

# **Residential Care and Assisted Living: State Oversight Practices and State Information Available to Consumers**

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## Executive Summary

This report was commissioned by the Agency for Healthcare Research and Quality through a subcontract with Westat to review:

- State monitoring and oversight practices of assisted living facilities.
- Information that is available on State agency Web sites to consumers and family members about assisted living.<sup>1</sup>

State monitoring and oversight practices of assisted living are similar to, although not as extensive as, those used by States to review nursing homes. Assisted living monitoring and survey tools track each State's own regulatory requirements and are not standardized across States. A review of the Web sites of State licensing agencies found that 48 States post licensing regulations; 46 provide access to a database or list of licensed facilities; 12 post survey findings on their Web site; and 14 States post a guide to help consumers and family members learn about and choose a facility. Twenty-six States offer information to facility administrators and staff on a Web site. The information ranges from licensing application and renewal forms, administrator requirements, bulletins, information about the survey process, technical assistance materials, and incident and complaint forms.

Twenty-six State Units on Aging (SUAs) post information about assisted living on their Web sites. A few SUAs link to information available on the licensing agency's site, but most supplement what is available on other sites.

One purpose of this project was to assess the interest among State agencies in ways to help consumers compare facilities. Rating or profiling of facilities requires sources of information that are standardized and contain sufficient data to allow consumers to determine how a specific facility compares to other facilities or where it falls along a continuum. Types of data might include survey findings, resident functional and health information, or outcomes data.

A small number of States are actively developing a system to rate or profile assisted living settings, although some other States are interested in developing a rating system. Unlike nursing homes, most States do not require the reporting of assessment data that are needed to establish outcomes that can be tracked and compared with other facilities. Facility performance information can be obtained from survey reports and complaint investigations, but this information is not automated or published in most States. State contacts noted that budget tightening has left many agencies with limited staff, and their primary priority is to monitor quality and program compliance.

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<sup>1</sup> Assisted living also includes residential settings that may be licensed as residential care homes, personal care homes, adult homes, and other types of facilities. See the overview section of this report for additional information.



# Section 1. Introduction and Overview

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## Introduction

Assisted living has grown rapidly as an important source of services in residential settings for older people. Because of this rapid growth and differences among States in how assisted living is defined and licensed, and even what it is called, older people and families need information to understand what assisted living is, how it may meet their needs, and how to choose a facility. This report was commissioned by the Agency for Healthcare Quality and Research to describe the extent of information that is available to consumers and families from State agencies and to describe State oversight policies and practices. The report was prepared by the National Academy for State Health Policy under a subcontract with Westat.

Information for the report was collected in 2005 through telephone interviews with key contacts in State licensing agencies, a review of the licensing regulations in each State, and a search of the Web site for each State licensing agency and State Unit on Aging (SUA). The telephone interviews with State licensing agency contacts were unstructured discussions of the State's approach to oversight, the survey process, methods of obtaining information from residents and staff about the services provided, information about the survey findings that is available to consumers, information available on the agency's Web site, and the agency's interest in developing a method to rate or profile facilities. Web sites change frequently and may not be current. The links were active as of November 2005. In addition, in any given year about half of the States make minor to major changes in their licensing rules, and the information posted on the Web sites may not always reflect current policy or information.

Section I of the report describes the primary findings. Section II contains information abstracted from consumer guides that are available from the Web sites of State agencies. Section III includes brief summaries of each State's approach to regulating assisted living and the information that is available on the State agency Web sites.

## Overview

Assisted living has emerged as a popular choice for people who need supportive and health-related services and help with unscheduled activities of daily living. Simply understanding assisted living can be confusing because there is no universal (or Federal) definition of the term, and there is no standard definition or term used by all States. The term assisted living is used in 41 States, but similar facilities may be licensed by States as personal care homes, residential care facilities, adult care homes, homes for the aged, and other types of facilities. The services and level of care available also vary by State and within States. State regulations generally describe the parameters of the people who may be served and the services that may be offered, but facilities often set their threshold below what may be allowed by the regulations.

For the purposes of this study, assisted living is a generic term that refers to facilities, buildings, or residences that are licensed by States to provide support and personal care services to individuals who are not related to the owner.

The supply of licensed units grew from about 612,000 in 1998 to 937,601 in 2004. However, the rate of growth slowed from 13 percent between 2000 and 2002 to 3 percent between 2002 and 2004.<sup>2</sup> State licensing officials believe there is excess supply in many areas of their States, and that the growth rate has declined because of competition and pressure on occupancy rates. Because of its growth and the increasing needs of people who move to assisted living facilities, State oversight staff, policymakers, legislators, advocates, family members, consumers, and Federal agencies are interested in the oversight of facilities and the quality of care delivered to residents.

## Facing the Information Challenge

Despite widespread use of the term, assisted living has evolved as a generic term that describes services in licensed residential settings. Some States have separate licensing categories and requirements for assisted living and residential care facilities; others use the terms interchangeably. Definitions of assisted living include references to the licensed entity, the type of building, the relationship of the residents to the owner, the purpose for which a license is sought, the philosophy of the regulations, the needs that may be addressed or not addressed, the services that may or may not be provided, and the minimum size required for license.

The widespread use of the term assisted living and the considerable State variability in its definition continue to fuel debate about what assisted living is and should be, how it should be regulated (particularly as the number of residents with higher levels of need increases), and whether facilities that do not support key assisted living principles should use the term.

When the term was first used, State officials and others believed it reflected a new philosophy. Regulations were developed based on consumer choice, independence, dignity, and privacy. Licensing rules sometimes referred to “residences” rather than “facilities” to differentiate them from older, more institutional settings. Private apartments or rooms with attached baths replaced shared rooms and bathing facilities. Assisted living in Oregon, one of the first States to use the term, “means a building, complex or distinct part thereof, consisting of fully self-contained individual living units where six or more senior and persons with disabilities may reside. The facility offers and coordinates a range of supportive personal services available on a 24-hour basis to meet the activities of daily living (ADLs), health services, and social needs of the residents described in these rules. A program approach is used to promote resident self-direction and participation in decisions that emphasize choice, dignity, privacy, individuality, independence and home-like surroundings.”

States creating a new category called assisted living retained existing categories and requirements for other residential care settings. Over time, more States adopted the term to

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<sup>2</sup> Robert Mollica and Heather Johnson-Lamarque. *Residential Care and Assisted Living Compendium 2004*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. March 2005. Available at: <http://aspe.hhs.gov/daltcp/reports/04alcom.htm>. Accessed August 17, 2006.



reflect its emerging appeal, but assumptions about assisted living—assumptions shared by many consumers and researchers—often were not adopted. Several types of regulations emerged. Some were institutional while others reflected a new approach, and two States focused on licensing the provider of services rather than the setting or building.<sup>3</sup> Generic use of the term assisted living obscures the difference between types of residential care settings and makes it difficult for consumers to determine which setting will best meet their current and future needs.

Because there is no common definition of assisted living, consumers and family members face real challenges when they seek information about this residential option. A 1999 report by the Government Accountability Office (GAO), formerly the General Accounting Office, noted that consumers need “clear and complete information” about the services provided by individual assisted living residences and the cost of those services.<sup>4</sup> In most States, essential information is available directly from the facilities. Several national and State organizations have developed checklists or guidelines to help consumers obtain information and compare residences. More recently, State agencies have developed Web sites to assist consumers. Most of these sites allow consumers to search for residences and list the name of the residence, address, phone number, and administrator. A few include survey findings and complaints.

The GAO report found that prospective residents obtain information from written materials, tours, personal interviews, and recommendations from friends. The report noted that most residents received assistance from a family member, friends, or health professionals to help make their decision.

In 2004, GAO was asked to review State initiatives that address issues faced by consumers and providers. The study focused on three areas: disclosure, State efforts to help providers meet minimum standards, and complaint procedures.<sup>5</sup> The study examined initiatives in Florida and Texas to provide information to consumers, use of remedies to improve compliance in Georgia, consultation from the licensing agency in Washington, and an ombudsman program in Massachusetts.

The U.S. Senate Aging Committee held a hearing in 2000 to discuss the issues described in a GAO report including the lack of a common definition of assisted living and resulting consumer confusion about this residential option. The Committee suggested that industry and other key stakeholders form an Assisted Living Workgroup (ALW) to review key issues and make recommendations that would improve quality and lead to a common definition. The workgroup included over 50 organizations with a variety of interests including industry associations, professional organizations, consumer and advocacy groups, and State officials.

The ALW presented its recommendations to the Senate Aging Committee at a hearing in April 2003. Most of the informational issues affecting consumers were addressed under

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<sup>3</sup> See Robert Mollica. *State Assisted Living Policy: 1998 and State Assisted Living Policy: 2000*. National Academy for State Health Policy. Portland, ME.

<sup>4</sup> Government Accountability Office. *Assisted Living: Quality of Care and Consumer Protection Issues in Four States*. GAO/HEHS-99-27. Washington, DC. April 1999.

<sup>5</sup> Government Accountability Office. *Assisted Living: Examples of State Efforts to Improve Consumer Protections*. GAO-04-684. Washington, DC. April 2004.

recommendations related to resident rights. The recommendations generally require that information made available to consumers be understandable, consistent with written contracts, and complete.

Information on assisted living is available electronically from multiple sources. An Internet search identifies national and State provider associations, provider Web sites, directories, and referral services from for-profit organizations, consumer advocacy organizations, marketing and consulting firms, the Administration on Aging, and State agency Web sites. Information may also be obtained from State departments, divisions, or bureaus on aging; area agencies on aging; government consumer information agencies; and other county or local agencies.

Information about assisted living is also available from the U.S. Department of Health and Human Services' Administration on Aging (AoA), under the "elders and families" and "housing services" section of the Web site. Visitors to the Web site will find a description of assisted living and the kind of residents who live in assisted living facilities. The Web site presents a brief checklist that can be used to evaluate a facility's characteristics and a list of other consumer and provider-based organizations that offer additional information.<sup>6</sup>

## **Communicating with Consumers**

There are many sources of information about assisted living. This report describes information available from State agencies. States are responsible for licensing facilities and providing oversight to monitor quality of care and compliance with statutory and regulatory requirements. Information for consumers and families is primarily available from agencies that are responsible for issuing regulations and licensing and monitoring facilities and agencies that serve older adults (see Tables 1 and 2).

### **State Licensing Agencies**

State licensing agencies use the Internet and their Web sites to communicate information to consumers and family members about assisted living. The project identified several types of information posted on State licensing agency Web sites about assisted living. A review of licensing agency Web sites identified information that is useful to consumers and owners, operators, and developers of assisted living facilities (see Table 1.) Some of the information posted is directed toward consumers and family members. Other information—such as regulations, survey guidelines, and incident reporting forms—is primarily directed toward owners and operators, but it is also available to consumers and family members who are interested.

State Web sites most commonly post the regulations used to license and survey facilities. Forty-eight States post links to their licensing regulations and statutes. Links to State licensing regulations are generally available on the Web site of the licensing agency. However, some regulations can be found on Web sites hosted by the Office of the Secretary of State or the State legislature.

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<sup>6</sup> Available at: [http://www.aoa.gov/eldfam/Housing/Housing\\_Services/HH\\_Assisted\\_Living.asp](http://www.aoa.gov/eldfam/Housing/Housing_Services/HH_Assisted_Living.asp). Accessed August 18, 2006.

Twenty-six States post additional information primarily for facility owners, administrators, and managers. Provider information includes documents relating to the survey process, guidelines and requirements, training, background checks, various forms, and notices.

Forty-two States post lists of licensed facilities. The information may be posted as a searchable database or a simple file listing the name of the facility, address, and phone number. Fourteen States post a consumer guide or a list of questions to ask on their Web site. Guide means a resource to help consumers and families understand assisted living and compare and select a facility.

Twelve States include information from survey reports and complaint investigations. Survey reports are prepared by State monitoring staff following on-site visits to assess compliance with State licensing requirements.

## **State Units on Aging**

All States operate programs and services for older adults under the Older Americans Act. State agencies responsible for these activities may be an executive office, department, division, bureau, or commission and are generally referred to as State Units on Aging (SUAs). Some are cabinet level agencies; most are units within a larger umbrella agency or department. Some SUAs are also responsible for Medicaid home and community-based waiver services programs and State general revenue home care programs. Some aging agencies serve only older adults (ages 60 or 65 and older), while others also serve adults with physical disabilities and/or individuals with developmental disabilities.

SUAs are an important source of information for older adults and families about long-term care services, including assisted living options. SUAs have a broader mission than licensing agencies and are charged under the Older Americans Act with a broad range of services to older adults, including services “designed to encourage and assist older individuals to use the facilities and services (including information and assistance services) available to them.”<sup>7</sup> Web sites typically include information about the services and resources available through SUAs, as well as general information about Medicare and resources available through Area Agencies on Aging. Thirty SUA Web sites contained information or links to information about assisted living (see Table 3.)<sup>8</sup> Eight of the SUAs are also responsible for licensing or certifying assisted living facilities.

A few SUAs have links to Web sites maintained by groups outside of State government. The Nebraska Department of Health and Human Services and the State’s SUA link to a non-profit organization, Answers4Families, which is a project of the Center on Children, Families, and the Law at the University of Nebraska. It was formed to “provide information, opportunities for dialogue, education, and support to Nebraskans with special needs and their families by developing and providing Internet resources”<sup>9</sup> and is supported by funding from the Nebraska Aging and Disability Services and other State agencies. The site includes a guide to assisted

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<sup>7</sup> Older Americans Act. 42 USC Section 3030D.

<sup>8</sup> Although they were not part of this review, Area Agencies on Aging may also have information for consumers about assisted living.

<sup>9</sup> Available at: [www.answers4families.org](http://www.answers4families.org). Accessed August 17, 2006.

living, a link to a list of facilities on the licensing agency's Web site, information about coverage of assisted living under the waiver, a telephone number to file a complaint, and a description of the Medicaid appeal process.

Several SUAs described plans to add information to their Web site. With support from the State legislature, the Ohio Department on Aging is preparing to expand its long-term care consumer guide to include more information about assisted living. The information may include results from a consumer satisfaction survey, information about specific facilities, and compliance information. The Idaho Commission on Aging is working with Idaho Legal Aid to develop a pamphlet that will provide information about selecting a facility.

Other SUAs noted that information about assisted living is available from an ombudsman program. Originally established to work with nursing home residents, State ombudsman programs now work with assisted living residents and prospective residents. Local ombudsman programs in California offer consumers directories, checklists, and fact sheets. Web-based tools have not been developed, although the State ombudsman office has discussed compiling and posting survey information with the licensing agency.

Table 1: State agency assisted living Web sites

State	Regulations	Provider information	Consumer			State	Regulations	Provider information	Consumer		
			Consumer guide	Facility list	Survey reports				Consumer guide	Facility list	Survey reports
AL	•			•	MT	•	•		•		
AK	•	•		•	NE	•			•		
AR	•			•	NV	•	•				
AZ	•		•	•	NH				•		
CA	•	•		•	NJ	•	•				
CO	•	•	•	•	NM	•	•	•			
CT	•				NY	•			•	•	
DE <sup>10</sup>		•		•	NC	•	•		•		
DC		•		•	ND	•			•		
FL	•	•	•	•	OH	•			•		
GA	•	•		•	OK	•			•		
HI	•			•	OR	•		•			
ID	•	•			PA	•		•			
IL	•	•		•	RI	•					
IN	•			•	SC	•	•		•		
IA	•	•		•	SD	•	•	•	•		
KS	•	•		•	TN	•			•		
KY	•		•	•	TX	•	•		•	• <sup>12</sup>	
LA	•			•	UT	•	•		•		
ME	•			•	VT	•			•		
MD	•	•	• <sup>13</sup>	•	VA	•	•	•	•	•	
MA	•			•	WA	•	•	•	•		
MI	•	•	•	•	WV	•			•		
MN	•	•		•	WI	•	•	•	•	•	
MS	•				WY	•			•		
MO	•			•	Number	48	26	14	46	12	

<sup>10</sup> Regulations were not located on State web sites in Delaware, the District of Columbia, or New Hampshire.

<sup>11</sup> Posting discontinued July 2005 due to staff reductions.

<sup>12</sup> Lists deficiencies cited in the most recent survey report and the number of complaint investigations and substantiated complaints.

<sup>13</sup> Available on the Department on Aging Web site.

**Table 2. State licensing agency Web sites<sup>14</sup>**

State	Web address	Content*
AL	<a href="http://www.adph.org/providers/">http://www.adph.org/providers/</a>	Rules, list
AK	<a href="http://www.hss.State.ak.us/dsds/pdfs/ALHGuidebook.pdf">http://www.hss.State.ak.us/dsds/pdfs/ALHGuidebook.pdf</a> <a href="http://www.hss.State.ak.us/dsds/rural/default.htm">http://www.hss.State.ak.us/dsds/rural/default.htm</a>	Rules Affordable facilities
AR	<a href="http://www.medicaid.State.ar.us/InternetSolution/General/units/oltc/factypes.aspx">http://www.medicaid.State.ar.us/InternetSolution/General/units/oltc/factypes.aspx</a> <a href="http://www.State.ar.us/dhs/aging/assistedliving.html">http://www.State.ar.us/dhs/aging/assistedliving.html</a>	Rules, list, provider Provider
AZ	<a href="http://www.azdhs.gov/als/hcb/index.htm">http://www.azdhs.gov/als/hcb/index.htm</a>	Rules, guide, list, provider
CA	<a href="http://www.dss.cahwnet.gov/ord/CCRTitle22_715.htm">http://www.dss.cahwnet.gov/ord/CCRTitle22_715.htm</a> <a href="http://www.cclid.ca.gov/docs/cclid_search/cclid_search.aspx">http://www.cclid.ca.gov/docs/cclid_search/cclid_search.aspx</a> <a href="http://cclid.ca.gov/Self-Asses_2031.htm">http://cclid.ca.gov/Self-Asses_2031.htm</a> <a href="http://cclid.ca.gov/Residentia_2016.htm">http://cclid.ca.gov/Residentia_2016.htm</a>	Rules List Provider Provider
CO	<a href="http://www.cdphs.State.co.us/hf/static/pcbhpp.htm">http://www.cdphs.State.co.us/hf/static/pcbhpp.htm</a>	Rules, list, consumer, provider
CT	<a href="http://www.dph.State.ct.us/phc/docs/48_Assisted_Living_Services.doc">http://www.dph.State.ct.us/phc/docs/48_Assisted_Living_Services.doc</a> <a href="http://www.dph.State.ct.us/phc/docs/39_Long-term_Hospitals.doc">http://www.dph.State.ct.us/phc/docs/39_Long-term_Hospitals.doc</a>	Rules RCH rules (section D6)
DC	<a href="http://app.doh.dc.gov/services/administration_offices/hra/crcfd/comm_res_fac.shtm">http://app.doh.dc.gov/services/administration_offices/hra/crcfd/comm_res_fac.shtm</a>	Provider, list
DE	<a href="http://www.dhss.delaware.gov/dhss/dltcrp/services.html">http://www.dhss.delaware.gov/dhss/dltcrp/services.html</a>	Provider, lists
FL	<a href="http://fac.dos.State.fl.us/faonline/chapter58.pdf">http://fac.dos.State.fl.us/faonline/chapter58.pdf</a> <a href="http://elderaffairs.State.fl.us/english/LMD/alf.html">http://elderaffairs.State.fl.us/english/LMD/alf.html</a> <a href="http://www.floridaaffordableassistedliving.org/">http://www.floridaaffordableassistedliving.org/</a> <a href="http://ahca.myflorida.com/MCHQ/Long_Term_Care/Assisted_living/alf.shtml">http://ahca.myflorida.com/MCHQ/Long_Term_Care/Assisted_living/alf.shtml</a>	Rules Consumer Provider, consumer Provider, rules, forms
GA	<a href="http://ors.dhr.georgia.gov/portal/site/DHR-ORS/menuitem.a7e86d3fa49a7a608e738510da1010a0/?vgnnextoid=814c221dddaff00VgnVCM100000bf01010aRCRD">http://ors.dhr.georgia.gov/portal/site/DHR-ORS/menuitem.a7e86d3fa49a7a608e738510da1010a0/?vgnnextoid=814c221dddaff00VgnVCM100000bf01010aRCRD</a>	Rules, provider, list
HI	<a href="http://www.hawaii.gov/health/permits/hospital/index.html">http://www.hawaii.gov/health/permits/hospital/index.html</a> <a href="http://www.hawaii.gov/health/elder-care/health-assurance/licensing/index.html">http://www.hawaii.gov/health/elder-care/health-assurance/licensing/index.html</a>	Rules List
ID	<a href="http://adm.idaho.gov/adminrules/rules/idapa16/0322.pdf">http://adm.idaho.gov/adminrules/rules/idapa16/0322.pdf</a> <a href="http://healthandwelfare.idaho.gov/portal/alias_Rainbow/lang_en-US/tabID_3518/DesktopDefault.aspx">http://healthandwelfare.idaho.gov/portal/alias_Rainbow/lang_en-US/tabID_3518/DesktopDefault.aspx</a>	Rules Provider
IL	<a href="http://www.ilga.gov/commission/jcar/admincode/077/07700295sections.html">http://www.ilga.gov/commission/jcar/admincode/077/07700295sections.html</a> <a href="http://www.idph.State.il.us/healthca/assisted_living_list.htm">http://www.idph.State.il.us/healthca/assisted_living_list.htm</a> <a href="http://www.idph.State.il.us/pdf/assistedlivingapp.pdf">http://www.idph.State.il.us/pdf/assistedlivingapp.pdf</a> <a href="http://www.sfillinois.com/">http://www.sfillinois.com/</a>	Rules List Application Affordable
IN	<a href="http://www.State.in.us/legislative/iac/title410.html">http://www.State.in.us/legislative/iac/title410.html</a> <a href="http://www.in.gov/isdh/regsvcs/lrc/resdir/">http://www.in.gov/isdh/regsvcs/lrc/resdir/</a> <a href="http://www.in.gov/icpr/Webfile/formsdiv/48896.pdf">http://www.in.gov/icpr/Webfile/formsdiv/48896.pdf</a>	Rules List Disclosure
IA	<a href="http://www.State.ia.us/elderaffairs/services/aliving.html">http://www.State.ia.us/elderaffairs/services/aliving.html</a> <a href="https://dia-hfd.iowa.gov/DIA_HFD/CTLCMSManageDocumentCategories.do">https://dia-hfd.iowa.gov/DIA_HFD/CTLCMSManageDocumentCategories.do</a> <a href="http://www.legis.State.ia.us/Rules/Current/iac/321iac/32126/32126.pdf">http://www.legis.State.ia.us/Rules/Current/iac/321iac/32126/32126.pdf</a>	Rules List application, survey Monitoring
KS	<a href="http://www.agingkansas.org/kdoa/lce/reggs/assistedliving/asst_living_res_health_care.htm">http://www.agingkansas.org/kdoa/lce/reggs/assistedliving/asst_living_res_health_care.htm</a> <a href="http://www.agingkansas.org/kdoa/lce/lce_index.html">http://www.agingkansas.org/kdoa/lce/lce_index.html</a>	Rules  Provider, list
KY	<a href="http://chfs.ky.gov/dhss/das/alc.htm">http://chfs.ky.gov/dhss/das/alc.htm</a>	Rules, list, guide
LA	<a href="http://www.dss.State.la.us/Documents/OS/Adult_Residential.pdf">http://www.dss.State.la.us/Documents/OS/Adult_Residential.pdf</a> <a href="http://www.dss.State.la.us/departments/os/licensing/default.asp">http://www.dss.State.la.us/departments/os/licensing/default.asp</a>	Rules List
ME	<a href="http://www.maine.gov/dhhs/beas/all/assisted.htm">http://www.maine.gov/dhhs/beas/all/assisted.htm</a>	Rules, list

<sup>14</sup> The Web address for each Web site was verified in November 2005. However, Web addresses may have changed since the completion of this report.

