Assisted Living Facility Awareness and Observation Training

Divisions of
Health Quality Assurance & Medicaid
Presentation Outline

Section 1
- What is this training about?
- What is this training not about?

Section 2
- Presentation main ideas

Section 3
- Importance of your observations and referrals
- Awareness
Presentation Outline

Section 4
- What is an Assisted Living Facility (ALF)?

Section 5
- ALF Observations

Section 6
- Reporting
Section 1

What is this Training about?
What is this Training About?

- Increase awareness regarding areas of concern when visiting ALFs.
- Increase collaboration among individuals visiting ALFs and the Agency for Health Care Administration (AHCA).
- Provide tools to increase observational skills for resident care during visits to ALFs.
What is this Training NOT About?

The objective of this training is not to convert you into a “surveyor” or “regulator” for ALFs.
Section 2

Presentation Main Ideas
• Contact the Florida Abuse Hotline immediately if the residents are at risk of serious injury or death. The Florida Abuse Hotline is available 24 hours a day, 7 days a week at: 1-800-962-2873

• Concerns may be reported to the Agency for Health Care Administration Complaint Office at 1-888-419-3456 or online at ahca.myflorida.com/Complaint.
Presentation
Main Ideas

• When visiting an ALF each one of us should be alert and observant about the following areas of concern:

  – valid AHCA license (see slide 25)
  – mechanical lifting devices (see slide 26)
  – residents indicate they are not receiving his/her meals (see slide 27)
Presentation
Main Ideas

– residents indicate they are not receiving their medication(s) (see slide 28)
– residents eloped (gone missing) (see slide 29)
– restraints are prohibited (see slide 30)
– obvious and urgent safety hazards related to the building (see slide 31)
– residents’ hygiene being neglected (see slide 25)
– residents rights (see slide 26)
– bed bound (see slide 28)
Presentation
Main Ideas

– nursing services (see slide 29)
– peg tubes (see slide 30)
– a resident cannot remain in any ALF with stage 3 or 4 pressure sores. (see slide 32)
– use of oral, nasopharyngeal, or tracheotomy suctioning (see slide 33)
Section 3

Importance of your Observations and Referrals

Awareness
Importance of your Observations and Referrals

The mission of the Florida Agency for Health Care Administration is *Better Health Care for all Floridians*, and “you are in a unique position to be another set of “eyes and ears” to assist AHCA and help Floridians residing in ALFs to receive care consistent with the Resident Bill of Rights."
Awareness

Before starting the presentation, please answer (for yourself) the 3 following questions:

1. When you go into an ALF, what situation(s) will cause you to be concerned for your client and other residents’ well-being and safety?
2. Why is it important to report your concerns?

3. Do you know where and how to report any of your observations?
Section 4

What is an ALF?
What is an ALF?

• ALFs are licensed facilities that provide housing, meals, personal care, and supportive services to older persons and disabled adults who are unable to live independently.

• ALFs are intended to be an alternative to more restrictive, institutional settings for individuals who need housing and supportive services, but who do not need 24-hour care.
ALFs

• To reside in an ALF, a person must meet the standard ALF "residency criteria" which is defined by Florida regulations and by facility policy.

• Generally speaking, ALFs provide supervision, assistance with personal care services (e.g., bathing, dressing, eating) and assistance with or administration of medications.
ALFs, cont’d

• The facility can be called an ALF if it has more than five individuals residing in the facility; a facility with 1 to 5 individuals is an Adult Family Care Home.
ALFs, cont’d

• Facilities are licensed to provide routine personal care services under a "Standard" license, or more specific services under the authority of "Specialty" licenses.

• Specialty licenses include Limited Nursing Services (LNS) or Extended Congregate Care (ECC).

• The purpose of "Specialty Licenses" is to allow individuals to "age in place" in familiar surroundings that can adequately and safely meet their continuing health care needs.
Be Aware

• When visiting an ALF each one of us should be alert and observant about the concerns described in this presentation.

