Assisted Living Facility:

What Is More Than Minimal Assistance & Other Things Assisted Living

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Discussion Points

- Who qualifies for Assisted Living
- Premove-In Screening & Community Based Assessments (CBA)
- Individualized Service Plans (ISP)
- Individualized Evacuation Plans (IEP)
- Skilled Nursing Placement vs. Skilled Nursing Services
- Top Deficiencies (July 1, 2022 – December 31, 2022)

Who qualifies for assisted living?

19 CSR 30-86.047 (28) The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement as defined in this rule, and only if the facility:

NOTE: See subsections 19 CSR 30-86.047 (28)(A) – (28)(K)

Who qualifies for assisted living?

19 CSR 30-86.047 (29) The facility shall not admit or continue to care for a resident who:

(A) Has exhibited behaviors that present a reasonable likelihood of serious harm to himself or herself or others; I/II

(B) Requires physical restraint as defined in this rule; II

(C) Requires chemical restraint as defined in this rule; II

(D) Requires skilled nursing services as defined in section 198.073.4, RSMo for which the facility is not licensed or able to provide; II

(E) Requires more than one (1) person to simultaneously physically assist the resident with any activity of daily living, with the exception of bathing and transferring; or II/III

(F) Is bed-bound or similarly immobilized due to a debilitating or chronic condition. II

NOTE: 19 CSR 30-86.047 (30) The requirements of subsections (29)(D), (E) and (F) shall not apply to a resident receiving hospice care, provided the resident, his or her legally authorized representative or designee, or both, and the facility, physician and licensed hospice provider all agree that such program of care is appropriate for the resident. II

The First Step: Premove-In Screening

The premove-in screening is a tool designed to determine if an individual is eligible for admission to the assisted living facility:

- Must be completed PRIOR to admission with the participation of the prospective resident. See 19 CSR 30-86.047 (28)(E)

- Admission shall be based on the admission restrictions listed in 19 CSR 30-86.047 (29)

The Second Step: Community Based Assessment

Documents basic information and analysis that describes an individual's abilities and needs in:

- activities of daily living (eating, bathing, dressing, toileting, transferring, walking)
- instrumental activities of daily living (meal prep, medication management, housework, transportation ability, shopping, money management, using telephone)
- vision/hearing
- nutrition
- social participation and support
- cognitive functioning

The Second Step: Community Based Assessment

Timeframes for Completion

- Within five (5) calendar days of admission
- At least semiannually; and
- Whenever a significant change has occurred in the resident's condition, which may require a change in service

Based on the results of the Community Based Assessment, the facility develops and Individualized Service Plan (ISP).

NOTE:

- 19 CSR 30-86.047 (28)(F) requires the community based assessment be conducted by an appropriately trained and qualified individual as defined in section 19 CSR 30-86.047 (4).

What is an Individualized Service Plan (ISP)?

The ISP is the planning document which outlines:

- a resident’s needs and preferences,
- services to be provided,
- the goals expected by the resident or the resident’s legal representative in partnership with the facility.

19 CSR 30-86.047 (28)(G) – ISP development requirements

19 CSR 30-86.047 (28)(H) – ISP review requirements

19 CSR 30-86.047 (28)(I) – ISP signature requirements

Why is the ISP so Important?

19 CSR 30-86.047(28) The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement as defined in this rule, and only if the facility:

(A) Provides for or coordinates oversight and services to **meet the needs**, the social and recreational preferences in accordance with the individualized service plan of the resident as documented in a written contract signed by the resident, or legal representative of the resident;

It Shows the Facility is Able to Meet the Needs of Residents and Describes How They Will Do It

Primary Function of the ISP

Communication Tool

- Information sharing: Describes what is unique, important to the individual, and how to keep them healthy and safe
- Provides direction/organizes actions of employees
- Develops system for continuity of care- specific to the individual

“Road Map” or “Recipe for Care”

Characteristics of a Successful ISP

Individualized

Accurate

Comprehensive

Effective

Clear Language

System Components for Implementing an ISP that Meets Individual Needs

Education/Training of Care Givers

Knowledge of the ISP- initially and ongoing

Ongoing assessment

Access to the ISP

Sufficient Supplies and Equipment

Sufficient, motivated and empowered staff

Monitoring

Individual satisfaction and empowerment

Example #1

Facility failed to provide proper care for residents, as defined in the ISP for a resident who required a specialized diet.

