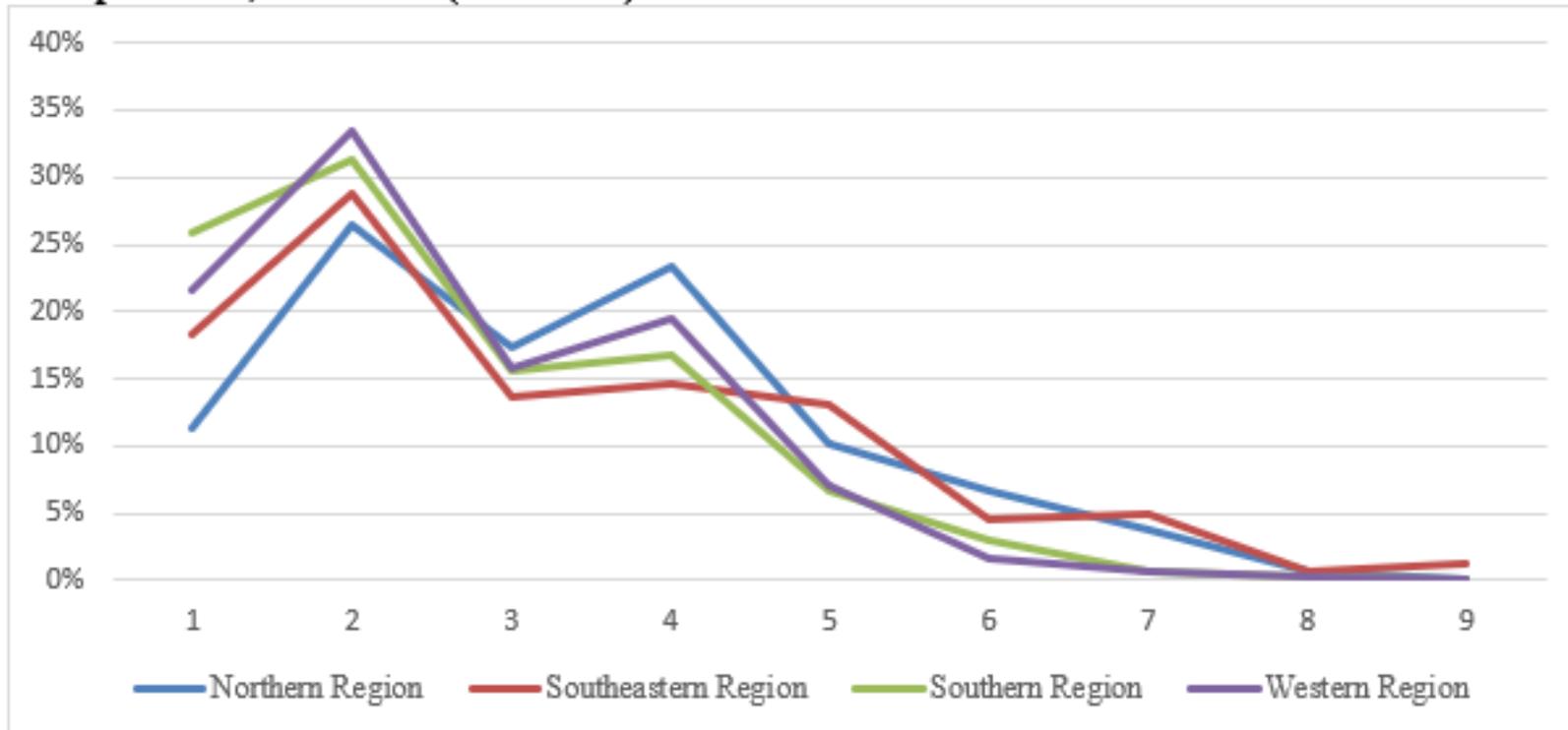
Results:

- ▶ 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:

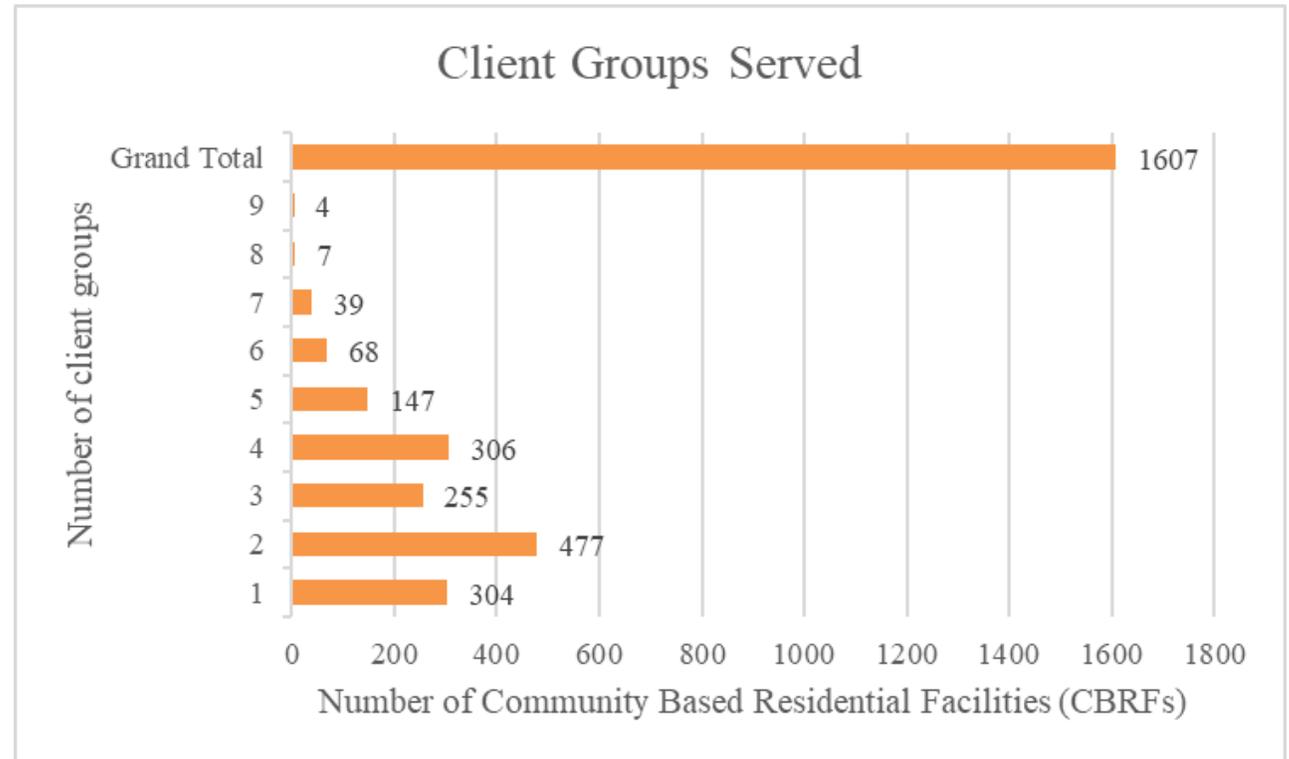
- ▶ The order of client groups served ranked by each region's relative frequency is nearly identical across all four regions.
- ▶ The percentage of facilities accepting public funding was also comparable across regions.

Figure II: Percentage of Community Based Residential Facilities by Region and Number of Client Groups served, Wisconsin (2015-2017)



Results: CBRFs and Number of Client Groups Served

Client Groups Served				
Client Groups Served	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	304	18.92	304	18.92
2	477	29.68	781	48.60
3	255	15.87	1036	64.47
4	306	19.04	1342	83.51
5	147	9.15	1489	92.66
6	68	4.23	1557	96.89
7	39	2.43	1596	99.32
8	7	0.44	1603	99.75
9	4	0.25	1607	100.00



Results:

- ▶ Of the 304 CBRFs serving only one client group 39% served developmentally disabled clients. Of those, 28% had at least one key code enforcement and accounted for 28% of all key code enforcements for facilities serving 1 client group.
- ▶ CBRFs that serve only advanced aged and irreversible dementia/Alzheimer's accounted for a much larger portion of enforcements than facilities that exclusively served each of the other client groups. Of all CBRFs, 37% served only advanced age, and 53% of CBRFs served only irreversible dementia/Alzheimer's had at least one key code enforcement.

