

## **ASSISTED LIVING**

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Assisted living facilities have a variety of names and faces. Names range from board and care, personal care, care facilities, group homes, adult congregate living, and residential care facilities. Depending on state and county licensure requirements, an assisted living community may have from 2 to over 200 residents and range from a residential home to apartment-style living. Some are secured for persons with dementia and Alzheimer's disease, some serve persons with chronic mental illnesses, and others serve residents with head injuries and neurological diseases. In some states, group homes for persons with developmental disabilities may fall under assisted living regulations. According to the Assisted Living Federation of America (ALFA), all states have some sort of assisted living facilities but only 28 states use the term "assisted living".

Services typically offered at assisted living facilities include meals, housekeeping, laundry services, assistance with activities of daily living (i.e., bathing, dressing, grooming), and medication administration. What is not offered is 24-hour skilled nursing care.

As of this time, there are no federal regulations regarding assisted living. Some say they will come. Many wish to keep regulations local within the states because this gives the states more control. Most states have some regulations. Not all states require licensure, and in some states such facilities are regulated by being lumped into other categories such as food establishments. Currently, the Health Care Finance Administration (HCFA) is looking at Medicaid/Medicare services in assisted living and evaluating current state standards.

Because assisted living facilities are regulated by individual states and are referred to by different names and under many licensure requirements, tracking the growth nationally is difficult. ALFA estimates there are between 30,000 and 40,000 assisted living-type facilities serving an estimated one million individuals. According to a survey of the 50 largest assisted living providers, as reported in the 9/99 issue of *Assisted Living Today*, these providers have experienced a 25% increase in resident capacity in 1999. The percentage of growth, however, has slowed for these companies as it was 30% in 1998 and 50% in 1997.

Accreditation programs are being developed for assisted living facilities. Currently, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is developing standards for assisted living to go into effect June, 2000. Additionally, an assisted living accreditation program has been developed and will be conducted by the Commission on the Accreditation of Rehabilitation Facilities (CARF). CARF intends to begin its assisted living accreditation by July 1, 2000.

More and more resources for assisted living providers are becoming available. Nationally, ALFA and its state affiliates provide support, lobbying, and educational resources. State association members of American Association of Homes and Services for the Aging also provide support to assisted living providers. The National Center for Assisted Living is the assisted living voice of the American Health Care Association (AHCA). State association members of AHCA also provide support.

Some states have their own assisted living associations. For instance in Colorado, the Colorado Assisted Living Association provides periodic state-wide seminars and conventions. The association is made up of area groups who also have regular meetings with educational opportunities.

## **■ ACTIVITIES**

There is nothing different about activities in assisted living. As in any setting, activities need to meet the interests of current residents and their abilities. As residents change in any setting, so must activities. Some assisted living facilities serve residents who are independent. Some residents look like former intermediate nursing home residents. Some facilities provide nurses and enough staff to care for persons with more care needs. Some facilities serve persons with dementia. It follows that activities must be planned according to assessed resident interests and functioning levels.

An ALFA 1999 National Satisfaction Study was completed by 3,250 residents of assisted living communities. Residents who completed the satisfaction survey lived in three types of assisted living settings - free standing, continuing care retirement, and combined communities. Results showed that the friendliness of activities employees met or exceeded expectations at 92%, 91.4%, and 88.9%, respectively, per type of community. However, the met or exceeded rating was lower for activities that were interesting and stimulating at 71.2%, 73.9%, and 88.9%, respectively. According to this study, Activity Professionals may want to look closer at providing and determining which activities residents consider interesting and stimulating.

Planning meaningful and appropriate activities has always depended upon thorough assessment. In assisted living facilities, this may be an area open for improvement. In Colorado for instance, although there is no specific regulation requiring an activities assessment, there is a requirement to provide activities which take into consideration the individual interests and wishes of the residents. Without comprehensive assessments of activity interests, needs, and the residents' abilities and challenges, individual plans of activities cannot be implemented, let alone planned.