Records:

- Admit date: 09/04/2019 (Diagnoses: insomnia, depression, and dementia)
- 4/25/22 Physician's order showed nectar thickened liquid.

ISP

Need: Meal Consumption (dated 05/06/2022)

- Resident on regular diet
- Resident will maintain and/or maximize current level of functioning with meal consumption
- Resident has decaying teeth and staff will assist resident with keeping mouth clean
- Total level of assistance needed; Resident required support with eating
- Resident must be fed by mouth by another person or gastrostomy
- Staff were to prompt and cue resident to take initial first bite of each meal
- Once the resident started to eat, he/she was successful at continuing to consume food.
- Staff to report changes to the nurse regarding the resident's abiity to eat.
- Resident will maintain compliance with diet orders
- Resident can feed self if offered finger foods; Resident unable to inform care staff of food preferences
- Staff to offer alternative choice of meals if resident refused to eat or did not like item

Example #1

Staff Interviews:

- 08/26/22: Caregiver C said no one told him/her that the resident needed thickened liquids. Caregiver C gave the resident regular water and lemonade. Caregiver C said he/she was never trained on how to find a resident's diet order.
- 08/26/22: Caregiver K said he/she was directed by other staff to continue to give resident regular liquids even though the resident continued to choke and cough.
- 08/29/22: CNA G said no one trained him/her to look at the resident's ISP for diet orders or how to find a resident's diet orders.
- DON said thickened liquids should have been on the resident's ISP and that staff never informed her that the resident choked at dinner. Diet orders should be on the resident's ISP and there should be a system in place. Said it was possible staff feeding the resident did not give him/her thickened liquids.

Example #1- System Components

Education/Training of Care Givers

Knowledge of the ISP- initially and ongoing

Ongoing assessment

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Example #2

ISP

Bathing: Requires standby or physical assistance to bathe or shower two times a week. Staff to stand by or physically assist the resident with bathing to ensure safety and provide necessary assistance with bathing two times a week. Resident needs help to get into and out of the shower;

Mobility: Resident is unable to bear full weight, but bears some weight due to bilateral knee instability. Staff to assist the resident with mobility within parameters of partial weight bearing orders. Resident uses a motorized wheelchair for increased mobility;

Bathroom assistance: Resident requires standby or physical assistance for toileting including using the bathroom, to change protective undergarments, and peri care to ensure the resident is clean, dry and odor free. The resident especially needs assistance with pulling up his/her pants after toilet use due to painful, unstable knees.

Example #2

Resident Interview

Resident said she needs help to pull her pants on after she uses the bathroom. She can transfer on and off the toilet, but could not bend down to reach her pants. Staff do not always respond to her alarm in the evening and she has spent over an hour on the toilet waiting for someone to come help her. The resident said she has started calling the front desk to have the concierge page the staff for her. The concierge left at 8:00 P.M. and she tried to go to the bathroom before the concierge left because she could not get any help later in the evening especially during shift change. She knew staff would eventually respond but it hurt to sit there for a long time. At least four times in the past month, the resident had to pull herself off the toilet, put a towel over her legs and go look for help. Often there were no staff available on her floor and she would have to go to the first floor to get help. Her concern was if she fell, staff would not be there to help her. It was painful to sit on the toilet for a long time and it irritated her skin. She complained to the staff about the problem but nothing had been done. It had gotten worse in the last month.

Example #2

Concierge Interview-The concierge said the resident regularly called him/her to ask him to page staff to help her. The concierge had passed along the resident's concerns to the director of nursing (DON) and the administrator.