Percentage of Community Based Residential Facilities that serve a single client group, by enforcement activity, Wisconsin (2015-2017)

Chart Area	Percentage of all facilities that serve only members of this client group	Percentage of facilities serving only members of this client group with enforcement	Percentage of total enforcements for all facilities serving one client group
Advanced Age	17%	37%	23%
Alcohol/Drug Dependency	9%	21%	12%
Emotionally Disturbed/Mental Illness	19%	34%	14%
Irreversible Dementia/Alzheimer's	12%	53%	20%
Correctional Clients	3%	40%	4%
Developmentally Disabled	39%	28%	28%

Results:

- ▶ 60% of CBRFs serve both irreversible dementia/Alzheimer's and advanced age, with the exception being those serving only one client group – either irreversible dementia/Alzheimer's or advanced age.
- ▶ The same 60% of CBRFs received 75% of all key code enforcements.
- ▶ Only 29% of CBRFs serving one client group serve either group. However, they account for 42% of all key codes for CBRFs serving one client group.

Community Based Residential Facilities Serving Irreversible Dementia/Alzheimer's

	CLIENT GROUPS SERVED								
	1	2	3	4	5	6	7	8	9
Total count of all Community Based Residential Facilities (CBRFs) by number of Client Groups Served	304	477	255	306	147	68	39	7	4
Percent of Community Based Residential Facilities (CBRFs) serving Advanced Age and Irreversible Dementia	28.6%	70.2%	59.2%	80.4%	79.6%	98.5%	100%	85.7%	100.0%
Percent of all key code enforcements	42.3%	80.8%	64.2%	93.0%	84.9%	93.6%	100%	0.0%	100.0%

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 and Dementia residents. Wisconsin is not one of those states.
- ▶ 68 CBRFs include "memory" in the facility name; 30/68 had enforcements-28 of which were key codes.
- ▶ The relative frequency of these CBRFs having a key code enforcement was 41.18%, notably higher than the 36.4% for all CBRFs.
- ▶ These "Memory Care" facilities did not all serve only one or two client groups, which could be a common assumption (irreversible dementia/Alzheimer's and advanced age) given the terms use in nursing home units. In fact, some served up to five client groups.

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 no assess the resident's safety needs or incorporate interventions to prevent injuries. The resident eventually fell and sustained a head laceration and a large intraparenchymal hemorrhage (bleeding within the brain). The resident died due to the injuries sustained in the fall.
Challenging Behaviors	The provider failed to protect vulnerable residents after admitting a physically aggressive resident to the facility. The resident (who was a former boxer) hit another resident (who had dementia) several times, requiring police intervention. During a subsequent incident, the two residents were in the parking lot unsupervised when the second residents was punched in the face. The resident fell to the ground, hitting his/her head on concrete. The resident was taken to the hospital and diagnosed with a subdural hematoma and later died from "complications from a closed head injury - Homicide." The facility retained the aggressive resident without providing additional supervision or services to ensure the protection of others.
Elopement	A resident with advanced Alzheimer's disease did not receive adequate supervision and left the facility undetected in frigid temperatures (a low of 7 degrees). The resident was wearing only slacks, a shirt, and slippers. Although the resident required scheduled checks of his/her whereabouts, caregivers did not check on the resident after 1:00am and she was discovered deceased outside at 8:05am.

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

- ▶ Regulation and licensing specific to irreversible dementia/Alzheimer's should be explored. Moreover, CBRF regulations should address whether a client that falls into multiple client groups should only be served by facilities licensed to serve all those client groups, which is currently unclear.
- ▶ A legislative audit of WI DHS assisted living should be the first step in this exploration.

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.