**Table 2. State licensing agency Web sites<sup>14</sup>**

<b>State</b>	<b>Web address</b>	<b>Content*</b>
MD	<a href="http://www.dsd.State.md.us/comar/subtitle_chapters/10_Chapters.htm">http://www.dsd.State.md.us/comar/subtitle_chapters/10_Chapters.htm</a> <a href="http://www.mdoa.State.md.us/Housing/ALIntro.html">http://www.mdoa.State.md.us/Housing/ALIntro.html</a> <a href="http://www.dhmf.State.md.us/ohcq/alforum/home.htm">http://www.dhmf.State.md.us/ohcq/alforum/home.htm</a> <a href="http://dhmf.State.md.us/ohcq/licensee_directory/licensee_directory.htm">http://dhmf.State.md.us/ohcq/licensee_directory/licensee_directory.htm</a> <a href="http://dhmf.State.md.us/ohcq/alforms/alforms.htm">http://dhmf.State.md.us/ohcq/alforms/alforms.htm</a>	Rules Guide Provider List Forms
MA	<a href="http://www.mass.gov/Eelders/docs/reg_651cmr012.doc">http://www.mass.gov/Eelders/docs/reg_651cmr012.doc</a> <a href="http://170.63.97.68/portal/site/massgovportal/menuitem.db805ceae7e631c14db4a11030468a0c/?pageID=elderssubtopic&amp;L=3&amp;L0=Home&amp;L1=Housing&amp;L2=Assisted+Living&amp;sid=Eelders">http://170.63.97.68/portal/site/massgovportal/menuitem.db805ceae7e631c14db4a11030468a0c/?pageID=elderssubtopic&amp;L=3&amp;L0=Home&amp;L1=Housing&amp;L2=Assisted+Living&amp;sid=Eelders</a>	Rules Consumer, list
MI	<a href="http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27717---,00.html">http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27717---,00.html</a>	Rules, lists, forms, surveys
MN	<a href="http://www.revisor.leg.State.mn.us/arule/4668/">http://www.revisor.leg.State.mn.us/arule/4668/</a> <a href="http://www.health.State.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm">http://www.health.State.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm</a> <a href="http://www.health.State.mn.us/divs/fpc/ohfinfo/filecomp.htm">http://www.health.State.mn.us/divs/fpc/ohfinfo/filecomp.htm</a>	Rules Provider, FAQs Complaints
MS	<a href="http://www.msdh.State.ms.us/msdhsite/_static/30,0,83,60.html">http://www.msdh.State.ms.us/msdhsite/_static/30,0,83,60.html</a>	Rules
MO	<a href="http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-86.pdf">http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-86.pdf</a> <a href="http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-82.pdf">http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-82.pdf</a> <a href="http://www.dhss.mo.gov/showmelongtermcare/longtermcare.html">http://www.dhss.mo.gov/showmelongtermcare/longtermcare.html</a>	Rules Rules List, surveys
MT	<a href="http://www.dphhs.mt.gov/programsservices/assistedliving/index.shtml">http://www.dphhs.mt.gov/programsservices/assistedliving/index.shtml</a>  <a href="http://www.dphhs.mt.gov/sltc/pubs/pdf/pchome2.pdf">http://www.dphhs.mt.gov/sltc/pubs/pdf/pchome2.pdf</a> <a href="http://www.dphhs.mt.gov/aboutus/divisions/qualityassurance/healthcarefacilitieslist/assistedlivingfacilities.doc">http://www.dphhs.mt.gov/aboutus/divisions/qualityassurance/healthcarefacilitieslist/assistedlivingfacilities.doc</a>	Rules, provider, tools Guide List
NE	<a href="http://www.sos.State.ne.us/business/regsearch/Rules/Health_and_Human_Services_System/Title-175/Chapter-4.pdf">http://www.sos.State.ne.us/business/regsearch/Rules/Health_and_Human_Services_System/Title-175/Chapter-4.pdf</a> <a href="http://www.hhs.State.ne.us/crl/ALF%20Roster.pdf">http://www.hhs.State.ne.us/crl/ALF%20Roster.pdf</a> <a href="http://www.hhs.State.ne.us/crl/rosters.htm">http://www.hhs.State.ne.us/crl/rosters.htm</a> <a href="http://www.hhs.State.ne.us/crl/Medfac/ALF/alf.htm">http://www.hhs.State.ne.us/crl/Medfac/ALF/alf.htm</a>	Rules  List  Provider
NV	<a href="http://www.leg.State.nv.us/nac/NAC-449.html">http://www.leg.State.nv.us/nac/NAC-449.html</a> <a href="http://health2k.State.nv.us/BLC/LICAPP16%20new.pdf">http://health2k.State.nv.us/BLC/LICAPP16%20new.pdf</a> <a href="http://www.leg.State.nv.us/NRS/NRS-449.html">http://www.leg.State.nv.us/NRS/NRS-449.html</a> <a href="http://health2k.State.nv.us/blc/license">http://health2k.State.nv.us/blc/license</a>	Rules Application Statute List
NH	<a href="http://www.dhhs.State.nh.us/DHHS/BEAS/LIBRARY/Form/standard-disclosure.htm">http://www.dhhs.State.nh.us/DHHS/BEAS/LIBRARY/Form/standard-disclosure.htm</a> <a href="http://www.dhhs.nh.gov/NR/rdonlyres/ennpj3qpc2odc4bqb4k3w7stzlg6zei6fvtce2r2aicravdugs4bpc4rohdeccjblcfckhignf3nqnsa4lsakxmda/All+Facilities+List+10%2e05+w-bkmk.pdf">http://www.dhhs.nh.gov/NR/rdonlyres/ennpj3qpc2odc4bqb4k3w7stzlg6zei6fvtce2r2aicravdugs4bpc4rohdeccjblcfckhignf3nqnsa4lsakxmda/All+Facilities+List+10%2e05+w-bkmk.pdf</a>	Disclosure List
NJ	<a href="http://www.State.nj.us/health/ltc/regs.shtml">http://www.State.nj.us/health/ltc/regs.shtml</a> <a href="http://www.State.nj.us/health/ltc/licencert.shtml">http://www.State.nj.us/health/ltc/licencert.shtml</a> <a href="http://www.State.nj.us/health/ltc/assisliv.shtml">http://www.State.nj.us/health/ltc/assisliv.shtml</a> <a href="http://www.State.nj.us/health/consumer/choice/housing.shtml">http://www.State.nj.us/health/consumer/choice/housing.shtml</a>	Rules Provider List, guide Guide, consumer
NM	<a href="http://www.health.State.nm.us/hflc/dhiadult.pdf">http://www.health.State.nm.us/hflc/dhiadult.pdf</a> <a href="http://dhi.health.State.nm.us/elibrary/imbdocs/irform.pdf">http://dhi.health.State.nm.us/elibrary/imbdocs/irform.pdf</a> <a href="http://dhi.health.State.nm.us/elibrary/manuals.php">http://dhi.health.State.nm.us/elibrary/manuals.php</a>	Rules Incident reporting Manuals
NY	<a href="http://www.health.State.ny.us/facilities/assisted_living/index.htm">http://www.health.State.ny.us/facilities/assisted_living/index.htm</a> <a href="http://www.health.State.ny.us/facilities/adult_care/index.htm">http://www.health.State.ny.us/facilities/adult_care/index.htm</a> <a href="http://www.health.State.ny.us/nysdoh/phforum/nyccr18.htm">http://www.health.State.ny.us/nysdoh/phforum/nyccr18.htm</a> (see parts 485-488)	Provider List, survey Rules
NC	<a href="http://facility-services.State.nc.us/testrules.htm">http://facility-services.State.nc.us/testrules.htm</a> <a href="http://facility-services.State.nc.us/tableofc.htm">http://facility-services.State.nc.us/tableofc.htm</a> <a href="http://facility-services.State.nc.us/reports.htm">http://facility-services.State.nc.us/reports.htm</a>	Rules Provider List
ND	<a href="http://www.health.State.nd.us/hf/North_Dakota_Basic_Care_Facilities.htm">http://www.health.State.nd.us/hf/North_Dakota_Basic_Care_Facilities.htm</a>	Rules, list
OH	<a href="http://www.odh.ohio.gov/rules/final/f3701-17.aspx">http://www.odh.ohio.gov/rules/final/f3701-17.aspx</a> <a href="http://pubapps.odh.ohio.gov/EID/Default.aspx">http://pubapps.odh.ohio.gov/EID/Default.aspx</a>	Rules List
OK	<a href="http://www.health.State.ok.us/PROGRAM/condiv/continuum.html">http://www.health.State.ok.us/PROGRAM/condiv/continuum.html</a>	Rules

**Table 2. State licensing agency Web sites<sup>14</sup>**

State	Web address	Content*
	<a href="http://www.health.State.ok.us/PROGRAM/condiv/hrsd/okdir~1.asp?pageID=14&amp;sort=1">http://www.health.State.ok.us/PROGRAM/condiv/hrsd/okdir~1.asp?pageID=14&amp;sort=1</a>	List
OR	<a href="http://egov.oregon.gov/DHS/spwpd/ltc/ltc_guide/whataremychoices.shtml#alf">http://egov.oregon.gov/DHS/spwpd/ltc/ltc_guide/whataremychoices.shtml#alf</a>	Rules, guide, list
PA	<a href="http://www.dpw.State.pa.us/disable/personalcareassistedliving/default.htm">http://www.dpw.State.pa.us/disable/personalcareassistedliving/default.htm</a>	Rules, list, consumer
RI	<a href="http://www.rules.State.ri.us/rules/hiliter.php?dir=DOH&amp;file=DOH_2869.pdf&amp;KEYWORD=assisted+living">http://www.rules.State.ri.us/rules/hiliter.php?dir=DOH&amp;file=DOH_2869.pdf&amp;KEYWORD=assisted+living</a>	Rules
SC	<a href="http://www.scdhec.net/hr/pdfs/licen/licregs/r61-84.pdf">http://www.scdhec.net/hr/pdfs/licen/licregs/r61-84.pdf</a> <a href="http://www.scdhec.net/hr/#Licensing">http://www.scdhec.net/hr/#Licensing</a>	Rules Provider, list
SD	<a href="http://legis.State.sd.us/rules/DisplayRule.aspx?Rule=44:04">http://legis.State.sd.us/rules/DisplayRule.aspx?Rule=44:04</a> <a href="http://legis.State.sd.us/rules/DisplayRule.aspx?Rule=44:04:04:12.01&amp;Type=Rule">http://legis.State.sd.us/rules/DisplayRule.aspx?Rule=44:04:04:12.01&amp;Type=Rule</a> <a href="http://www.State.sd.us/applications/PH04Lass/rptPH04LicenseList.Asp?LicenseTypeID=2&amp;SortKey=Name&amp;SortOrder=Asc">http://www.State.sd.us/applications/PH04Lass/rptPH04LicenseList.Asp?LicenseTypeID=2&amp;SortKey=Name&amp;SortOrder=Asc</a>	Rules Rules List
TN	<a href="http://www.State.tn.us/sos/rules/1200/1200-08/1200-08-25.pdf">http://www.State.tn.us/sos/rules/1200/1200-08/1200-08-25.pdf</a> <a href="http://www2.State.tn.us/health/Downloads/g4038035.pdf">http://www2.State.tn.us/health/Downloads/g4038035.pdf</a> <a href="http://www2.State.tn.us/health/HCF/Facilities_Listings/facilities.htm">http://www2.State.tn.us/health/HCF/Facilities_Listings/facilities.htm</a>	Rules Application List
TX	<a href="http://info.sos.State.tx.us/pls/pub/readtac\$ext.ViewTAC?tac_view=4&amp;ti=40&amp;pt=1&amp;ch=92">http://info.sos.State.tx.us/pls/pub/readtac\$ext.ViewTAC?tac_view=4&amp;ti=40&amp;pt=1&amp;ch=92</a> <a href="http://www.dads.State.tx.us/handbooks/ls-alf/">http://www.dads.State.tx.us/handbooks/ls-alf/</a> <a href="http://www.dads.State.tx.us/business/LTC-Policy/forms/index.html">http://www.dads.State.tx.us/business/LTC-Policy/forms/index.html</a>  <a href="http://facilityquality.dhs.State.tx.us/ltcqrs_public/nq1/jsp2/qrsHome1en.jsp?MODE=P&amp;LANGCD=en">http://facilityquality.dhs.State.tx.us/ltcqrs_public/nq1/jsp2/qrsHome1en.jsp?MODE=P&amp;LANGCD=en</a>	Rules  Rules Provider, disclosure, List
UT	<a href="http://health.utah.gov/hflcra/rules/rulepage.php?RULE=R432-270.htm">http://health.utah.gov/hflcra/rules/rulepage.php?RULE=R432-270.htm</a> <a href="http://health.utah.gov/hflcra/rules/rulepage.php?RULE=R432-006.htm">http://health.utah.gov/hflcra/rules/rulepage.php?RULE=R432-006.htm</a> <a href="http://health.utah.gov/hflcra/facinfo.php">http://health.utah.gov/hflcra/facinfo.php</a>	Rules Rules List, provider
VT	<a href="http://www.dad.State.vt.us/Regulations/AssistedLivingRegsFinal.pdf">http://www.dad.State.vt.us/Regulations/AssistedLivingRegsFinal.pdf</a> <a href="http://www.dad.State.vt.us/ltcinfo/alhome.htm">http://www.dad.State.vt.us/ltcinfo/alhome.htm</a>	Rules List
VA	<a href="http://leg1.State.va.us/cgi-bin/legp504.exe?2000+reg+22VAC40-71">http://leg1.State.va.us/cgi-bin/legp504.exe?2000+reg+22VAC40-71</a> <a href="http://www.dss.virginia.gov/facility/search/alf.cgi">http://www.dss.virginia.gov/facility/search/alf.cgi</a>	Rules List, survey
WA	<a href="http://www.leg.wa.gov/wac/index.cfm?fuseaction=chapterdigest&amp;chapter=388-78A">http://www.leg.wa.gov/wac/index.cfm?fuseaction=chapterdigest&amp;chapter=388-78A</a> <a href="http://www.aasa.dshs.wa.gov/professional/bh/">http://www.aasa.dshs.wa.gov/professional/bh/</a> <a href="http://www.aasa.dshs.wa.gov/Library/publications/htmlversions/CARE%20IN%20ADULT%20FAMILY%20HOME.htm">http://www.aasa.dshs.wa.gov/Library/publications/htmlversions/CARE%20IN%20ADULT%20FAMILY%20HOME.htm</a> <a href="http://www.aasa.dshs.wa.gov/Professional/bh.htm">http://www.aasa.dshs.wa.gov/Professional/bh.htm</a>	Rules  List Guide Provider, disclosure
WV	<a href="http://www.wvdhhr.org/ohflac/Rules/default.htm">http://www.wvdhhr.org/ohflac/Rules/default.htm</a> <a href="http://www.wvdhhr.org/ohflac/FacilityLookup/FacInfoLookup.asp">http://www.wvdhhr.org/ohflac/FacilityLookup/FacInfoLookup.asp</a>	Rules List
WI	<a href="http://dhfs.wisconsin.gov/bqaconsumer/AssistedLiving/AsLivindex.htm">http://dhfs.wisconsin.gov/bqaconsumer/AssistedLiving/AsLivindex.htm</a>  <a href="http://dhfs.wisconsin.gov/bqaconsumer/AssistedLiving/profiles/profilesAstdLv.htm">http://dhfs.wisconsin.gov/bqaconsumer/AssistedLiving/profiles/profilesAstdLv.htm</a>	Rules, list, providers, consumer Profiles
WY	<a href="http://soswy.State.wy.us/RULES/4451.pdf">http://soswy.State.wy.us/RULES/4451.pdf</a>	Rules

**\* Definitions:**

- Rules – the licensing regulations.
- List – a list or database of licensed facilities.
- Provider – information that is of interest primarily to providers, administrators, and managers.
- Consumer – information of general interest to consumers.
- Survey – information about the survey process.
- Disclosure – disclosure forms used by facilities.
- Guide – a guide to assisted living prepared for consumers.
- RCH – Residence Care Home



<b>Table 3. State unit on aging Web sites with information for consumers<sup>15</sup></b>	
<b>State</b>	<b>Web address</b>
AK	<a href="http://www.hss.State.ak.us/dsds/rural/default.htm">http://www.hss.State.ak.us/dsds/rural/default.htm</a>
CT	<a href="http://www.ctelderlyservices.State.ct.us/PDF/ElderlyHousingDirectory.PDF">http://www.ctelderlyservices.State.ct.us/PDF/ElderlyHousingDirectory.PDF</a> .
DE	<a href="http://www.dhss.delaware.gov/dhss/dsaapd/files/assisted_living.pdf">http://www.dhss.delaware.gov/dhss/dsaapd/files/assisted_living.pdf</a>
FL	<a href="http://fac.dos.State.fl.us/faconline/chapter58.pdf">http://fac.dos.State.fl.us/faconline/chapter58.pdf</a> <a href="http://www.floridaaffordableassistedliving.org/">http://www.floridaaffordableassistedliving.org/</a> <a href="http://ahca.myflorida.com/MCHQ/Long_Term_Care/Assisted_living/alf.shtml">http://ahca.myflorida.com/MCHQ/Long_Term_Care/Assisted_living/alf.shtml</a>
IA	<a href="http://www.State.ia.us/elderaffairs/services/aliving.html">http://www.State.ia.us/elderaffairs/services/aliving.html</a>
KY	<a href="http://chfs.ky.gov/dhss/das/alc.htm">http://chfs.ky.gov/dhss/das/alc.htm</a>
MD	<a href="http://www.mdoa.State.md.us/assisted_living.html">http://www.mdoa.State.md.us/assisted_living.html</a>
MA	<a href="http://www.mass.gov/portal/index.jsp?pageID=eldershomepage&amp;L=1&amp;L0=Home&amp;sid=Elders">http://www.mass.gov/portal/index.jsp?pageID=eldershomepage&amp;L=1&amp;L0=Home&amp;sid=Elders</a>
MI	<a href="http://www.miseniors.net/We+Inform/we+inform+checklist">http://www.miseniors.net/We+Inform/we+inform+checklist</a>
MT	<a href="http://www.dphhs.mt.gov/sltc/pubs/pdf/pchome2.pdf">http://www.dphhs.mt.gov/sltc/pubs/pdf/pchome2.pdf</a>
NE	<a href="http://www.answers4families.org/assisted/">http://www.answers4families.org/assisted/</a>
NH	<a href="http://www.dhhs.nh.gov/DHHS/BEAS/assisted-living.htm">http://www.dhhs.nh.gov/DHHS/BEAS/assisted-living.htm</a>
NJ	<a href="http://www.State.nj.us./health/consumer/choice/housing.shtml">http://www.State.nj.us./health/consumer/choice/housing.shtml</a>
NY	<a href="http://aging.State.ny.us/index.htm">http://aging.State.ny.us/index.htm</a>
NC	<a href="http://www.dhhs.State.nc.us/aging/agh.htm">http://www.dhhs.State.nc.us/aging/agh.htm</a>
ND	<a href="http://www.State.nd.us/humanservices/onlineserv/">http://www.State.nd.us/humanservices/onlineserv/</a>
OK	<a href="http://www.okdhs.org/aging/">http://www.okdhs.org/aging/</a>
OR	<a href="http://egov.oregon.gov/DHS/spwpd/ltc/ltc_guide/">http://egov.oregon.gov/DHS/spwpd/ltc/ltc_guide/</a>
PA	<a href="http://www.aging.State.pa.us/aging/cwp/view.asp?A=285&amp;Q=230254">http://www.aging.State.pa.us/aging/cwp/view.asp?A=285&amp;Q=230254</a>
RI	<a href="http://www.dea.State.ri.us/">http://www.dea.State.ri.us/</a>
SC	<a href="http://www.scaccesshelp.org">www.scaccesshelp.org</a>
SD	<a href="http://www.State.sd.us/social/ASA/Services/AssistedLiving/index.htm">http://www.State.sd.us/social/ASA/Services/AssistedLiving/index.htm</a>
TX	<a href="http://www.dads.State.tx.us/business/LTC-Policy/forms/index.html">http://www.dads.State.tx.us/business/LTC-Policy/forms/index.html</a>
VT	<a href="http://www.dad.State.vt.us/ltcinfo/alhome.htm">http://www.dad.State.vt.us/ltcinfo/alhome.htm</a>
VA	<a href="http://www.aging.State.va.us/assistliving.htm">http://www.aging.State.va.us/assistliving.htm</a> <a href="http://www.aging.State.va.us/pubsubjectlist.htm">http://www.aging.State.va.us/pubsubjectlist.htm</a>
WA	<a href="http://www.aasa.dshs.wa.gov/Library/publications/htmlversions/CARE%20IN%20ADULT%20FAMILY%20HOME.htm">http://www.aasa.dshs.wa.gov/Library/publications/htmlversions/CARE%20IN%20ADULT%20FAMILY%20HOME.htm</a>
WI	<a href="http://dhfs.wisconsin.gov/bqaconsumer/AssistedLiving/AsLivindex.htm">http://dhfs.wisconsin.gov/bqaconsumer/AssistedLiving/AsLivindex.htm</a>

## Comparing, Rating, and Profiling Facilities

One of the goals of this project was to assess interest in ways to help consumers compare facilities. Rating or profiling of facilities requires sources of information that are standardized and contain sufficient data to allow consumers to determine how a specific facility compares to other facilities or where it falls along a continuum.

Very few States are actively developing a system to rate or profile assisted living settings, although some States are interested in developing a rating system. Unlike nursing homes, most States do not require the reporting of assessment data that are needed to establish outcomes that can be tracked and compared with other facilities. Facility performance information can be obtained from survey reports and complaint investigations, but this information is not automated

<sup>15</sup> The web address for each Web site was verified in November 2005. However, Web addresses may have changed since the completion of this report.

or published in most States. All licensing agencies will provide information about a specific facility to consumers who submit a written request to the licensing agency.

As a part of their Federal Medicare and Medicaid oversight responsibilities, the Centers for Medicare & Medicaid Services (CMS) manages a database that allows consumers to obtain information about nursing homes throughout the country. The Web sites of State agencies responsible for licensing and oversight of nursing homes also have information about nursing home quality or links to the CMS Web site. The Nursing Home Compare Web site<sup>16</sup> contains information on quality measures, staffing and inspection results. Quality measures are based on Minimum Data Set (MDS) resident assessment information. Information about nurse staffing is collected by survey agencies prior to regular inspections. Inspection results present the citations issued by the survey agency following the regular inspection.

The quality measures allow consumers to compare facilities against State-wide and national averages on 15 outcome measures that include increased need for help with ADLs, residents with moderate to severe pain, pressure sores, percentage of residents receiving catheter care, weight loss, urinary tract infections, and others measures. The staffing results present the number of staff minutes per resident for registered nurses, licensed practical nurses, and certified nursing assistants. The inspection results describe the citation, the date the violation was corrected, the level of harm, and the scope of harm or potential harm. A summary table presents the number of deficiencies for the facility compared to the average for all nursing homes in the State and the Nation.

Comparable information is not available for licensed assisted living facilities. Data on outcomes generally are not collected by State licensing and oversight agencies and therefore are not available to compare facilities. In addition, unlike nursing home requirements, States set their own policies on the characteristics of residents who may be served, the services that may be provided, and staffing requirements; these State-to-State variations do not permit comparisons across States. Despite these limitations, a few States are interested in making better use of the survey information that is available.

Two States, Alabama and Maine, developed approaches to rate and compare assisted living facilities. Alabama implemented a system for rating facilities in 2004. Using survey findings, facilities are rated green if they have minor deficiencies, yellow if they have a problem that could pose a substantial risk to residents, or red if the survey found serious risk to residents. Facilities rated red receive full surveys. Shorter surveys are conducted for facilities rated green or yellow.

The Alabama scoring system arranges deficiencies into three categories: routine deficiencies that have limited potential for harm; systemic or substantial risk deficiencies that have a high potential for harm; and critical deficiencies that result in actual harm and lead to mandatory enforcement. Routine deficiencies present minimal risk to residents and receive a score only if more serious deficiencies are not present. Each deficiency reduces the facility's score by one

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<sup>16</sup> Available at:

<http://www.medicare.gov/NHCompare/Include/DataSection/Questions/SearchCriteria.asp?version=default&browser=IE%7C6%7CWinXP&language=English&defaultstatus=0&pagelist=Home&CookiesEnabledStatus=True>.

Accessed August 17, 2006.

point each up to a maximum of ten points. Facilities with routine deficiencies receive a score between 90 and 100 and are coded green. Examples of deficiencies include: the facility exceeds its licensed capacity; the facility does not properly label drugs and medicines; the facility does not have sufficient staff to meet residents' needs; the facility does not provide appropriate health observation and oversight; or the facility fails to provide appropriate assistance with self-administration of medications or uses non-licensed personnel to administer medications.

Substantial risk deficiencies are scored only when actual harm deficiencies are not present. The first substantial risk deficiency receives a score of 11, and additional substantial risk deficiencies add three additional points for up to a total of four deficiencies. Facilities that score between 80 and 90 receive a deficiency report with a yellow border.

Actual harm deficiencies are noted when residents have been injured or neglected due to inappropriate or inadequate care, and mandatory enforcement is required. These deficiencies result in an enforcement action. The first actual harm deficiency reduces the facility's score by 21 points. Each subsequent deficiency reduces scores by five points. Inspection reports that contain citations for actual harm are printed with a red border. Eight deficiencies are listed that lead to mandatory enforcement. An additional 44 deficiencies are included in the substantial risk group and may lead to mandatory enforcement if they result in actual harm.

Each facility receives a rating at the completion of the survey. The rating sheet lists the facility's name, the date of the inspection, address, name of the administrator, capacity, census, and the surveyor's name. The score and points deducted are listed above a scoring guide. The page has a "notice to the consumer" that states:

"The Department of Public Health periodically inspects assisted living facilities. This facility has earned a numeric score based on compliance with the assisted living regulations. The facility is required to post this score and its plan of correction in a conspicuous area available to the public. Please assist us in keeping standards high. If you believe that the facility has not corrected the problems cited in a reasonable time, please contact the Department of Public Health Assisted Living Unit."

A form is attached to the inspection report that lists the rule, a description of the deficiency, specifics about the deficiency, and the category of the deficiency.

Maine developed quality indicators using the Resident Assessment Instrument (RAI). Built on the MDS for nursing homes, the RAI collects information about drug interactions for behavioral health medications, pain, presence of unsettled personal relationships, and the resident's involvement in the social activities within the facility. The State oversight agency prepares regular reports that present comparisons of facilities on demographic and other variables reported in the RAI. The variables compared include: age, sex, the number and type of ADL and instrumental activity of daily living (IADL) impairments, diagnosis, reason for admission, number of medications, continence, and others. Facilities have used the reports to develop their own quality improvement strategies or to revise staffing or procedures to address the changing characteristics of their residents. Facilities are able to compare themselves with the average for all facilities in the State. For example, 40.7 percent (11) of residents in a facility with a total of

27 residents experienced a fall compared with 36.8 percent of the residents State-wide. Thirty-seven percent of the residents in the facility used nine or more medications in the preceding 7 days compared with 52 percent State-wide.

The Texas Department of Aging and Disability Services (TDADS) developed a quality reporting system for Medicaid certified nursing facilities that may be extended to assisted living facilities in the future.<sup>17</sup> The Quality Reporting System (QRS) includes an overall rating using a five grade scale, with symbols similar to those used in Consumer Reports; symbols range from most favorable to least favorable for each facility, based on the average score for four indicators. Indicators are identified that might be considered “advantages” or “disadvantages” for the resident. A rating is determined for potential advantages (PAS), potential disadvantages (PDS), and investigations and inspections. The scale for each area is presented in Table 4.

The facility search function currently includes a description of deficiencies found during the survey process and the number of complaint investigations. Examples of deficiency citations include: The facility failed to establish and maintain an infection control policy and procedure; the facility failed to conduct criminal history checks of employees and applicants; and the facility failed to perform a comprehensive resident assessment that addressed all required physical, social, psychological and clinical issues. TDADS plans to devise a similar scoring system to rate and compare assisted living facilities. However, it is unclear whether this effort will be undertaken soon.

A few States expressed interest in developing a method to rate or profile facilities, but more were reluctant to do so. Virginia noted that they have a database with the survey information and could develop scoring methods based on the number, extent, and type of violations. One official noted that their State might be ready to develop a system in 4 to 5 years. Licensing staff know which facilities are good and which are poor, and they provide information to consumers when they are contacted. Converting that information to a score that can be explained and defended will take considerable time and staff work. Pennsylvania noted that development of such a system is part of their 2-year work plan.

Several States noted that it was not the State’s role to rate facilities but rather to provide access to information that allows consumers to make their own decision. One State said they would not object to a private entity using survey information to rate facilities, but it should not be a function of the State agency. Another State official felt there is too much variation in the size and types of residential care settings to develop a rating system that is fair and accurate. A few State contacts observed that they did not collect sufficient data to design a rating system.

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<sup>17</sup> Available at [http://facilityquality.dhs.State.tx.us/lteqrs\\_public/nq1/jsp2/qrsHowQRSRatesMA\\_nh1en.jsp?MODE=P&LANGCD=en](http://facilityquality.dhs.State.tx.us/lteqrs_public/nq1/jsp2/qrsHowQRSRatesMA_nh1en.jsp?MODE=P&LANGCD=en). Accessed August 17, 2006.

<b>Table 4. Texas Nursing Home Quality Reporting System</b>	
<b>Potential advantage scores</b>	
Most advantages	Five or more quality indicators suggest potentially superior performance.
More advantages	Three or four quality indicators suggest potentially superior performance.
Some advantages	Two quality indicators suggest potentially superior performance.
Fewer advantages	One quality indicator suggests potentially superior performance.
Fewest advantages	No quality indicator suggests potentially superior performance.
<b>Potential disadvantage scores</b>	
Fewest disadvantages	No more than one quality indicator suggests potential performance problems.
Few disadvantages	Two or three quality indicators suggest potential performance problems.
Some disadvantages	Four or five quality indicators suggest potential performance problems.
More disadvantages	Six or seven quality indicators suggest potential performance problems.
Most disadvantages	Eight or more quality indicators suggest potential performance problems.
<b>Investigation and survey scores</b>	
In total compliance	No deficiencies were cited.
In substantial compliance	No cited deficiency resulted in actual resident harm or immediate jeopardy or had more than potential for minimal resident harm.
Not in substantial compliance	A cited deficiency had the potential for more than minimal harm but did not cause residents either actual harm or immediate jeopardy and did not constitute substandard quality of care.
Not in substantial compliance and at least one deficiency causing harm or jeopardy	A cited deficiency either caused actual harm or constituted immediate jeopardy.
Substandard quality	A cited deficiency in regulations governing quality of care, quality of life, or resident behavior or facility practices with widespread occurrence with more than potential for minimal harm, potential of actual harm, or immediate jeopardy of at least one resident.