Many regulations speak about helping residents reach their maximum potentials or highest practicable levels of well-being. This is also an area worth taking a second look at. Are you assessing what each resident's highest practicable level is or could be? Are you planning approaches to take in order to encourage residents to attain or maintain that level? And lastly, are you planning individual, one-to-one, and group activities as appropriate to help residents reach their maximum potential? A trap Activity Professionals sometimes fall into is to fit residents into the planned activities when it is our responsibility to fit the calendar to their needs and interests.

A disturbing trend within some assisted living facilities is an "aging in place promise". Unfortunately, residents and their families are being told by some providers they can live there to age in place when that goal is not always possible. Most states set limits on how much skilled care can be provided to an assisted living resident. If a resident exceeds that limit, he may be required to move on. A recent study published in the *Journal of the American Geriatrics Society* found that nearly a third of 3,262 seriously ill individuals said they'd rather die than live in a nursing home. Because of this fear, facilities have to be careful about making promises. Residents need to be educated that nursing homes provide quality of care and quality of life.

As pointed out in a 10/22/99 *SmartMoney* investigation, some assisted living facilities are failing to deliver what is promised and placing some of the frailest older adults at risk. In the investigation, former administrators of assisted living facilities admitted that undue pressure was placed on them to keep the occupancy rate as close to 100% as possible. In response to this growing industry, the Consumer Consortium on Assisted Living (CCAL) has been formed, the only watchdog group devoted exclusively to assisted living.

In response to the *SmartMoney* report, ALFA Communications Director Whitney Redding explained that the goal of the assisted living industry is to provide consumers with a choice for non-institutionalized care. The goal and theory is to provide individuals opportunities to age in place by providing all needed services if possible. Redding stated, "For the most part, the philosophy and goal are not reality yet. Redding reported that 25% of assisted living residents successfully live out their lives in assisted living. Redding also indicated that marketing of assisted living services needs to be clear about which services can be provided and which

cannot. She stated that assisted living has limits but is still worth it and can add quality of life to a great number of people who otherwise might have no choice but to move into a skilled nursing facility before one is required. She pointed out that what people want is to be safe and happy and to age in place as long as possible with as much choice and independence as possible.

Assisted living is meeting the needs of a great number of the aging population in America. As in any setting, all interested parties have the responsibility to ensure that the placement is appropriate and successful in supporting individuals to function at their highest possible levels.

## ■ RESOURCES

**ALFA - Assisted Living  
Federation of America**  
10300 Eaton Place, Suite 400  
Fairfax, VA 22030  
(703) 691-8100  
[www.alfa.org](http://www.alfa.org)

**CARF - Commission on the Accreditation of Rehabilitation Facilities**  
4891 E. Grant Road  
Tucson, AZ 85712  
(520) 325-1044  
[www.carf.org](http://www.carf.org)

**JCAHO - Joint Commission on Accreditation of Healthcare Organizations**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
(630) 792-5000  
[www.jcaho.org](http://www.jcaho.org)

**AAHSA - American Association  
of Homes and Services  
for the Aging**  
901 E St., NW, Suite 500  
Washington, DC 20004-2011  
(202) 783-2242  
[www.aahsa.org](http://www.aahsa.org)

**NCAL - National Center for Assisted Living (branch of  
American Health  
Care Association)**  
1201 L St., NW  
Washington, DC 20005  
(202) 842-4444  
[www.ncal.org](http://www.ncal.org)

**CCAL - Consumer Consortium on Assisted Living**  
P.O. Box 3375  
Arlington, VA 22203  
(703) 533-8121  
[www.ccal.org](http://www.ccal.org)

*Carmen Bowman has been a Health Compliance Surveyor with the Health Facilities Division of the Colorado Department of Public Health and Environment for six years. She is qualified to*

*survey nursing homes, assisted living facilities, and adult day programs and serves as the in-house Activities Specialist. Carmen has worked in activities since 1987 and serves on the Editorial Board for the Activities, Adaptations and Aging Journal. Carmen is on the State Executive Board of the Colorado Activity Professionals Association and on various committees as a member of the National Association of Activity Professionals. CF*