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An Evaluation Of An Assisted Living Facility: Satisfaction, Access to Care, and Issues with Cost

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An Evaluation of an Assisted Living Facility: Satisfaction, Access to care and Issues with
Cost

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A DNP Policy Project

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EVALUATION OF AN ASSISTED LIVING FACILITY

Abstract

Background. Many older adults and their families are faced with difficulties paying for safe living situations as well as the expenses of healthcare for those with chronic diseases. Assisted living facilities provide support to patients and their families in this, however costs can be high and services limited.

Methods: Residents and their families were given a questionnaire related to reasons for choosing an assisted living facility and the expectations of the facility and services as well as their satisfaction with living there and the care received.

Results: Twenty-one people filled out the questionnaire. The most frequently cited reasons for choosing assisted living included: having 24 hour help available, socialization, and cost. Assisted living over home care was chosen due to: safety, cost, and that supervision required. They liked having available staff and socialization. Residents expect nursing staff to be professional, help promptly when requested, administer medications, and help with daily needs such as changing oxygen. The quality of nursing, turnover of the staff, and nurse to resident ratio were all cited as important factors.

Conclusion: Respondents were most concerned with having daily assistance and easing the burden of everyday concerns and an assisted living facility that will facilitate a safe social and comfortable environment. They were less concerned about future medical issues, than with the overall daily functioning of the assisted care facility.

***Key Words:* assisted living, health promotion model, socialization, safety**

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Introduction

Assisted living is a popular option for older adults in America who can afford it. The percentage of Americans older than eighty is growing along with the costs associated with healthcare for chronic illness (www.census.gov, 2016). It is important to determine how effective the assisted living model is for delivery of care and where improvements could be made for cost effective care for elders. There are stringent criteria that stipulate what conditions patients need to meet in order to stay in an assisted living facility. Residents need to be medically cleared to indicate they are able to live with minimal assistance. People with advanced medical illnesses (end stage Parkinson's or chronic kidney disease) that require more intensive monitoring would not be eligible, or may require private outside help not provided by the facility. Although residents may be fairly independent when they move in, due to the fragility that may occurs with older age and progressive illness, many patients are a step away from being disallowed to reside in this setting, with long-term care placement in a nursing home necessary.

Many older individuals residing in assisted living may become unable to receive needed care at an outside facility due to a lack of transportation, frailty, chronic disease, or disability (Syed, Gerber, & Sharp, 2014). According to Kozar-Westman, Troutman-Jordan, & Nies (2013), by 2050 27 million people will require some form of long-term care, and the authors also report that 80% of individuals over 65 have at least one chronic condition. As more Americans continue to develop chronic disease, the costs to manage their care escalate. Containing these costs will be a major problem in the future, as the number of older adults will continue to grow as the demographics shift toward a higher percentage of people over the age of 65(www.census.gov). For many individuals,

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increased age results in functional decline, which necessitates assisted living as a legitimate option.

The difference in the cost of assisted living facilities compared to long-term care is considerable. The average cost of a private room in a long-term care facility is \$79,935 per year, compared to an annual cost of \$37,572 for assisted living. Annual growth of assisted living between 1993 and 2007 was 6.2% (Grabowski, Stevenson & Cornell, 2012). In order to clarify the experience of older adults in assisted living, this DNP project will focus on surveying residents and their families on their experiences with selecting assisted living and their experiences accessing needed care while living in them. The surveys will allow for an evaluation of the expectations of the residents/families as this can have a strong influence on how and why people will make future decisions about assisted living.

Review of the Literature

The following search terms were used: safety, costs, prescribing, assisted living environment, dementia in assisted living, assisted living & expectations, families and assisted living, and satisfaction with assisted living. The databases used were Ebscohost and Pubmed. A total of eighteen journal articles were selected for the research review after reviewing a total of approximately 1,700 results. Many of the articles were not available as pdf, so the search was narrowed. Of the articles that were available, only articles that were directly related to the goals of the project were utilized. These articles were advantageous for providing the background information that served as the basis for this project.

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Eight different search terms were used with the key words “assisted living.” The articles that were chosen were based on which ones had the most direct applicability, such as the articles titled “Sizing Up The Market For Assisted Living” and “The Façade of Stability In Assisted Living”. The following articles were chosen because they included pertinent background information that formed the basis for the project. Some (approximately ten) articles were excluded because they were unrelated to the project.