Some contacts expressed reservations about the reliability of rating systems. One licensing official suggested that ratings are overrated and may change quickly (e.g., a change in an administrator or director of nursing can have a significant effect in a short period of time that is not reflected in a rating system). Another State official felt the methodology used might be artificial and lack sufficient data to explain differences between facilities. This official said there needed to be a national standard and extensive financial support for data collection and staffing to monitor, report, and analyze facility performance.

## Using the Internet

State Web sites contain a range of useful tools—searchable databases to help consumers locate assisted living residences, consumer guides or checklists to inform consumers about the issues and questions they might ask while searching for an assisted living residence, standard disclosure forms, and survey and complaint findings.

State Web sites were reviewed to determine the extent of the information posted on each site. Licensing regulations were posted on 48 State Web sites, either on the licensing agency's Web site or the site of the Secretary of State. Other information was grouped according to the primary user: providers or consumers. Consumer information includes consumer guides, lists of facilities, and survey or complaint reports. Provider information varied widely.

## **Facility Lists**

Forty-two States post information about licensed facilities. Some sites include information in a word or PDF file containing the name, address, and phone number of the facility. The number of units and the date of the license are sometimes included. Other States manage a database that can be searched State-wide, by county, or by city/town.

## **Survey and Complaint Findings**

Twelve States post survey or complaint findings, although Iowa has discontinued its postings due to staffing shortages. Licensing agencies do provide a copy of recent surveys to consumers upon request, sometimes for a fee.

## **Examples of State Web Sites**

Colorado is one of 10 States that post results from surveys and complaint investigations on their Web sites. One link leads consumers to basic information about residences, including name of the residence, location, and a contact person. A second link leads to more detailed residence profiles. Consumers select the city or county and the payment options (private pay only, Medicaid only, or both) that they want to search. The results list all residences meeting the search criteria. Clicking on a specific residence shows the administrator's name, the licensed capacity, the owner's name and type of ownership, the date of the current ownership, and the phone number for the ombudsman service.

The search results also include links to occurrence (incident) investigative reports and complaints. A dialogue box lists the date of any occurrences or complaints. Users can click on the date to access further details. Occurrence reports describe the date of the incident, a description of the incident, actions taken by the residence, the oversight authority's findings, and comments from the residence. The information is posted to the Web site within a few weeks of date of the occurrence.

The occurrence Web page links to an occurrence report manual, forms for providers to complete, and a note to consumers that States:

“Health facilities (such as long-term care facilities and acute-care hospitals) are required by statute to report certain types of occurrences to the Department of Public Health and Environment. When attempting to compare facilities in terms of quality-of-care and safety, consumers must keep in mind that the reporting of occurrences by a given facility does not necessarily mean that it has failed to act appropriately or is experiencing negative trends in delivery of healthcare. Instead, facilities that appear to have a higher number of reported occurrences may simply be doing a better job of meeting their obligation to report those occurrences as required.

### **Occurrences are a snapshot. They are not the entire story.**

Examples of reportable occurrences include diverted drugs, physical abuse, misappropriation of property, missing persons, and equipment misuse. The Department of Public Health and Environment reviews all occurrences for deficient practices and to ensure appropriate action was taken by the reporting facility. Consumers are encouraged to review a facility's occurrence history in order to evaluate how it responds to certain types of events, keeping in mind that the occurrence reports do not reflect such factors as facility size or the complexity of healthcare needs of its patients."<sup>18</sup>

The Texas Department of Aging and Disability Services (DADS) developed a Web site to help consumers search for several types of service settings.<sup>19</sup> The site lists residential, home-based, and adult day care service options with brief descriptions of the type of person who might find each service option appropriate. The service options are linked to a search function that lists facilities by county, city, area code, or zip code. The Web page recommends that consumers visit providers and contact the ombudsman or the DADS information hotline for information about specific providers. Consumers may e-mail the information hotline by clicking on the link. The ombudsman link opens a page listing all the Area Agencies on Aging (AAA) in the State with the name, phone number and e-mail address of the ombudsman and benefits counselor in the AAA.

Information available on each facility includes name, address, phone, and e-mail; ownership; capacity; and the results of investigations and surveys. The database lists the number of health and life safety code deficiencies for the facility compared with the State-wide average, the date of the deficiency, and a description of the deficiency.

The Florida Department of Elder Affairs (DEA) has responsibility for developing and promulgating regulations governing assisted living residences. The State's Agency for Health Care Administration is responsible for issuing licenses, inspections, and oversight. DEA developed an extensive Web site to assist consumers, developers, and operators.<sup>20</sup> Design and operation of the Web site was supported by a grant from the Coming Home Project, a national affordable assisted living program funded by the Robert Wood Johnson Foundation and administered by the National Cooperative Bank Development Corporation. The Web site was developed primarily for operators and developers, but it is also useful to any consumer or family member.

The consumer section of the Florida Web site explains assisted living and adult family care homes. The site describes several levels of licensure: a basic license and three types of specialty licenses that are available—extended congregate care, limited nursing services, and limited mental health services—and the services available with each license.

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<sup>18</sup> <http://www.cdphe.State.co.us/hf/static/occnote.htm>. Accessed August 17, 2006.

<sup>19</sup> [http://facilityquality.dhs.state.tx.us/ltcqrs\\_public/nq1/jsp3/qrsHome1.en.jsp?MODE=P&LANGCD=en](http://facilityquality.dhs.state.tx.us/ltcqrs_public/nq1/jsp3/qrsHome1.en.jsp?MODE=P&LANGCD=en). Accessed August 17, 2006.

<sup>20</sup> <http://www.floridaaffordableassistedliving.org>. Accessed August 17, 2006.

The find-a-facility Web page allows consumers to search for a licensed assisted living facility or adult family care home by location, price, and available services. This section has six screens that allow consumers to search for private-pay or subsidized residences within five price ranges (under \$800, \$800-\$1,200, \$1,200-\$1,600, \$1,600-\$2,000 and over \$2,000 a month). The page listing preferences for units allows searching by private unit, double/multiple occupancy unit, apartments with kitchens, full furnished, private bathrooms, pets, and dementia units. Special needs that may be required by the consumer can also be included—catheter care, diabetes, hospice, stage 1 or 2 pressure sores, vision and hearing impairments, wheel chair bound, hospice, and developmental disability services. The next page lists the services the person might need. Once the form is completed, all facilities in the selected geographic area that meet the person's requirements are located with the name, address, phone, e-mail, and other information that corresponds to the consumer's input.

The consumer resources page has links to State and local agencies, consumer organizations, Alzheimer's organizations, toll-free complaint numbers, and other sites related to assisted living and long-term care.

The operations section of the site has links to licensing information, specialty licenses, licensing regulations, minimum staffing requirements, training requirements, liability insurance requirements, and all the forms needed to operate a residence. Trainers are organized by the type of training they need (e.g., core training for administrators or managers and staff in-service training in dementia care, assistance with medications, first aid/CPR, HIV/AIDS, and nutrition and food services). The resources section contains study guides for staff on assistance with self-administered medications and providing extended congregate care services.

## **Consumer Guides and Disclosure Statements**

Valuable information can be provided through consumer guides and disclosure statements to help consumers select a facility. Guides are optional tools prepared by States and other organizations that describe multiple features of assisted living and provide structure to the information that should be obtained, what consumers should look for, and how to compare facilities. Disclosure statements help consumers understand a range of issues that vary by facility within a State.

Consumer guides or checklists were found on Web sites in 14 States. The tools address common topic areas, although the guides use different terms to describe the topic areas (see Table 5.) Many of the guides present questions that consumers and/or family members should ask about facilities they are considering.



Topic	AZ	CO	FL	KY	MD	MI	MT	NE	NJ	OR	PA	SD	WA	WI
Licensing status	•	•	•	•	•		•							•
Resident agreement/contract		•	•	•	•				•		•	•		•
Admission/discharge criteria	•		•		•			•						
Atmosphere/surroundings	•			•			•	•	•	•	•	•	•	
Physical environment/units/space	•	•	•	•	•	•	•	•	•	•	•		•	•
Costs/financing	•		•	•	•	•			•	•	•		•	
Services		•	•	•	•	•		•	•	•		•	•	•
Medication and health services	•				•			•	•		•	•		•
Care plan		•			•				•					
Staff	•	•	•		•	•	•			•		•	•	•
Meals/dining	•	•	•		•		•	•	•	•	•	•	•	•
Activities/social/recreational	•	•	•	•	•		•	•	•	•	•	•	•	•
Communication	•	•												
Transportation		•	•		•			•						
Medicaid policy			•		•			•					•	
Other					•		•	•			•			•

Each guide was reviewed and the areas presented were adjusted based on the intent of the questions. Listed below are the topics typically included in the guides, along with the number of guides that address each topic.

Physical environment/units/space	13	Medication and health services	7
Activities/social/recreational	13	Atmosphere/surroundings	9
Meals/dining	12	Other	5
Services	11	Care plan	3
Resident agreement/contract	8	Medicaid policy	4
Costs/financing	9	Transportation	4
Staff	10	Admission/discharge criteria	4
Licensing status	7	Communication	2

**Physical environment.** The guides include questions that focus on the general appearance of the building and common areas, as well as issues about individual units. Other issues include privacy, the policy regarding pets, wheelchair accessibility, furnishings, call systems, and evacuation procedures. Some of the questions ask the resident to note their observations. Colorado includes a section that reminds consumers to observe staff, meals, the kitchen, and general cleanliness.

**Activities/social/recreational.** Questions in this area deal with the type, frequency and schedule of activities, the availability of transportation to participate in scheduled activities, whether residents are involved in deciding what activities will be planned, and whether religious and spiritual activities are available.

**Meals/dining.** Most guides include questions about meal times, the appearance of the meals, and if snacks and special diets are available between meals. New Jersey's guide suggests asking whether dining room menus vary from day to day and meal to meal. May a resident request special foods? Are special diets accommodated? Are private dining areas available? May residents eat meals in their units, and is there an additional charge? Can meals be provided at a time a resident would like, or are there set times for meals? Can residents have alcoholic beverages?

Colorado and Washington suggest that consumers ask whether cultural or ethnic preferences are considered. Are residents involved in menu planning? Can residents help with meal preparation and have access to the kitchen? Are extra helpings and substitutions available?

Florida's brochure suggests asking if there is a package that allows consumers to pay only for lunch and dinner if they prefer to have a light breakfast in their unit. Is there much choice in when a person can have breakfast, lunch or dinner, or are these meals served at the same time every day? If the resident likes to sleep late, are things like coffee, juice and muffins available later? Are there special seating arrangements, or can residents sit where they want in the dining room? Do the residents eat at the same time or in shifts? Do the residents eat in one large dining room, or are there several dining rooms that serve different groups in the facility?

The brochure developed in Washington includes questions about whether the consumer feels the food is pleasing, nutritious, adequate, and attractively served.

**Services.** These questions describe the services provided by the facility or the needs met by the services. States that offer brochure-style assistance describe the services that are provided. Other guides address the facility's response to changing needs and how schedules are tailored to the preferences of residents. Oregon's brochure asks if the facility can accommodate two-person transfers and whether services are available to consumers with terminal conditions.

**Resident agreement/contract.** Questions in this area vary widely. Some advise that consumers read the agreement closely and consult with others before signing. Kentucky lists issues that are required to be included in the agreement. Many of the questions dealing with the services available and their costs are found in the agreement.

**Costs and financing.** These questions often address information that is available in the resident agreement or contract. In addition to the basic rate, consumers should ask about changes in the rates, services available at an additional charge, and refund policies.

**Staffing.** Consumers are prompted to observe the staff's appearance and how they interact with residents. They should ask who will be providing which services and about staffing patterns and ratios, turnover, and credentials of managers and direct care staff. By observing residents, consumers may learn about the quality of care provided by the staff. Washington's guide asks how long the administrator has been in place at the facility.

**Licensing status.** Guides in six States suggest making sure the facility is correctly licensed. Arizona asks if the facility is in good standing. Florida and Maryland issue licenses based on level of care or specialty, and the questions focus on the specific of care provided by the facility.

**Medication and health services.** Five guides include questions about assistance with medications and health services such as whether a nurse is available, how will access to health providers be supported, and responsibility for filling prescriptions.

**Atmosphere/surroundings.** Questions in this area address the location, décor, and general “feel” of the facility based on how residents and visitors are treated by staff.

**Other.** Three guides include questions in areas that did not fall into the above categories. Maryland’s guide includes questions about special care units, safety, emergencies, and consumer choice. Wisconsin asks about a resident’s bill of rights, whether complaints were filed against the facility and how they were resolved, and whether the State regulations are available for review.

**Care plan.** A few consumer guides ask about the process for developing a care plan, whether family members or physicians are also involved, and how often the plans are updated.

**Medicaid.** The Medicaid program covers services in assisted living in most States.<sup>21</sup> Consumers with limited income and resources need to know whether the facility participates in Medicaid, and if not, what will happen when they exhaust their resources. Guides in three States suggest asking about the facility’s participation in Medicaid.

**Transportation.** Maryland’s consumer guide suggests that consumers ask whether transportation is provided, how often, for what purposes, and whether it is wheelchair accessible.

**Admission/discharge criteria.** Questions in two guides address the criteria facilities use to determine whether they can meet the resident’s needs, when a consumer may be discharged, the process for moving, and appeal rights.

**Communication.** A few guides include a section on communication. The questions in this area focus on the relationships between staff and residents, whether the facility informs family members and physicians when an event occurs, and access to a telephone.

The guides use different formats to help consumers. Some use simple checklists. Florida’s guide presents information in a question and answer format with work sheets that consumers can use to compile and compare information about specific facilities. The worksheet lists a series of questions for administrators and staff that address special licenses held by the residence; type of units available (private units, private bath/shower, grab bars, raised toilets, roll-in shower, emergency alerts system, heating/air conditioning controls, kitchen or refrigerator); type of staff available or arranged (registered nurse, activities, social worker, beautician/barber, home health, physical therapist, podiatrist, physician, pharmacist, volunteers); food menu and dining

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<sup>21</sup> Robert Mollica and Heather Johnson-Lamarche. *Residential Care and Assisted Living Compendium 2004*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Available at: <http://aspe.hhs.gov/daltcp/reports/04alcom.htm>. Accessed August 18, 2006.

arrangements; services included in the monthly rate; rules; and activities and transportation. The worksheet also has questions to be asked of residents about the environment, staff, food, and activities. The worksheet has space for the consumer to list the advantages and disadvantages of the residence and to rate each residence from excellent to poor.

Maryland's guide, *Assisted Living in Maryland: What You Need to Know*, was developed jointly by a number of State agencies and private organizations, including the Maryland Attorney General's Office, Maryland Department of Aging, Maryland Department of Health and Mental Hygiene, Maryland Department of Human Resources, the Legal Aid Bureau, Inc., Assisted Living Project, the Maryland State Bar Association, University of Maryland School of Law, and the Law and Health Care Program.<sup>22</sup> This 73 page document has chapters that include an introduction to assisted living; choosing an assisted living provider; what will it cost and how to pay for assisted living services; what you need to know before you sign a contract; your rights under the law; how to complain when quality of care is lacking; enabling others to make health care and financial decisions for you; alternatives to assisted living; and where to get help.

The New Jersey Department of Health and Senior Services worked with staff from State associations, State licensing, and home- and community-based services divisions and providers to design their checklist for assisted living in New Jersey. In addition to the Web site, the information is also available from public libraries and from county organizations that serve as the entry point for long-term care services. The checklist guides a consumer through an on-site visit to a residence. It starts with the impressions formed during a visit: the atmosphere and appearance of the building, the way visitors are greeted by staff, and interactions between residents and between residents and staff. The physical features—hallways, doorways, lighting, floors, shelving—are covered next. The guide notes that consumers are likely to meet with the marketing staff or manager after the tour to talk about monthly costs, payment policies, and other items that are included in the resident agreement. The next sections address medications, health care services, support services, individual unit features, social and recreational activities, and dining.

Oregon's Consumer Guide is organized by topic with a discussion of each topic followed by "considerations," which are questions the consumer should ask before making a decision. The table of contents lists the following topics: what are assisted living facilities; what does it mean to be licensed; choosing the right facility; comparing costs; services provided; medication administration; staffing; service plans; resident rights; resident bill of rights; meal service; activities; admissions; and discharge.

The brochure and Web copy developed by the Washington State Aging and Disability Services Administration outlines six steps to obtaining the right information about assisted living residences.

Step 1. Recognize and discuss life changes before an unexpected crisis occurs.

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<sup>22</sup> Available at <http://www.mdoa.State.md.us/Housing/ALGuide.pdf>. Accessed August 18, 2006.

Step 2. Review the care and help a person needs: medical, physical and social. Examples listed include assistance with laundry and cooking (instrumental activities of daily living), getting to the bathroom or dressing (activities of daily living), and medication reminders.

Step 3. Get the information needed to make a decision. The brochure lists several resources to contact such as the area agency on aging and State, regional, or local home and community services offices.

Step 4. Know the differences between adult family homes and assisted living residences (boarding homes), and use the searchable database to locate appropriate residences to visit.

Step 5. Set up visits with facilities. Consumers are advised to visit as many residences as possible at different times of the day to get a feel for what happens during the day. Consumers are advised to ask for the last State inspection report, the admission agreement, and references from former residents and family members. Consumers can call a toll free number to ask whether complaints have been filed and how they have been handled.

Step 6. Make a decision. This section includes a checklist with questions that address administration, cost, and finances; surroundings; staff; physical setting; services and activities; and food.

Pennsylvania's Web-based consumer guide explains the services provided by personal care homes, where to find information about homes, and what to look for when visiting a home. Consumers are encouraged to visit during meal times, eat with the residents, and observe the activities and opportunities for socialization, including local senior centers and other locations. Consumers are urged to review the resident contract and the information that should be included. Consumers are advised to consider the amount of space in the unit including closets, temperature of the units, the availability of fans or air conditioning, the location of the unit, and safety features. Finally, the guide recommends talking to the administrator or operator of the home to assess their approach to and interaction with residents.

A 1999 General Accounting Office study of assisted living facilities in four States found that facilities usually provide information about the services they provide but do not provide information about discharge criteria, staff training and qualifications, services that are not available, grievance procedures, and medication policies. The GAO report concluded that the need to provide adequate information to prospective and current residents is a major issue that requires additional oversight.<sup>23</sup> This type of information may be included in a disclosure Statement from the facility.

States tend to require disclosure Statements for facilities that serve residents with dementia. Twenty-seven States have disclosure requirements for facilities that advertise themselves as

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<sup>23</sup> "Assisted Living: Quality of Care and Consumer Protection Issues." General Accounting Office. T-HEHS-99-111. April 26, 1999.

operating special care facilities or units or providing care for people with Alzheimer's disease or other dementias. These facilities are required to describe in writing how they are different from other facilities. The regulations may require a description of the philosophy of care, admission/discharge criteria, the process for arranging a discharge, services covered and the cost of care, special activities that are available, and differences in the environment.<sup>24</sup>

Disclosure forms are available online in New Hampshire, Oregon, Texas, and Washington. Three forms include sections on staffing patterns. The form in New Hampshire has a checklist for staff, including the number of on-duty staff that are on-site and on call, the number of licensed nurses, personal care attendants, licensed nursing assistants, building maintenance, and other staff. Oregon's form contains a matrix for the number of direct care staff, medication aides, universal workers, activity workers, and other workers on each shift. Texas has a similar matrix for full-time and part-time staff per shift. New Hampshire's form is brief (2 pages) and summarizes information that is included in the resident agreement. The form has information about the basic rate, the services included (personal assistance, laundry, housekeeping and meals, unit amenities, staff coverage, transportation, and activities), and services that are not included in the basic rate.

The form in Oregon addresses five areas: services, deposits and fees, medication administration, staffing patterns, and discharge/transfer. The services section lists a range of services with check boxes for the facility to indicate whether the service is included in the basic rate, available at an extra cost, arranged with outside providers, or not available.

Washington's form has a series of 18 categories with check boxes and space for a narrative. Each section describes the licensing requirements as appropriate. For example, the section on assistance with daily tasks notes that boarding homes are not required to provide assistance with ADLs but those that do provide such assistance must provide a minimum level of assistance. The facility checks whether or not they provide assistance with ADLs. There is a separate box for each ADL: bathing, toileting, transferring, personal hygiene, eating, dressing, and mobility. For bathing, the form indicates that if needed, boarding homes providing assistance with ADLs must occasionally remind residents to wash and dry all areas of their body, provide stand-by assistance getting into and out of the tub/shower, and steady the resident during bathing. There are check boxes for additional bathing assistance: provide physical assistance, help washing areas that are hard to reach, total bathing assistance, bed baths, special equipment, assistance or devices, and other assistance that is described by the facility.

## Oversight Process

Oversight and monitoring of assisted living facilities varies by State because each State is responsible for establishing its own licensing requirements. Much like nursing home inspections, surveyors follow protocols that track licensing requirements and standards. All States reported that they receive and investigate complaints. Complaints that involve resident care are investigated within specified time limits while complaints that do not involve direct care may be investigated by phone or during the next scheduled survey.

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<sup>24</sup> Robert Mollica and Heather Johnson-Lamarche. *Residential Care and Assisted Living Compendium, 2004*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. March 2005. Available at: <http://aspe.hhs.gov/daltcp/reports/04alcom.htm>. Accessed August 18, 2006.

The typical survey process includes an annual, unannounced on-site inspection of the facility. The inspection includes a meeting with the administrator or manager; a tour of the facility; observations by the reviewer; resident and staff record reviews; interviews with a sample of residents, family members, and staff; and an exit interview.

A few States post the survey guide on their Web sites. Minnesota's survey guide describes the survey process and the primary areas of focus.<sup>25</sup> The process includes an entrance conference; interviews with staff, residents, and/or resident representatives; a tour to observe the level of compliance; observations of the care provided; a review of policy, procedures, resident records and personnel records; and an exit conference. The guide includes a list of questions that might be asked of residents or their representatives. Questions asked by surveyors in Minnesota are similar to those described by licensing officials in other States: Tell me about the care you receive. Do you have a contract or written service plan that explains what you will receive and how much it will cost? Are you receiving the services you thought you would receive? Are you satisfied with the care? Do staff members treat you with respect? Have you ever had a concern about the care you received? If you voiced your concern, how did the staff respond? Is there anything else you would like to tell me about the facility? During the exit conference, a licensing survey form is given to the licensee that lists the indicators of compliance (based on the licensing rules), outcomes observed, and comments (met, correction order issued, or education provided). Facility staff may request a conference if they disagree with the findings.

California posts a self-assessment guide on its Web site as part of its technical support program. The form allows administrators to monitor their own compliance. The form describes the licensing requirements and has check boxes for the administrator to note whether they meet or do not meet the requirements. The areas covered are medications; physical plant; resident rooms; bathrooms; supplies; food service; personal property; resident observation; records (staff and resident); administration; incident reporting; and other.

## **Innovations in the Oversight Process**

A few States implemented changes to the oversight process that add components that are not typically found in other States and may be considered innovative. Wisconsin and Kansas initiated activities to better assure quality. The Wisconsin Bureau of Quality Assurance created an "Assisted Living Forum" for stakeholders to discuss current issues, interpretation of regulations, best practices, quality improvement, staffing issues, national and State trends, and other public policy issues.

Wisconsin has also revised its survey process for residential care apartment complexes—its apartment model of assisted living—which is not licensed but has to be either registered or certified to serve Medicaid clients. The new process includes a technical assistance component to interpret requirements; provide guidance to staff on consumer quality of life and care; review provider systems, processes and policies; and explain new or innovative programs. The revised

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<sup>25</sup> *A Guide to the Survey Process for Assisted Living Providers*. Minnesota Department of Health. St. Paul, MN. March 17, 2005. Available at <http://www.health.State.mn.us/divs/fpc/profinfo/cms/alhcp/guide.pdf>. Accessed August 18, 2006.

survey strategy includes seven types of surveys: initial, standard, abbreviated, complaint, verification, monitoring and self-report. The State determines which type of survey to conduct for each facility based on a range of factors, including its citation history. Abbreviated surveys are performed for facilities that have no enforcement actions over the past 3 years and no substantial complaints or deficiency citations.

Kansas has adopted a collaborative oversight approach. Facility staff accompany the surveyor during the review. Observations are discussed during the process, and when necessary, problem areas are reviewed in the context of the regulatory requirements. Deficiency statements focus on consumer outcomes. The licensing director also conducts a full-day training course several times a year on the role of licensed nursing in assisted living facilities for nurses, operators, and owners. The training covers use of the assessment, developing a services plan, managing medications, and the Nurse Practice Act. The State believes that the combination of regular visits, consistent application of the regulations, and a more collaborative oversight process and training have resulted in better compliance with the regulations and fewer complaints.

Several States reported organizing periodic training for facility staff or including articles in a newsletter about specific problems that surveyors find are occurring in a number of facilities.

The Residential Care Services (RCS) unit of the Aging and Disability Services Administration (ADSA) in Washington conducted a State-wide provider satisfaction survey from October 2003 through June 2005. RCS sent the survey on postcard to boarding homes following licensing inspections conducted during this period. The purpose of the survey was to collect input from providers regarding their interactions with RCS staff during their visits to facilities. Ninety-six percent of the 156 facilities that responded said they strongly agreed that they were treated with respect during the inspection; 89 percent agreed that they were listened to by the surveyor; 87 percent felt they had the opportunity to provide information during the inspection; and 80 percent strongly agreed that they received useful information during the process. ADSA plans to use feedback from the surveys to revise procedures, train staff, and improve methods for working with the providers, families, and residents.

Idaho adapted to the limited staff by inspecting facilities every 3 years if there were no deficiencies on two successive surveys and no complaints had been filed. The licensing agency's Web site provides online support to administrators. The site has a toolkit of guides and checklists. The guides address informal dispute resolution, survey and technical assistance, and policies and procedures. Checklists are available for behavior management, environment and life safety, food services, nursing services and medications, activities, hourly adult care, records, training, and administrator and resident rights.

New York uses teams of staff to review programs, nutrition, and physical plants. A registered nurse was added to the survey team because resident acuity has increased over the past 4 years. New York implemented a quality assurance committee to improve the oversight process. The committee is chaired by central office staff and includes one representative from each region in the State. The committee reviews survey reports and citation trends to assess whether the protocols and citations are applied uniformly according to the regulations. Citations are



considered violations or findings depending on the impact on resident care. Citations that are issued as violations in one region may be cited as findings in another region.

