



Communicator

ASSISTED LIVING ASSOCIATION OF ALABAMA

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Fall means one thing around here; “Fall Conference”!

This year’s version was held in Birmingham at the Wynfrey Hotel (don’t forget, next fall will be at the beach)!

More than 350 registrants attended and twenty-eight companies exhibited on Tuesday.

We had three Gold Level Sponsors-Alabama Small Business Development Consortium, Southern Pharmaceutical, and Tidewater Group Purchasing.

Five businesses were Sponsors at the Silver Level (more than ever); AmPharm, Inc., Johnston Barton Proctor and Rose, LLP, Merchants Foodservice, SunScript Pharmacy, and US Foodservice.

This is an outstanding show of support for our Associa-

tion, and an important indicator of our growing significance in the Alabama world of senior services.

The evaluations of this conference have been reviewed and provided to the Educa-

tion Committee. Your suggestions, complaints, and ideas are important to us and will be carefully considered as we plan for future conferences.

CONFERENCE SCHEDULE THROUGH 2008

2007 FALL Conference BIRMINGHAM, AL WYNFREY HOTEL	September 18, 19, & 20
2008 STAKEHOLDERS Meeting MONTGOMERY, AL EMBASSY SUITES	TBA
2008 SPRING Conference BIRMINGHAM, AL WYNFREY HOTEL	April 24 & 25, 2008
2008 FALL Conference ORANGE BEACH, AL PERDIDO RESORT	September 22-24, 2008



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BRIDGING
the Continuum

Regulation, Compliance, and Balance

Just My Opinion

Frank Holden

Since August 2004 the total number of assisted living facilities in Alabama has declined from 344 to 316; a drop of nearly ten percent.

The number of licensed beds has decreased by 648, or six percent.

Today there are 9,266 total assisted living (ALF and SCALF) beds licensed in Alabama. There were 10,204 in 2004.

This overall decline in facilities and beds is partly due to a natural contraction of the market. But the negative growth rate may also be a result of the strict regulatory scheme and lack of publicly financed support for assisted living residents in Alabama.

In interviews with operators exiting the business or the State, many report that the increased cost of operating in Alabama's restrictive regulatory environment played a significant role in their decision.

No doubt, some of the decline is due to a 'survival of the fittest' phenomenon where financial or other business issues force marginal operations to close.

But, normal business cycles would suggest that fitter, better financed operations would take their place.

Alabama's population is 4.6 million. Nearly 250,000 are over seventy-five years old; seniors 65+ comprise 12.9% or approximately 600,000 of the state population. The senior population is growing at a faster rate than the US average.

The Alabama State Health Plan projects the assisted living need to be approximately 16 beds per 1,000 residents over the age of sixty-five. In addition, the State-wide Health Coordinating Council uses a formula of four beds per thousand aged sixty-five and older for dementia care.

That would mean that Alabama's health care planning agency projects the need to be 9,600 ALF beds and 2,400 Specialty Care Assisted Living (SCALF) beds for dementia.

By that measure, Alabama's inventory for traditional assisted living is short.

The breakdown by license type for 2007 is:

6,855 ALF Beds
2,411 SCALF Beds

This shrinkage is counterbalanced by another interesting phenomenon; in the last three years several national multi-state providers have come to Alabama.

From 1999 to 2002 Alabama had few national providers investing in the state. In fact, several who were in the state left during that time.

It would appear that Alabama is poised for a sustained period of growth in Assisted Living.

Impediments to growth are such things as Alabama's ALF regulations, volatile financial markets, and consumer's ability to afford Assisted Living.

Nursing in Assisted Living and SCALF

Oh my! What a storm! Nurses all have opinions and all opinions are interpretations of combined experience and training.

At the Fall Conference ALAA presented a break-out session on this topic and while most registrants were clear that the presenters were speaking from their own points of view, some in the audience misunderstood.

So, in the interest of clarity, here are some points about nursing in Assisted Living and in SCALF.

ALF Regulations regarding nurses are clear, licensed nurses are not required in regular Assisted Living facilities.

