

Managing Risks for Assisted Living

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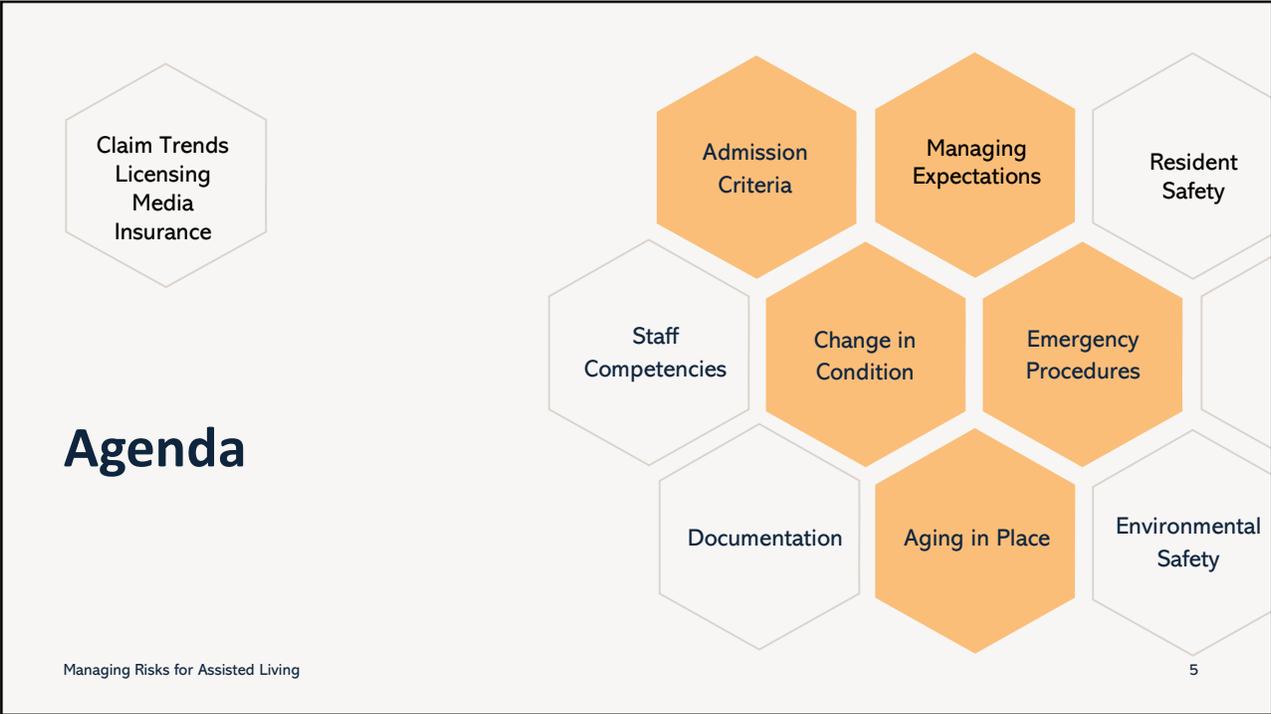
The Presenter has No Conflicts of Interest to Disclose.

Contracted Provider of Services

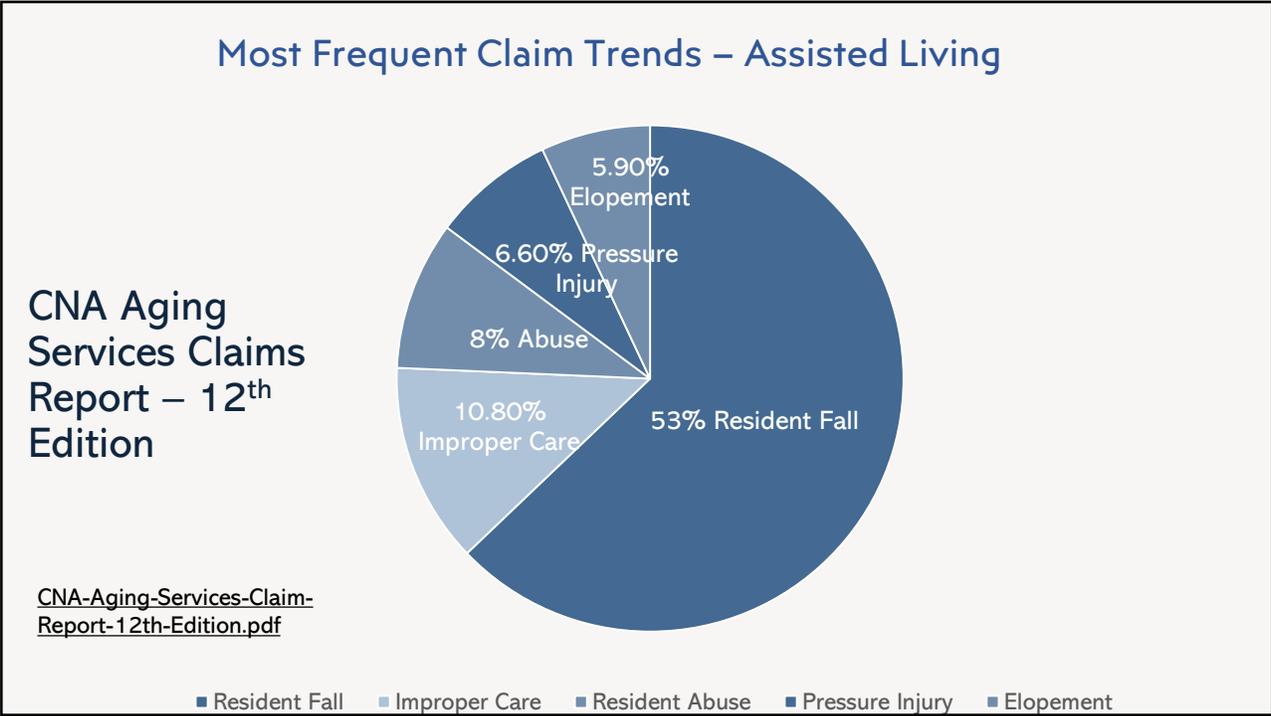


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Average Top Incurred Cost - CNA Aging Services Claims Report – 12th Edition