The New York Department of Health, Adult Home Quality Initiatives Division issued a request for proposals for the EnABLE (Enhancing Abilities and Life Experience) Program to develop innovative methods to improve the quality of life for individuals living in adult homes, enriched housing programs, and residences for adults. The program was designed to teach independent living skills, provide educational or vocational training, and/or teach residents preventive health care skills and how to manage their own medications. This program offers operators an opportunity to offer a variety of supportive services to improve quality of life for residents and empower residents to become more independent and integrated into their community through a vocational education program or independent living skills training. The type of activities that might be proposed include teaching and supporting residents to navigate the bus line or transit system, to keep appointments, resolve a disagreement with another resident, increase socialization skills, or manage their needs within a budget. These are skills that may improve a resident's quality of life and independence. Other programs might assist and mentor a resident in the steps required to enroll, attend, and complete a vocational education or GED program. The Department may award up to \$2 million in grants. The maximum award is \$100,000.

New Jersey sponsors an annual Assisted Living Quality Initiative Best Practices Program. In 2005, the program selected "The Dining Experience: Using Resident Feedback to Enhance Service" for the best practices topic. Awards were made based on the size of the facilities: small (under 50), medium (50-99), and large (100 and larger). Selection factors include consumer involvement and feedback, the goals of the practice, and the facility's approach to evaluating the impact of the practice.<sup>26</sup>

## **Supporting Quality Through Technical Assistance**

Several States use the survey process to offer additional assistance to operators to improve quality. The assistance takes several forms: interpreting regulatory requirements, providing technical assistance or consultation, and referring staff to facilities that may be considered a "best practice" or peers that have successfully improved in a similar area. State officials in five States described providing assistance during the survey process. Information about the survey process and licensing requirements made available on State Web sites may also be considered to be assistance. Licensing rules in eight States describe requirements for facility quality improvement plans that are reviewed by survey staff.

Some States felt there is a conflict between oversight and consultation or technical assistance functions. One State indicated that facilities are responsible for resolving quality problems, and the State provides consultants to assist them in the process. Other States said they clarify rules or statutes with facility staff during the survey or during exit interviews after the survey is completed. If the facility is able to correct the problem during the survey, no deficiency is issued. Utah allows new administrators to request assistance and has procedures for the licensing agency to review survey forms, previous reports, and deficiencies with administrators. Pennsylvania provides guidance by disseminating information about best practices.

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<sup>26</sup> See Section III, New Jersey, for more information on this program.

A few States indicated that they could not provide consultation and technical assistance due to staff shortages and the need to complete surveys.

Inspectors in Iowa hold “community meetings” with residents to obtain feedback on satisfaction and quality. A summary of the discussion is included in the survey report. One summary stated:

A community meeting was held with six tenants in attendance. Tenants reported they enjoy living at this program. The program staff encourages the tenants to make their own decisions and to come and go as they choose. Tenants stated that they have the privacy they expect, and the staff provides the services they need or request. Staff members are courteous and quick to help when needed. Tenants reported the food is good, and they are given a wide variety of choices. They also reported that the RN is available when needed. They feel safe at the program and would recommend this program to their friends and family. Tenants also reported there are plenty of activities available for them.

During regular surveys, reviewers in Minnesota are able to provide information that promotes improved quality of care and to assist licensees to comply with the licensing requirements. Reviewers can provide guidance related to quality of care. They may also interpret and explain the regulations, review the systems and practices as they relate to the licensing requirements, provide information about other available resources, and discuss new or innovative programs that improve quality of care.

## **Discussion**

Consumers need reliable sources of information to sort through evolving assisted living service options. The Internet has evolved into excellent tool to help inform consumers about assisted living. Web sites help consumers make informed choices about the utility of assisted living as a viable option for them, and they help prospective residents choose from among the many facilities available to them. When touring a facility, informed consumers ask more questions about accommodations, staffing, services that are available or not available, findings from oversight agencies, and other factors. Better information supports market forces and creates incentives for providers to improve the quality of their product. Information is readily available from company Web sites, assisted living associations, consumer organizations, and State agencies.

A goal of this project was to describe the extent of information about assisted living that is available on the Web sites of State licensing and aging agencies. Nearly all States post their licensing rules. Forty-two States have created lists or a searchable database of residences. Fourteen States have posted consumer guides, and twenty-six States provide information and forms primarily to assist providers but that consumers might also find useful. The findings suggest that, in general, States have more opportunities to become a valued source of unbiased information for consumers, but limited budgets may hamper their progress.

The amount of information available through the Internet is extensive, and patience and persistence are necessary to find information that is useful to consumers. Searches of State Web sites often lead to specific forms and documents rather than to a general page with links to

multiple resources. Knowing the agency responsible for regulating assisted living does not always shorten the search unless there is a clear link to licensure requirements or types of settings.

Maintaining a Web site requires dedicated resources. The more extensive the information, the more staff resources needed. The Florida Department of Elder Affairs created its Web site with support from a grant from the Coming Home Program. Information about licensing and training requirements and forms were assembled and posted. These materials remain reasonably current over time, and updates are needed only when the rule or procedures change. Information that is available from the licensing application—name of the facility, address, and phone number—is relatively easy to post and maintain. Additions and deletions are needed as new residences are licensed and others close or change owners. Adding additional information such as the name of the manager or contact person requires more frequent updates as staff members change. Sites that contain information about monthly fees and services are more difficult to maintain because changes occur more frequently. Information can be reported to the licensing agency by each licensed residence, uploaded to the database by the facility staff, or collected by a State agency. The Florida project staff established the initial database using information obtained from each licensed residence. After the initial entry, each residence is responsible for updating its own information.

Efforts to develop methodologies to profile facilities have been slow to emerge. Several State respondents suggested that government should not be grading the quality of care or rating facilities but should provide information that helps consumers make decisions. One State discontinued posting survey findings because of reductions in staff and the need to support other activities. However, a small number of States were interested in doing so. The lack of data on resident health and functional status limits the information available to develop a rating system based on resident outcomes. For example, are residents in facility ‘A’ more or less likely to lose weight, experience ADL declines, or participate in activities than residents in facility ‘B’? Only one State routinely collects health and functional assessment data, and one other State requires but has not yet received the reporting of assessment data from assisted living facilities.

Most States have not automated the collection and storing of survey findings and results from complaint investigations. Automation would make it easier to develop ways to rate facilities and to post survey findings on a Web site. Most State respondents indicated that they do provide copies of survey findings to consumers upon written request, but the findings are not always available on State agency Web sites.

Several States reported difficulty in obtaining funds to hire more survey staff to keep pace with the growth of licensed facilities. Monitoring quality of care is likely to remain a priority as new resources become available. Initiatives that expand the information available to consumers may not be implemented until staffing resources are increased.

The project found an abundance of information about assisted living on the Web sites of State agencies. The type and extent of the information varied significantly across States. More information is available for owners and operators, but attention to the needs of consumers seems to be increasing. State agencies face competing demands for resources from multiple consumer

and providers groups. State aging agencies in particular serve consumers with a broad spectrum of needs and interests. Developing Web sites that include and update information about different programs and services is complex and resource intensive and may not become the highest priority.

Several initiatives would be useful to States to support their efforts to expand the information they make available to consumers.

One useful effort would help assess the usefulness of State Web sites. The navigation and content of State Web sites vary considerably across States. A consumer feedback group could be formed to prepare a standard format for reviewing and critiquing State Web sites. Each Web site would be reviewed, evaluated, and scored by a team of consumers. A “report card” would be prepared and submitted to the State that rates the site and its components and offers suggestions for improving the Web site. Some of the components of the report card might include:

- Is the site easy to find?
- Is it easy to navigate?
- Does it include information that helps consumers compare and select a facility?
- Is the information sufficient to help consumers select a facility?
- Is the information easy to obtain and understand?
- What could be added that would improve its usefulness?

As described in Section II of this report, consumer guides vary widely. The group could also review and critique consumer guides currently available. The group could make recommendations on the topics that would be most beneficial to include in a guide and suggest a format for presenting the information.

Licensing officials in California, Maine, Montana, New Hampshire, Pennsylvania, Virginia, and West Virginia expressed an interest in developing ways to organize and post survey and complaint findings. A workgroup might be formed that includes States that currently post this information, States that are interested in doing so, and relevant stakeholders. States could work together to develop a prototype Web site that would profile differences in quality of providers based on survey and complaint data. Alternatively, States could work on their own and assemble a small group of policymakers, measurement experts, information technology staff, consumers/family members, private consumer organizations, and provider groups to develop templates for displaying information about facilities. An effort of this type would need cooperation from all interested parties, and measures would need to be standardized. In addition to the standard information generally listed by States—the name of the facility, address, phone number, contact person, and licensed capacity—the template could include a list of the factors typically found in a disclosure statement or resident agreement. A more ambitious effort would include measures that would allow consumers to compare the types of services provided, differences in quality, and differences in the physical and social environments and philosophy of care. Searchable databases could be designed that allow consumers to search based on specific services that are available, price, type of units, location, and other factors identified by consumers.

It may be possible to develop a Web site in which participation by facilities would be voluntary rather than as a State requirement. As long as sufficient numbers of facilities participate, it still would be useful to consumers. Because survey findings can be technical and difficult to understand, consumer feedback would be useful to develop user friendly Web sites that display the information in a way that is meaningful and readily understood. At the same time, provider groups need to believe the measures truly represent real differences in facilities.

Ideally, facilities could be compared on many aspects that are relevant to consumer choice. For some aspects, there are good measures, while for others there are not. The process could be developed iteratively based on data States currently collect, so that consumers could access available information early in the search process. Additional items could be added as measures are validated and meet needs of all stakeholders. In this way the need for improved information can be addressed, but the process assures that the measures are truly useful for making informed choices.

## **Section II. State Consumer Guides to Assisted Living**

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This section presents information and questions that are presented in the consumer guides and checklists available on State agency Web sites. Individual State guides may not use the same terms for each topic area listed or present information in the order in which topic areas are listed here. The terms used and the order of the topic areas were modified to facilitate comparison across States. Some of the questions may overlap two topic areas. For example, a question in the provider agreement may include a question about costs or discharge criteria.

The information presented in the following tables may be included in a stand-alone consumer guide or checklist or be included in a document that has additional information about assisted living and how to choose a facility. For complete information, click on the Internet links included in Table 2.

**Table 6. Arizona consumer guide**

<b>Topic</b>	<b>Questions</b>
Licensing status	Is there a posted current license, with the facility's correct address, from ADHS?
Admission	What are the admission requirements? Ask for a "typical profile" of a resident in their facility. Are residents alert or confused?
Financing	What are the added expenses? (service plan, transportation, personal items, beautician) What is facility policy on holding a bed if a resident leaves the home for hospitalization or vacation?
Physical environment	Are the grounds and the building(s) neat and clean? How close is the location of the home to family and friends? Are resident permitted to access to the outdoors, get beverages, use the telephone, rest, etc. on their own? Can residents go to bed at night and get up in the morning when they choose? Are resident rooms decorated with personal belongings? Do they allow pets? Are residents permitted to have visitors at any time?
Staffing	What are resident to staff ratios? Is there a certified manager on duty? Are caregivers available 24 hours a day? Are residents clean and comfortable? Are residents wearing appropriate seasonal clothing?
Medication and health services	Who arranges doctor appointments and manages resident medication? Can residents continue to see their own doctor?
Meals/dining	Is the menu balanced and appealing? How much time do residents have to eat their meals? Do they have substitutes if a resident does not like the meal?
Activities	What activities are available?
Communication	Are relationships between staff and residents warm and friendly? Are there communication barriers between staff and residents? Do staff know residents by name?

**Table 7. Colorado consumer guide**

Topic	Questions
Licensing status	<ul style="list-style-type: none"> <li>Is the facility licensed by the State and in good standing?</li> <li>Is the facility Medicaid certified?</li> </ul>
Resident agreement	<ul style="list-style-type: none"> <li>Do the admission criteria match my needs?</li> <li>Have I reviewed the terms of the financial/provider agreement?</li> <li>Is the unused portion of the rent refunded upon transfer/discharge?</li> <li>Do I have a choice in the selection of medical/health care providers if additional services are needed?</li> <li>Are the specific services offered clearly identified in the agreement?</li> <li>Have I reviewed the house rules?</li> <li>Have I reviewed all of the reasons for which I may be transferred or discharged?</li> </ul>
Physical environment	<ul style="list-style-type: none"> <li>Is the bedroom private or shared?</li> <li>Is the bathroom private or shared?</li> <li>Are the shared areas clean?</li> <li>Is there space for personal belongings?</li> <li>Does the floor plan allow for easy mobility for me?</li> <li>Are there private areas other than the bedroom for visits?</li> <li>Is bathroom safety equipment installed or available if needed? (grab bars, raised toilet seat)</li> <li>Is there a call system?</li> <li>Are walkers/wheelchairs permitted?</li> </ul>
Observations	<ul style="list-style-type: none"> <li>Are hallways and doorways wide enough for wheelchairs?</li> <li>Have I toured the entire facility?</li> <li>Have I observed the kitchen and pantry?</li> <li>Have I observed a meal?</li> <li>Does the atmosphere seem pleasant?</li> <li>Does there seem to be enough staff available?</li> <li>Are pets allowed?</li> <li>Do residents seem happy and engaged?</li> <li>Do residents appear to be clean, groomed and odor-free?</li> <li>Have I observed for staff/resident interaction?</li> <li>Have I observed for cleanliness and odors?</li> </ul>
Services	<ul style="list-style-type: none"> <li>Does the facility provide:</li> <li>Assistance with dressing?</li> <li>Assistance with bathing?</li> <li>How many times per weeks is bathing provided?</li> <li>Assistance with toileting?</li> <li>Assistance with incontinency? Does this include assistance with bowel and bladder?</li> <li>Assistance with transfers from wheelchair to bed, etc.</li> <li>Assistance with medications?</li> </ul>
Care plan	<ul style="list-style-type: none"> <li>Am I involved in the care planning process?</li> <li>Is my family/responsible party involved?</li> <li>Is my physician or other health provider involved?</li> <li>Are the care plans updated to reflect changes in care needs?</li> </ul>
Staff	<ul style="list-style-type: none"> <li>What is the operator/administrator's training?</li> <li>Do staff receive training to work with special needs or behaviors, such as dementia?</li> <li>Is there high staff turn-over?</li> <li>What is the ratio of staff to resident?</li> <li>Are staff awake at night?</li> </ul>
Meals/dining	<ul style="list-style-type: none"> <li>Are specialized diets available?</li> <li>Are cultural or ethnic preferences considered?</li> </ul>

**Table 7. Colorado consumer guide**

<b>Topic</b>	<b>Questions</b>
	Are residents involved in menu planning? Can residents help with meal preparation and have access to the kitchen? Are snacks/beverages readily available between meals? Are extra helpings and substitutions available?
Activities	Are activities available within the facility? Does the facility take residents on outings? Is somebody designated to conduct activities? Would my interests match the level/type of activities provided? Are there residents I can socialize with? Is there a written schedule of activities?
Communication	Does facility inform family/physician when an unusual event occurs? Do you feel comfortable talking with the: administrator/operator, manager/billing, staff/caregivers? Is the grievance procedure easily understood? Is telephone use accessible and conducive to privacy?
Transportation	Does the facility provide transportation?



**Table 8. Florida consumer guide**

Topic area	Questions/information
Licensing status	<p>Is the facility licensed by the State of Florida? Is the ALF licensed for the specific services you need?</p> <p>Florida issues a standard ALF license, a license to provide Extended Congregate Care (ECC) allows the ALF to maintain residents who become frailer than would normally be permitted, in order for the resident to age at the facility; a license to provide Limited Nursing Services may include such nursing services as the application and care of routine dressings, care of casts, braces, and splints, catheterization, and other services; and a Limited Mental Health license must be obtained if an ALF serves three or more mental health residents.</p>
Resident agreement	<p>Can I see a copy of a sample contract?</p> <p>Each resident will sign a contract with the ALF. Read the contract carefully. If there is anything you do not understand, ask the ALF staff person to explain it to you. You may want to consult with your family, friends, or an attorney before signing a contract.</p>
Admission criteria	<p>A resident cannot be bedridden, cannot require 24-hour nursing supervision, cannot have stage 3 or 4 pressure sores, and other criteria as described in Florida law.</p>
Physical environment	<p>Am I able to choose the room/unit that I will live in or is it assigned to me? Are there different sizes and types available? Are there lockable doors? Can I have a telephone and cable TV? What furniture and accessories are provided?</p> <p>Do all of the rooms/units have private, full bathrooms? If the bathroom facilities must be shared, where is the bathroom located, and with how many residents would it be shared?</p> <p>Will I have a kitchenette? If so, are there a refrigerator, sink and stove? If the room/unit does not have a private kitchenette, where are the cooking facilities located?</p> <p>What will be the size of my room/unit? Is it large enough for me to feel comfortable if I spend a great deal of time there? Is there enough closet space to meet my needs? Is there additional storage space available and at what cost?</p> <p>What are the common areas like? Are there areas where I would feel comfortable spending time? Do the residents use the common areas or are they more for appearance?</p> <p>Is the ALF easy to get around in? Are there too many stairs or long hallways? Is the ALF well lit? Does the facility have outdoor grounds suitable for walking in nice weather? Is the facility (including the bathrooms) accommodating to wheelchairs, canes, and walkers?</p> <p>What type of security is available at the residence? Is there someone at the front desk 24-hours a day? Are the main doors locked at night? If the doors are locked, are keys made available for residents who come in late at night?</p> <p>Does the residence have a special care wing or any special procedures and equipment when caring for individuals with Alzheimer's or other memory impairments? You can request literature about the programs the ALF offers for residents with Alzheimer's and other memory disorders.</p> <p>Am I able to furnish the room/unit as I wish with my own furniture and wall hangings?</p> <p>Can I control the temperature in my room/unit?</p> <p>Is there an emergency call system in each room/unit and each bathroom?</p> <p>Are pets allowed in the rooms/units and common areas?</p> <p>Is smoking allowed in the facility and, if so, where?</p> <p>Is parking available for residents and visitors?</p>

**Table 8. Florida consumer guide**

Topic area	Questions/information
Cost/financing	<p>Does the facility have fire drills, smoke detectors, and a sprinkler system?</p> <p>Does the ALF require an initial entrance fee, application fee or deposit up front?</p> <p>Is there a cap on the percentage by which the monthly rate can be increased?</p> <p>What services are included in the monthly rate? Some rates include the basic service of room, meals, and at least one personal service. Additional services may include an increase in costs.</p> <p>Ask the ALF staff person to clearly explain the costs and services and to provide you with the facility's admission package.</p> <p>When considering these prices, think about services that might be needed in the future, not just the current needs.</p>
Services	<p>Will I receive a written plan of care? If so, will it be addressed periodically as my needs may change?</p> <p>An assisted living facility provides housing, meals, and one or more personal services for residents who are not related to the facility's owners. Personal services include assistance with or supervision of the activities of daily living like eating, walking and toileting. A person can become a resident of an ALF only if certain functional criteria are met, such as being able to perform the activities of daily living (with supervision or assistance).</p> <p>Services offered by an ALF include:</p> <p>Basic housing; meals and snacks; 24-hour staff availability; assistance with activities of daily living (ADLs), if needed, such as bathing, dressing, toileting, hygiene and grooming, eating, and walking;</p> <p>administration, or assistance with self-administration, of medications, housekeeping; maintenance; laundry; social and recreational activities; transportation to activities, appointments, shopping, etc</p>
Staff	<p>When you visit the ALF, speak to as many different staff and residents as possible. Get a sense of how the residents and workers feel about the ALF, if they enjoy living or working there. Is the staff friendly and respectful? Are workers able to take time to speak with residents or are they too busy rushing around?</p> <p>What is the ratio of staff to residents? How many staff persons are available to provide personal care services? How many workers are available during the day, in the evening, overnight and on weekends? Florida regulations require a certain minimum amount of staffing, depending on the number of residents. Is the staff trained to handle the special needs of these patients? What medical care options are available? Is there a doctor or pharmacy on-site? If the ALF provides nursing, what services can the nurse provide? If I need to receive services from a home health agency, like nursing, physical therapy, home health aide services, etc., will the ALF assist me in arranging for these services?</p> <p>What is the procedure for signaling staff of an emergency? How are medical emergencies handled? What if there is an emergency in the facility that requires evacuation?</p>
Meals/dining	<p>How many meals and snacks are provided each day? If I prefer to have a light breakfast in my own room, is there a package that allows me to pay only for lunch and dinner?</p> <p>Are meals in the dining room provided at convenient times? Is there much choice in when I can have breakfast, lunch or dinner, or are these meals served at the same time every day? If I like to sleep late, are things like coffee, juice and muffins available later? If I am away from the ALF and arrive after mealtime will I be served my meal?</p> <p>What is the ALF's policy about having meals delivered to my room? Is this allowed? Is there an extra charge or limit on the number of times that I may eat</p>

**Table 8. Florida consumer guide**

Topic area	Questions/information
	<p>in my room?</p> <p>What is the menu like? Are special meals or diets available, if needed? Are there enough interesting choices? Are choices always available, or does the kitchen often run out of one choice, leaving few options? Is the food tasty and nutritious? If I have special dietary needs how will they be handled?</p> <p>Are there special seating arrangements or can residents sit where they want in the dining room? Do the residents eat at the same time or in shifts? Do the residents eat in one large dining room, or are there several dining rooms that serve different groups in the ALF?</p> <p>Are there any arrangements for late night snacks? If I want a snack other than at a designated mealtime, are snacks available? Is there an extra charge for this service?</p>
Activities	<p>Most ALFs advertise that they have many activities available for residents. Ask to see a schedule of activities, and consider whether you or your family member would want to participate in these activities. Do the activities appear appropriate for the resident?</p> <p>Are there a variety of activities to choose from? Are residents active in planning activities and events? Are the activities provided at convenient times? How frequently are they provided?</p>
Transportation	<p>Is transportation available to access community activities? This information is one way to determine how much the ALF encourages the participation of its residents in community activities. Is transportation only available at certain times, or can it be accessed whenever it is needed? What if I have a doctor's appointment or want to go to a church service in the community? Is there an extra cost for transportation?</p>
Medicaid	<p>What happens if I run out of money? Does the facility participate in the Medicaid program?</p>

**Table 9. Kentucky check list**

<b>Topic</b>	<b>Area</b>
Licensing status (Certification)	The Assisted Living Community has received or applied for Certification by the Office of Aging Services and information is available for my review.
Resident agreement	<p>Client information must include:</p> <ul style="list-style-type: none"> <li>An assessment of client's ability to perform activities of daily living and instrumental activities of daily living.</li> <li>Emergency contact person's name.</li> <li>Name of responsible party or legal guardian.</li> <li>Attending physician's name.</li> <li>Information on personal and social preferences.</li> <li>Advance directive if client desires.</li> <li>Other information that would help meet the client's needs.</li> <li>Policy regarding termination of the lease agreement.</li> <li>Terms of occupancy.</li> <li>General services and fee structure.</li> <li>Information about specific services provided, description of the living unit, and fees.</li> <li>Provisions for modifying client services and fees.</li> <li>Minimum thirty (30) day notice for a change in the fees.</li> <li>Minimum thirty (30) day move-out notice for nonpayment.</li> <li>Assistance for client to find appropriate living arrangements prior to actual move-out date.</li> <li>Refund and cancellation policies.</li> <li>Description of any special programming, staffing, or training.</li> <li>Other community rights, policies, practices, and procedures;</li> <li>Written policies about contracting or arranging to receive additional services from an outside agency or individual; and</li> <li>Grievance policies related to complaints.</li> </ul>
Atmosphere	<ul style="list-style-type: none"> <li>This is a convenient location.</li> <li>The grounds and décor are attractive.</li> <li>The employees treat visitors, clients and other employees in a friendly manner.</li> <li>Clients socialize with each other and appear happy.</li> <li>Visitors are welcome in the assisted living community.</li> </ul>
Physical environment	<ul style="list-style-type: none"> <li>Individual living units (i.e., apartments) are at least 200 square feet.</li> <li>Each living unit has a private bathroom (exception allowed).</li> <li>Each living unit has a lockable door.</li> <li>There is a window to the outdoors in each living unit.</li> <li>A telephone jack is available in each living unit.</li> <li>There are provisions for emergency response in each living unit.</li> <li>Each living unit has thermostat control (exception allowed).</li> <li>Access to a laundry facility is provided.</li> <li>Central dining is available.</li> <li>There is a common living room area.</li> <li>Doorways, hallways and living units accommodate wheelchairs and walkers.</li> <li>Elevators are available if the assisted living community has more than one story.</li> <li>There is a kitchenette with a refrigerator, sink and microwave oven in each living unit.</li> <li>Clients can access shared kitchen space for individual snacks (to the extent allowed by health department requirements).</li> <li>There is good natural and artificial lighting.</li> <li>It is easy to find one's way around the community.</li> <li>Clients can bring furniture and furnishings.</li> </ul>

**Table 9. Kentucky check list**

<b>Topic</b>	<b>Area</b>
	It is possible to share a room with a spouse or another individual under mutual agreement.
Services	Assistance with activities of daily living including bathing, dressing, grooming, transferring, toileting, and eating. Assistance with instrumental activities of daily living which includes, but not limited to, housekeeping, shopping, laundry, chores, transportation, and clerical assistance. Three meals and snacks made available each day. Scheduled daily social activities that address the general preferences of clients. Assistance with self-administration of medication.
Staff	The assisted living community has a designated manager with management or administrative ability. There are sufficient staff to meet the 24- hour needs of clients. Criminal records checks are conducted on employees. Employee orientation and in-service education is completed within 90 days of employment. No employee who has an active communicable disease is permitted to work. The assisted living community ensures that no employees are listed on Kentucky's nurse aide abuse registry.
Meals/dining	Three nutritionally balanced meals and snacks are made available seven days a week. Special foods may be requested. The meal schedule and menus are posted. Clients are permitted to dine in their living units.
Activities	There is an activities program that addresses the general preferences of clients. Activities are posted in advance. Volunteers and families are encouraged to participate in activities. Clients have access to religious activities at their churches or within the assisted living community.