Massachusetts Policy

Understanding Massachusetts’s policies regarding assisted living is an important component of the project for reconciling how policies relate to the goals of the project. Assisted living under Massachusetts’s policy includes personal care services and medication administration. Some assisted living facilities include a “special care residence” that includes people that may need extra care (Galik, Resnick, Lerner, Hammersla, Gruber-Baldini, 2015). The state policy also stipulates that patients cannot be admitted or retained by the facility if they require 24 hour care unless it is provided by an outside agency. Additionally, outside services, such as skilled nursing can only be provided by an outside agency. Thus, a family can contract with a third party provider. Nursing staff on site can only provide non-injectable medications for an additional monthly fee. There is no minimum nursing staff to patient ratio, as it is left up to each residence to decide if they need nursing care.

All facilities are mandated to have dementia training for staff (aspe.hhs.gov). Since facilities have a special residence for dementia patients, a dementia facility must prepare a plan that includes a description of the physical design of the structure, as well as the units and safety features. Assisted living facilities in Massachusetts are mainly for

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profit organizations, with seventy-six percent operating as for profit (www.mass.gov) and offer market rate prices, with some facilities including a minimum number of rooms available for lower income residents. However, this is not required. Some facilities require a certain number of rooms for moderate-income residents, and this is based on how the facility obtains financing (www.mass.gov).

Preference for Assisted Living

An article “Sizing Up The Market For Assisted Living” was chosen for this review because it provided insight from consumer/patient perspective in relation to cost.

According to an article by Stevenson & Brabowski (2010), patients prefer assisted living over nursing home care by six to one if they need twenty-four hour care. Some patients cite the cost of assisted living as a reason as well as the environment. Considering that the cost of assisted living averages \$34,000, compared to \$74,000 for a nursing home facility.

Palliative Services

Another important consideration that residents of assisted living facilities need to consider is palliative services that might be needed in this setting. The article “Hospice Care In Assisted Living Facilities Versus At Home” was used because many patients in these facilities will require some form of palliative care. According to the census bureau, the number of individuals over 85 is slated to grow from 5.9 million in 2012 to 18 million in 2050 (Dougherly, Harris, Teno, Corcoran Douglas, et al., 2015). The assisted living market has grown on average 20% a year, and the single biggest driver of this market is the demographic of the old-old population (85+). Furthermore, 54% of this demographic utilizes palliative services (Dougherly, et al., 2015). It only makes sense that patients and

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families consider how this will impact their decision to move into one of these facilities on a long-term basis. An evaluation of how palliative services is similar or different in the assisted living setting is worth considering.

Costs of Assisted Living

The cost of assisted living is a major factor in the consumer decision to utilize assets to pay for lower costs associated with this living arrangement compared to a nursing home. However, the costs need to be assessed in comparison to the costs of nursing facilities. The average cost of an assisted living on a yearly basis is \$37,000, and a nursing facility averages \$80,000 (Grabowski, Stevenson, Cornell, 2012). Patients in essence are making a consumer decision regarding the most optimal living arrangement. According to Grabowski et al, patients should theoretically decide to live in an assisted living facility if they have the monetary resources.

Continual growth of Assisted Living situations can be expected in the future and Grabowski (2012) found that there is an inverse relationship between nursing home facility occupancy when there is an assisted living facility in the area. This demonstrates the preference for people to utilize an assisted living facility if given the option. This also illustrates why this DNP project is important. There are patients who potentially qualify for long-term care facilities, but end up in assisted living facilities without the support services they need.

Problems with Assisted Living

There has been trend toward more reliance on assisted living as an option to give elderly people more control over their allocation of resources (Gleckman, 2012). Assisted living has also grown in response to the phenomenon of patients with higher acuity

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conditions residing in nursing facilities. The increased demand that is emerging has resulted in a competitive market for the patients that seek to use these settings. The total amount spent on assisted living facilities in the United States is now 13 billion. A conundrum that is arising out of this model is the conflict between consumer choice and safety. The patient and family serve as the source of revenue, however, there can be conflicts of interest between what is best for the patient from an evidence-based practice point of view, and what the patient or family wants as consumers of health care.

The safety of the assisted living environment is a major consideration for older residents. Moving into a novel environment with new people can be daunting, and older residents need to feel that their environments are safe and can accommodate their needs. Speller & Stolee (2015), shows that residents expect to have both objective and subjective feelings of safety taken care of. The article “Client Safety In Assisted Living: Perspectives From Clients, Personal Support Workers And Administrative Staff” provided insight into the safety of these facilities (Speller & Stolee, 2015). Feeling safe is paramount for patients in assisted living facilities, and this article provides some perspective. A real dilemma exists in the form of constrained resident autonomy in order to secure a safe environment. This is a realistic issue that many residents will have to encounter and adjust to. It is critical to point out that there are aspects that are outside of a facility’s control that are part of safety, such as the physical capability of an elderly person who plans to stay there as well as their cognitive capacity (Speller & Stolee, 2015).