Assisted Living	Skilled Nursing
Abuse \$396,263	Abuse \$375,338
Elopement \$344,184	Failure to Monitor \$285,472
Pressure Injury \$330,196	Pressure Injury \$261,678
Resident Fall \$267,455	Improper Care \$245,272
Improper Care \$248,348	Resident Fall \$228,034

CNA Aging Services Claims Report – 12th Edition – [CNA-Aging-Services-Claim-Report-12th-Edition.pdf](#)

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Underwriting Focus

- Claim History
- State Ratings
- Number and Level of Citations
- Abuse Citations
- Frequency of Complaints
- Staffing and Turnover
- Agency Staffing
- Executive Director and Key Leader/Manager Turnover

- Risk management programs for falls, pressure injuries, elopement, abuse, behavior health, memory care, emergencies

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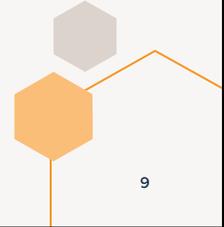
“Per court documents, the director of the facility told police that she received a call from the alleged victim's adult son, who said he saw his mother engaged in a sexual act with an employee. The son reportedly saw the act via a live camera that was placed within the alleged victim's room.” The resident, 78-years-old, has Alzheimer's and Dementia.

Source - [February 5, 2025] [State records reveal more allegations against Scottsdale care facility sex assault suspect](#) | Crime Files | FOX 10 Phoenix

“The owner and an employee of an assisted living facility in California were arrested after an 88-year-old resident with dementia wandered from the complex while the worker slept and later died, state officials said.”

Source - [February 7, 2025] [Officials: Assisted living worker slept while dementia patient wandered away, died](#) - 104.5 WOKV

In the News



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In the News

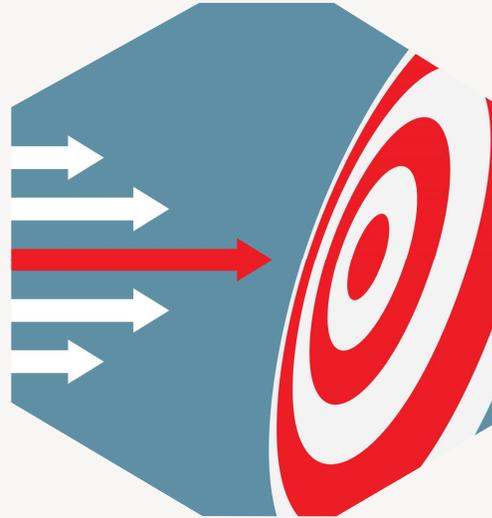
“A 21-year-old assisted living employee was arrested Thursday after forging checks from a resident's account”
“The 76-year-old woman discovered \$1,800 worth of unauthorized transactions during a meeting with her financial advisor.”

Source - [September 6, 2024] www.1011now.com
[Lincoln assisted living employee arrested for check forgery and elder abuse](#)

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Leadership, Staffing, and Turnover

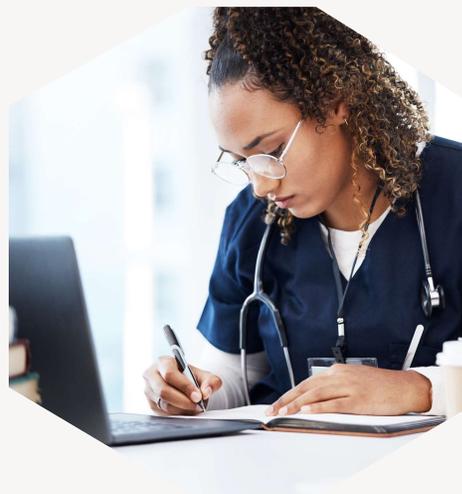
- **Almost every building is impacted**
- Proactive recruitment and retention plan
- Diligent pre-employment screening
- Leader succession planning



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Staff Orientation and Training

- Individualized
- Ongoing
- Covers the Scope of Services Provided
- Documented



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Staff Competencies

- Top Twelve Policies and Procedures
- Updated Based on Resident Care Needs
- Medical and Behavioral Emergencies
- Elopement
- Responding to a Significant Event
- Infection Prevention
- Abuse, Neglect, Exploitation
- Medication Administration
- Pain Management
- Resident Rights
- Safe Resident Handling
- Confidentiality and HIPAA
- Documentation
- Skin Injury Management

Managing Risks for Assisted Living

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Common Risks and Risk Management Recommendations



Managing Risks For Assisted Living

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Admission Criteria and Process

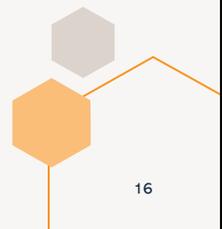
Risk – Admitting Assisted Living residents with care needs that are outside of the scope of services that the facility can safely provide (staffing, medications, services, etc.)



