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

BY: SARA PICA
Overview

- Introduction
- Literature Review
- Methods
- Results
- Discussion
- Recommendations
- Conclusion
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.
Methods: Data Collection

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

<table>
<thead>
<tr>
<th>Self-Reports</th>
<th>Enforcements</th>
<th>Key Code Enforcements</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
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.
Results: CBRFs and Number of Client Groups Served

<table>
<thead>
<tr>
<th>Client Groups Served</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Frequency</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>304</td>
<td>18.92%</td>
<td>304</td>
<td>18.92%</td>
</tr>
<tr>
<td>2</td>
<td>477</td>
<td>29.88%</td>
<td>781</td>
<td>48.80%</td>
</tr>
<tr>
<td>3</td>
<td>255</td>
<td>15.87%</td>
<td>1036</td>
<td>64.47%</td>
</tr>
<tr>
<td>4</td>
<td>306</td>
<td>19.04%</td>
<td>1342</td>
<td>83.51%</td>
</tr>
<tr>
<td>5</td>
<td>147</td>
<td>9.16%</td>
<td>1489</td>
<td>92.66%</td>
</tr>
<tr>
<td>6</td>
<td>68</td>
<td>4.23%</td>
<td>1557</td>
<td>96.89%</td>
</tr>
<tr>
<td>7</td>
<td>39</td>
<td>2.43%</td>
<td>1596</td>
<td>99.32%</td>
</tr>
<tr>
<td>8</td>
<td>7</td>
<td>0.44%</td>
<td>1603</td>
<td>99.75%</td>
</tr>
<tr>
<td>9</td>
<td>4</td>
<td>0.25%</td>
<td>1607</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

- Client Groups Served
- Frequency: 1607
- Percent: 100.00%
- Cumulative Frequency: 1607
- Cumulative Percent: 100.00%

Number of Community Based Residential Facilities (CBRFs)
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 |
| **Advanced Age** | 17% | 37% |
| **Alcohol/Drug Dependency** | 9% | 21% |
| **Emotionally Disturbed/Mental Illness** | 19% | 34% |
| **Irreversible Dementia/Alzheimer’s** | 12% | 53% |
| **Correctional Clients** | 3% | 40% |
| **Developmentally Disabled** | 39% | 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’ss | CLIENT GROUPS SERVED |
|---|---|---|---|---|---|---|---|---|---|
| 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.

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<table>
<thead>
<tr>
<th>EXAMPLES OF SERIOUS VIOLATIONS W/ ENFORCEMENT WHICH RESULTED IN NEGATIVE OUTCOMES FOR RESIDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Falls</strong></td>
</tr>
<tr>
<td><strong>Challenging Behaviors</strong></td>
</tr>
<tr>
<td><strong>Elopement</strong></td>
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</table>
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.