There is a stark difference in the ideal of assisted living as a social model where residents can “age in place” with autonomy. An article by Morgan, Rubinstein, Franowksi, Perez & Roth, (2014), underscores this concept as it provides an evaluation of

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the expectation and reality of what assisted living facilities actually provide. The reality is that many patients have numerous medical needs that cannot be met in this setting because it does not provide the medical and nursing services they may need. There is unfortunately a tension between the goals of residents and the policies of the assisted living and industry incentives.

With the burden of chronic disease and complex behavior patterns resulting from dementia; a conflict may be created between resident expectation and policies. There is a natural progression that occurs when patients who carry increased medical requirements having to be transferred out of the facilities (Morgan, Rubinstein, Frankowski, Perez & Roth, 2014). Additionally, changes to the environment in the form of staff turnover and new faces can make patients disoriented, exacerbating dementia and associated confusion. This situation in assisted living facilities is well known, but not yet studied.

The Older- Older Adult

Many patients who are in the old-old category (those older than 85) have some form of dementia. With dementia sometimes comes the risk of aggression and a need for complex behavioral management (Trompetter, Scholte, Westerhol, 2011). Even in situations when patients do not have dementia according to Trompetter et al (2011), there is the risk of verbal or physical assault due to gossip and anger, and this contention among residents is inter-residence violence that is a risk. The article “resident-to-resident relational aggression and subjective well-being in assisted living facilities” investigated the safety issues of these environments. This carries important implications since 10% of residents surveyed reported they had been at the receiving end of some form of aggression from other residents in the last two weeks (Trompetter, Scholte, Westerhol, 2011). An

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investigation by these researchers found that one in five residents had been subjected to aggression.

A study by Grabowski, Stevenson, and Cornell (2012) offers an explanation regarding the expansion of assisted living. The authors point out that there is a reluctance of Medicaid to support financing of assisted living because this would result in an overall increase in consumption of service, referred to as the “woodwork effect.” This term essentially refers to patients who are previously eligible for coverage suddenly deciding to accept coverage. More of the old-old would be accepting coverage for assisted living facilities, thus driving up the cost of the healthcare.

Barriers to the Assisted Living Model

There are a number of barriers to the assisted living model according to Lasky (2010). If a patient has needs that increase, this may preclude them from living at the facility. For example, some of the reasons a patient may be forced to be discharged include: incontinence, requiring assistance with transferring or walking, requiring assistance with ADLs, and requiring more hours of nursing care than is allotted by the facility (Lasky, 2010).

Patients may be forced to relocate to the more costly option of skilled nursing if they cannot function independently or with a very limited level of assistance.

Consequently, interventions could be tailored toward helping patients and families understand methods they can use to help patients to be able to function as independently as possible-to the extent this is feasible based on the circumstances. Assisted living communities provide minimal services, which differentiates them from long-term care facilities. Assisted living facilities generally provide help with cooking, cleaning, bathing,

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dressing, transportation, medication administration, and emergency care. Consequently there are significant limitations as to what medical/nursing services assisted living facilities provide.

Summary of Literature Review

The expansion of assisted living is a growing trend that will continue for the future as more older adults and persons living with disabilities seek this as an alternative to the costs of nursing homes. A synthesis of the total literature review provides evidence that there are a variety of obstacles to successful outcomes in the assisted living environment. Families and patients are often unprepared for the barriers to health in these facilities, and the literature supports the need for dissemination of education for families to better understand how to plan more optimally and consider other options such as nursing home care. Many families underestimate the limitations patients will have as they progress into the “old-old” category. Patients might have decent health that qualifies them for placement in an assisted living facility, yet it could deteriorate rapidly. On the surface, assisted living facilities appear to be a strategy to preserve a semblance of independent living, but as pointed out in the literature review, there are considerations such as hospice requirements and dementia problems that require skilled nursing, health aide needs, and higher level care that need to be taken into account. Healthcare providers recognize this setting as having inherent limitations, and providers can have difficulty providing care in these facilities due to lack of background information and hassle obtaining the requisite information, such as medical background, medications, and pertinent health history. This is partially a result of the fact that patients are not required to have detailed medical information, and that this information is time consuming to collect for the facility.

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Additionally, many patients in the “old-old” category have some form of dementia that makes obtainment of an accurate health history onerous to say the least. However, regardless of the limitations, many patients and families will continue to seek out assisted living as a viable option to a nursing home. As mentioned in the literature review, the cost of assisted living compared to a nursing home is considerably cheaper. In the future, the number of assisted living facilities will continue to grow as they are a major source of profit. From the consumer perspective more research is needed into ways to optimize the transition will be beneficial to older adults.