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Risk Management Strategies

- ✓ Scope of Services Defined
- ✓ List of Required Documents
- ✓ Facility Pre-Admission Screening
- ✓ Provider Pre-Admission Screening
- ✓ Facility Visit Prior to Admission
- ✓ Sex Offender Screening



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Admission Criteria and Memory Care

- Pre-Admission Screening – In Person, Tool
 - Acuity – Medical Care Needs
 - Mobility
 - Wandering and Elopement History
 - Behaviors
 - Physical or Sexual Aggression
 - Unmanaged Primary Mental Health Condition
 - Mobility Devices



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Admission Agreement

Considerations

- Address Change in Condition
- Address Aging in Place
- Address Medical or Psychiatric Illness That Cause a Change in Behavior That Poses a Risk of Serious Harm or Injury to Self, Other Residents or Staff
- Abusive or Threatening Conduct
- Apartment Cleanliness
- Emergency Response
- Complaints and Grievances



Risk – The Admission Agreement does not clearly state what services are included and what care and services are beyond the capability of the facility.

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Expectation Management



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Risk Management Strategies

Describe the Aging Process

Proactively Address Changes in Condition - including adding interventions that support resident safety, such as physical therapy and occupational therapy with changes in ambulation safety.

Communicate Early and Clearly Changes that May Require a Different Level of Care



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Risk Management Strategies

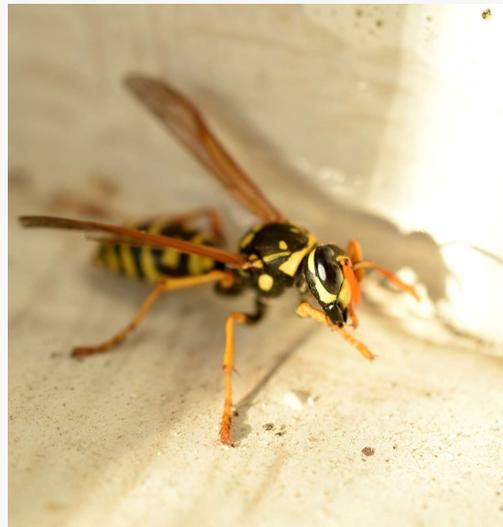
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The Wasp



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Wellness/Safety Checks



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Change in Condition

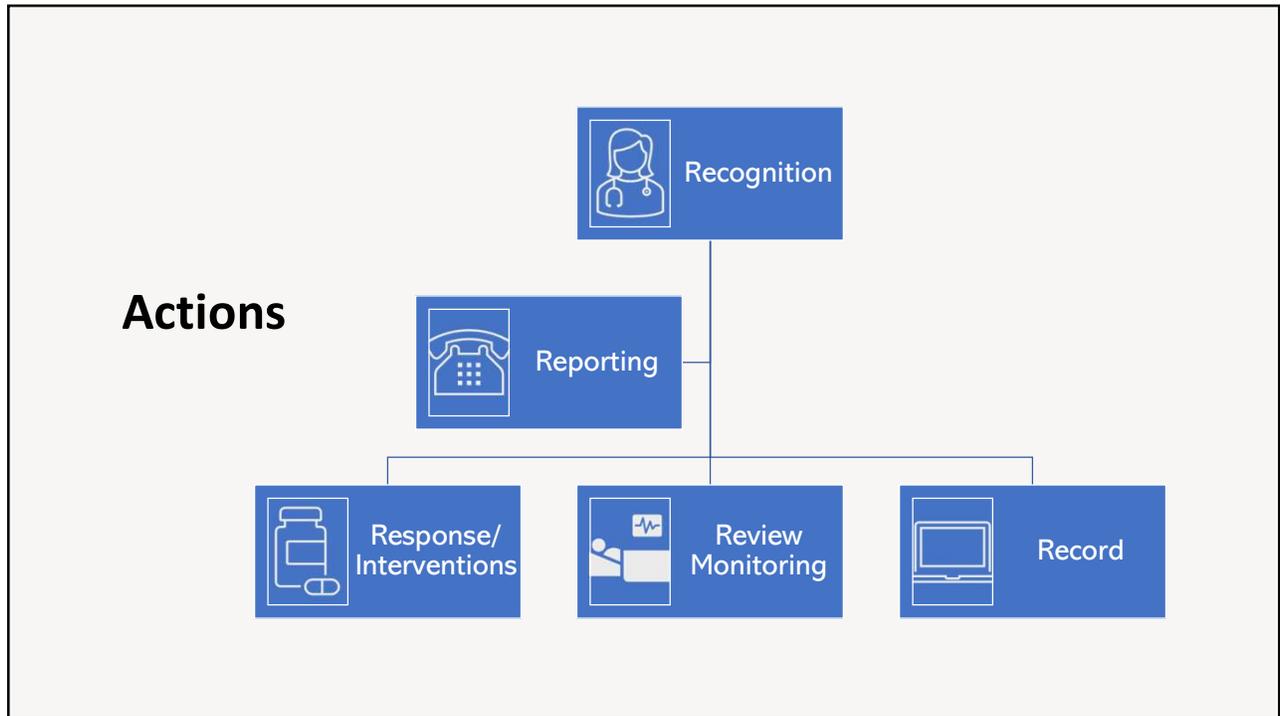
Risk – Failure to **recognize**, **monitor** and **appropriately respond** to a change in resident condition. Changes in resident condition may be subtle and progress over several hours, shifts or days.