Day Shift CMA Interview-The resident complained to her about staff not responding to her call light in the evenings.

Nurse Interview-The concierge alerted her to the resident's concerns. The resident complained about staff not responding to her call light but could not narrow it down to a specific staff member. The DON reviewed the pendant response paperwork and narrowed it down to a staff member who was on vacation so had not discussed with her yet. It was her understanding the staff member did not like cats and did not want to go into the resident's room because she had a cat.

Example #2

Call Light Data:

Friday, 12/7/18 -8:57 P.M. - It took staff 56 minutes to respond.

-10:34 P.M.- It took staff 31 minutes and 26 seconds to respond.

Saturday, 12/8/18 -9:15 A.M.- It took staff 64 minutes and 38 seconds to respond.

-11:30 A.M.- It took staff 38 minutes and 37 seconds to respond.

Monday, 12/10/18 - 8:53 A.M.- It took staff 24 minutes and 38 seconds to respond.

-5:42 P.M.- It took staff 24 minutes and 58 seconds to respond.

-10:23 P.M.- It took staff 35 minutes and 47 seconds to respond.

Example #2- System Components

Education/Training of Care Givers

Knowledge of the ISP- initially and ongoing

Ongoing assessment

Accuracy

Access to the ISP

Sufficient Supplies and Equipment

Sufficient, motivated and empowered staff

Monitoring

Individual satisfaction and empowerment

Additional Areas for Consideration

- **Safety risk**
- **Elopement risk**
- **Behavior monitoring**
- **Modified Diets**
- **Hospice services**
- **Private care aides**
- **Self-administration of medication**

Minimal Assistance

Minimal assistance— 1. Is the criterion which determines whether or not staff must develop and include an individualized evacuation plan as part of the resident's service plan;

2. Minimal assistance may be the verbal intervention that staff must provide for a resident to initiate evacuating the facility;

3. Minimal assistance may be the physical intervention that staff must provide, such as turning a resident in the correct direction, for a resident to initiate evacuating the facility;

4. A resident needing minimal assistance is one who is able to prepare to leave and then evacuate the facility within five (5) minutes of being alerted of the need to evacuate and requires no more than one (1) physical intervention and no more than three (3) verbal interventions of staff to complete evacuation from the facility;

19 CSR 30-86.047 (4)(J) 4. – definition for minimal assistance

More than Minimal Assistance

The following actions required of staff are considered to be more than minimal assistance:

A. Assistance to traverse down stairways;

B. Assistance to open a door; and

C. Assistance to propel a wheelchair;

19 CSR 30-86.045 (2)(D) 5. – definition for more than minimal assistance

Individualized Evacuation Plan – More than Minimal Assistance

Individualized evacuation plan (IEP)—A plan to remove the resident from the facility, to an area of refuge within the facility or from one (1) smoke section to another within the facility. The plan is specific to the resident's needs and abilities based on the current community based assessment;

IEPs are required for those residents who require more than minimal assistance to evacuate.

19 CSR 30-86.045 (3)(A) 5.,6.,7.,8.,9., and 10.– IEP requirements

Individualized Evacuation Plan – More than Minimal Assistance

19 CSR 30-86.045 (3)(A)

5. Include an individualized evacuation plan in the resident's individual service plan;

6. At a minimum the evacuation plan shall include the following components:

A. The responsibilities of specific staff positions in an emergency specific to the individual;

B. The fire protection interventions needed to ensure the safety of the resident; and

C. The plan shall evaluate the resident for his or her location within the facility and the proximity to exits and areas of refuge. The plan shall evaluate the resident, as applicable, for his or her risk of resistance, mobility, the need for additional staff support, consciousness, response to instructions, response to alarms, and fire drills;