Theoretical Framework-Health Promotion Model

Based on the above literature and the risk of functional decline among assisted living residents, The Health Promotion Model is the theoretical basis for this project (Pender, Murdaugh, & Parsons 2015). This model emphasizes that health promotion is aimed at increasing the client’s level of well-being with an emphasis on the multi-dimensional nature of people when they interact with other people and their environment. This model has a high focus on the behavior of the patient. The well-being of the patient is highly influenced by the environment that the patient is placed in, and this is paramount in the assisted living facility. This framework is applicable due to the fact that patients are undergoing continuous and dynamic changes to health and well-being.

This framework is an ideal backdrop for this project because the ultimate goal is to promote the best interests of the resident. The model also posits that patients have unique traits, attributes, and experiences that will influence behavior. Residents need to be encouraged to continue to be able to function and enjoy a decent quality of life to the best extent possible given limitations and barriers. The health promotion model emphasizes

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that health promoting behaviors should enhance functional ability and better quality of life. Hence, this model will be excellent for the foundation of helping to create interventions that will facilitate changes that will allow patients and families to maximize health potential in the population. Due to the inherent frailty of many of the patients, maximizing health is pertinent for patients to feel safe and secure in their residential space.

Project Design and Methods

The project was based on the evidence that identified some of the fundamental problems that are inherent in the assisted living model. There is a discrepancy between what patients can expect from this setting, given the available resources, as well as what the setting is willing to provide. Many patients may have medical conditions that require more than the assisted living will provide. A deeper understanding of this disconnect is the basis of the design and methods. The project is designed to gain a practical appraisal of the potential barriers older residents face when they attempt to transition into this new arrangement in order to address current policy.

The purpose of this DNP project was to explore whether assisted living is the right choice for patients with multiple chronic conditions, and how problems that interfere with healthcare delivery are circumvented. For example, many patients in these facilities have chronic diseases that are tenuous and can result in medical needs that are beyond the scope of these facilities to handle. Hence, understanding the rules and regulations of the facilities and what patients can do within the framework to effectively manage health within the regulations will be the focus. There was an evaluation of how the facilities are able to accommodate patient and family needs. A survey was utilized for patients and families, which included questions that were determined to be pertinent based on the

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literature review. The survey questions referenced the expectations and considerations of the families and patients and asked what families and patients expected to get out of the experience. The survey questions were directed toward understanding how prepared patients and families are.

Setting and Resources

The setting for this proposal was an assisted living facility in the Northeastern United States. The survey was the primary source of data for the purposes of the study. Information regarding how patients were able to function within the setting was collected, along with the services that are provided to allow them to live independently, for a comparison of how resources and finances are allocated.

Description of the group, population, or community

The population included any resident that requires the delivery of healthcare services, including medications, tests, and primary care visits at an assisted living facility. This included essentially any resident of the assisted living facility. The population also included the patient's families, as they are a significant contributor of information and source of care for the patients. The reason this group was targeted is because there are escalating costs associated with living with chronic diseases, and as many patients live longer with chronic diseases there is a growing probability that these patients will require assistance, hence assisted living will be an optional for a large number of people who are unable to live fully functioning lives independently. This facility had a total of 75 units. The average occupancy rate varied, but averaged 90%. The staff consisted of: nurses, nursing assistants, dining services staff, front desk staff, wait staff, therapists, facilities director, activities director, executive director, and medical director.

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The family unit was a significant source of information in this setting and population, due to a significant risk of dementia in patients who are over age 85. As the average lifespan continues to increase, there will be an increase number of people who will consider assisted living as a viable option given the appropriate financial resources. Additionally, this specific community has a large concentration of people that require homecare delivery of healthcare.

Organizational analysis of project site

The assisted living facilities offer patients the option to live in an apartment style residence with limited assistance. Residents are required to be able to handle medical needs independently, with limited help from outside services. The services offered include cleaning services, nursing aide assistance, and nurses to help with medical concerns as they arise. The facility is set up for residents to have some assistance for basic needs, but is largely based on the premise that the patients are able to care for themselves independently. Information will be gathered regarding potential barriers for residents. Residents were recruited by an anonymous survey. Resident privacy was confirmed by having residents put the survey in an envelope. The results were then given to the wellness director or sent to the researcher of this project

Results

Sample Population

An effort was made to reach out to over a hundred residents to get participation in the survey. Twenty-one residents responded out of over one-hundred residents who were asked to participate. The mean age of the respondents for this study was 83. The surveys

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were anonymous, and demographic factors were not asked. Of the respondents who answered, eight individuals indicated that they were not prepared for assisted living, and ten indicated that they had planned for it and were well prepared.

Survey Results

The survey included a question that inquired about the most important advantages – “What advantages do you see in an assisted living facility”. The most frequently cited reason was “socialization.” Respondents mentioned “activities” as part of the answer to this question. A sense of community and the ability to establish rapport was important to respondents and was cited by 17 out of 21 respondents. The second most cited reason given for choosing assisted living was 24-hour care followed by activities. Additional reasons for choosing assisted living included: safety, availability of staff, meals provided, activities, cleaning and housework provided, safety, and respite for significant other.