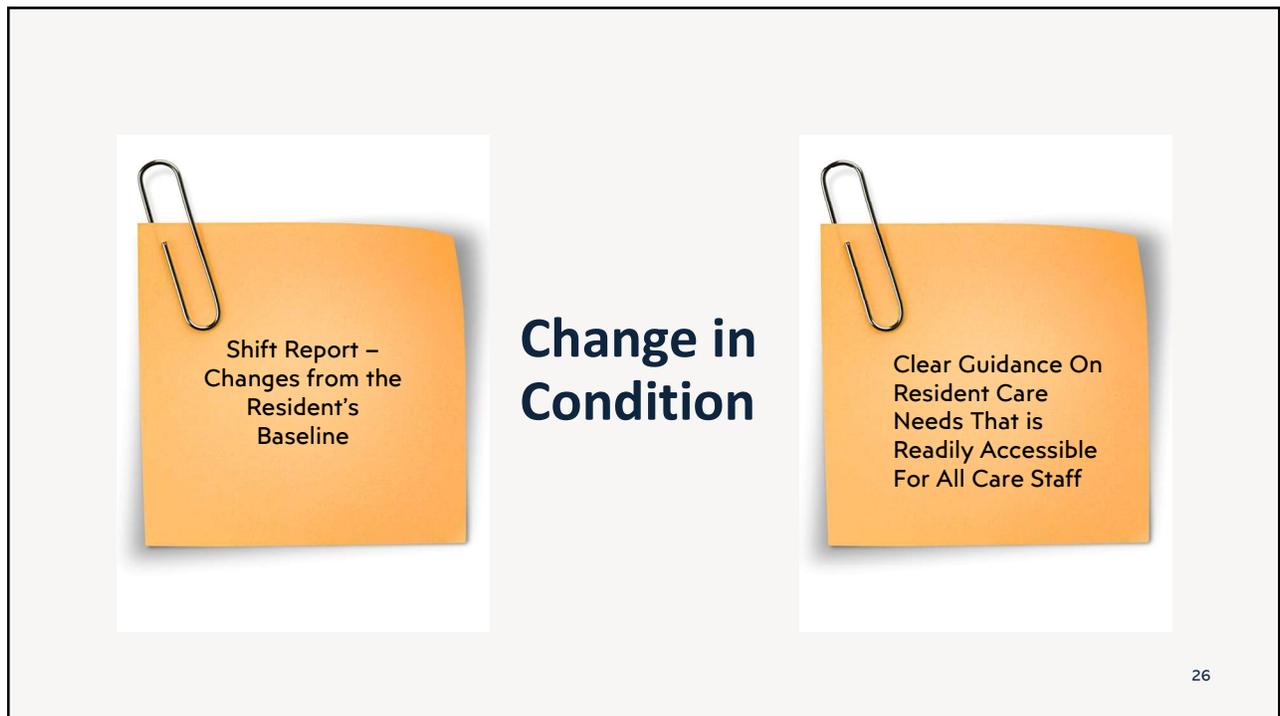
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Twelve Frequent Changes in Resident Condition

Non-Physical Changes:

- Demeanor
- Appetite
- Sleeping
- Speech
- Confusion or agitation.
- Resident complaints of pain

Physical Changes:

- Walking
- Urination and bowel patterns
- Skin
- Level of weakness
- Falls
- Vital signs

Source - Improving patient Safety in Long-Term Care Facilities. Appendix 1-A. Suggested Slides for Module 1 | Agency for Healthcare Research and Quality (ahrq.gov)

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Hospice and Home Care Coordination

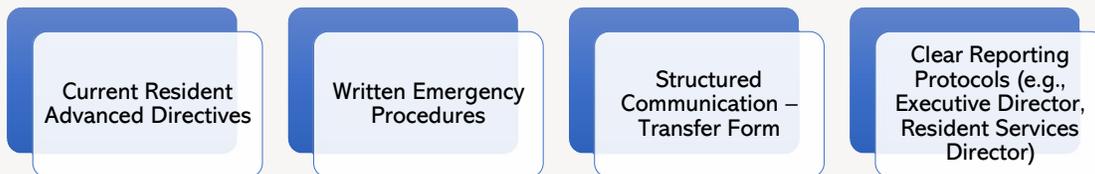


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Change in Condition Emergency Response

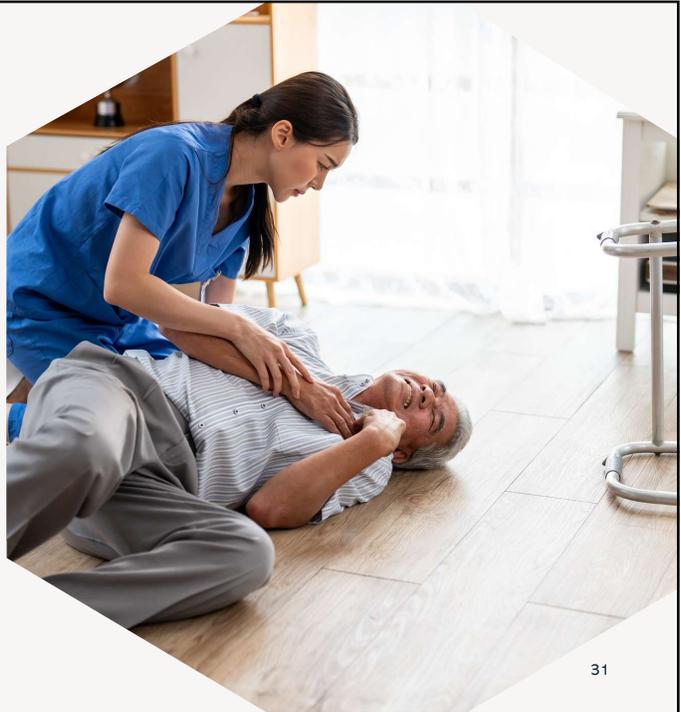


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Emergency Response

- Significant Injury – Call 911
- Significant Change in Condition - Follow Directions of 911 Dispatchers
- Provide Training on Choking
- Provide Training on Medical and Behavioral Emergencies