Home Health nursing is permitted when a resident's needs require skilled intervention that will not exceed a ninety day period.

But nothing in the rules should be understood to prohibit any licensed health care professional from practicing within the scope of their license.

The Fall Conference break-out session on nursing in assisted living was intended to present two divergent views on the role of nursing in assisted living.



No one should have left the room thinking that the rules require a nurse in assisted living.

With increased scrutiny of Resident Plans of Care and increased documentation demands, a consultation with a professional familiar with care planning and documentation is well worth the effort .

Medical Model vs. Social Model

Assisted Living philosophy remains divided on the medical model vs. the social model concepts. Increasingly, in Alabama the rules lean heavily toward a medical model. Anyone who has had a recent survey can attest to this fact.

Recent rule changes requiring monthly assessments in ALF, increased attention to weight loss and interventions, cognitive assessment of ALF residents at each medication opportunity — all indicate continued interpretive guidance toward a medical model format.

Wise providers take note and train care staff and managers in these trends.

Survey Updates

In his prepared remarks at the Fall Conference, Rick Harris, Director ADPH Provider Services reported that the ALF Section had completed 50 surveys from January to mid-August 2007.

Assuming that the Department had five active surveyors during that period, the average would be slightly more than six per month and 1.25 per surveyor per month.

At that rate providers can expect a survey once every four years.

Recently, ADPH has hired and trained three additional surveyors; one will be assigned to enforcement on unlicensed facilities.

With seven active surveyors the pace should increase...although at the current rate of 1.25 surveys per month per surveyor, we still would wait 3 years for a survey.

Everyone agrees that rate is unacceptable. States with demographics similar to Alabama (Colorado is closest in profile of number of seniors and number of Assisted Living Facilities) average much more frequent surveys.

The Department reported that eight of the fifty surveys done since January resulted in Green scores, 28 were Yellow, and 14 resulted in Red scores.

(This report covered January through August 20, 2007.)

Since August 20 there have been at least a dozen surveys resulting in scores that appear to be predominately Red.

We can expect the statistics to change significantly if that trend holds up.

But even using the results presented by the Department through August 20 we see a very poor performance.

Green-16%
Yellow-56%
Red-28%

Given the descriptions posted on the survey certificate itself this would mean that 84% of all facilities in Alabama would require "Caution" for a consumer to consider placement in the facility.

If these numbers can be projected on the state as a whole, only 50 buildings out of 316 would be considered "substantially in compliance with the rules".

If that is true, **clearly that would be unacceptable.**

This raises several questions:

1. Are providers performing at a uniformly poor level of quality and compliance;
2. Are these scores accurately portraying the level of practice;
3. Is there a trend to overstate severity of deficiencies;
4. Is the scoring method and reporting a reliable message about the compliance of a facility?

No doubt, some facilities that received Red scores were performing at such a poor level of compliance that they deserved to face adverse enforcement action.

Some of these facilities closed, others entered into Consent Agreements to remedy the problems, and others secured new management either by contract or sale.

We will continue to evaluate and measure the impact of the number of surveys and the results of those surveys.

Flu Shot Update



Just when you thought you knew the answer to this perennial question, we have new guidance!

ADPH now states that ALF/SCALF employees must be offered the flu shot by the employer.

The employee may decline, but must sign a declination form stating that the flu vaccine was offered but declined by the employee.

Then the employer should document that the vaccination was offered, declined, and that the employee was counseled on the effectiveness and safety of the vaccine; and that it is highly recommended for staff to be vaccinated due to the compromised immune systems of elderly residents.

YOU SHOULD:

- ✓ **OFFER the vaccine**
- ✓ **Document Employee's Decline**
- ✓ **Document Counseling**

REMEMBER that ALAA has an Associate Member that provides vaccinations on-site with their own nurses for residents and staff.

Vaxxim can be reached by calling (334) 319-3279.

'07 Fall Conference Presentations may now be obtained from the ALAA website (www.alaaweb.org) by clicking on "About ALAA" and then click on "Event Schedule". Call the Association office if you need assistance.

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