Table1. Important Advantages of Assisted Living

| Respondent | Responses |
|------------|--|
| 1 | Cooking, cleaning, housework, always someone there |
| 2 | People around all the time, activities, good meals |
| 3 | Good meals, get to go on trips |
| 4 | Staff always here, nursing always there for me |
| 5 | Lots of people, safety in case of emergency |
| 6 | Can get help for husband, cooking |
| 7 | Safety for wandering; relief from taking care of husband |
| 8 | Socialization, 24 hour assistance |
| 9 | 24/7 care; medication management |
| 10 | Socialization, accountability |

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| 11 | Activities, staffing |
| 12 | Knowing help is available, socialization |
| 13 | 24/7 care or monitoring, socialization |
| 14 | Level of care, activities |
| 15 | 24 hour care, ADL care; |
| 16 | 24 hour care; activities |
| 17 | All meals included, being with other people |
| 18 | Closeness to family, expense |
| 19 | Assistance with food and housing, supportive community |
| 20 | Meals, housing |
| 21 | Safety, 24 hour care |
| | |

Another question asked the residents to cite the three most important reasons for choosing an assisted living facility. The top three reasons included: location, cost, and staffing. Other responses included: good reviews, pension will cover the cost, help with ADLs, services, 24 hour nurse on staff, appearance of facility to be close to home atmosphere, single room options, medication management, cleanliness, reputation, staff-to-patient ratio, comfort, layout, newness of facility, previous viewing of facility, and no choice.

Table 2. Most Important Reasons for choosing Assisted Living

| Respondent | Factors for assisted living |
|------------|--|
| 1 | No choice |
| 2 | Close enough for family to visit, newness of facility, prior viewing |
| 3 | Decent layout, comfortable, meeting new people |
| 4 | Location, family time, |

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| | price |
| 5 | Price, socializing, comfort |
| 6 | Close to daughter, getting what they paid for, close to the canal |
| 7 | Location, staffing to resident ratio, reputation of assisted living facility |
| 8 | Clean, activities, assistance |
| 9 | Safe environment, close to family, medication management |
| 10 | Location, price, services for price |
| 11 | Staff involvement, location, price |
| 12 | Location, available services, price |
| 13 | Location near family, level of CNAs & nurses including turnover rate, cleanliness & single room option |
| 14 | Staff involvement and training, 24 hour nurse on staff; appearance of facility |
| 15 | Cost, location, services |
| 16 | Location, friendliness of staff, price |
| 17 | Location, price |
| 18 | Closeness to family, knowledge of area, expense |
| 19 | Need help with ADLs |
| 20 | Location, good review, cost |
| 21 | Location, excellent care, modern & well-designed |

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The survey question labeled “why did you choose assisted living rather than home-care” elicited some responses that were similar to the reasons why people chose assisted living in general. The most cited reasons were that home care was not sufficient to cover the needs of the person, followed by “no choice”. These were consistent answers by respondents. The third most cited reason was money. Other reasons included: falls, socialization, comfort, supervision, and privacy.

Table 3. Why Assisted Living and Not Homecare

| Respondent | Responses |
|------------|--|
| 1 | Home services not dependable |
| 2 | Was living with my son, he moved to CA |
| 3 | Sold our house, need help in a safe environment |
| 4 | Too many outside expenses with home care, the sociability is better living with others with similar problems |
| 5 | More assists-in case of trouble someone is there for help; living costs-all meals |
| 6 | Not sure of level of home care required; needed a lot of supervision & medications; home too far away from family; |
| 7 | So that parents could be together |
| 8 | Behavior of my husband and his Alzheimers |
| 9 | Better level of 24 hour care; cost |
| 10 | Overall needs; 24 hour available help for falls |
| 11 | Did not have a house |
| 12 | Not able to live alone and perform ADLs |
| 13 | Home care was not enough; medical problems and regular hospital & EMT visits due to falls |
| 14 | Parkinson’s disease, mother could |

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| | no longer care for him and wanted to live together |
| 15 | Alzheimer's disease |
| 16 | Much easier to live in assisted living |
| 17 | Socialization |
| 18 | Falls |
| 19 | Money-home care is expensive |
| 20 | No choice-need more help |
| 21 | Didn't feel right having someone in my house |
| | |

Why did you choose assisted living rather than home services?