<b>Table 10. Maryland consumer guide (chapter 2)<sup>27</sup></b>	
<b>Topic</b>	<b>Questions</b>
Licensing status	<p>What level of care are you licensed to provide?</p> <p>When was the provider last inspected by State licensing authorities?</p> <p>What, if any, violations have been cited by the authorities in the past two years?</p> <p>Did the provider submit a plan of correction?</p> <p>May I have a copy of the inspection results and any plans of correction?</p>
Resident agreement	<p>Request a copy of the resident agreement.</p> <p>Request a copy of the disclosure Statement.</p> <p>Is the print readable?</p> <p>What is the grievance procedure?</p> <p>What are the rights of residents?</p> <p>(Other provisions are listed elsewhere below)</p>
Admission criteria	<p>What behaviors, conditions or circumstances can result in termination of services?</p>
Physical environment	<p>What is the size of the facility?</p> <p>What types of living units are available?</p> <p>Do you have a waiting list?</p> <p>What type of unit will I have?</p> <p>Are bedrooms, hallways, doorways, bathrooms, and common areas fully accessible to people with walkers or wheelchairs?</p>
Cost/financing	<p>What is your monthly fee?</p> <p>What services are included in the fee?</p> <p>What services are extra?</p> <p>Do you require a deposit?</p> <p>Refund policy?</p> <p>What fees stop if I am away from the facility? Is there a charge for bed holds and when does it begin?</p> <p>When, how often and why can fees be changed? Who is informed and how when fees change? How much notice is provided?</p> <p>What is the cost difference between special care and regular units?</p>
Services	<p>What services do you provide?</p> <p>How often will my level of care be reassessed?</p> <p>How will the provider meet my current care needs (e.g., incontinence, insulin shots, etc.)?</p> <p>What happens if my needs change - I need more help, become incontinent, become confused?</p> <p>How does the provider tailor schedules for preferences of residents (like bathing and waking times)?</p> <p>How does the provider help residents maintain their abilities to toilet, dress, and eat?</p> <p>Is there a schedule for staff to check on each resident's whereabouts and well being?</p> <p>What resources does the provider have to address difficult behavior?</p> <p>If rooms are shared, what does the provider do if there are problems between roommates?</p>
Laundry	<p>How often will my room be cleaned?</p> <p>How often will my linens be changed?</p>

<sup>27</sup> Consumer Consortium on Assisted Living. The Consumer Consortium on Assisted Living (CCAL) originally developed this questionnaire with assistance from the Arlington Area Agency on Aging and the Northern Virginia Long Term Care Ombudsman Provider. Other professionals and potential consumers reviewed it as well. It has been significantly modified for use in Maryland

**Table 10. Maryland consumer guide (chapter 2)<sup>27</sup>**

Topic	Questions
Care plan	<p>Will the provider do my personal laundry?            Are washing machines available for me to use at the facility?            If so, is there any cost to use them?            What extra charges, if any, are there for additional housekeeping or laundry services?            What professionals/staff will be involved in the development of my written service plan?            How often is the plan revised?            How will my family and I be involved?            What involvement does a confused resident have?            What happens if I do not agree with the service plan?</p>
Medication and health	<p>What kinds of health monitoring checks are available (e.g. weight change, glucose levels, etc.)?            If a nurse is not on staff, are there regularly scheduled visits by a nurse or other health provider?            If so, what medical services do they provide?            How will the provider facilitate my access to health care and social services?            Will the provider schedule routine medical appointments for me?            Will the provider schedule transportation to and from medical appointments?            What health services are available on site: e.g. nursing care, lab work, physical therapy, wound care, hospice, social work, podiatrist, etc.?            What health services does the provider furnish, and what does it arrange for outside agencies to provide?            Under what circumstances and when will the provider call my family?            Under what circumstances and when will the provider call my doctor?            What safeguards are in place to ensure that I get the appropriate medications on time and in the correct dosage?            Who is responsible for having prescriptions filled?            Must I use the provider's pharmacy, even if it costs more than my pharmacy?            Who gives out medications?            If not a nurse, how are staff trained and supervised about medications?            If I am able, will I be allowed to take care of my medications on my own?</p>
Staff	<p>How many staff are there for each shift?            What are their responsibilities?            What is the training/certificate on of the people who care for residents?            What other duties do direct care staff have?            Which direct care staff on each shift is fluent in my native language?            Is there special training for staff about dementia and Alzheimer's disease?            How is staff trained to deal with aggressive individuals?            How is staff trained to deal with wanderers?            What if I do not like the staff person assigned to me?            What is the staff turnover rate?</p>
Meals	<p>What times are meals served?            What happens if I am late, miss a meal, or refuse a meal?            How will any special dietary needs I have be met?            When can I have a tray delivered to my room?            Is there an additional charge for tray service?            If I do not like a meal, what are the alternatives?            When are snacks available?            May I see the printed menu for the past month?            How do you make sure each resident is taking in adequate nutrition?</p>
Activities	<p>How often are activities in the community scheduled?            Will staff attend with me?</p>

<b>Table 10. Maryland consumer guide (chapter 2)<sup>27</sup></b>	
<b>Topic</b>	<b>Questions</b>
	<p>Are there protected or enclosed walking areas for residents?            How are resident's religious or spiritual needs met?            Who develops and supervises recreational activities?            How do residents have input into the activities offered?            What is the provider's policy on pets?            What is the policy on visitors?</p>
Transportation	<p>Is any transportation provided?            If so, how often (daily, weekly, evenings, weekends)?            To where is transportation provided (grocery stores, shopping malls, medical appointments)?            Will the provider call and arrange for transportation it does not provide?            Is transportation available if I want to go to an event by myself or with a friend?            Are there fees for using the provider's transportation or transportation arranged by the provider?            Is transportation wheelchair accessible?</p>
Medicaid	<p>What happens if my funds run out?            Do you participate in the Medicaid waiver program?</p>
Other Special care units  (Note: Additional sections deal with safety, emergencies and choice.)	<p>Is there a separate area specifically for people with dementia?            How do services in the special care unit differ from services in the rest of the facility?            What is the difference in staff training?            What is the staff-to-resident ratio?            Is there a special out door area for residents with dementia to use?            What techniques do you use to ensure that the resident is getting proper nutrition?            Do you offer decaffeinated drinks throughout the day?            Does the calendar of activities look appropriate for the resident?            What is the provider's policy on restraints, both chemical and physical?            How much space is there to walk around on the unit?            Are the room's private or semiprivate?</p>



<b>Table 11. Montana consumer guide</b>	
<b>Topic</b>	<b>Ask about</b>
Licensing	Is the home licensed by the State of Montana? *All Personal Care Homes should have a current license posted and available to the consumer. The license will specify how many "A" and "B" residents.
Atmosphere	What do the residents think of the home?
Physical environment	Floors and furniture clean? Are there noticeable odors? Does the home appear safe? Are there noticeable dangers for trips and falls by residents and staff? Are there stairs that make it difficult or unsafe in the event of fire? Is the home neat, clean, safe and in good repair? When taking a tour of the home, look for the these: Are there fire exits, extinguishers, smoke detectors and exits identified? Is the home as neat and clean as you are accustomed to? How large of a building is the home? What are the sleeping rooms like in the home? Will there be room for my furniture? Do I share a room with someone?
Staff	Is there enough qualified staff to provide care to the residents?
Activities	What are the physical and social activities offered by the home?
Meals	What do the meals look like being served while you are visiting the facility? Is the menu posted for the residents to see? Do the meals look appetizing? Do the residents have assistance with eating? Are their snacks available during the day? Will they prepare special meals? Can you have guests or family stay for meals? Is there an alternate meal provided?
Communication	Are the residents treated with dignity and respect?
Other	Do the home rules suit my lifestyle? Do they allow pets? Smoking or alcohol? Visitors?

**Table 12. Michigan consumer guide**

<b>Topic</b>	<b>Ask about</b>
Cost/financing	Prices for each service Rate increase process and history Conditions for terminating services Assessment and ongoing care planning Additional services available and the charge Provisions for meeting scheduled and unscheduled needs Availability of 24-hour ADL assistance
Physical environment	Condition of the building, fixtures and furnishings Emergency fire sprinkling system Back up generators Evacuation procedures and drills
Staff	Requirements for direct care staff Supervision of direct care staff; ratio of supervisors to staff Activities staff Regular visits by doctor, nurse, podiatrist and other professionals Registered dietician and sample menu Criminal background checks for staff Staff on-site 24-hours a day Talk to residents about their impressions of facility, staff, activities, meals, attention to complaints
Activities	Activities available at various levels of functioning

**Table 13. Nebraska: Selected examples of questions for staff**

Topic	Questions
Atmosphere	<p>Outward appearance and location            Décor, homelike, clean, comfortable?            Warm greeting from staff?            Are residents socializing with one another?            Common areas available to socialize?            Staff appropriately dressed, friendly, respectful?            How long have staff worked there?            Policy concerning pets?</p>
Admission and discharge	<p>What criteria are used to determine whether a person is admitted to this particular facility? (Although State law requires certain overall admission and discharge standards, facilities differ on their specific criteria.)            What criteria are used to determine when the facility can no longer meet a resident's needs?            Who decides that a resident be discharged to another level of care?            What is the process for transfer or discharge?            Is there a process to discuss/appeal a transfer or discharge?</p>
Physical environment	<p>Floor plan easy to follow?            Clean, free of odors and suitably heated/cooled?            Stairs and halls well lit; handrails, exists marked?            Non-skid material on floors?            Space for wheelchairs and walkers?            Sprinkler system?            Are visitors monitored or asked to sign in?            Beauty/barber shop available</p>
Living units	<p>What sizes and types of rooms are available?            Are units for single or double occupancy different?            Are toilet/bathing rooms private and handicapped-accessible? If they are not private, how many residents share these areas?            Emergency call system available?            How is resident privacy maintained?            Do residents have lockable doors to their apartments/rooms?            Are residents able to bring furnishings?            Do all of the units have a telephone and cable TV hookup?            May residents keep food in the units?            Is smoking allowed in residents' rooms? Is there an inside and/or outside designated smoking area?</p>
Services	<p>What exactly are the housekeeping services? Is there dusting? Vacuuming of upholstered furniture and floors? Cleaning of sinks, toilets and floors? Trash collection? Window cleaning?            How often are apartments/rooms cleaned? Is there planned, more intensive cleaning on a regular basis?            Does the staff make beds and change bed linens? If so, how often?            Are there additional costs for housekeeping services?</p>
Laundry services	<p>Are laundry services provided? If so, what is included in the service?            If bed linens are laundered by the facility, does the service include taking the sheets off and remaking the bed?            Does the facility provide the sheets and towels?            For facility laundry, does the clothing need to be marked? If so, who is responsible for the marking?            Do the residents have options regarding how and when their laundry is done?            Is there a laundry area with clothes washers and dryers for resident use?            Are there additional charges for laundry services?</p>

**Table 13. Nebraska: Selected examples of questions for staff**

Topic	Questions
Medication and health services	<p>Are there Registered Nurses and Licensed Practical Nurses on staff? If so, are they scheduled routinely to be on-site at the facility? When and for how long a period of time? Are nurses available only on an on-call or consultant basis? How often are they available? (Licensing does not require that nurses be on-site at the facility.)</p> <p>Will you want help taking medications? Ask if the facility assists with medication provision.</p> <p>Do you have special medication needs (such as insulin shots)? Or need special health services (such as checking blood sugars)? Be certain to discuss any special needs during your visit.</p> <p>Who provides the residents with medications?</p> <p>Is there a choice of pharmacies from which to purchase medications?</p> <p>Does a pharmacist review medications for the facility? How often?</p> <p>How does the facility assist residents who wish to take their own medication?</p> <p>What is the facility's procedure for responding to residents' medical emergencies?</p> <p>How are advance directives followed?</p> <p>Is help available for setting up medical appointments and for transportation to/from these appointments?</p> <p>Do outside health care providers come to the facility? Is a staff person available to coordinate or oversee visits from health care professionals?</p> <p>Are hospice services available?</p> <p>Are there additional costs for medication assistance and health services?</p> <p>Activities of Daily Living (ADLs) and Personal Care Help</p> <p>Who determines what assistance the resident needs?</p> <p>How is the resident or the resident's designee involved or consulted about the determinations of what the resident's needs are and how those needs will be met? Which staff members provide the actual assistance to the resident? What are their qualifications?</p> <p>How many direct care staff are available to help residents during the day? In the evenings? At night? On the weekends?</p> <p>If a resident's condition changes (improves or declines), who is involved regarding any changes made in personal care? What happens if the resident or resident's designee disagrees with these changes?</p> <p>How often is a resident's physical and mental status and level of functioning evaluated? Who does this evaluation?</p> <p>Is assistance with showers/bathing or whirlpool bath available? How often?</p> <p>Which staff assists with bathing?</p> <p>Are there additional costs for personal care assistance?</p>
Meals/dining	<p>What exactly does food service include?</p> <p>What is the appearance of the food? How does it taste?</p> <p>Ask to see menus that have been planned.</p> <p>Does the facility provide three nutritionally balanced meals per day, seven days per week?</p> <p>Does a dietician or nutritionist review the menus?</p> <p>What provision is made for residents with special diets and special food preferences (religious and otherwise)?</p> <p>What times are meals served? Are meals available outside scheduled times?</p> <p>Are the menus posted? Are there alternate choices comparable to the entree?</p> <p>What size portions are served? Are second helpings available?</p> <p>Does the facility provide snacks between meal times? How often?</p> <p>Are fresh fruits and fresh vegetables served? How often?</p> <p>Are coffee, tea and other beverages available anytime?</p> <p>Are guests for meals allowed? How much notice is required? What is the</p>

**Table 13. Nebraska: Selected examples of questions for staff**

Topic	Questions
	charge? Can residents have meals delivered to their rooms? Does the facility provide reminding or assistance with meals? What kind of assistance is provided? Is there an extra charge? Are there additional costs for meal service?
Activities	Is there an organized program of activities that is planned in advance? Ask to see a copy of the activity calendar. Who organizes and supervises the activities program? What types of activities are offered? When? How do the residents know about the activities? Is there an information board with the activities for the day listed? Are residents given reminders to attend, if they need this assistance? Are religious services/activities offered at the facility? Is an exercise program (or equipment) available at the facility? Is there help for individual activities (such as help with reading/writing for a resident who is visually impaired)? Is there a Residents' Council at the facility? How are residents able to present any suggestions to the facility management? Are there any additional costs for participation in social and recreational activities?
Transportation	Is transportation provided? Where to? When is it available to residents? How do residents schedule transportation? How far in advance? Can vehicle accommodate residents with varying levels of physical mobility? Is there space for residents to park personal vehicles at the facility? Are there additional costs for facility transportation or a personal parking space?
Medicaid	Is the facility a Medicaid Waiver provider? Are the same services and living units available to you if you qualify for the Waiver?
Other - Special needs	Are residents with special needs, such as Alzheimer's disease and dementia, housed with other residents or do they have special units within the facility? Are there separate staff, dining areas and/or activities for residents with special needs? How is the staff specifically trained to care for residents with special needs? Are there special programs for memory-impaired residents and residents who have dementia? Are there special accommodations for memory-impaired residents to be outside? At what point would the facility no longer be able to meet the needs of a resident with Alzheimer's disease or dementia and seek to transfer the person to a higher level of care (such as a nursing home)? Are there any additional costs for a resident with special needs?

**Table 14. New Jersey Consumer Guide**

Topics	Questions
Resident agreement	<p>Is there a Contract/Resident agreement available for review?                      Is a contract/Resident Agreement available to include accommodations, personal care, health care and support services?                      When may a contract/Resident Agreement be terminated and what are the refund policies?                      (This area includes questions that are listed in other parts of the guide)</p>
Atmosphere	<p>As you arrive at the residence, do you like its location and outward appearance?                      As you enter the lobby and tour the residence, is the décor attractive and homelike?                      Did you receive a warm greeting from staff welcoming you to the residence?                      Does the administrator/staff call residents by name and interact warmly with them as you tour the residence?                      Do residents socialize with each other and appear happy and comfortable?                      Are you able to talk with residents about how they like the residence and staff?                      Would residents be appropriate neighbors for you or your loved one?                      Are staff personable and friendly?                      Are visitors welcome at any time?</p>
Physical environment	<p>Is the community well designed for residents' needs?                      Is it easy to find your way around?                      Are doorways, hallways and rooms accommodating to wheelchairs and walkers?                      Are elevators available for those unable to use stairways?                      Are handrails available to aid in walking?                      Are cupboards and shelves easy to reach?                      Are floors of a nonskid material and carpets firm to ease walking?                      Does the residence have good natural and artificial lighting?                      Is the residence clean, free of odors, and comfortably heated/cooled?                      Is there a secure environment for wanderers?                      Is an outdoor recreation area available?</p>
Unit features	<p>Are different sizes and types of units available?                      Are units for single and double occupancy available?                      Do units have lockable doors?                      Is a 24-hour-a-day emergency response system available in the unit?                      Are there private bathrooms with access for walkers and wheelchairs?                      Is furniture provided? Are residents able to bring their own furnishings? Is other storage space available?                      Do all units have a telephone and cable TV, and how is billing handled?                      Is a kitchen area provided with a refrigerator, sink, and cooking appliances?                      Are residents allowed to smoke in their units? Is there a designated smoking area?</p>
Cost/financing	<p>Is there any government, private or corporate programs available to help cover the cost of services to the resident?                      Are additional services available if the residents' needs change?                      What is the procedure to pay for additional services like nursing care when the services are needed on a temporary basis?                      Are there different costs for various levels or categories of service?                      How are they determined?                      Do billing, payment and credit policies seem fair and reasonable?                      May residents handle their own finances with staff assistance if able, or should a family member or outside party be designated to do so?                      Are residents required to purchase renters' insurance for personal property in their units?</p>
Services	<p>Ask the residence to provide a list of services available.</p>

**Table 14. New Jersey Consumer Guide**

Topics	Questions
Care plan	<p>Are staff available to provide 24-hour-a-day assistance with activities of daily living (ADLs) if needed? ADLs include dressing; eating; mobility; hygiene and grooming; bathing; toileting and incontinence; using the telephone; shopping; and laundry.</p> <p>Does the residence provide housekeeping services in residents' units?</p> <p>Does the residence provide transportation to doctors' offices, hairdressers, shopping and other activities desired by residents?</p> <p>Can residents arrange for transportation on fairly short notice?</p> <p>Are pharmacy, barber/beautician and/or physical therapy services offered on site?</p> <p>Are there special programs for those with memory loss?</p> <p>Is there a process to identify and address residents' needs?</p> <p>Does this process include residents, their families and residence staff along with the residents' physician?</p>
Medication and health care	<p>What are the policies regarding storage of medication, assistance with medication, training and supervision of staff?</p> <p>Is self-administration of medications allowed? Can medication be kept in the resident's room? How is it monitored?</p> <p>How do you coordinate visits from the physician, nurse, hospice, physical therapist, occupational therapist, and others?</p> <p>Are trained staff available to assist residents who experience memory, orientation or judgment losses? How are they trained?</p> <p>What is the procedure for responding to a resident's medical emergency?</p>
Meals/dining	<p>Are three meals a day offered?</p> <p>Do dining room menus vary from day to day and meal to meal? Ask for a menu.</p> <p>Are snacks and beverages available?</p> <p>May a resident request special foods?</p> <p>Are special diets accommodated?</p> <p>Are private dining areas available?</p> <p>Are guest meals available?</p> <p>May residents eat meals in their units? Is there an additional charge?</p> <p>Can meals be provided at a time a resident would like, or are there set times for meals?</p> <p>Can residents have alcoholic beverages?</p>
Activities	<p>Do you see activity programs in progress? Ask for a copy of the schedule.</p> <p>Can residents participate in activities outside the residence?</p> <p>Is there a volunteer program?</p> <p>Are pets allowed in the building? Who is responsible for their care?</p>

**Table 15. Oregon Consumer Guide**

Area	Questions
Physical environment	Is the facility clean, odor free, well lit and free from clutter? Are the common areas attractive, comfortable and inviting? Does the size and design appeal to you?
Atmosphere/surroundings	Do residents socialize with each other and appear happy and comfortable? Ask residents how they like living in the facility.
Cost/financing	What is included in the basic rate? How does the facility charge for services? Are there charges for things such as not using the facility's pharmacy, arranging for medical appointments or transportation? Do billing, payment and credit policies seem fair and reasonable? What is the refund policy? Does the facility cap the percentage by which the monthly rate can increase?
Services	Does the facility accommodate two-person transfers? Are services available, if needed, to assist residents with eating? Does the facility provide transportation to doctors' offices, shopping and other activities? Does the facility have its own vehicle? Are barber/beautician services offered on site? Can your current needs be accommodated and as those needs intensify or increase is the facility able to continue to provide necessary care? How often are the service plans updated? Does the facility accommodate terminally ill residents and their families?
Staffing	How long has the administrator been at this facility? Does the administrator appear to be knowledgeable and sincere? Chat with staff about their job responsibilities. Talk with the administrator about his/her experience working in an assisted living or residential care environment. Are employees of the facility easy to identify by name badge or attire? Do personal care workers seem satisfied and involved? Do they show interest in, affection and respect for residents? Are workers respectful and friendly to other staff members? Are residents' requests handled in a timely manner? How much time is spent in staff training and what topics are covered? What qualifications do the trainers possess?
Meals/dining	Ask current residents how they like the food. What are the meal times? Is the menu available in advance? Is a dietitian involved in planning menus? Are residents involved in meal planning? Are extra helpings or substitutions available?
Activities	Are the activities appealing? If not, will they accommodate your preferences? Are residents engaged in activities as you walk through the facility? Does the facility provide activity equipment and supplies? Is there evidence of an organized activity program, such as a posted daily schedule, events in progress, reading materials, etc.? Does the facility take residents on outings? Are there on-site religious/cultural activities?



**Table 16. Pennsylvania consumer guide**

Topic	Information
What is a Personal Care Home?	<p>Personal Care Homes (PCHs) provide lodging, food and some support services for people who are elderly or who have mental or physical disabilities; who are unable to care for themselves but who do not require 24 hour nursing services in a licensed nursing care facility. Typically, residents of PCHs need help with dressing, feeding, taking medications, mobility issues and finances.</p>
Where to find a Personal Care Home?	<p>Information regarding personal care homes can be found in newspapers, telephone directory's, through social service agencies, from the State licensing authority and even from the Internet. Like most businesses, the consumer can check with the local Better Business Bureau for information about area facilities. Hospital social services departments generally keep a list of local facilities with which they are acquainted.</p> <p>Occasionally, personal care homes are inadvertently listed in the telephone directories under "Nursing Homes", so it is important to clarify the type of facility it is when you phone.</p> <p>View the <a href="#">PCH Directory</a> listed alphabetically, by county and region.</p>
How do you go about Choosing a Personal Care Home?	<p>Location: Personal care homes are located in the inner cities, in the suburbs, and in rural areas. Which is the most desirable spot? Certainly if a particular community is "home" because a person's life had been spent and enjoyed there, then the selection of that area would be wise.</p> <p>If living near relatives provides a sense of security, then that is an important consideration. In addition, a home close by would give loved ones a better opportunity to visit. A PCH where a friend lives and has "paved the way" presents an incentive for making a choice. Sometimes the decision is based on the needs of the spouse. If one's spouse is already living in a PCH, then many times their mate chooses to move in as well.</p> <p>Urban facilities offer many advantages, like access to mass transportation, large medical facilities, and malls. There are advantages of having a store, a church, a library, access to a senior center and mental health county services near by that should not be overlooked. Many residents choose rural homes because of the affordability factor, but rural homes also offer their own brand of charm. Perhaps looking out on rolling hills or mountains is of importance.</p> <p>The most significant factor, when considering "where to live", is that it should coincide with the individual need of the resident who has to live there. Personal care homes can almost always meet that need, as they are found everywhere.</p>
Provider agreement	<p>Ask to see the standard contract between the facility and the resident. Read it, and be sure you understand the content. Many contracts have specific restrictions regarding refunds and resident discharge conditions. Every contract must include, but is not limited to: a list of the services provided, the monthly charges for room / board and services, any additional charges, home rules, resident rights, and arrangements for health and emergency services. Be aware that the monthly fee may not include all listed services, and additional charges may be specified in the contract. Often, extra charges apply for such things as shampoos, hair setting and other specialized hair care, nail care, transportation, incontinence care, special diets, assistance with specialized food intake, catheter care, durable medical equipment, pharmacy services, and specialized individual care services beyond the usual contractual commitment for care.</p> <p>Residents who are recipients of SSI receive special contractual protections under State regulations. A SSI personal care resident may not be charged more in their resident contract for rent and other services than their actual current monthly income reduced by the personal needs allowance. The personal needs allowance is a minimum amount of a resident's own funds that must be set aside for his/her personal expenditures. Also, SSI recipient residents, may not be</p>

**Table 16. Pennsylvania consumer guide**

Topic	Information
	<p>asked to agree to give more than one-half of the annual Senior Citizens Rebate to the facility. Personal care homes must also provide the following items, at no additional charge, to SSI recipient resident: necessary personal hygiene items, such as a comb, toothbrush, toothpaste, soap and shampoo. Personal laundry services and personal care services are also provided free of charge to SSI recipient residents.</p>
Administration/policies	<p>Try to get a feel for the personalities of the people who manage the home and care for the residents. Decide if they are warm and caring people; if they acknowledge the residents by their names; if they welcome visitors and try to make you feel at home. Does the home have a resident committee? How do they handle complaints?</p>
Atmosphere  (Things to look at during the visit)	<p>The residents in the home. Some homes admit a mixed age population. Some cater to older residents. There are facilities that serve persons with behavioral health issues, dementia and a variety of other disabilities. Do the residents appear comfortable? Are they appropriately dressed? Does their personal hygiene seem acceptable? Are the residents socializing together? Are they provided an opportunity to meet and greet visitors?</p> <p>The housekeeping. Look at the overall appearance of the outside of the PCH. Are the grounds cared for? Are there cleaning and laundry facilities in the home or do they use contract services. Ask to see the bathroom and the kitchen to determine their condition. Are there strong or overpowering unpleasant odors in the home?</p> <p>Ask to share a meal with the residents. Preferably arrange to visit at a meal time and observe the food preparation and serving. If a special diet is needed does the home offer that service?</p> <p>Activities are a very important part of the stay in a personal care home. Are there a radio, television, table games, magazines and newspapers? There should be reading materials available in the living area. Is there sufficient lighting for reading? Ask about the opportunities for socialization at the home and in the community. Ask about the location of the nearest senior citizen center, Area Agency on Aging, Mental Health / Mental Retardation Service Unit, stores, malls, church, and available transportation.</p>
Physical environment	<p>The size of personal care homes ranges from single family dwellings, to large mansion-type homes, to converted motels, to multi-service level facilities that resemble hotels or retirement communities. Some offer limited service packages, some offer the full range of assistance and health care packages. Larger facilities, usually those with 50 or more beds, tend to be more "institutional" in their operations, while smaller "family" style homes can allow for more individual flexibility. A small home may have a homey atmosphere where residents get to know everyone who lives there and become a type of surrogate family. In larger homes, residents may have more living area for moving around and socialization activities.</p> <p>In converted motels, bedrooms and baths are usually shared with only one other person at most. Privacy, then, is a distinct feature.</p> <p>The "institutional" type home will have a more diverse population of residents, allowing for a greater choice of friends and activities. That type of home will probably have specialty staff, like social director, on staff.</p> <p>All personal care homes have advantages. A person's life-style prior to the move to a home should be considered in order to determine the size of the home that best suits the resident.</p>

