



The National **Long-Term Care** **Ombudsman** Resource Center

CONSUMER ISSUES AND ADVOCACY CHALLENGES IN ASSISTED LIVING

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Assisted Living

- A growing industry
- Looks different in every state – personal care, board & care, etc.
- Primarily private pay but 43% of facilities had at least one resident who had some or all of services paid by Medicaid

Resident Care Needs

26% residents – 0 ADLs

36% residents – 1-2 ADLs

38% residents – 3-5 ADLs

In 2010, 38% of residents needed assistance with 3 or more ADLs as compared to 24% of residents in 1999.

Resident Care Needs

More than 3/4 of residents have had at least 2 of the 10 most common chronic conditions

High blood pressure and Alzheimer's disease and other dementias were the most prevalent

Ombudsmen in Assisted Living

Receipt of complaints by ombudsmen in Board & Care/Assisted Living has been increasing as an overall percentage of complaints

	<u>Nursing Home</u>	<u>ALF</u>
2012	72%	26%
2007	76%	22%

Ombudsman in Assisted Living

2012 NORS Complaints

- Medications – administration & organization
- Improper eviction, inadequate or no discharge planning
- Quality, quantity, variation and choice of food
- Lack of respect for residents, poor staff attitudes
- Equipment or building hazards

Assisted Living Advocacy

Similarities between ALF and NH residents

- Many are elderly
- An increasing number have dementia
- Have many of the same psychosocial needs
- Acuity level is increasingly similar
- Experience similar problems

Differences between ALF and NH residents

- Less comprehensive regulations in ALFs
- Less regulatory oversight in ALFs
- Fewer professional staff in ALFs
- Type of staff varies
- Less stringent training requirements in ALFs
- Greater # of ALFs are private pay only

Something old,
Something new

LTCO Principles that Translate to AL

- Establishing the outcome the resident is seeking
- Getting resident consent before proceeding and moving forward only with resident permission
- Encouraging and, if necessary, assisting the resident in self-advocacy
- Obtaining resident permission to reveal identity and talk to others about the problem

LTCO Principles that Translate to AL

- Checking back with the resident at different stages of the complaint investigation/resolution
- Reporting investigation results back to the resident and determining whether s/he wants to continue
- Discussing possible solutions with the resident and developing a resolution strategy that the resident wants; and
- Involving the resident to the greatest extent possible in the resolution process

Ombudsman Strategies

- Self-advocacy
- Negotiation
- Mediation
- Education & promotion of best practices
- Referral
- Regular LTCO presence
- Community Action
- Legal Action
- Media

Assisted Living Facility Strategies

Applying contract provisions

State regulatory standards

Other applicable laws – ie, Americans with Disabilities Act

How Can LTCO Be Effective Advocates for AL Residents?

- Receive Training
- Provide Resources
- Partnerships with Outside Agencies
- Build Relationships
- Provide Information & Referral
- Push for stronger regulations

How Can LTCO Be Effective Advocates for AL Residents?

- Encourage the ALF to “do the right thing”
- Share Information & Resources
- Be creative
- Be Persistent
- Provide Training

Situation 1

A resident living in an ALF fell and broke her leg. She was sent to the hospital to have it set. She is in a cast and wheelchair. The hospital is ready to send her back to the ALF, but she will need additional help until the bone heals. For example, she will need 2 people to help her with showering and toileting instead of 1 person. It will take 6-8 weeks for her bone to heal and she will need several weeks of therapy. The ALF is refusing to accept her back, saying she needs nursing home care until she can use her leg again. The resident wants to go back to her ALF home. Can the ALF refuse to take her back? Would it make a difference if she/her family offered to pay for the extra care she needs – ie, extra care from nursing assistants and physical/occupational therapists? Who would be responsible for coordinating the extra care?

Situation 2

A resident with dementia has been living in the ALF for a period of time (ie, 5 years). When she entered the ALF, she needed some assistance with medication management, showering, and getting dressed. Her dementia has progressed and her physical ability has declined to where she needs additional assistance – beyond what the facility is saying they can provide. The facility is saying she needs nursing home care. Who decides if/when she has to leave?

Situation 3

A resident has lived in an ALF for 3 years at a cost of \$5000/month. She has spent down her assets. The ALF has told the resident she has 30 days to leave. The state has a Medicaid waiver that can be used for care in assisted living.

Situation 4

Two residents at an ALF were found engaging in sexual intimacy. Staff and family members expressed concerns as both residents have cognitive impairments. One resident is middle-aged and has a TBI. The other resident is older with mid-stage dementia. How should this be handled?

Situation 5

A resident with a history of MI has been receiving his prescribed psychotropic medication by injection for about 5 years. He has told the ALF and the LTCO that he has a fear of shots and doesn't like the way the medication makes him feel. He knows he needs it, but would prefer an oral medication. The ALF manager said she will discharge the resident if he changes from shots to oral medication because he has a history of being unstable on oral medications and is a danger to himself and others. The resident has a guardian of both his person and finances.



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