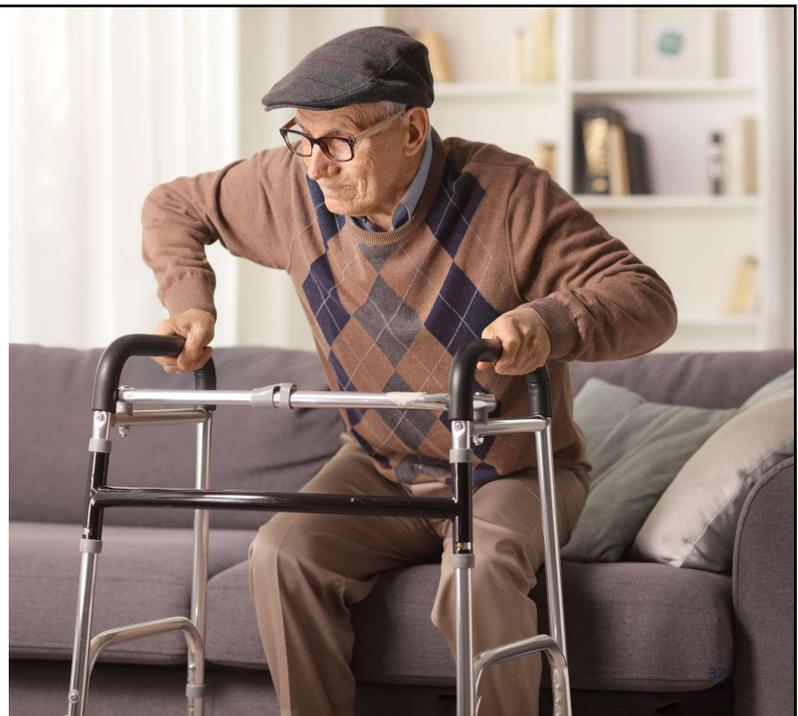
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Resident Safety Risks

Falls, Wounds,
Elopement,
Medication Safety
Abuse/Exploitation,



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Resident/Environment Evaluation

- What Side of the Bed Does the Resident Routinely Use?
- What is the Resident's Normal Bed Height?
- What Toilet Seat Height is the Resident Accustomed to Using?
- What Handrails Does the Resident Routinely Use in the Bathroom?
- What is the Resident's Level of Safety Awareness?
- Is there Adequate Lighting by the Bed?



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Resident Education Example

Your Room

- Maintain clutter free rooms and walkways
- Avoid throw rugs
- Turn on a light when getting up at night
- Use only secured objects to help steady yourself
- Use handrails in the shower and bathroom
- Keep your pendant, phone or call light accessible at night



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Resident Education Example

Personal Care

- Use your personal assistive devices for mobility (e.g., canes, walkers)
- Use and maintain your glasses and hearing aids (current prescription)
- Maintain proper nutrition and hydration
- Be active — participate in activities and exercise classes
- Pause for a moment when changing positions to establish your balance (e.g., lying to sitting, sitting to standing)



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**Proactively Address
Change in Resident
Mobility**

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Fall Risk – Residents with Dementia

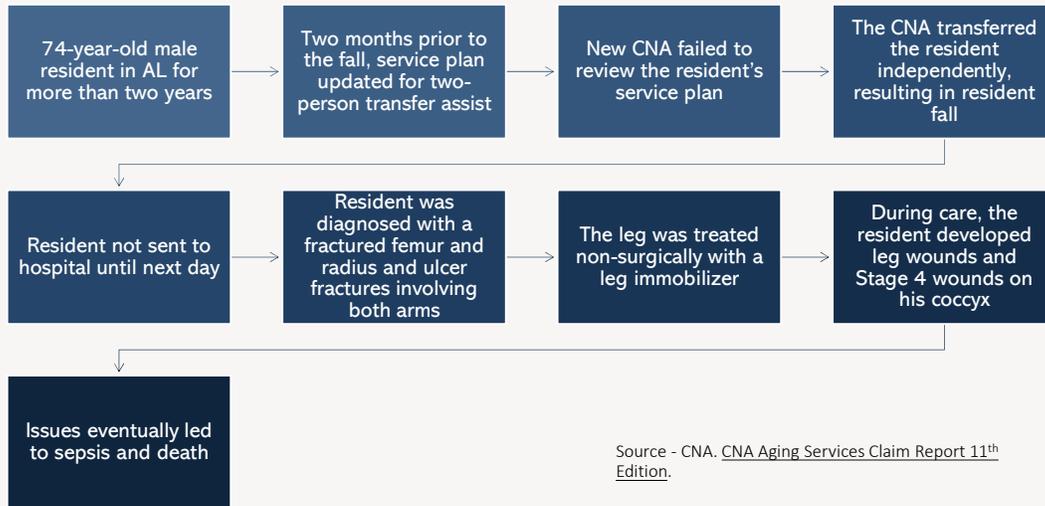
- “People with dementia are 4-5x more likely to fall than those without cognitive impairment.
- Falls often result in severe injuries, including fractures, which are three times more common compared to cognitively well individuals.
- Falls increase the likelihood of hospitalization or long-term care by 5x compared to non-falling older adults with dementia.
- Those with Parkinson’s disease, vascular dementia, Lewy body dementia, corticobasal syndrome and progressive supranuclear palsy are especially prone to mobility problems”

Source – Alzheimer Society Prince Edward Island. Fall Prevention REDUCING RISK OF FALLS FOR PEOPLE WITH DEMENTIA

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CNA Aging Services Claims Report: 11th Edition



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Investigating/Analyzing Falls

Consider a “5 Why” approach when investigating/analyzing the contributing factors of resident falls (note more than 5 why’s may be necessary depending on the situation).