The question “what kinds of questions did you ask the facility when you decided this assisted living was the appropriate one for your family member?” resulted in a variety of different answers. The number one cited answer was in regard to affordability. In second and third place was “availability of services” and “activities offered” respectively. Other responses included: what happens when medical issues arise? Safety, training off staff, aide/patient ratio, how many people are in the memory unit, quality of care, ability to handle health issues, medical oversight, staff turnover, demographics of patients, response time to life alert/call button, medication management, communication with family, services offered, are staff trained in handling dementia patients, dining services available, are nurses available 24/7? What kind of medical issues have you experienced here? Can you get medical care here?

Table 4. What Questions Did you ask the Facility Before Deciding

| Respondent | Responses |
|------------|--|
| 1 | 24 hour care most important |
| 2 | Could I afford it |
| 3 | Range of services, cost, what happens when health deteriorates |

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| 4 | Rental increases |
| 5 | Price, location |
| 6 | Can husband/wife be cared for together |
| 7 | Training of staff, safety, activities |
| 8 | Aides per resident, people in memory care, quality of care |
| 9 | What were their abilities to deal with specific health issues; ratio of staff to patients |
| 10 | Medical oversight, activities |
| 11 | Staff turnover, activities, cost, resident population make up |
| 12 | Staff ratio, add-ons as more care needed |
| 13 | Response to life alert/call button; communication with family, activities, medication management |
| 14 | Services |
| 15 | Is staff trained specifically for dementia patients; activities |
| 16 | Finances |
| 17 | Staffing, type of people and where they come from |
| 18 | Is it all inclusive; 24/7 nursing |
| 19 | Safety |
| 20 | Family asked questions |
| 21 | n/a |

Another question was posed to ascertain resident's expectations of the facility, as this can influence overall satisfaction depending the discrepancy between expectation and the reality of the experience at the facility. The question "what are your expectations of the facility" resulted in the following answers: safety, appropriate care, engagement, medication management, activities, 24 hour services, responsiveness to life alert, notification when ill, protect from abuse, activities, nutrition needs, ADL assistance, frequent checks on patient, professionalism, personable staff, individual attention,

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professional care, communication with family, responsiveness, consistency, training, staff friendliness, personal care, regular bathing. The most frequently mentioned answers were: safety, activities, and medication management.

The question related to expectations of nursing services resulted in the following responses: 24/7 care available, evaluation of continuing care, compliance with assistance requests, communication, supervision of aides, safety, proper medication distribution, training, low turnover, quality of care, help in transition, professionalism, bathing/toileting assistance, assist in oxygen needs, respect and consideration, changing of oxygen, maintaining dressing changes, awareness when help is needed, screen for illness, resident health & well-being, medication management, compassion, stimulation for residents, helpful with needs of family members, emergency help, timeliness of duties.

Table 5. What are Expectations of Home Care Services in Assisted Living

| Respondent | Responses |
|------------|--|
| 1 | Help with meds |
| 2 | Right on the ball, likes all the nurses |
| 3 | That they do things promptly that they are supposed to |
| 4 | n/a |
| 5 | Emergency help, medicine managed |
| 6 | Take care of my husband |
| 7 | Good care, compassionate caregivers, stimulation for residents, helpful with needs of family members as needed |
| 8 | Only timely Medication management; use Bayada(company) nurses as needed |
| 9 | Proper medication management, regular awareness/unofficial |

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| | monitoring of residents health and well-being |
| 10 | Give meds, screen for illness |
| 11 | Change oxygen, dress minor cuts, be aware when help is needed |
| 12 | Daily check-in's; help with medications, bathing, healthy meals |
| 13 | Professional, assist with bathing and toileting, assist with oxygen needs, respect and consideration |
| 14 | Quality of care, help in transition moving in as well as day to day |
| 15 | Training, low turnover |
| 16 | Supervise the aides, maintain safety and proper medication management; communication with family |
| 17 | n/a |
| 18 | When you ask for assistance, it is taken care of |
| 19 | Evaluation of continuing care |
| 20 | They are available 24/7 |
| 21 | Medication administration, continuation of all services promised |

In relation to the question "Have you experienced medical problems here? Can you get medical care here?", 12 said "yes" 2 said "no" and 5 did not reply. In relation to the inquiry about insurance coverage, 10 replied "yes", 6 replied "no" and 4 did not answer. A question in the survey asked "What type of medical issues have you experienced here and are you able to get the medical care you need at this facility if you can't leave home?" The following responses were given: oxygen requirements (2), injuries/cuts, short-term hospitalization, flu, high blood sugar, monitoring of chronic illness (diabetes/Alzheimer's), nausea and vomiting, monthly B12 shot. A respondent reported

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that the VNA came to take care of needs, and two respondents mentioned that a physician comes to handle the medical issues. Six respondents did not answer, 3 responded “yes” without specifics and one reported “none”. Three respondents indicated that they sustained a fall.