**Table 16. Pennsylvania consumer guide**

<b>Topic</b>	<b>Information</b>
Unit	<p>Note the available closet space and drawer space. Bear in mind that this room may be shared with at least one other resident. Look at the bed linens, furnishings, and the proximity of the beds. Note the windows and day light provided through the window coverings. Note the temperature of the rooms and ask how the rooms are heated in cold weather. If summer heat is a concern, inquire if the home is air conditioned. Some homes are not air conditioned and provide fans only. Ask which of the resident bedrooms will be yours. If it is located above or below grade level, remember that steps must be able to be negotiated. A handrail should be present in stairwells and hallways for support.</p>
Costs/financing	<p>What can be afforded: a small amount, a moderate amount, or is cost of no concern? The average amount is somewhere between \$700 and \$3,000 per month. The more that is charged, the more that can be expected in the way of furnishings, variety of menus, activities, and individual service packages. A number of homes will accept persons who receive Supplemental Security Income (SSI) for the amount of their room/board and service fee. For SSI recipient residents in licensed personal care homes there is a Personal Care Supplement amount that can be applied for by the resident, with help from the operator of the home. This Personal Care Supplement is not automatic, and persons interested in learning more about the application and assessment process should contact their local county Area Agency on Aging.</p> <p>Others will ask that the resident's SSI income be supplemented somewhat from another source as from relatives. This is called a "Third Party Agreement" and is specifically for a service package. This agreement must be held separate from the resident's usual written room and board contract with the home.</p> <p>Still others accept only private pay from residents. The resident who signs a private pay contract should remember that if their resources become exhausted during their stay, they will probably be required to move. Keeping this in mind, there is a personal care home to fit every budget. After applying your standards and narrowing the options, determine if the homes you are considering are licensed personal care homes. You may ask the PCH if they have been inspected by the Department of Public Welfare, Division of Personal Care Homes; or to find out if they have the appropriate licensure, you can phone or write your regional office.</p> <p>When personal care homes are inspected, a set of State regulations are applied. The homes must meet compliance with these regulations before a license is recommended. A copy of these regulations can be obtained by phoning the numbers of the regional offices. Questions and complaints about personal care homes in Pennsylvania may be directed to the regional licensing offices by phone or by mail.</p>
Medication and health services	<p>Medical follow up is also very important. Does the home encourage the residents to keep with their own physician or do they have a house doctor that follows the medical needs of the residents? What home health care agencies are available? Pharmacy services are rarely part of the facility, so do they use a local pharmacy or mail order service? There are also questions about durable medical equipment providers, rehabilitative services and emergency medical services that should be asked before admission. If there is a local medical transportation / ambulance service, is there a membership fee?</p>
Visiting the Personal Care Home	<p>An important step in choosing a personal care home is the home visit. If possible, the resident and family members or close friend should try to visit the home before moving day.</p>

**Table 17. South Dakota Consumer Guide**

<b>Topic</b>	<b>Questions (selected)</b>
Resident agreement	<p>Is there a clear, itemized list of services that are included in the basic daily rate?            Is there a clear, itemized list of extra services and charges?            Does the facility require the signature of the resident or their legal guardian?            Does the admissions agreement State they are willing to accept Medicaid-eligible residents and those who convert to Medicaid any time after admission?            Does the facility require a down payment?            Does the agreement provide a reasonable timeframe (i.e. 30 days) to be notified of any increase in the facility's fees or charges?            Does the agreement include an understandable Statement of residents rights, or is it Stated in a separate document?            Does the Residents Rights document outline the procedures for filing a complaint about the care or services provided within the home? The name of the local Ombudsman should be made available upon request.            Does the agreement seek a consent for medical treatment or pharmacy services?            Do any agreement provisions waive or limit the facility's liability for lost or damaged personal possessions or injury to the resident?            Does the agreement provide reasons the resident can be discharged for other than (1) medical reasons, (2) the resident's welfare or that of other residents, (3) nonpayment except as prohibited by Medicaid?            Does the contract provide for a minimum number of days advance notice to any discharge or transfer initiated by the facility?            Does the agreement explain how many days a resident's bed can be held should the resident be absent during a hospitalization, family event, etc.?</p>
Atmosphere	<p>Do the residents appear to be well attended?            Is the assisted living center clean and odor free?            Does there appear to be adequate staff for the number of residents?            Can a resident bring their personal furniture and belongings?            Does the resident have privacy during family visits?            Do staff appear to know the residents and treat them with respect?            Would the center consider a short term stay for a trial period?</p>
Services	<p>Can I hire a nurse privately to provide me services?            Can I ask for more assistance from staff on certain days?</p>
Medication and health	<p>Is this facility approved to provide medication administration or other specialty licenses?</p>
Staff	<p>Is the staff trained and appear to know what their job requires?            How many staff are employed by the center?            Will the residents have the same person helping them each day?            If a staff person calls in sick, are replacement staff available?            Have there been any staff resignations lately? Why?            Is there a call system from each resident's room in case of emergency? If not, how do they plan to accommodate this need?</p>
Meals/dining	<p>Can I have an occasional meal in my own room?            During meal time, did the food look and smell appetizing?</p>
Activities	<p>Are there activities, individual or group, offered at the center?            Can I go to my church in the community?            Can I attend activities in the community?</p>

**Table 18. Washington consumer guide**

<b>Topic</b>	<b>Questions</b>
Administration	How long has the current administration been in place?
Costs/finances	What are the basic rates (it's a good idea to get this information in writing)? What services are covered by these rates? Are there charges additional to these rates? What are the payment policies? What is the refund policy if someone leaves before the end of a month? What is the policy for rate increases?
Atmosphere	As you arrive, do you like the location and outward appearance? Do residents socialize with each other and appear happy and comfortable? Are you able to talk with residents about how they like the residence and staff? Do the residents look like people you will want to live with? Is the facility close to friends and relatives? Is the facility on a noisy street? Are there shops, a library, a park, or other amenities within walking distance? Is the facility close to activities you enjoy? Is the facility on a bus line? Is there an outside area to sit, walk, or garden?
Physical environment	Is the floor plan easy to follow? Are doorways, hallways, and rooms accommodating to wheelchairs and walkers? Are there hand rails to help with walking and in the bathrooms? Are cupboards and shelves easy to reach? Are there nonskid floors and firm carpets to assist walking? Does the facility have good natural and artificial lighting? Is the facility clean, free of odors, and well heated and cooled? Does the facility meet your standards of cleanliness? Is the facility free from obvious hazards? Are the facility's rooms clean, safe, and adequate for your needs? Will you have free use of the kitchen, activity rooms, toilet facilities, dining room, and grounds? Can residents smoke in their rooms or in public spaces? What pieces of furniture are provided? Is there a chair, a reading lamp, and an overhead light? Is there a sit-down shower? Can you bring along some of your own furniture or other personal items?
Services	Are doctors, nurses, and emergency assistance available if needed? Are emergency procedures clearly posted throughout the facility? What is the facility's policy regarding the level of care they will provide? Who will take you to doctors' appointments? Can residents arrange for transportation on fairly short notice? How will needed specialized services, such as physical therapy, occupational therapy, or recreational therapy, be arranged?
Staff	Are staff suitably dressed, personable, and outgoing? Do the staff members treat residents with respect and dignity? Do staff members treat each other in a professional manner? Who will provide the needed personal care? Who will provide any nursing care? Is staff available to meet scheduled and unscheduled needs? What language does most of the staff speak? Is there frequent turnover of staff? Will staff plan for your activities, such as a hair appointment or regular poker games?

**Table 18. Washington consumer guide**

<b>Topic</b>	<b>Questions</b>
	How flexible will the staff be in working out a plan of care with you to meet your needs?
Activities	What recreational activities are available? Will you be able to attend religious services of your choice? Does each resident get a copy of house policies and resident rights? What are the policies regarding visitors and pets? Must everyone get up and eat at the same time or is the facility flexible? Are there regularly planned activities that you will enjoy?
Meals/dining	Is the food pleasing, nutritious, adequate, and attractively served? Are snacks available? Are there specific meal times, or can you snack throughout the day or evening? Will the facility meet your dietary or cultural food preferences? Can residents request special foods?
Medicaid	What is the policy for accepting Medicaid or transferring to Medicaid at a later date?

**Table 19. Wisconsin check section of consumer guide**

<b>Topics</b>	<b>Questions</b>
Licensing status	Does the home have a current State license/certification/registration?
Resident agreement	Does the admission agreement clearly specify: Services provided in the monthly rate? Daily or monthly rate? Additional charges for services not covered in the rate? Thirty-day notice for a change in the rate or service? When payment is to be made?
Physical environment	Does the home or apartment appear to be safe and secure? Are telephones available? Can or do residents/tenants have telephones in their rooms/ apartments? Are halls free of obstacles (furniture, equipment)? Are exits unobstructed and easy to reach? Are fire extinguishers visible? Is there an evacuation plan posted? Are drills held at least quarterly? Are floors clean and non-slippery? Are there any obvious odors? Are doorways/hallways, rooms big enough to accommodate wheelchairs? Is the temperature in the facility comfortable? Can residents regulate the temperature of their own room/apartment? Is heat/electric/cable included? Are other living areas sufficient in size the number of people in the facility? Is there sufficient space for visitors, conversation, watching TV? Does the facility have amenities such as beauty shop, store, or fitness area?
Units	Will the room/apartment shown appear to meet his/her needs? Are rooms/apartments attractive, clean, well-lit and ventilated? Can residents/tenants use their own furnishings in their room? Is there a bedside stand, reading light and chest of drawers for each resident? Is closet space/storage space sufficient? Are provisions made for privacy? Is there space for private visits in the home? Are there private bedrooms? Are there private bathrooms? Are cupboards easy to reach and electrical outlets conveniently located? Are bathrooms conveniently located? Are bathrooms clean, well-maintained and odor-free? Are handgrips or rails near toilet and bathing areas if needed by the residents? Do bathrooms have showers or tubs? Are bathrooms equipped with locks for privacy? Are there emergency pull cords? How many people share a bathroom?
Services	Does the facility provide help with bathing, getting in and out of bed, care for hair and teeth, dressing, exercise, and other personal care needs if residents require it? Does the facility teach personal care activities to improve independent functioning such as feeding, grooming and dressing if needed? Do the program and services appear to be appropriate to meet the needs of the prospective resident?
Medication and health	If desired, will the facility control residents'/tenants' medications? Can residents/tenants retain their personal physician? Does the facility assume responsibility for making medical appointments if residents are unable to?

**Table 19. Wisconsin check section of consumer guide**

Topics	Questions
	<p>Does the facility provide transportation for medical appointments? Is there a charge?</p> <p>Does the facility have a plan to respond to medical emergencies and dental needs?</p> <p>Are staff trained in the provision of emergency First Aid?</p> <p>What happens if health changes? Will the facility provide additional services or arrange for home health care?</p> <p>Will the facility provide or arrange for specialized therapies if needed?</p>
Staff	<p>Do staff know the residents/tenants?</p> <p>Do staff show interest in individual residents/tenants?</p> <p>Do residents/tenants talk freely with staff?</p> <p>Are residents/tenants treated with respect and dignity?</p> <p>Is privacy respected (knocking before entering rooms)?</p> <p>Are calls for assistance responded to quickly?</p> <p>Is the appearance of staff neat and clean?</p> <p>Does there appear to be enough staff to meet residents'/tenants' needs?</p> <p>Who is the owner of the facility? Is the facility locally owned?</p> <p>Who is the operator? What is the professional and educational experience of the administrator?</p> <p>Is there a nurse on staff? Is it an RN?</p> <p>How often in the nurse in the building?</p>
Meals/dining	<p>Is a menu available? Did the home serve what was on the menu?</p> <p>Does the facility monitor nutritional needs and provide modified diets when needed?</p> <p>Are hot foods served hot and cold foods served cold?</p> <p>Are dishes and silverware used (instead of disposable plates and utensils)?</p> <p>Does the food appear appetizing?</p> <p>Do meals appear to be nutritionally balanced?</p> <p>Are fresh fruits and vegetables served in season?</p> <p>Do residents/tenants appear to enjoy their meals?</p> <p>Is food served family style or do staff determine portion sizes?</p> <p>Are residents/tenants able to have snack foods and/or soft drinks in their bedrooms?</p> <p>Are provisions made for residents/tenants who are ill and unable to eat in the dining room?</p> <p>Do residents/tenants have input into meal planning?</p> <p>Who plans the meals?</p>
Activities	<p>Are activity calendars posted?</p> <p>Do activities include a variety of interests?</p> <p>Are planned activities appropriate to the age and abilities of the residents/tenants?</p> <p>How often are there planned outings?</p> <p>Do residents/tenants participate in planning the activities?</p> <p>Are residents/tenants encouraged to participate in community activities?</p> <p>Does the facility provide transportation to community activities?</p> <p>Are arrangements made for residents/tenants to attend religious services and to practice their beliefs?</p> <p>Are escorts to programs and meals available, if needed?</p>
Other	<p>What is the refund policy?</p> <p>Does the facility have a resident's bill of rights and complaint procedure?</p> <p>Did the facility have any complaints in the past year?</p> <p>If so, were they resolved?</p> <p>Does the facility have Wisconsin Administrative Codes governing the applicable facility available for review?</p>



## Section III. State Summaries

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This section includes brief State summaries that identify the agency responsible for issuing regulations, licensing, and providing oversight of licensed facilities. It is based on a review of State regulations and a conversation with staff from the licensing agency. The information presented may vary from State to State based on the discussion with State contacts. The summary describes the approach to regulation and survey practices and special initiatives. A section on communicating with consumers describes the information available to consumers and family members on the Web sites of licensing agencies and aging agencies.

### Alabama

#### Approach

The Department of Health licenses assisted living facilities. Facilities are monitored through licensing review and periodic inspections by the Board of Health (depending on funding for inspectors). Incidents are reported through a hotline. Written reports may be requested to determine the cause of an incident or whether the facility acted appropriately. Currently, facilities are inspected every 18 months.

The Department has developed a scoring system based on survey findings that rates facilities as green, yellow, or red. The ratings must be posted by the facility for 18 months or until the next survey. Administrators from facilities receiving a red rating must attend a meeting with the licensing director and develop a consent agreement that describes the corrective actions that will be made and the timetable for making them.

Facilities that receive a yellow or red rating often request earlier reviews to consider corrections they have made that would raise their rating. However, the Department does not have sufficient staff to make return inspections and maintain the survey cycle for other facilities. The rating system was implemented in the fall of 2004. Each facility's survey report and rating will be posted on the Department's Web site when more ratings have been completed. The Department spokesperson felt that listing facilities on the Web site as they were rated would give an unfair advantage to those at the beginning of the cycle.

The survey staff members follow a protocol that focuses on admission and retention related criteria. The areas include weight loss, falls, medication administration, wandering, exiting behaviors, and other behaviors. Interviews with residents and staff follow a protocol but do not emphasize satisfaction measures because of their perceived limited use.

## **Communicating with Consumers**

The Department of Public Health Web site includes a list of facilities and regulations governing assisted living. The list includes the name of the facility, address, phone number, administrator, type of ownership (corporation, partnership, limited liability, non-profit), and license number.

## **Alaska**

### **Approach**

A new section on certification and licensing in the Department of Health and Social Services is responsible for screening applicants, issuing licenses, and investigating complaints. The reorganization was implemented to consolidate all licensing activities and the responsibility for licensing assisted living homes that had been spread among State agencies.

Licenses for assisted living homes are issued for 2 years. Regulations require an annual monitoring visit or self-monitoring report filed by the facility. Surveyors follow a checklist based on the regulatory requirements. Surveyors observe residents during a tour of the facility to determine the level of activity and whether they are dressed, groomed, and appear well-nourished. Consumers may request information about complaints against a facility by telephone, and surveys findings may be requested in writing.

Staff members of the licensing agency describe its oversight and monitoring process as consultative. When a pattern of violations is identified, a more industry-wide—versus a one-on-one—training approach is implemented. The licensing agency holds orientation sessions quarterly for new assisted living homes.

## **Communicating with Consumers**

The Department of Health and Social Services, Division of Public Health Web site includes a guide to licensing for providers, regulations, and a list of licensed assisted living homes containing the name of the administrator and the name of the facility, address, phone number, and capacity. Forms related to the licensing requirements and process will be added to the Web site.

The Division of Senior and Disabilities Services has an extensive array of materials, including radio and television public service announcements, which are directed to providers interested in developing assisted living homes.

## **Arizona**

### **Approach**

The Department of Health Services, Division of Licensing Services is responsible for licensing and inspecting assisted living facilities. The Division inspects facilities annually and upon receipt of a complaint. Licenses may be renewed for 2 years for facilities that do not have deficiencies.

Surveyors use a checklist based on the regulations to guide the on-site review. The review includes record reviews and interviews with residents, family members if available, and staff. The interviews are used to determine compliance with the regulations. Residents may be asked to comment on the food, activities, and who is at the facility at night. The surveyor may mention the name of the manager and ask if the resident knows the manager. Questions about making decisions and resident's rights are also asked.

Surveyors use the same format used for nursing homes to document deficiencies. Penalties for violations include civil money penalties, provisional licensing, and restricted admissions. Fines against unlicensed facilities have been increased. Once survey and complaint findings have been sent to the facility, they are available to the public.

## **Communicating with Consumers**

The Division's Web site contains a database of facilities and enforcement actions for all licensed entities (assisted living, day care, behavioral health, and nursing facilities). The enforcement action information includes the date of the action, the amount of the fine (if any), and a number to call for more information about the action.

The Division is preparing to post survey and complaint findings. Findings for child care providers will be posted beginning in June 2005. Once completed, postings for nursing homes and assisted living homes will follow. Surveyors have been trained to write deficiencies without including confidential information so their reports can be posted without being redacted.

There is a one-page consumer's guide to choosing an assisted living facility. The guide includes brief responses to questions and sample questions. For example, "Who regulates assisted living facilities," "What is an assisted living facility," "How can I find information about facilities," "How do I file a complaint," "How can I choose a facility," and "Questions to ask."

## **Arkansas**

### **Approach**

The Department of Human Services, Office of Long-Term Care is responsible for licensing residential care facilities. Facilities are inspected twice a year and upon receipt of a complaint. Licenses are renewed annually. Surveyors follow protocols based on regulatory requirements. A separate protocol is used for facilities that advertise that they provide dementia care. Surveyors use a form similar to Form 2567 used to prepare citations for nursing homes. Surveyors interview residents to ask about the quality of the food, administration of medications, and other services provided by the facility. Survey findings are available to the public through the Freedom of Information Act (FOIA).

Facilities must maintain written policies, and procedures for monitoring quality of care are required.

The State believes that providing education to facilities has been successful. The State conducts mock surveys to educate the staff in newly licensed facilities about the process and expectations. The State offers staff in conjunction with the mock survey to teach facility staff about the regulations and how they are applied. In addition, the licensing agency provides educational seminars for all licensed facilities, usually in conjunction with trade associations. Survey nurses do not provide consultation and training. The agency assigns different staff to carry out the training and surveying functions.

## **Communicating with Consumers**

The licensing agency's Web site has links to the licensing regulations, a brief description of various settings, and a search function to find a facility. The database includes all licensed facilities by county, and it lists facilities by name rather than by licensing category. The search results include the name, address, and phone number; Web site and e-mail address (if any); the name of the administrator; the number of beds; payment sources accepted; and the type of facility (assisted living, nursing home). The provider section contains the application form, incident reporting form, and criminal background-check forms. The consumer section covers all licensed facilities, including assisted living, nursing homes, and intermediate care facilities for the mentally retarded (ICF-MRs).

The Division of Aging and Adult Services Web site provides information for developers interested in building affordable assisted living facilities. An "Assisted Living Choices" link contains the licensing regulations, a list of affordable facilities, and information about eligibility and how to apply for coverage.

## **California**

### **Approach**

The Department of Social Services, Office of Regulatory Development, Community Care Licensing Division regulates residential care facilities for the elderly (RCFEs). The licensing agency replaced the system of annual inspections and now randomly selects and inspects 20 percent of the licensed facilities each year. The selection is structured to ensure that every facility is inspected at least every 5 years. Surveyors use a manual that guides the inspection process. The inspection includes interviews with residents and staff and record reviews. The surveyor determines the number of interviews he or she conducts at each facility. Standard protocols are not used.

Surveyors use laptop computers to complete the inspections. Results are uploaded to a central server. The Division expects to make inspection reports available to the public on its Web site in the near future.

Legislation passed in 2003 requires unannounced inspections of facilities that are on probation, have pending complaints, operate under a plan for compliance, or must have an annual inspection because the facilities receive payment from Medicaid. Inspectors also verify that residents who were required to move from the facility by the department are no longer at the facility.

## **Communicating with Consumers**

The Division's Web site contains several documents to assist RCFE operators in complying with the licensing regulations. An online evaluation manual presents each regulation and related interpretive guidelines. A set of self-assessment guides is available; the guides are based on the regulations and serve as a checklist of the most common citations. Separate guides include a preadmission questionnaire, resident characteristics and admission criteria, administrative issues, operations issues (medications, units, and food service), resident records, and staff records. The Web site has basic descriptions of the different types of facilities licensed by the State—residential care facilities for the elderly, residential care facilities for the chronically ill, adult day care, adult residential facilities, continuing care retirement communities, and social rehabilitation facilities—and a database to search for licensed facilities. The results include the name, contact person, address, phone number of the facility, and phone number of the regional office that has oversight responsibility. The Web site also has a section for posting information about new developments, regulatory changes, and other information of interest.

## **Colorado**

### **Approach**

The Department of Public Health and Environment, Health Facilities Licensing and Certification is responsible for regulating and licensing assisted living facilities. Facilities are licensed annually. New facilities receive a health and life safety code inspection in each of the first 2 years. If are no serious problems identified, future surveys are done on alternate years. Facilities with deficiencies receive both surveys annually. Health survey staff members are RNs or social workers who have a health care background.

The survey process was changed in 2004. Surveyors found that using a checklist meant they focused more on process and paper documentation with less observation and followup. Surveyors start with a tour of the facility and observe as many residents as possible to identify triggers for further followup. Some residents may be monitored to see if the services identified in the clinical record are delivered or to assess their participation in activities. Surveyors interview a minimum of five residents, plus one interview for every ten residents. Surveyors use a standard list of questions covering the care and services provided to them. In large facilities, surveyors organize a group meeting using open ended questions that address the quality of the meals, activities, treatment by the staff, access to help at night, how they spend their day, what kinds of care they receive, and issues or concerns that should be explored. Surveyors provide guidance during on-site reviews in a manner that cannot be construed as direction.

In July 2005, the Department implemented a Web-based deficiency reporting system. Facilities will receive a password to review the deficiencies, develop a plan of correction, and transmit the plan to the Department. Deficiencies and plans of correction will be posted on the Department's Web site by the end of 2005 and will be available to the public. The system was developed and pilot tested with facilities. Web postings for facilities that do not use the Web-based process will include the list of deficiencies but not the plans of correction.

Surveyors and other staff provide technical assistance to providers. Providers are encouraged to contact the Department with questions rather than waiting until a problem is discovered.

## **Communicating with Consumers**

The Department's Web site has separate sections for consumers and providers. The consumer section contains links to licensing regulations, a list of licensed facilities, a profile of each facility, and the most frequently noted deficiencies. The facility profiles include information about reportable occurrences and complaints. Reportable occurrences include unexplained deaths, brain injuries, spinal cord injuries, life-threatening complications of anesthesia, life-threatening transfusion errors/reactions, severe burns, missing persons, physical abuse, verbal abuse, sexual abuse, neglect, misappropriation of property, diverted drugs, and malfunction/misuse of equipment. The occurrence report describes the incident, the action taken by the facility, and the Department's findings. Complaint information is presented for the number and type of complaints, a description of the allegation, and the Department's findings.

The provider section contains licensing information, summaries of advisory committee meetings, the informal dispute resolution policy, a policy and procedures checklist, administration training, and interpretive guidelines on resident agreements, keeping bedridden residents after admission, and hot water temperatures.

In addition to the consumer and provider sections, there is a section on brochures on the Web site. The brochure section has a guide to choosing a facility and materials on how to resolve complaints and protect personal property.

## **Connecticut**

### **Approach**

The Department of Health licenses assisted living service agencies (ALSAs) that serve residents in managed residential communities. Agencies are licensed and inspected biennially by RNs with experience in geriatrics. Surveys focus on resident reviews and interviews with a 10 percent sample of residents who receive ASLA services, staff records, and other regulatory requirements. Based on the clinical record reviews, surveyors talk with residents to determine whether they are receiving the care they need and whether the record correctly documents resident needs. Survey findings are available to residents and others upon request. They are not posted in each building.

ALSAs are required to establish a quality assurance committee that consists of a physician, a registered nurse, and a social worker. The committee meets every 4 months and reviews the ALSA policies on program evaluations, assessment and referral criteria, service records, evaluation of client satisfaction, standards of care, and professional issues relating to the delivery of services. The quality assurance committee also conducts program evaluations. They examine the extent to which the managed residential community's policies and resources are adequate to meet the needs of residents. The committee is also responsible for reviewing a sample of resident records to determine whether agency policies are being followed, whether services are being provided only to residents whose level of care needs can be met by the ALSA, and whether care is being coordinated and appropriate referrals are being made when needed. The committee

submits an annual report to the ALSA summarizing findings and recommendations. The report and actions taken to implement recommendations are made available to the State Department of Public Health.

## **Communicating with Consumers**

The Department of Health's Web site posts online applications for ALSAs and managed residential communities.

The Division of Elderly Services' Web site presents a housing directory that includes listings of assisted living facilities with the name of the facility, a contact person and phone number. The current directory is dated May 2000.

## **District of Columbia**

### **Approach**

The District of Columbia licenses community residence facilities. The Assisted Living Residence Regulatory Act was passed in June 2000. The law includes a philosophy of care that emphasizes personal dignity, autonomy, independence, privacy, and freedom of choice. The philosophy is that services and physical environment should enhance a person's ability to age in place in a home-like setting by increasing or decreasing services as needed. The rule-making process has not been completed.

## **Communicating with Consumers**

The Department of Health Web site includes a list of community residence facilities with the name, address, phone number, and capacity. The site also contains a link to the licensing application and instruction packet.

## **Delaware**

### **Approach**

The Department of Health and Social Services, Division of Long Term Care Residents Protection surveys facilities annually and upon receipt of a complaint. All surveyors are certified to conduct Federal surveys, and a few specialize in assisted living. Surveyors interview a sample of residents.

Facilities must develop and implement an ongoing quality assurance program that includes internal monitoring of performance and resident satisfaction. Satisfaction surveys of all residents must be conducted twice a year. Revisions to the regulations will require reporting of falls without injury and falls with injuries that do not require transfer to an acute care facility or do not require reassessment of the resident; errors or omissions in treatment or medication; injuries of unknown source; and lost items, in accordance with facility policy.

## **Communicating with Consumers**

The Division of Long Term Care Residents Protection Web site includes a list of facilities (name, address, phone, and capacity), a list of frequently asked questions, and information about the adult abuse registry and the criminal background check law.

The Division of Services for Aging and Adults with Physical Disabilities has a link on the home page that describes assisted living, a link to a list of facilities, and a link to information on coverage of services in assisted living settings for Medicaid beneficiaries and other low-income residents. The forms and publications button has a link to a four-page brochure that describes assisted living, the services available, and sources of further information.