Problem statement	One sentence description of event or problem
Why? →	
Root Cause(s)	1. 2. 3. To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?

Source - CMS Five Whys Tool For Root Cause Analysis

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Documentation After a Fall

Subjective statement from the resident (if able)

Complete description of injuries

Care and treatment

Provider notification

Family notification

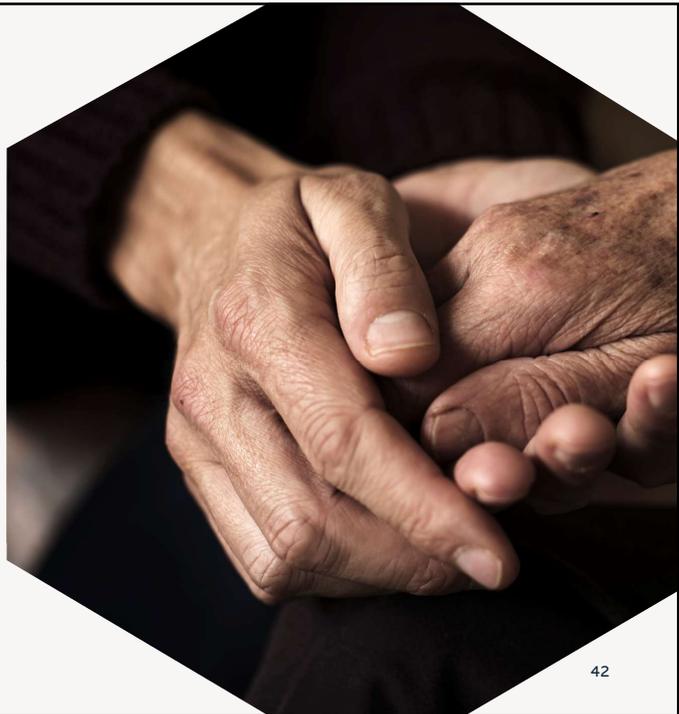
Communication with the Emergency Room (as applicable)

Monitoring based on resident injuries and symptoms

Transfer details (as applicable)

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Skin Injuries



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Skin Injury Management

- **Skin Injury/Integrity** – During the aging process physical changes occur, such as loss of skin elasticity, thinning of the skin, and loss of normal sensation.

- All of these changes may contribute to skin concerns, including bruising, skin tears, or other more serious wounds like pressure ulcers.

Source – WebMD. **The Effects of Aging on Skin.** The Effects of Aging on Skin: Dry Skin, Loose Skin, and More

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Skin Injury Management

- **Complete formal skin check on admission**
- **Implement appropriate interventions** to minimize skin injury risk.
- **Involve the resident and family** - what has worked in the past to maintain healthy skin (e.g., lotions, hydration, wearing long sleeves, lighting at night to avoid bumping into furniture).

- Observe skin condition with daily cares and bathing. **Require - Early Recognition, Reporting and Response**
- **Evaluate physician orders for healing effectiveness.**
- **Involve outside agencies as appropriate** for care and treatment of skin injuries and pressure ulcers.
- **Coordinate Care with Home Care**

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Level of Care

- Clearly Define the Stage of Wounds and Treatment Orders that Require Transfer

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80-year-old male with incontinence

Advanced dementia, admitted to AL Memory Care

Admission noted to have dry, flaky skin

No additional notes for two weeks—referral to home health to treat wounds

Next note, one week later, noted Stage 2 sacral wound

No note regarding possible transfer until 10 days later

At hospital other wounds were identified

Discharge to rehab, readmitted to hospital with sepsis related to pressure injury

Resident dies one month later

Lawsuit settled for \$340,000

Assisted Living Pressure Injuries

Source - CNA, [CNA Aging Services Claim Report 11th Edition](#).