Table 6. Medical Problems and Could They be Taken Care of at Facility

| Respondent | Responses |
|------------|---|
| 1 | Physical therapy provided by local VNA; local doctor provides primary care; |
| 2 | Falling |
| 3 | Monitoring of chronic illness |
| 4 | Some health emergencies taken care of by staff |
| 5 | Yes |
| 6 | High blood sugar, red foot-went to urgent care taken by family |
| 7 | Yes |
| 8 | Needed short term hospitalization-the facility took care of it |
| 9 | Falls/oxygen needs |
| 10 | n/a |
| 11 | Oxygen |
| 12 | None |
| 13 | No |
| 14 | Family brought to the hospital |
| 15 | Yes |
| 16 | n/a |
| 17 | VNA and doctor come to take care of it |
| 18 | Fall |
| 19 | n/a |
| 20 | n/a |
| 21 | |

Discussion/Interpretations

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The survey indicates that many of the current resident participants had planned on going to an assisted living facility, albeit, for different reasons and with different expectations. Participants of the study reported overall being satisfied with the assisted living experience. Many people who decide to use assisted living facilities are concerned about having socialization. With high rates of older adults living with depression or depressive symptoms and limited ability to actively seek social venues due to limitations, it is understandable that people would cite socialization as significant factor. Many people cited factors related to practical living, such as having activities set up on a daily basis and not having to worry about basic needs, such as cooking. Eleven respondents preferred having 24-hour staff available. This provides a sense of safety and communal living. The question related to the reasons why people choose assisted living are also very practical. Location and cost were two of the most salient reasons for choosing the assisted living facility. Interestingly, these rationales overshadowed medical reasons for deciding. Only two people inquired to the administration how the facility handles residents who have a decline in health. This is concerning. Residents who have declines in medical or mental health will be unprepared for changes that will be required to accommodate these changes. Residents can lose their room if they need to be transferred out of the facility for a prolonged time. Additional costs that are not covered by the assisted living is also a very real possibility that these residents may not be considering.

The cost and location were cited across multiple questions as important reasons for choosing this facility. The cost needs to be affordable given each individual's circumstances, and the location is important because people want to be close enough to family that will come to visit. It is important to point out that respondents emphasized

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quality of staffing as a big reason for choosing the facility. People want to feel a connection to staff and feel that their needs are attended to. Furthermore, many people mentioned “quality” of staff, staff to resident ratio and turnover. This has important implications, because the residents rely on staff for many daily needs. Additional reasons that were cited included: reviews, help with ADLs, close to family, 24 hour staff, single room option, medication management, cleanliness, and meeting new people. Potential residents and families are clearly considering a variety of factors when making a decision about placement.

The results of the project indicate that residents of assisted living facilities are very much concerned with affordability as well as location of the facility. The opportunity to socialize with other residents is a big incentive for people choosing to live in this setting. Additionally, the results indicate that for many people, when choosing between home care services and assisted living, many are choosing the assisted living option as having the best overall quality of life to offer. Home medical services are insufficient to provide the needs of the people. For some people, the medical requirements might be too demanding for home care.

Furthermore, many respondents indicated that they want to have staff available 24/7, especially in the case of an emergency. Respondents consistently cited having staff assistance available as a reason for choosing assisted living. Having staff available was a pertinent issue considering the average age of the population and the fragility of health. Some people want the security of knowing that there is assistance available in case of injury or fall. This relates to the Health Promotion Model by the fact that residents want to feel secure in their environment, and having knowledge that there are people around to

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help can influence feelings of safety and security. Safety was cited frequently as a reason for assisted living, and this is closely related to the idea of having 24-hour care available. Ultimately, in conjunction with the Health Promotion Model, the subjective feelings of the patient in the assisted living facility influence psychological well-being.

The responses of participants in relation to what people are looking for in an assisted living facility are telling in relation to what the expectations will be once they arrive. One of the bigger concerns was whether there are activities that are offered. This coincides with the socialization requirement that a lot of people mentioned. People are also concerned about the level of staffing in multiple facets. People consistently mentioned staffing in one form or another as a primary concern about what the facility offers. Clearly, families want to feel the quality of the staff is imperative. Residents and families want to know that their life can be safely entrusted with the nurses and aides.

Perhaps the question on the survey that provided the most ambiguity was in relation to whether people felt as though they could manage their own health in the facility, and whether they had any medical issues while staying at the facility. Only two people mentioned “no.” The age of the two respondents was 76 and 78, and this was below the average age. A few people mentioned falls and oxygen. Some people mentioned “staff took care of it” or facility managed it” indicating that residents feel confident the facility will help manage any medical concerns.