## **Florida**

### **Approach**

The Florida Department of Elder Affairs is responsible for establishing regulations for assisted living facilities. The Agency for Health Care Administration (AHCA) is responsible for inspection, issuing licenses, and oversight. Licenses are issued for 2 years. Basic assisted living facilities are inspected twice each year by a registered nurse or appropriate designee. Facilities with an Extended Congregate Care or Limited Nursing Services license are visited twice a year. Survey guidelines are posted on the AHCA Web site. Abbreviated surveys may be conducted in facilities with a good compliance history.

Complaints are triaged into four levels. The most serious complaints are investigated within 24-hours. Survey findings are available at local libraries or by submitting a written request to AHCA. Surveyors follow protocols that track regulatory requirements including facility records and staff and resident records. Surveyors talk with staff, residents and family members. They observe the residents, ask general questions (e.g., how do you like it here? Is the staff friendly? How is the food?) to assess whether the resident is receiving needed care and appropriate followup. For example, residents and/or their family members will be asked about their appetite if they seem to have lost weight. They also will be asked about when they began losing weight and how much weight they have lost. The surveyor will check with the staff to determine whether they are aware of the weight loss and how it is being addressed.

AHCA hired quality assurance nurses 5 years ago to provide consultation and assistance to nursing homes to improve compliance and quality of care. The program has been extended to assisted living facilities, and the nurses accompany surveyors on monitoring visits.

Rules adopted in 2001 allow facilities to voluntarily adopt an internal risk management and quality assurance program. Facilities are required to file preliminary and full adverse incident reports within 1 and 15 days, respectively. The reports are confidential as provided by law and cannot be used in civil or administrative actions, except in disciplinary proceedings by the Florida Agency for Health Care Administration or an appropriate regulatory board. Facilities must also report monthly liability claims filed. The quality assurance program is intended to assess care practices, incident reports, deficiencies, and resident grievances and develop plans of action in response to findings.



Since 2001, AHCA has prepared annual reports to the State legislature on adverse incidents in assisted living facilities and nursing facilities. Adverse incidents are those events over which facility staff or personnel could exercise control—rather than events that occur as a result of the resident’s condition—which resulted in:

- Death.
- Brain or spinal damage.
- Permanent disfigurement.
- Fracture or dislocation of bones or joints.
- Limitation of neurological, physical, or sensory function.
- Need for medical attention to which the resident has not given his or her informed consent, including failure to honor advanced directives.
- Transfer of the resident, within or outside the facility, to a unit providing a more acute level of care.

Or any event (regardless of facility control) that resulted in:

- Abuse, neglect, or exploitation.
- Resident elopement.
- A report to law enforcement.

Assisted living facilities must notify the Agency within 1 business day of the occurrence of the incident. The agency is authorized to investigate any such incident as appropriate and may prescribe measures that must or may be taken in response to the incident. Assisted living facilities must submit a complete adverse incident report to the agency for each adverse incident within 15 days of the occurrence. The reporting facility also indicates if the incident was determined to be an adverse incident. The adverse incident report is confidential and is not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or the appropriate regulatory board.

AHCA reported receiving reports on 1,468 incidents between May 2001 and May 2002; 1,302 incidents between May 2002 and May 2003; and 1,996 incidents between 2003 and 2004. AHCA made on-site visits to investigate 48 incident reports.

The 2004 report noted that there has been a decrease in the number of serious deficiencies, but the reasons for the decline had not been identified. The reporting process allows licensing staff to observe the facility's risk management process without actually being on-site. The report noted that the content of reports from nursing homes has improved since 2001 and now clearly describe the incident and the action taken by the facility. On the other hand, reports from assisted living facilities do not clearly describe the incident and the actions taken to enhance resident safety and prevent recurrence of similar incidents.

## **Communicating with Consumers**

The Department of Elder Affairs maintains a Web site on assisted living that includes several resources for developers interested in building affordable facilities.

The Agency for Health Care Administration's Web site contains links to the statute and regulations, an application package, survey guidelines, background screening information, incident reporting forms, and a monthly liability claim form. The agency is reviewing privacy and other legal issues related to the posting of survey and complaint findings.

Adverse incidents may be reported online. The Web site explains how to determine if an incident is adverse and presents guidelines for completing the report and FAQs. Both sites have links to statutes, regulations, application forms, specialty licenses, survey guidelines, and approved trainers.

## **Georgia**

### **Approach**

The Office of Regulatory Services (ORS) conducts initial, annual, and followup inspections and complaint investigations. Inspections are generally conducted on an unannounced basis. ORS has the authority to take the following actions against a licensee: impose fines, revoke a license, limit or restrict a license, prohibit individuals in management or control, suspend any license for a definite period or for an indefinite period, or administer a public reprimand. Fines and revocations are the most common actions. ORS has the authority to take the following actions against applicants for a permit: refuse to grant a license, prohibit individuals in management or control, or limit or restrict a license.

Surveyors interview six residents and staff members or 10 percent of the residents, whichever is greater, using open-ended questions that elicit information about their well being, length of stay, how they are treated, if they have had any problems and how they were resolved, and whether they know of problems that other residents have had

### **Communicating with Consumers**

The ORS Web site includes links to the applicable rules and regulations, application for a permit, and a list of frequently asked questions about personal care homes and criminal background checks for employees. The Web site has a searchable database that also includes inspection reports. Each report includes a citation and description of the regulation and the evidence supporting the deficiency.

## **Hawaii**

### **Approach**

The Department of Health licenses assisted living facilities. Facilities in good standing receive a 2-year license. A provisional license for a shorter period of time may be issued for facilities that have substantiated complaints. Facilities that receive a deficiency and submit an acceptable plan of correction are determined to be in "good standing."

Surveyors use a protocol that follows the regulatory requirements. Surveyors ask a standard set of questions during interviews with residents and staff. Resident questions probe for information

about the person's needs, the service provided, food service, and other areas. Staff members are asked about their awareness of the resident's needs, the tasks they perform for specific residents, and the overall care plan. Responses are compared to the resident's record.

The licensing agency holds quarterly meetings with providers to discuss general survey findings and other regulatory issues.

## **Communicating with Consumers**

The Department of Health Web site includes a list of residential care facilities and the number of reported vacancies. Data for assisted living facilities will be posted in the near future. Agency staff are examining options for developing a methodology to profile or rate facilities. The agency is also considering the posting of survey findings on their Web site, but they need additional staff support to do so. A comprehensive handbook is available to consumers. It describes different residential options and provides checklists to compare facilities. The handbook is not available on the Web site.

The Executive Office on Aging Web site has a series of links (information, useful links, and locating services) that lead to a search function: AssistGuide. This function allows consumers to search for available services, including assisted living facilities.

## **Idaho**

### **Approach**

The Department of Health and Welfare licenses residential and assisted living facilities. With the exception of the initial surveys for licensure, all inspections and investigations are unannounced. Inspections are conducted at least annually. Historically, the State used a consultative process that improved overall quality of care and compliance. Surveyors provided input and suggestions to address problems that were identified. Because of staff shortages, there is less time to provide consultation during the survey process. In October 2004, the department began surveying facilities every 3 years if there had been no deficiencies during two consecutive surveys and no complaints. To qualify, facilities must not have citations in the core survey areas—abuse, neglect, exploitation, providing adequate care to meet the needs of the resident, fire suppression/smoke detection system operable, allowing surveyors access to facility/staff/residents—and have a licensed administrator responsible for the day-to-day operation of the facility. About 25 percent of the facilities qualify for an abbreviated survey. The abbreviated surveys include an off-site review; entrance conference; tour of the facility; observations; interviews with residents, family members/representatives, and staff; record review, technical assistance; and an exit conference.

Surveyors interview residents about the care received, resident rights, the resident's perception of care, how they are treated by staff, what service needs they have and whether these needs are being met, whether they have a complaint, how the facility responds to complaints, and whether they are involved in care planning and other areas. The guidelines determine how many residents are interviewed based on the size of the facility; 3-10, three residents; 11-20, four residents; 21-50, seven residents; and 51 or more, ten residents.

Inspections include reviews of the quality of care and service delivery, resident records, and other items relating to the operation of the facility. If deficiencies are found, the administrator submits a plan of correction, and followup surveys are conducted to determine if corrections have been made. Complaints against the facility are investigated by the licensing agency.

## **Communicating with Consumers**

The Bureau of Facility Standards' Web site will be expanded to include the 10 more frequently cited deficiencies, training programs, technical guidance, and links to best practices. Best practice information will include links to two State associations, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, and national Web sites with links to best practices.

The Web site also includes a survey and technical assistance guide, policies and procedures, and survey checklists for residents' rights, the administrator, training, records, resident care, activity, nursing services and medications, food services, environment and fire/life safety, and behavior management.

The Commission on Aging is collaborating with the Idaho Legal Aid Services to prepare a consumer guide that will be posted on the Commission's Web site.

## **Illinois Approach**

The Department of Public Health licenses assisted living and shared housing establishments. Facilities are inspected annually. Visits are not announced and focus on compliance with the rules, solving resident issues and concerns, and the facility's quality improvement (QI) process.

The monitoring process is collaborative in nature, with an emphasis on meeting the needs of the residents. During this process, surveyors provide information on best practices and share concerns about the quality of care. They provide suggestions for how to improve services and/or offer the names of individuals the facility may contact for assistance. Oversight is not enforcement-driven but is based more on a social model promoting quality of care. Contract employees are being replaced with State employees for monitoring activities, particularly individuals who understand the social model and philosophy of assisted living.

Each facility must have a QI program that covers oversight and monitoring and resident satisfaction. A system is needed to detect and resolve problems. The existence, results, and process of the QI system cannot be used as evidence in any civil or criminal proceeding.

Facilities participating in the supportive living facilities (SLF) program are certified by Medicaid and are monitored at least annually by the Department of Public Aid. Monitoring includes contract requirements, resident autonomy, resident rights, adequacy of service provision, quality assurance process, safety of the environment, program policies and procedures, information provided to low-income residents, review of resident assessment and service plans, resident satisfaction surveys, check-in system, and food service.

Facilities must have a grievance process and a quality assurance process. Complaints may be heard informally. If not resolved or if the resident prefers, grievances may be submitted through the facility's formal process. Residents may use the Medicaid appeals process for denial or delay of service.

The rules require that facilities establish an internal quality assurance plan that covers resident satisfaction; an evaluation of the care and services provided; tracking improvements based on care outcomes; a system of quality indicators; procedures for preventing, detecting and reporting resident neglect and abuse; and ongoing quality improvement. A system with outcome indicators must be developed that measures: quality of services; residents' rating of services; cleanliness and furnishings in common areas; service availability and adequacy of service provision and coordination; provision of a safe environment; socialization activities; and resident autonomy.

## **Communicating with Consumers**

The Department of Public Health's Web site contains the assisted living regulations, a list of facilities, and the application to obtain a license.

The Department of Public Aid Web site has a list of facilities and fact sheets for providers and residents that explain the program and certification requirements.

## **Indiana**

### **Approach**

The Department of Health regulates residential care facilities. The Department conducts annual surveys, followup surveys, and complaint investigations. Survey findings are posted at each facility and may be obtained from the Department of Health upon request. Most surveyors are registered nurses, and they use a protocol that tracks the regulations to guide their survey activities. During the on-site review, surveyors interview at least three residents, including the resident council president, if applicable. A standard set of questions based on the resident rights provisions of the regulations are asked, such as: Are you able to have privacy when you want it? Do staff and other residents respect your privacy? Do you have a private place to meet with visitors? Do you have privacy when you are on the telephone? Do you receive your mail unopened? Are you aware of the rights you have as a resident? Does staff treat you with respect? Does staff make an effort to resolve your problems? Has any resident or staff member ever physically harmed you? Has anyone ever taken anything belonging to you without permission? Has anyone ever yelled or swore at you? If so, did you report this to someone? How did they respond? Responses to the interviews are recorded on a form. Surveyors respond to questions from facility staff but do not provide consultation. Complaints are investigated based on their assigned priority level. Complaints alleging harm are investigated within 10 business days.

## **Communicating with Consumers**

The Department of Health's Web site includes a list of facilities (name, address, and telephone and fax numbers), a link to the regulations governing residential care facilities, and links to a

training manual for special care facilities. The Family and Social Services Administration Web site includes a disclosure form that must be completed by special care facilities.

## **Iowa**

### **Approach**

The Department of Elder Affairs is responsible for developing regulations for assisted living programs. Monitoring, inspections, and enforcement are the responsibility of the Department of Inspections and Appeals (DIA). Certificates are issued for 2 years. Monitoring visits are also done every 2 years by a registered nurse and masters' level sociologist. A protocol based on the certification requirements is used to guide the review. Monitors interview a sample (10-20 percent) of tenants, program staff, and family members using a protocol. Tenants are asked a series of questions about privacy, whether service schedules meet their preferences, whether their life is meaningful, and whether they recommend the facility to others. The regulations require that DIA make on-site visits to investigate complaints within 48 hours if there is immediate danger; however, the Department usually investigates within 24 hours.

During the monitoring process, staff members hold community meetings with tenants during their site reviews. The meetings often identify concerns about quality and practice for the monitors. A summary of the community meeting is included in the monitoring report, which is posted on the DIA Web site. During the review, rules may be clarified and explained to site managers and staff. Monitoring staff members often participate in training meetings organized by three associations representing assisted living programs.

### **Communicating with Consumers**

The DIA Adult Services Bureau Web site includes frequently asked questions, a list of standard facilities and dementia care facilities (name, address, phone, contact, number of units and beds, and the initial certification date), an application form and packet, and a form to request a waiver of a rule.

Inspection reports and complaint investigations were available for reviews that have been done since the regulations were changed in May 2004. After July 2005, reports were no longer posted due to staff reductions. Users must enter the name of the facility to access survey and complaint information. The information includes the date and type of the visit, number of deficiencies, percent quality, certification action, number of violations, class and description, fine amount, whether the violation is one time or daily, and the status of the violation.

The monitoring report includes the number of residents, tenant satisfaction, complaint history and observations from resident records, policy, and practice. The monitoring process includes interviews with residents and family members and a community meeting. The report includes a narrative summary of the interviews and meeting. The complaint report includes the date of the investigation, relevant definitions of terms, accreditation status, complaint history, a description of the complaint, and the findings.

Complaints may be submitted online through the Web site. The site also includes a registry for certified nurse aides.

The Department of Elder Affairs' Web site has links to the regulations governing certification of facilities, a brief description about assisted living, and a number to call to register complaints.

## **Kansas**

### **Approach**

Assisted living facilities are licensed by the Department of Aging. Surveyors inspect every facility annually. Consistent enforcement of the regulations has been credited with improved compliance and fewer complaints. Deficiencies are written more concisely with a focus on the consumer and outcomes. Under a new survey process, facility staff accompany the surveyor during the review. Problem areas are identified and discussed with the staff. Educational efforts have been increased. The licensing agency conducts regular 1-day training courses for nurses, owners, and operators on the role of nursing in assisted living, how to conduct an assessment and develop a service plan, managing medications, and the nurse practice act. During the training, scenarios are presented, and participants prepare a care plan based on the information presented.

### **Communicating with Consumers**

The Department of Aging Web site contains a list of facilities (name, address, phone, name of the administrator, name of the building owner, the lessee, and licensed capacity), various forms for providers, licensing requirements, an interpretation manual, and complaint forms.

## **Kentucky**

### **Approach**

The Cabinet for Health and Family Services, Division of Aging certifies assisted living facilities. The Division conducts a certification review upon application and an annual recertification review to ensure compliance with the certification requirements. Unless there is a formal complaint lodged against a facility, the Division does not monitor the quality of care in assisted living communities.

### **Communicating with Consumers**

The Division of Aging Web site includes a checklist for consumers to evaluate facilities, an application form, a link to the regulations, and a list of facilities (name, address, phone number, and the date that the certificate expires).

The consumer brochure includes a checklist of issues that cover certification, services offered, atmosphere, community features, the lease agreement, employee qualifications, food services, and social, recreational and spiritual activities. A section on frequently asked questions addresses assistance with medications, costs, third party coverage, and move-out issues.

## **Louisiana**

### **Approach**

The Department of Social Services licenses adult residential care facilities. Licenses are issued for 1 year, and facilities are inspected annually or upon receipt of a complaint. Inspectors follow a protocol on laptop computers to complete surveys. Interviews with residents and family members are not required but may be done at the discretion of the surveyor. Inspectors clarify the regulations and explain how the requirements may be met when they meet with staff and administrators. The reports and citations are printed at the completion of the inspection. Licensing agency officials have an interest in profiling facilities but are not working on a method to do so at this time.

### **Communicating with Consumers**

The licensing agency's Web site includes a database of all types of licensed facilities and programs. Consumers may search by adult residential care facilities. The database lists recent inspection reports. Reports issued after July 2004 are generally available; reports prior to that time can be obtained from the Department.

## **Maine**

### **Approach**

The Bureau of Elder and Adult Services licenses residential care facilities. However, a new division of licensing and certification will consolidate licensing functions from multiple agencies. Licenses for residential care facilities are issued for 1 or 2 years based on the facility's previous history of compliance with health and safety requirements. The State uses the MDS-RAI (Minimum data Set – Resident Assessment Instrument) to establish case-mix payment rates and quality indicators to monitor quality of care. Information is shared with all facilities.

Surveyors use a standard set of questions to explore topics with residents and staff. Using assessment data, a sample of at least five residents, and up to ten percent of the residents in larger facilities that represent the facility's case-mix, is selected prior to the survey. Residents may be asked if they like the food. If they respond negatively or express a complaint, they might be asked if they have spoken to the cook or other staff. Based on responses, followup questions are asked.

The Department is authorized to make regular and unannounced inspections of all facilities.

### **Communicating with Consumers**

The Bureau's State Unit on Aging Web site contains a searchable database that allows consumers to search by name, county, city, population served, accessibility, and type of facility. The results display the name, address, and phone number of all facilities meeting the search criteria. Entries can be made to search for facilities within specified distance within a zip code. Users can check facilities for which they would like further information, including licensing period, capacity, contact person, and directions to the facility.



The State created a Division of Licensing and Certification that consolidates licensing functions for multiple types of settings which had been spread across agencies. The new division will create its own Web site. Over time, the new site may include deficiency statements. Statements will have to be converted from a narrative format to a database platform. Deficiency statements are posted by each facility and are available from the licensing agency upon request.

## **Maryland**

### **Approach**

The State's assisted living programs are regulated by the Department of Health and Mental Hygiene, Office of Health Care Quality. The law allows the Department to delegate monitoring and inspection of programs to the Office on Aging and the Department of Human Resources or to local health departments through an interagency agreement. Survey findings and plans of correction must be posted in the facility.

The Office of Health Care Quality created an Assisted Living Forum (ALF) in 2003 to review policy issues under consideration by the State legislature through a series of meetings for interested stakeholders "to advise the Department and assist in the evaluation of Maryland's Assisted Living Program." There is no set membership of the ALF, and its meetings are open to the public. All stakeholders, interested parties, consumers, and members of the public are encouraged to participate and comment on all stages of the evaluation.

The ALF forum held meetings in 2003 and 2004. The Web page lists the meeting dates and meeting summaries and draft reports on manager training topics, an assessment tool, scoring of the assessment tool, and reports and resources from other organizations. Topics considered in 2003 included: certification of assisted living managers, differences in small and large providers, and standards for specialty units.

Topics for 2004 included training requirements for assisted living managers in mid-to small programs, quality standards for mid-sized programs, and methods for improving the efficiency of the regulatory process.

### **Communicating with Consumers**

The Office of Health Care Quality Web site contains links to licensing regulations, material for providers, and information about the ALF. The site includes information on the use and scoring of the assisted living assessment tool that determines which level of care residents need, the form used by the manager to assess the resident's needs, and the health care practitioner's assessment form.

The Department on Aging Web site has a description of assisted living, links to subsidized programs for low-income residents, a 73-page consumer's guide to assisted living, and a link to the American Association of Homes and Services for the Aging.

# Massachusetts

## Approach

The Executive Office of Elder Affairs (EOEA) is responsible for certifying assisted living facilities. EOEA conducts compliance reviews of assisted living residences every 2 years. The reviews include inspections of the common areas, living quarters (by consent of the resident), inspection of the service plans, and a review of the resident satisfaction survey. Additional reviews are conducted in response to complaints from residents or the ombudsman unit. When requested by a facility, the State provides consultation concerning compliance with the regulations. State policy is based on a social model of care. Survey reviews focus on supportive service plans and include health factors, since assisted living residences are not responsible for the health status of residents.

Survey staff follow a protocol that reflects the regulatory requirements. A sample of resident records is reviewed to document the presence of an assessment, a care plan, and resident agreement and that a disclosure form was provided. Informal conversations are held with residents and staff. Direct care workers are “shadowed” to observe how they perform their tasks. At the completion of the review, survey staff address issues of concern during a debriefing meeting with the administrator. A letter describing the findings from the review and a request for a corrective action plan is sent to the administrator. Most frequently, this relates to rewriting a policy or retraining staff. Medication issues are also common. The assisted living residence must submit documentation that corrective actions have occurred. If the State determines that the compliance review requires more intensive action (severity of the problem, number of residents affected, willingness of assisted living residence to address the problem), they will do a followup visit. Survey staff regularly find repeat violations on subsequent visits. Results of the survey are available to the public through a FOIA request.

In 2004, the State legislature created a task force to review the State’s assisted living certification regulations. The task force includes State officials, stakeholders, and legislators. Three work groups are meeting on quality, specialty care facilities, and accountability. A report to the legislature and recommendations are due in June 2005. A report from Policy Studies, Inc.,<sup>28</sup> commissioned by EOEA, contained multiple recommendations for improving oversight, sanctions, quality assurance, and areas of the regulations. The recommendations included:

- Collection of data on residents to track the level of assistance needed by residents.
- Establish a 1-year initial provisional license with a 2-year renewal.
- Establish a continuum of sanctions and require plans of corrections for violations.
- Require that each residence develop a formal quality assurance/quality improvement process.

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<sup>28</sup> Assessment of the Massachusetts Assisted Living Facility Regulations and oversight Model: report of findings and recommendations. Policy Studies, Inc. January 5, 2005.

## **Communicating with Consumers**

The EOE Web site provides a brief overview of assisted living, the costs, and the role of the assisted living ombudsman program. A list of facilities is available by city/town with the name, phone number, and number of units for each facility. The site provides information about the Medicaid Group Adult Foster Care Program, which subsidizes services for Medicaid beneficiaries and the State housing agency.

## **Michigan**

### **Approach**

The Department of Human Services (DHS) licenses adult foster care homes and homes for the aged. Responsibilities for licensing and oversight were transferred from the Family Independence Agency. The Department of Labor and Economic Growth (or a local health department at the request of DHS) has responsibility for fire safety inspections. Homes for the aged are inspected annually by the DHS and the Department of Labor and Economic Growth for fire safety. Licenses for homes for the aged are renewed annually, and adult foster home licenses are renewed every 2 years. Reviews of adult foster care facilities are scheduled by “licensing consultants,” and unannounced reviews of homes for the aged are done by “licensing staff.” Reviewers offer technical assistance to help licensees achieve minimum compliance with the regulations. Consultation may be available to help licensees achieve a higher level of compliance. Reviewers follow the licensing manual and use “review tools” for different aspects of the inspection (e.g., physical plant, quality, fire safety). All the tools are posted on the Department’s Web site and may be used by operators to prepare for a review or for self-monitoring. Interviews of residents, staff, and resident representatives are one source of information but are not required. Interviews are more likely when reviewers are investigating complaints. Complaints alleging abuse, neglect, or financial exploitation are investigated within 24 hours.

## **Communicating with Consumers**

The DHS Web site provides an overview of adult foster care and homes for the aged. A searchable database includes several types of facilities: family homes; congregate homes; small, medium, and large group homes; and homes for the aged. The database contains information about the facility, the license number and expiration date, and capacity. It also includes inspection reports and investigation reports. Complaint forms can be completed online. Posting the information has reduced the volume of calls from consumers seeking recommendations or information about the quality of care provided by specific facilities.

Tools for facility administrators include an online licensing application request form and information about self-study and ongoing and scheduled training opportunities.

The Office of Services for the Aging Web site has a checklist (see Table 12) and an explanation of resident rights and protections.

# Minnesota

## Approach

The Minnesota Department of Health licenses assisted living home care service agencies (community agencies licensed to provide services in group settings). Surveys are conducted annually by registered nurse reviewers to evaluate and monitor the care provided and to determine compliance with the licensing requirements. Four types of surveys are conducted: focused surveys; expanded surveys when serious adverse outcomes or potential for adverse outcomes are identified through a focused survey, complaints, or as a result of the judgment of the reviewer; licensing followup surveys to verify correction of identified violations; and initial licensing surveys. The process includes consultation/technical assistance to educate providers and improve compliance.

Agencies that have been licensed for 2 consecutive years and do not have any serious violations may be surveyed less often than annually. The survey process includes an entrance conference; a tour; interviews with staff, residents or their representatives; observations; and a record review. Surveyors review the records of two current residents and one former resident. Current residents are interviewed. The sample may be expanded based on the findings. The survey guide lists potential questions that might be asked of residents, such as: Tell me about the care you receive. Do you have a contract or written service plan? Are you receiving the services you thought you would receive? Are you satisfied with the care? Do the staff treat you with respect? Are they kind to you? Does the registered nurse visit you? If so, what does she do?

Complaints are handled by the Office of Health Facility Complaints. The Office's Web site allows complaints to be submitted electronically. A database includes information on all resolved complaints and a description of the issue, investigative findings, and conclusions.

## Communicating with Consumers

The Department of Health has a Web site with extensive information for providers. The site includes an application form, a general guide to home care services, a survey manual, survey guidelines, and a guide to the survey process. The guide lists the indicators of compliance, outcomes observed, and comments that include whether the indicator was met, a plan of correction was ordered, and education was provided. The comments section includes a description of the deficiency. Results of surveys are posted for surveys conducted after July, 2004. The State is interested in developing a system to profile agencies. A 2-year process to profile nursing homes was ready for release to the public in 2005; however, a bill pending in the legislation would delay its use.

"MinnesotaHelpInfo" is a search tool developed for all Department of Human Service agencies and programs. The button on the Web site of the Board on Aging Web site allows consumers to enter a zip code or city and search for a range of service providers, including assisted living. The search provides the name, address, and phone number of the facility, as well as a button for more details (information about the features of the program, who is appropriate, how you enroll, the fees, the area served, and the provider's Web site and phone number).

## **Mississippi**

### **Approach**

The Department of Health licenses personal care homes/assisted living facilities. Licenses are issued for 1 year, and facilities are inspected annually. Surveyors follow a handbook during the inspection process that parallels regulatory requirements. Informal interviews are conducted with residents, family members, and staff.

Operators are required to spend 2 concurrent days with the licensing agency for training and mentoring within 6 months of employment. The operator may be assigned within central offices or with a survey team. Surveyors who have passed the Surveyor Minimum Qualifications Test are also required to spend 2 concurrent days with a licensed facility for training and mentoring within 6 months of employment.