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Elopement



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Elopement Management



Pre-Admission and Admission Screening



Current Picture and Description of At-Risk Residents



Elopement Response Policy



Elopement Drills



Training on Hire and Annually



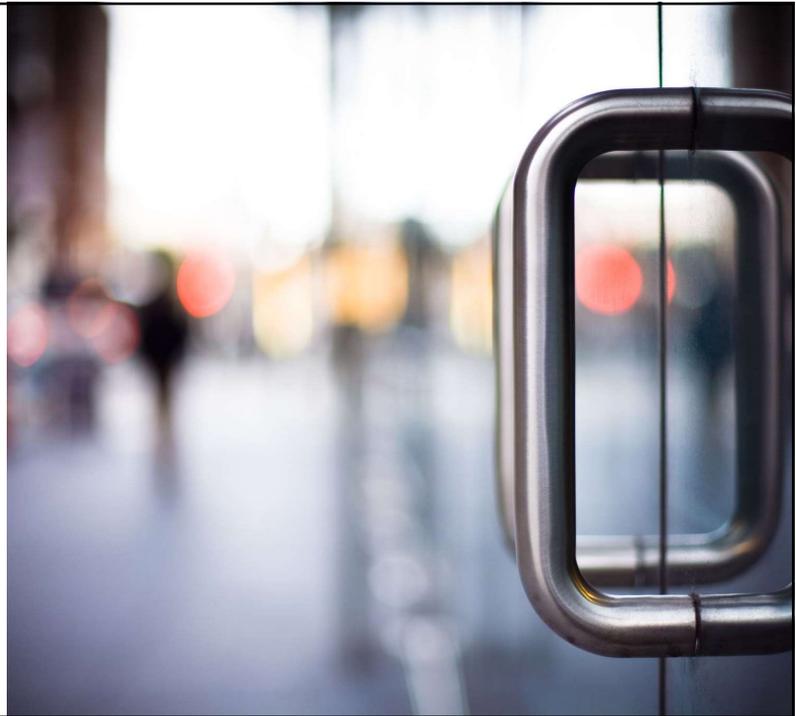
Resident Sign-In/Out Process

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Elopement

Exit Notification at Night
Keypad Code Changes
Electronic Monitoring
Protocols (Doors and
Bracelets)
Regular Rounding
Documented Door Checks
Courtyards



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Alzheimer's Association

Six out of 10

- Six out of 10 people with Alzheimer's will wander and become lost.

Wander any Stage of Disease

- People can wander or become confused about their location at any stage of the disease (early, middle or late).

Injury Severity

- If not found within 24 hours, up to half of those who get lost risk serious injury or death.

Source – Alzheimer's Association. [Basics of Alzheimer's Disease](#)

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CNA Charged With Criminal Neglect

CNA for over 30 years, charged with a felony count of criminal neglect of a long-term care facility resident

Allegedly gave false statements to police, causing a delay in the search

The resident (with dementia) “was found in a barely conscious state in a steep, rocky ravine after a search involving multiple police and fire departments, drones, and search dogs”

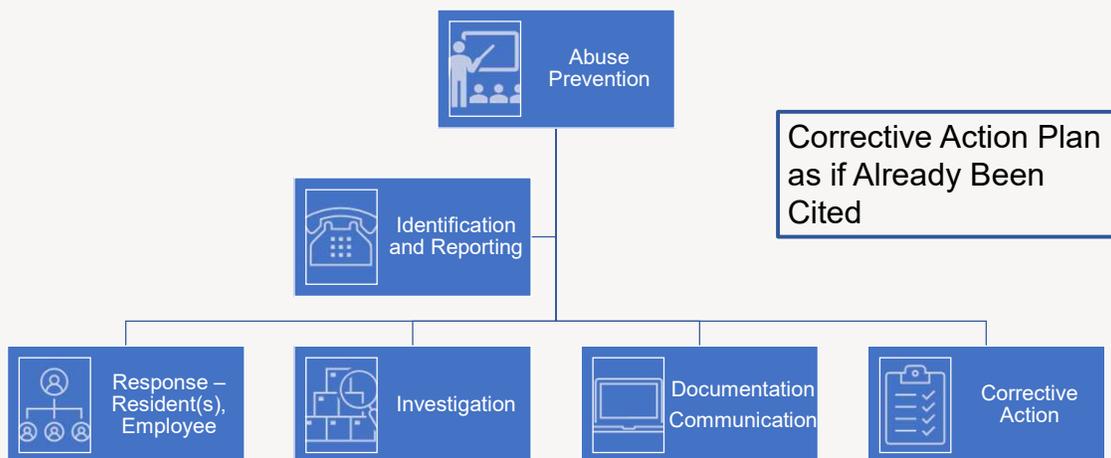
CNA told police she had checked the resident and taken vital signs Monday morning

Surveillance footage captured the resident leaving the facility late Sunday evening

Source: Med-Net Concepts, LLC. CNA Charged with Criminal Neglect in Resident's Elopement from Illinois Nursing Home (September 17, 2020)

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Abuse



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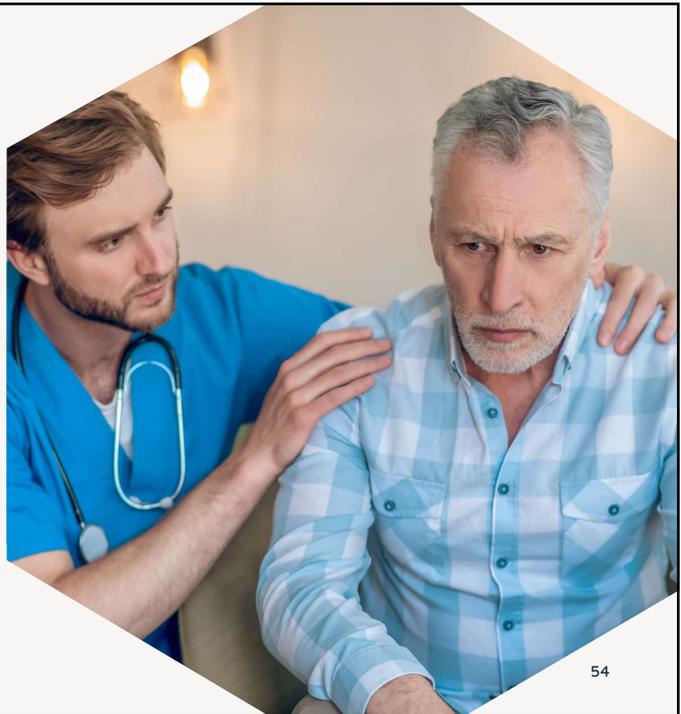
Reasonable Person Standard