Individualized Evacuation Plan

19 CSR 30-86.045 (3)(A)

7. IEP shall be amended or revised based on the ongoing assessment of the needs of the resident.

8. Employees with specific responsibilities shall be instructed and informed regarding their duties and responsibilities under the resident’s evacuation plan at least every six (6) months and upon any significant change in the plan;

9. A copy of the resident’s evacuation plan shall be readily available to all staff.

10. Comply with all requirements of this rule (19 CSR 30-86.045)

Facility Evacuation Plans

19 CSR 30-86.047 (28) The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement, and only if the facility:

(C) Has a written plan for the protection of all residents in the event of a disaster such as tornado, fire, bomb threat or severe weather, including:

1. Keeping residents in place;
2. Evacuating residents to areas of refuge;
3. Evacuating residents from the building if necessary; or
4. Other methods of protection based on the disaster and the individual building design;

19 CSR 30-86.022(5) contains additional fire drill and emergency preparedness requirements

Skilled Nursing Placement vs. Skilled Nursing Services

19 CSR 30-86.047 (4) (N) Skilled nursing placement—Means placement in a skilled nursing facility as defined in subsection (4)(M) of this rule;

19 CSR 30-86.047 (4)(M) Skilled nursing facility—Means any premises, other than a residential care facility, assisted living facility or an intermediate care facility, which is utilized by its owner, operator or manager to provide for twenty-four (24) hour accommodation, board and skilled nursing care and treatment services to at least three (3) residents who are not related within the fourth degree of consanguinity or affinity to the owner, operator or manager of the facility. Skilled nursing care and treatment services are those services commonly performed by or under the supervision of a registered professional nurse for individuals requiring twenty-four (24)-hours-a-day care by licensed nursing personnel including acts of observation, care and counsel of the aged, ill, injured or infirm, the administration of medications and treatments as prescribed by a licensed physician or dentist, and other nursing functions requiring substantial specialized judgment and skill;

Skilled Nursing Placement vs. Skilled Nursing Services

19 CSR 30-83.010 (48) Skilled nursing care—Shall mean services furnished pursuant to physicians' orders which require the skills of licensed nurses and which are provided directly by or under the on-site supervision of these personnel. Examples of skilled nursing care may include, but are not limited to: administration of levine tube or gastrostomy tube feedings; nasopharyngeal and tracheotomy aspiration; insertion of medicated or sterile irrigation solutions and replacement of catheters; administration of parenteral fluids; inhalation therapy treatments; administration of other treatments requiring aseptic technique; and administration of injectable medication other than insulin.

FREQUENTLY CITED DEFICIENCIES
(July 1, 2022-December 31, 2022)

Assisted Living Facilities
Most Frequently Cited Deficiencies - Health
July 1, 2022 – December 31, 2022

Statewide

86.047 (35)	Protective oversight
86.022 (9) (C)	Fire alarm system – test/maintain
86.047 (46)	Safe and effective medication system
86.022 (9) (D)	Fire alarm system inspections/certifications
86.047 (19)	TB screen residents and staff
86.047 (36)	Proper care per individual service plan
86.022 (17)	Oxygen storage requirements
86.032 (13)	Electrical wiring, maintained, inspected
86.047 (47) (A)	Physicians orders followed
86.022 (12) (C)	Emergency lighting-battery powered, 1.5 hours
9998	Boiler inspection; Failed to submit plan of correction & boiler permit; Install water heater drip leg

FREQUENTLY CITED DEFICIENCIES
(July 1, 2022-December 31, 2022)

Assisted Living Facilities – Additional Requirements
More than Minimal Assistance
July 1, 2022 – December 31, 2022

Statewide

86.045 (3) (A) 6. A.	Individual evacuation plan – staff requirements
86.045 (3) (A) 6. C.	Individual evacuation plan – evaluate
86.045 (3) (A) 9.	Resident evacuation plan – readily available
86.045 (4) (A)	Staffing ratio, resident care and fire safety
86.045 (4) (D)	Staffing – resident, more than minimal assist

Q & A

Discussion of your questions………

Thank you!

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