• ALFs are regulated in a manner to encourage dignity, individuality, and choice for residents, while providing reasonable assurance for their safety and welfare.
Section 5

ALF Observations
Assistance

We are asking that when you perform your regular duties visiting clients residing in ALFs that if you observe any of the following concerns, to please report them to AHCA or the Florida Abuse Hotline as appropriate.
ALF Observations

- The following concerns may be reported to the Agency for Health Care Administration Complaint Office at 1-888-419-3456 or online at ahca.myflorida.com/Complaint.

- We are not asking you to complete a check list, but if you notice any of these concerns, please contact AHCA.
Proper Licensure

• Is a valid license posted in the facility visible to those who enter? License verification can be found at: www.floridahealthfinder.com. If the facility is not licensed but appears to be operating as an ALF, report possible unlicensed activity.

Mechanical Lifting Equipment

• Mechanical lifting devices such as Hoyer Lifts are prohibited in ALFs.
• Residents who need mechanical lifting devices to get out of bed or chairs are not appropriate for an ALF.
Sufficient Food

• Does a resident indicate that he/she is not receiving his/her meals?
Medication Administration

• Does a resident indicate he/she is not receiving his/her medication?
Resident Whereabouts/ Safety

• If your resident is missing from the ALF without cause, please file a complaint with AHCA by calling 1-888-419-3456, or report it online at:
Restraints

- Restraints are prohibited. Are restraints being used?
- Examples of restraints: buckle or Velcro seat belt in the wheelchair that resident cannot release, geriatric chairs with lap trays, locked room doors, and the use of sheets tied to a chair to support resident.
- Family request is not justification for the use of restraints. Only half-bed rails are allowed with a physician’s order every 6 months.
- An ALF resident who is also on hospice care can have full bed rails if the health care provider and interdisciplinary plan identifies that the resident needs them.
Building Safety

• Obvious and urgent safety hazards related to the building such as unstable construction, missing or non-working fire alarms, or building safety devices (locking mechanisms) should be reported to local building officials.

• Obvious and urgent safety hazards unrelated to the building may be reported to AHCA.

• Room temperature. Is it too hot or too cold?
Hygiene

• Is the resident's hygiene being neglected? Is the resident dirty with dirty or wet clothing? Are odors present?

• Although residents have the opportunity and are encouraged to perform personal hygiene, staff should recognize the need. Clothing should be clean and in good repair, however, a resident cannot be forced to wash or change clothes.
Resident Rights

• Are Long Term Care Ombudsman posters clearly visible with the complaint telephone number so that resident’s grievances may be reported?

• Do residents state that their grievances go unanswered or they feel their rights have been violated?
• Are residents aware of the facilities’ policy and procedures?

• Example: some residents express concern of no-mail delivery on Saturday, mail being received opened and of not being provided with the required 45 day notice of discharge.
Bed Bound

- Is your resident bedbound?
- Residents may be bedbound in an ALF for a limited number of days. At no time should a resident be bedbound for more than 14 consecutive days.
Nursing Services

• Are any residents receiving 24 hour nursing services?

• Residents may not be admitted to any ALF if they require 24-hour nursing supervision. However, hospice residents may receive 24 hour nursing care.
Feeding Tubes

A Peg Tube is a way to provide food, liquids and medications (when appropriate) directly into the stomach. The procedure is done for patients who are having difficulty swallowing.
Feeding Tubes

• A resident with a Peg Tube does not meet admission criteria unless the Peg Tube is maintained by the resident.

• If a resident’s health deteriorates and peg tube is required, the resident may remain in the ALF provided the resident is terminally ill and on hospice.

• The peg tube must be maintained by licensed staff and facilitated by hospice as specified in the interdisciplinary care plan. However, facilities with an LNS or ECC license may provide these services through an interdisciplinary plan with a hospice provider.
Pressure Sores

A pressure ulcer starts as reddened skin that gets worse over time. It forms a blister, then an open sore, and finally a crater. The most common places for pressure ulcers to form are over bones close to the skin, like the elbow, heels, hips, ankles, shoulders, back, and back of the head.