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Shoulder Tap



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Medication Management



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Medication Safety

Medication Reconciliation on Admission/Readmission

RN Delegation to Unlicensed Personnel

Competency Based Training

Readily Accessible Medication Information

Current Policies and Procedures

Self-Administration of Medication Protocols

Narcotic Management

Obtaining Medications After Hours

Incident Review and Trending

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Memory Care



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Memory Care

Admission Criteria – Diagnosis of Dementia or Alzheimer's

Written Program

Designated Activities

Staff Training – Dementia/Alzheimer's, Behavior Support, Abuse, De-Escalation

Secure Environment – Doors, Windows, Storage

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Staff Training

Understanding Behavior
Physical Aggression
Sexual Aggression
Verbal Aggression
Suicide Risk



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Documentation



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Complete Documentation

- Concise, meaningful, complete
- Accurate reflection of care and interventions
- Communication with care providers and family
- Resident and family teaching
- Aligns with facility policy and procedures
- Follow-up on resident injuries, change in condition and effectiveness of interventions

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Adverse Event Documentation

- Document the facts
 - Situation - resident given the wrong medication
 - Document - the medication that was given, dosage and route; who was notified, monitoring and resident observation post-incident
- Don't document that an incident report was completed
- Don't blame other team members or providers
- Don't blame the resident or family member
- Document communication with the physician and family

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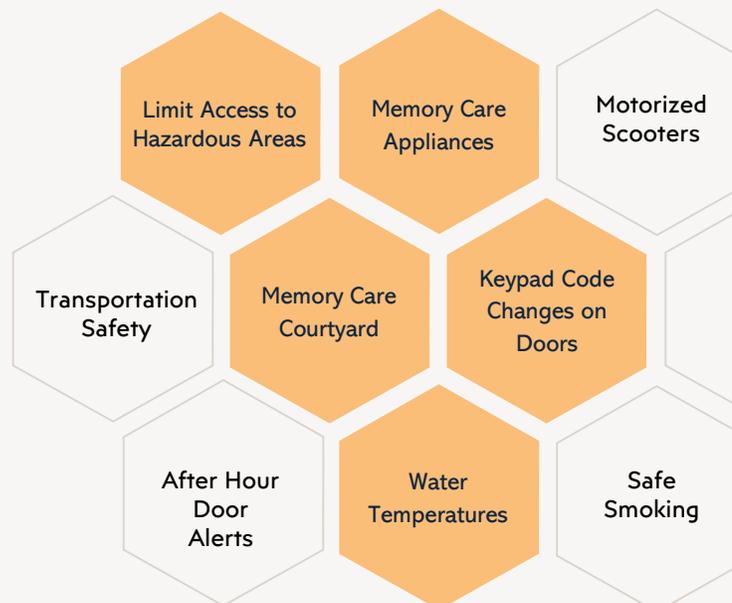
Environmental Safety



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Environmental Safety



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Assisted Living

- “A 93-year-old California assisted living resident died after she was served dishwashing liquid instead of juice”
- “One woman died and two others were hospitalized after they were served dishwashing liquid instead of juice”



Source: By Zoe Sottile, CNN
Published 12:59 PM EDT, Tuesday, August 30, 2022

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Current Emergency Plan

Risk Assessment – Identify Potential Hazards

- Fires
- Weather
- Power Outages
- Medical Emergencies
- Security Threats

Communication Protocols

- Residents
- Family Members
- Staff
- Leadership
- Multiple Communication Methods (Phone Tree, Text Alerts)
- Designated Facility Spokesperson (Media, Public)

Sources:

- [Emergency Preparedness and Safety in Senior Living. Emergency Preparedness and Safety in Senior Living](#)
- [Relias Emergency Preparedness in Assisted Living Communities. Emergency Preparedness in Assisted Living Communities | Relias](#)

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Current Emergency Plan

• Evacuation Procedures

- Detailed Evacuation Routes
- Evacuation Drills
- Evacuation Routes for Residents with Mobility Issues
- Identified Evacuation Sites

• Resource Management

- Emergency Supplies (e.g., first-aid kits, food, water, flashlights)
- Shelter-in-Place Plan
- Staffing
- Medications and Medical Supplies

Sources:

- Minnesota Leading Age. Hazard Vulnerability Assessment required for Assisted Living Emergency Preparedness Planning. [Hazard Vulnerability Assessment required for Assisted Living Emergency Preparedness Planning | LeadingAge Minnesota](#)
- [Preparing for the Unexpected: The Importance of Emergency Management Planning for Assisted Living Facilities](#) [Preparing for the Unexpected: The Importance of Emergency Management Planning for Assisted Living Facilities – ACHS Management Group](#)

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Current Emergency Plan

Staff Training

- Emergency Procedures
- Fire Safety
- Evacuation Protocols
- CPR
- First Aid
- Roles and Responsibilities

Regular Drills

List of Emergency Contacts

Record Keeping

Post-Emergency Review

Resident Training

Sources:

- The McKendree. Emergency Evacuations in Assisted Living. [Emergency Evacuations in Assisted Living](#)
- Assisted Living Education - What Are Important Disaster Preparation Tips for an RCFE Facility? [What Are Important Disaster Preparation Tips for an RCFE Facility?](#)

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Quality/ Safety Committee

Meeting

- Meeting Agenda

Meeting

- Meeting Minutes (Confidential)

Tracking and Trending

- Tracking and Trending of Data – Falls, Medication Errors, Skin Injuries, Elopements, Transfer Out, Concerns/Complaints, Behaviors, Infections

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Claim Trends
Licensing
Media

Today



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Thank you

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