Many respondents mentioned staffing and availability of staff for urgent needs as reasons for picking the facility. Respondents expect that staff will intervene and assist residents with medical needs. It is perplexing that respondents did not question what kinds of medical care are offered as one of the important considerations before starting at

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the assisted living. Many people are unclear regarding what would constitute nursing services will be in this setting. As mentioned previously, affordability, location, and socialization were of more concern to residents. In relation to cost, half of the respondents mentioned that insurance did not cover the cost of the assisted living.

Only a few people mentioned that long-term insurance would cover the cost, with the rest mentioning that insurance covers “some” of the cost with the rest being paid by personal savings in the form of pensions and social security. This appears to correspond with the high interest in cost that respondents mentioned in terms of choosing the assisted living.

Conclusion

Residents and families have ideas about what is important to consider when deciding to move to an assisted living facility. Some of the reasons are of practical consideration for the residents and families finances and the convenience of the families. Assisted living facilities provide an ideal option for people that require limited assistance and want more socialization and people available for help. Unfortunately, there is insufficient attention to the medical services offered (or lack of) at this level of care. Only one respondent mentioned VNA services. There is no indication that respondents considered extra costs that are not included as part of the package deal, such as private nursing services, private aides, or transportation costs.

Consequently, residents and families may encounter difficulties and frustration if residents are not able to get the medical assistance that they think they deserve. Hence, there will continue to be a discrepancy between expectations and the reality of what

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assisted living facilities will provide. There are positive implications from this study. Residents and families are clearly thinking about the limitations of living alone at home and the benefits of living amongst a group of people. Moreover, people are considering the big picture about day-to-day life that makes life less onerous at an assisted living facility: activities of daily living, cooking, cleaning, medication administration, safety, and group activities.

As more Americans live longer with multiple chronic diseases, this will continue to be something families and elderly Americans will need to consider. Policy recommendations should be implemented that will facilitate more transparency in the assisted living industry. This could include allowing consumers and potential residents to have access to statistical data regarding the potential pitfalls and drawbacks that occur due to lack of information. Specifically, this could include ensuring that consumers understand the financial implications of what assisted living facilities will not cover if medical issues occur. The result will be that more families will be able to make more informed decisions regarding the cost/benefits of assisted living.

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Appendices

Appendix A

Survey Questionnaire of resident and family members

1. What was your age (or family members age) when they entered assisted living?
2. Did you and your family plan for assisted living placement? On a scale of 1-5, how prepared were you?
3. What factors did you consider when choosing an assisted living? Name the top three factors.
4. Why did you consider assisted living rather than home care services?
5. What advantages do you think are included in an assisted living facility? Name two most important advantages.
6. What kinds of questions did you ask the facility when you decided this assisted living was the appropriate one for your family member?
7. What are your expectations of the facility regarding your family member? Please state the three most important expectations.
8. What are your expectations of the nursing services that are provided here?
9. Do you (or your family) member feel safe in this facility?
10. What type of medical issues have you experienced here and are you able to get the medical care you need at this facility if you can't leave home?
11. Do you have insurance coverage for this care? Co-payments?
12. How satisfied are you with the current assisted living situation? Please rate on scale of 1-5.

Extremely Satisfied

Very Satisfied

Mostly Satisfied

Somewhat Unsatisfied

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Very Unsatisfied

12. Name the two most positive things about the experience and the two most negative things

or What advice would you have for others in seeking out an Assisted Living Situation?

Appendix B

Informed Consent**Satisfaction with Assisted Living facilities and Co-ordination with Care Consent Form**

Ryan Brogan

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You are invited to take part in a research study of satisfaction with assisted living facilities and co-ordination with care.

What the study is about: This study is being conducted to evaluate how prepared patients and families are for assisted living, and to determine if there are gaps between expectations and the experiences of patients and families.

What you will be asked to do: For participation in this project, you will be asked to answer a questionnaire. Please try to answer the questions as directly and concisely as possible. There is no further obligation for the study beyond the questionnaire.

Risks and benefits: There are no risks involved. The information will be kept confidential. However, there are many benefits. The information obtained from this research study can be used to help you make more informed choices and understand some of the logistical difficulties inherent in assisted living placement.

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Taking part is voluntary: Taking part in this study is completely voluntary. If you choose to be in the study you can withdraw at any time without consequences of any kind. Participating in this study does not mean that you are giving up any of your legal rights.

Your answers will be confidential: The records of this study will be kept private. All data will remain locked in a drawer by the researcher and not shared with anyone. Any report of this research that is made available to the public will not include your name or any other individual information by which you could be identified.

If you have questions or want a copy or summary of the study results: Contact the researcher at the email address or phone number above. You will be given a copy of this form to keep for your records. You will be provided a copy of the consent for your own records.

Statement of Consent: I have read the above information, and have received answers to any questions. I affirm that I am 18 years of age or older. I consent to take part in the research study of [topic of research]

Participant's Signature

Date