Stage III
At this stage, the ulcer is a deep wound:

- The loss of skin usually exposes some amount of fat.
- The ulcer has a crater-like appearance.
- The bottom of the wound may have some yellowish dead tissue (slough).
- The damage may extend beyond the primary wound below layers of healthy skin.
Pressure Sores, cont’d

Stage IV

A stage IV ulcer exhibits large-scale loss of tissue:

• The wound may expose muscle, bone and tendons.
• The bottom of the wound likely contains slough or dark, crusty dead tissue (eschar).
• The damage often extends beyond the primary wound below layers of healthy skin.
Pressure Sores, cont’d

• A resident cannot remain in any ALF with stage 3 or 4 pressure sores. If a resident is admitted with a stage 2 pressure sore, the ALF must have:

  – Limited Nursing Services (LNS) or Extended Congregate Care (ECC) license and provide the appropriate nursing care
  – The ALF must employ or contract with a licensed nurse to provide the care
  – The resident must contract with a home health agency for nursing care

• If the wound does not improve within 30 days, the resident must be discharged.
Oral, Nasopharyngeal, or Tracheostomy Suctioning

• The resident cannot require suctioning in a standard or LNS facility unless the resident is under the care of hospice.

• ECC facilities may provide tracheotomy suctioning, but all other suctioning is prohibited unless the resident is under the care of hospice.
Section 6

Reporting
Filing a complaint with the Agency for Health Care Administration
• To file your complaint call (888) 419-3456

Or

• Complete the Health Care Facility Complaint Form at: ahca.myflorida.com/Complaint
• Please provide detailed information, such as:
  ✓ patient/resident name(s),
  ✓ dates,
  ✓ times of events, and
  ✓ where the event happened or is currently happening.
After filing your complaint, it is immediately forwarded electronically to AHCA Complaint Administration Unit for review and priority assignment.
ahca.myflorida.com/Complaint.
Filing a complaint with the Department of Children and Families (DCF) Florida Abuse Hotline
Florida Abuse Hotline

The Florida Abuse Hotline will accept a report when a vulnerable adult is believed:

- to have been abused or neglected by a caregiver in Florida, or
- suffering from the ill effects of neglect by self and is need of service, or
Florida Abuse Hotline

• exploited by any person who stands in a position of trust or confidence, or
• any person who knows or should know that a vulnerable adult lacks capacity to consent and who obtains or uses, or
• endeavors to obtain or use, their funds, assets, or property.
• If this is an emergency, first call 911, then contact the Abuse Hotline.

• Contact the Florida Abuse Hotline immediately if the residents are at risk of serious injury or death.

• The Florida Abuse Hotline is available 24 hours a day, 7 days a week.
  – Florida Abuse Hotline 1-800-962-2873;
  – TDD (Telephone Device for the Deaf): 1-800-453-5145
Web Reporting

Web reporting should not be used for situations requiring immediate attention. Please contact the Hotline’s toll free reporting number if you believe a child or vulnerable adult is at imminent risk of harm.

To make a report via the Florida Abuse Hotline’s web reporting option, please gather all of your information in advance and click the following link to access the web reporting option: www.dcf.state.fl.us/abuse/report/.
If you wish to submit an online web report, please ensure you have read the false reporting guidelines before continuing. You can submit an online report by clicking on the button at the bottom of the page.

Available Guides:

Abuse Reporting Guide
Helpful tips for Online Reporting

Web Browser Requirements:

You must have Javascript and Popups enabled to complete an abuse report. If you are unable to use Javascript and/or enable popup windows call the Florida Abuse Hotline at 1-800-962-2873 to file your report. For instructions on how to enable Javascript, Popups, and SSL please click on the following link: Javascript,Popup, and SSL settings help.

Your session will time out after 30 minutes of inactivity.

About this website:

This secure website is being provided for you to report suspicions of abuse, abandonment, and or neglect of children or abuse, neglect, exploitation of persons 60 years or older, and adults with disabilities. The Florida Statute requires professionals to make a report of suspected abuse, abandonment, neglect, and or exploitation of children. The Florida Statute requires a person having cause to believe that an elderly or disabled person is in the state of abuse, neglect, and or exploitation to report the information required immediately. This reporting system is provided for your convenience to report non-emergency concerns of abuse and/or neglect. An emergency
Thank you

Thank you for working with the Agency for Health Care Administration to ensure the well-being and safety of residents in Assisted Living Facilities.