### **Communicating with Consumers**

Personal care home/assisted living regulations are posted on the Department's Website.

## **Missouri**

### **Approach**

The Department of Health and Senior Services licenses two levels of residential care facilities annually. Facilities are inspected twice a year. The second inspection may be waived for facilities that are in good standing based on previous inspection reports, their history of compliance, and the number and severity of complaints, and whether there was a change in the ownership, operator, or director of nursing. Inspectors bring a copy of the regulations and policies with them during the review. Inspectors meet with the administrator and conduct a tour of the facility. Inspectors interview 10 percent of the residents or a minimum of 3 and a maximum of 25, depending on the licensed resident capacity. Interviews are open-ended, and inspectors will spend time talking with residents who are identified as having difficulty navigating a path to safety. They will also talk with residents observed to have bruises about problems they may have getting to the bathroom and into and out of bed, whether they have problems with other residents or are fearful or worried about other residents. Inspectors do not provide consultation or technical assistance but do refer staff to other organizations under contract with the State to assist nursing and residential care facilities.

Complaints are triaged based on the level of harm to residents. Complaints involving imminent risk are investigated on site within 24 hours. Lesser complaints are investigated within 30 days.

### **Communicating with Consumers**

Section 198.528 of the revised statutes, passed in 2003, requires posting on the Department's Web site of the most recent survey findings of deficiencies and the effect a deficiency would have on the facility; the facility's proposed plan of correction; and information on how to obtain a copy of a complete facility survey conducted during the last 3 years.

A searchable database includes links to each inspection report, including a description of the citation, the date corrected, the level of harm, and a plan of correction when required. The system uses the Automated Survey Process Environment (ASPEN) database used for handling nursing home licensing and survey information. Complaints may be added to the system in the future.

The database allows users to search by county, city, or zip code. The results show the name, address, city, phone number, licensure level, number of licensed beds, the administrator, and the operator of the facility.

## **Montana**

### **Approach**

The Department of Health and Human Services licenses assisted living/personal care homes. Licenses may be issued for 1, 2, or 3 years. Registered nurses conduct unannounced on-site surveys within 120 days of the issue of a provisional license and annually, biannually, or triennially thereafter (depending on whether the facility has been granted an extended license) or upon receipt of a complaint. Surveyors provide guidance to operators during exit interviews or while discussing a plan of correction. During the inspection, surveyors interview a 10 percent sample of residents, staff, and family members using a structured questionnaire. Additional interviews may be conducted if the surveyors find a pattern that merits further review. Surveyors receive annual training. The content of the training is based on survey findings and trends. For example, if deficiencies in specific areas increase, training will be held on the regulations, how they are interpreted, and how facilities found in violation may comply with the requirements.

### **Communicating with Consumers**

The Department of Health and Human Services Web site contains the licensing regulations, an application packet, and other tools for operators. Other tools include the survey tool and guidelines, a complaint survey tool and guidelines, employee and resident file review checklists, Statement of deficiencies and plan of correction forms, menu and recipe options, links to training resources, staff screening and hiring resources, resources for infection control and skin care, and a list of optional forms that will assist facilities in complying with the regulations. A quarterly newsletter has recently been instituted. A list of facilities is available on the Web site.

The Montana Senior and Long Term Care Division Web site has an icon for housing resources that lists assisted living/personal care homes. The link leads to a description of the two types of assisted living arrangements licensed in the State and a link to search for a provider. The search button includes assisted living on the drop down menu. The results include the name, address, and phone number of each facility. A consumer guide is available in a question and answer format that describes the options (retirement home, adult foster care, personal care home A and B, assisted living, and residential hospice care), the services that can be expected, the criteria for admission, payment issues, and the content of an admission agreement. A checklist is also included.

# **Nebraska**

## **Approach**

The Department of Health and Human Services licenses and monitors assisted living facilities. The Department may conduct an on-site inspection at any time it deems necessary. Each year, a 25 percent random sample of the licensed facilities is selected for inspection; inspections may be conducted more often in the event of complaints, incidents involving death, imminent danger or serious harm, or lack of selection over 5 years. The Department is in the 5th year of the survey cycle and must ensure that facilities that have not been visited are surveyed. The initial licensing survey is announced. Renewal surveys are not announced.

The Department provides education on the regulations during on-site reviews and participates with State assisted living associations to provide education at conferences. Surveyors are able to share effective practices used by other facilities or refer staff to other facilities.

Survey protocols are shared with the facility. Surveyors meet with the administrator and staff, tour the facility, and interview a sample of residents. At least four residents are interviewed using a protocol. Additional residents are interviewed in larger facilities. Family members or representatives for people with dementia are interviewed.

When an inspection reveals violations that create an imminent danger of death or serious physical harm or have a direct or immediate adverse effect on the health, safety, or security of residents, the Department must impose disciplinary action. The Department conducts a followup inspection within 90 days. For violations that do not constitute imminent danger, the Department may request a statement of compliance from the facility. The statement of compliance must indicate any steps that have been or will be taken to correct each violation and the estimated time to correct each violation. If the statement of compliance fails to address the problem(s), the Department may initiate disciplinary action against the facility.

## **Communicating with Consumers**

The Department's Web site includes the list of facilities and licensing regulations, with links to specific sections that affect requirements for obtaining a license. A Web-based application for approval of administrator training is also available. The site includes a list of facilities (name, address, phone and fax, capacity, type of ownership, and whether the facility serves Medicaid waiver participants).

The Division on Aging Web site has links to the Medicaid HCBS waiver on the Department's Web site. Assisted living is highlighted as one of the services covered by the waiver. The link connects to a Web site developed by Answers4families.org. Answers4Families.org is a project of the Center on Children, Families, and the Law at the University of Nebraska and is supported by funding from the Aging and Disability Services, the Office of Protection and Safety, and the Office of Family Health; and the Nebraska Department of Education, Early Development Network.

The site contains a brochure about waiver services, a consumer guide, a list of facilities that participate in the waiver program, information about filing complaints, and the Medicaid appeals process. The guide includes a series of questions, including:

- What is an assisted living facility?
- Are assisted living facilities regulated and licensed?
- Are assisted living facilities the same?
- When should a person consider assisted living?
- How can I find out more about in-home options?
- With such a variety of options, how can I know which is best for me?
- How much does it cost, and how do people pay for it?
- Can I get financial help to pay for assisted living?
- Should I visit the facility I'm interested in?
- What questions should I ask facility staff?
- What is a resident service agreement?
- How can I find facilities in my area?

The Web page has a matrix/checklist to track the type of assistance that is available—reminding/supervision needed, the assistance needed, and the cost—in 14 areas: eating, dressing, hair care, nail care, oral care, shaving, bathing, toileting, walking, transportation, arranging medical appointments, taking medications, housekeeping, and special individual needs. Suggestions are made about things to observe and questions consumers should ask facility staff (see Table 13).

## **Nevada**

### **Approach**

The Bureau of Licensure and Certification licenses residential facilities for groups. The Bureau conducts unannounced, annual, on-site inspections and investigates complaints. The annual inspection follows standard protocols for a focused survey that looks at primary health and safety regulations such as care needs, staff training, background checks, and medication needs. A full survey is conducted as needed, based on observation and the results of the focused review. Inspectors review resident records and interview a sample of residents that includes residents recently admitted from a hospital or community setting, those who have special care needs, and those who receive home health or hospice care. All residents in facilities of 10 or less are interviewed; in larger facilities, surveyors interview a sample of residents based facility size. Inspectors ask residents how long they have lived at the facility, what their interests are, what kind of care they are receiving, and questions about medications and food service.

Surveyors use the ASPEN software to record information. Consultation is not provided, but inspectors explain the regulations and comment on how other facilities respond to problems as they are identified. Inspectors may be registered nurses, social workers, or generalists with a health or aging background. Nursing home inspectors do not typically inspect residential facilities for groups, but some are cross-trained to help if there is a backlog.



## Communicating with Consumers

The State posts its licensing regulations and an application for licensure on a Web site. The site also presents a list of facilities that includes the name, address, phone number, and the number of beds. The Bureau purchases pamphlets from a national organization that explain how to select a facility. The Bureau uses funds collected from fines levied against facilities to pay for the pamphlets.

The Division of Aging Services Web site has a “links” button to multiple topics of interest to seniors. The nursing home/assisted living topic leads to Web sites of national associations.

## New Hampshire

### Approach

The Department of Health and Human Services, Bureau of Health Facility Administration conducts annual health inspections of facilities. Separate life safety code inspections are also completed annually. The Department has five surveyors, four RNs, a social worker, and a national certified life safety code inspector. Based on the survey results, the Department has the authority to impose a fine or suspend, revoke, or deny a license. By statute, the Department offers education in the regulatory requirements. New administrators and administrators in newly licensed facilities are invited to meet with the survey staff who explain the requirements. Facilities that receive deficiencies may be referred to another facility that has been successful dealing with a similar issue.

The survey process includes an entrance visit; tour; interviews with residents, family members, if present, and staff; record reviews; and an exit interview. Surveyors use standard protocols for entrance interviews, tours of the physical environment, and reviews of medication orders. Residents who will be interviewed may be identified during the tour of the facility based on observations about their activity, cleanliness, and care needs.

Surveyors focus on quality and life and quality of care. Observations and discussions with residents are used to pursue quality of care issues. For example, if a resident is in bed at 11 am, the surveyor determines the reason. If a person is recovering from pneumonia, the surveyor checks to see that they are getting sufficient fluids and are being turned appropriately. If they are in bed because no one has helped them get up, the surveyor looks for a staff member to explain why. Survey staff also complete some resident assessments and compare their findings with the resident’s record.

In January 2003, the State implemented a two-page standard disclosure form<sup>29</sup> that serves as a guide and allows consumers to compare facilities. The form provides information to residents and prospective residents of assisted living, residential care, and congregate housing programs. The form provides specific information about services offered by the housing entity in its base rate. The form also lists other services available and the additional rates for those services. The form is completed by an individual designated by the facility administrator. The

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<sup>29</sup> <http://www.dhhs.nh.gov/DHHS/BEAS/LIBRARY/Form/standard-disclosure.htm>.

form is not submitted to the State but is kept at the facility and attached as the cover sheet of the residential services agreement.

## **Communicating with Consumers**

The licensing agency plans to adapt the ASPEN database for assisted living survey information and post it on their Web site.

The Bureau of Elder and Adult Services Web site has a brief description of assisted living, residential care, and congregate housing.

## **New Jersey**

### **Approach**

Assisted living residences are licensed by the Department of Health and Senior Services, Division of Long Term Care Systems. The licensing agency conducts an annual resident profile survey that records admission and discharge, sex, age, residential setting prior to admission and after discharge, reason for admission, and information about ADLs, medications, and cognitive status. New Jersey sponsors an annual “Assisted Living Quality Initiative Best Practices Program. In 2005, the program focused on the dining experience and the role of resident feedback in enhancing dining services. Three awards were made based on facility size: small (under 50 residents), medium (50-99 residents), and large (100 and over residents).

Consumer involvement and feedback were important aspects of the decisionmaking process. Applicants were asked the following questions:

- How does the facility communicate with residents and families with respect to dining services?
- How often does this communication take place?
- What kind of materials does the facility use?
- Which staff members are involved?
- How does the facility collect and process feedback from residents and families?

The request also sought information about the goals that were established by the assisted living community related to dining services and how the staff enhanced socialization in dining services in the community. The dining experience was addressed by asking facilities to describe any specialty dining provided (e.g. private dining, ethnic foods, barbeques, elegant dining, etc) and any additional techniques that were used (e.g. decorations, flowers, music, candles, aromas, etc?).

Evaluation was also an important part of the competition. Facilities were asked to describe how their community evaluated the effectiveness of their dining services program and what criteria were used to measure success, such as resident and/or family satisfaction surveys. Applicants were asked to provide examples of how the community’s approach to dining services made a difference in terms of quality of care and quality of life for the residents.

Winners received a plaque from the licensing agency at the State's annual fall conference for providers. Each winning facility presented their program and involved the chef in the presentation.

## **Communicating with Consumers**

The Department has extensive information on assisted living for consumers and providers. The information is easily accessed from several Web pages. The Department's Web site has a multipurpose program and services drop-down menu. A click on "long-term care" leads to the Division of Long Term Care Systems Web page. Following links to assisted living, there is a searchable database of all licensed facilities (including nursing homes, assisted living residences, comprehensive personal care homes, adult day care, alternate family care, and child day care). Facilities may be searched by county, source of payment (private pay, Medicaid, and Medicare), and also for specialized care (behavioral management program, hemodialysis, peritoneal dialysis, and ventilator beds). The facility's name, address, phone number, capacity, and funding (private pay, Medicaid) are reported. The Web site posted best practices that were awarded in 2004 for in-service training and managing transitions. A comprehensive "Assisted Living in New Jersey: Guide for Choosing" checklist includes a series of questions to help consumers. Regulations, regulatory requirements, and medication aide training requirements are accessed through the regulations link and the facility and personnel licensure/certification link.

Consumers can also access information about assisted living on the program and services drop-down menu that lists Aging and Community Services. This Web page offers information about assisted living through links to the Community Choices and the Office of Community Programs. The Community Choice button gives consumers a link to multiple housing alternatives: assisted living, adult family care, residential health care facilities, congregate housing services program, and other subsidized housing options. The assisted living link leads to a description of three types of assisted living settings: assisted living residence, comprehensive personal care homes, and assisted living programs, including the services provided, staffing, costs, and links to local organizations for lists of facilities. The housing alternatives page also has a link to a facility checklist page that has a series of useful questions that are similar to the checklist available on the Division of Long Term Care System Web page.

The Office of Community Programs site has a link to information about coverage of assisted living under the Medicaid waiver and lists of assisted living providers.

## **New Mexico**

### **Approach**

The Department of Health licenses adult residential care facilities. The survey staff performs on-site survey/monitoring visits at all adult residential care facilities to determine compliance with the regulations, investigate complaints, and investigate the appropriateness of licensure for any alleged unlicensed facility. When violations are found, the facility submits a plan that addresses how violations will be corrected, when they will be corrected, how the facility will identify other residents that potentially could be affected by the same deficient practice, and how the facility will monitor its corrective actions.

## **Communicating with Consumers**

The Department of Health Web site has links to the licensing regulations, caregiver criminal background check manual, and incident reporting forms.

The State's Aging and Long Term Services Department Web site contains a brief description of assisted living under the section on long-term care services. There is also a link to a list of facilities compiled by the New Mexico Health Care Association.

## **New York**

### **Approach**

The Department of Health, Division of Home and Community Based Care licenses adult care facilities. Licenses are issued for 4 years. Facilities are inspected annually or more often as needed. Inspections include, but are not necessarily limited to, examination of the medical, dietary, and social services records of the facility, as well as the minimum standards of construction, life safety standards, quality and adequacy of care, rights of residents, payments, and all other areas of operation. Two inspections per year are conducted for private proprietary adult homes. Other types of inspections include:

- Complete inspections prior to certification or renewal.
- Complete inspections when there are serious or continual deficiencies.
- Summary inspections to determine compliance with key regulatory provisions in all areas of operation.
- Partial inspections to examine specific areas of operation.
- Inspections in response to a complaint to determine the validity of the complaint.
- Followup inspections to determine whether deficiencies noted during a previous inspection have been corrected.
- Other inspections as necessary.

In October 2002, the State implemented new policies regarding the oversight of adult homes. These new policies include: reinforcement of mandatory death reporting by homes and immediate investigations of such reports; multi-agency created profile of deaths at the homes to identify patterns; and increased surveillance. The Department offers training to operators and select staff. Training on medication administration was held in 2004. The Department distributes letters to administrators that address new developments or requirements such as: reporting of deaths, attempted suicides, and felony crimes; notice of regulation (failure in systemic practices and procedures); maintenance of safe and comfortable temperature levels within adult homes; influenza prevention and control; establishment of a complaint hotline; emergency preparedness guidelines; statistical reporting requirements; case management obligations; facility access by individuals who are not residents; sprinkler head recall; waiver request/equivalency notification; guidelines for dementia units; availability of free or low-cost resources to residents; and notice of law (e.g., Long-Term Care Resident and Employee Immunization Act).

## **Communicating with Consumers**

The Department of Health Web site has a description and definition of the various types of residential facilities: adult homes, enriched housing, and assisted living programs. The Department posted a list of facilities by county that includes the name, address, phone number, type of facility, and number of beds. A list of facilities surveyed is posted quarterly. The list includes the name of the facility, the report date, and areas in which violations were found (e.g., admission-retention, environmental, resident services, food service). Details about the content of the report are not posted. A “do not refer” list is also posted which identifies facilities that have closed, may not accept new admissions, or are not certified. The site also has links to relevant press releases.

The Office for the Aging Web site has two resource buttons on the home page. A click on “senior housing” leads to a page with links to the definitions of 13 types of housing including adult homes, enriched housing, enriched housing/adult homes with limited home care agency, and assisted living programs. It also leads to a list of questions consumers should ask and a search function by county and type of housing. The search results display the name, address, and phone number of the facility and a link to the facility’s Web site. The “find help” button leads to a Senior Citizen Resource Guide that describes adult care homes, assisted living, congregate housing, supportive housing, and enriched housing.

## **North Carolina**

### **Approach**

The Department of Health and Human Services, Division of Facility Services (DFS) licenses adult care homes. County Departments of Social Services (DSS) monitor adult care homes at least every other month. State staff members provide consultation, technical assistance, and training to the county monitors. State staff members also provide monitoring oversight and perform selected surveys of homes based on compliance history or lack of previous county monitoring.

Legislation passed in 2005 (SB 622) requires that DFS inspect adult care homes at least annually. The new law also gives DFS new responsibilities for reviewing the performance of county DSS functions. DFS will conduct annual reviews of county oversight activities. DFS may apply a range of corrective actions for failure to appropriately monitor adult care homes, such as providing technical assistance, advising staff about policies and procedures, and establishing a plan of correction. The law sets minimum training requirements for county adult home specialists.

SB 622 directs the Division of Aging and Adult Services to develop a quality improvement consultation program. The Division will implement a pilot quality improvement program and file a report with the legislature that addresses principles and philosophies that are resident-centered and promote independence, dignity, and autonomy; approaches to developing a continuous quality improvement process; dissemination of best practices; the availability of standardized instruments to measure adult care home performance on quality of life indicators; the training

needs of county DSS staff; clarification of the roles of the DFS and county DSS offices; and the staffing needed to carry out the program.

## **Communicating with Consumers**

The Department of Health Human Services, Division of Facility Services Web site has links to the statute and regulations, as well as a listing all adult care homes, which includes the name of the facility, address, phone number, and numbers of beds. It also includes a step-by-step explanation of the process for obtaining a license but notes that there is a moratorium on new licensed facilities. The site has links to requirements for administrators, an application, and a schedule for tests for administrators; a list of courses for continuing education credits; and information about exams for staff who assist with medication administration. A log of penalties assessed against adult care homes is posted.

To find information on the Division on Aging and Adult Services Web site, click on the long-term care options/ombudsman link or the housing link. The long-term care link leads to adult care homes. This page describes adult care homes, has a link to a list of licensed facilities, contacts in county Department of Social Service offices, a description of residents rights, information about the ombudsman program, and answers to frequently asked questions about long-term care options. The housing link leads to a statutory definition of assisted living and a description of multi-unit assisted housing, including independent housing units with services.

## **North Dakota**

### **Approach**

The Department of Health, Division of Health Facilities licenses basic care facilities annually. Facilities are inspected every 2 years. Complaints are investigated as they occur. The inspections cover quality of life, quality of care, dietary services, medications, the environment, social services, personal care, and nursing services and include a life safety code inspection. Inspectors talk to residents about resident rights and whether they are receiving the services they need. The number of residents interviewed varies with the size of the facility.

In 2005, legislation was passed directing the Department to conduct a pilot study to determine whether announced or unannounced inspections have an impact on the number of deficiencies found. A report was due to the legislature for consideration during the 2005-2006 interim sessions, including a recommendation as to whether the unannounced survey process should continue for all basic care facilities.

## **Communicating with Consumers**

The Department of Health Web site has links to the regulations and a file that lists the name, address, phone number, administrators name, and number of beds for each basic care facility. The site also allows users to search a database by city to obtain this information.

The Adult and Aging Services Division uses the Department's Web portal. The "Senior Information Line" includes a glossary with definitions of assisted living and adult residential

care homes. The site includes provider information, as well as a list of facilities; the name, address, and phone number of each facility; links to facility Web sites; and other information.

## **Ohio**

### **Approach**

The Department of Health licenses residential care facilities. Facilities are inspected at least once prior to the issuance of a license, at least once every 15 months, and as the Department considers necessary. The inspections may be announced or unannounced, except that one unannounced inspection is conducted at least every 15 months. The State fire marshal or a township, municipal, or other legally constituted fire department approved by the fire marshal also inspects a residential care facility prior to issuance of a license, at least once every 15 months thereafter, and at any other time requested by the director. Inspections are compliance-based and do not incorporate a consultative or collaborative component.

The Department formed a speaker's bureau that is available to address topics related to the regulations and requirements, including the survey process and rules or statistical review of care issues cited in Ohio.

### **Communicating with Consumers**

The licensing regulations are available on the Department of Health's Web site. The site also has a link to a searchable database of licensed facilities. The information listed includes the name, address, and phone number of the facility; the name of the administrator; an e-mail address; the license status, date of issue, and date of expiration; licensed capacity; the date the facility opened; and the special services that are available, such as "dementia," "adult day care," or "hospice."

A consumer guide to long-term care is available on the Department of Aging Web site. It has a section on housing and care options with a link to the Ohio Assisted Living Association's Web site. The State legislature directed the Department to expand the information available about assisted living. The work plan includes developing a satisfaction survey and a tool to measure regulatory compliance that was scheduled to be ready in the spring of 2006.

## **Oklahoma**

### **Approach**

The Department of Health (DOH) is responsible for licensing and inspection of assisted living centers and continuum of care facilities. DOH conducts an unannounced inspection of each facility at least once every 15 months. DOH provides written notice of all violations, and the facility has 10 business days to respond with a written plan of correction. After review, the State provides the facility with its response. If an assisted living center provides or arranges for skilled nursing care, the State must assess the quality of that care against applicable national standards of practice adopted by the American Nurses Association and specialty nursing organizations.

Each center must have a quality assurance committee that meets at least quarterly to monitor trends and customer satisfaction and document quality assurance efforts and outcomes. The committee must include an RN or physician, the administrator, a direct care staff member or person responsible for administering medications, and a pharmacist consultant if a medication problem is to be monitored or investigated. The Department may inspect centers whenever it deems it necessary.

## **Communicating with Consumers**

The Department of Health Web site has a listing of facilities, including the name of the facility, address, phone number, number of beds, number of Alzheimer's beds, and the facility's identification number.

The Aging Services Division home page has a link to housing information, which includes a brief description of assisted living, continuum of care facilities, and residential care. This page also includes a link to the list of facilities maintained by the Department of Health. A guide on long-term care options presents brief explanations of residential resources.

## **Oregon**

### **Approach**

The Oregon Division of Seniors and People with Disabilities (SPD) licenses assisted living facilities and residential care facilities. The licensing agency conducts periodic monitoring visits at least every 2 years. The facility must develop and conduct an ongoing quality improvement program that evaluates services, resident outcomes, and resident satisfaction. Staff of the Department may visit, inspect, and monitor assisted living facilities at any time (but no less often than once every 2 years) to determine whether they are maintained and operated in accordance with these rules.

## **Communicating with Consumers**

The SPD Web site has a database that allows users to search by facility type, name, and county. The search generates the name, address, phone number, administrator's name, original date of license, capacity, and whether the facility accepts Medicaid. The site also lists facilities that have received an endorsement for Alzheimer's Care Units. The Web site has several links to tools for consumers, including an overview, what it means to be licensed, the types of facilities that might be considered, what the different types of facilities have in common, and how to start a search for a facility. A consumer's guide and uniform disclosure form are also posted. See narrative.

## **Pennsylvania**

### **Approach**

Personal care homes are licensed by the Department of Public Welfare, Division of Personal Care Homes. Licenses are issued for 1 year or less, and homes are inspected at least annually. The survey guidelines are being revised to reflect changes in the regulations. The draft guidelines, which are not final, describe the procedures to follow for record reviews, staff and



resident interviews, recording techniques, and methods for determining compliance. The guidelines also include interpretations of the regulations, examples of best practices, and recommendations and information that may be helpful to the personal care home staff. Complaints are triaged and must be investigated according to timeframes that are based severity. Inspection reports are available to the public upon request. The results of complaint investigations are available after redacting. The Department plans to post survey findings on its Web site within 2 years.

New regulations effective in October 2005 require homes to establish a quality assessment and management plan that includes incident reports, complaint procedures, staff training, monitoring of licensing violations and plans for correction, and establishing resident and/or family councils. The quality management plan includes the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

## **Communicating with Consumers**

The Department of Public Welfare maintains a Web site that has general information about personal care homes, a guide for choosing a personal care home, and information about filing complaints. The site allows users to search for personal care homes by county and find the name of the facility, address, phone number, capacity, and whether it is for profit or non-profit.

The State's Intra-Government Long-Term Care Council prepared two reports with recommendations on assisted living: *Assisted Living: A Choice for the Future, July 1999* and *Assisted Living: Long Term Care and Services Discussion Finding, February 1999*. These discussions and recommendations address consumer choice, defining assisted living, aging in place, shared risk, regulation and quality, and funding.

## **Rhode Island**

### **Approach**

The Department of Health licenses assisted living facilities and inspects and investigate facilities at least once a year or as needed. Representatives of the licensing agency have the right to enter facilities at any time without prior notice to inspect the premises and services. Facilities are given notice by the licensing agency of all deficiencies reported as a result of an inspection or investigation. A consultation/collaboration model may be implemented when additional staff members are available. The licensing agency noted the importance of having registered nurses and pharmacy consultants available to monitor the assessment process, appropriateness of admission, and medication issues.

Residences are required to develop, implement, and maintain a documented, ongoing quality assurance program to attain and maintain a high quality assisted living residence. This ongoing process for quality improvement, includes monitoring, identifying areas to improve, developing methods to improve them, and evaluating the progress achieved. Areas subject to quality assurance review include at least personal assistance and resident services, resident satisfaction,

and incidents (for example, resident complaints, medication errors, resident falls, and injuries of unknown origin).

The administrator must maintain a written plan that includes three areas for quality assurance/improvement review and describe the monitoring, identification, and evaluation processes; tracking methods; and the person responsible for it.

There are minimum statutory requirements for the information that must be disclosed to potential residents and their families: identification of the residence and its owner and operator; the level of license; admission and discharge criteria; the services available; financial terms including all fees and deposits and any first-month rental arrangements; the policy regarding notification to tenants of increases in fees, rates, services and deposits; and the terms of the residency agreement.

## **Communicating with Consumers**

Facility licensing regulations are posted on the Department of Health Web site. The Board of Assisted Living Residence Administrators maintains a Web site with links to disciplinary actions taken against administrators, members of the Board, meeting dates, and the regulations for licensing administrators.

The Department of Elderly Affairs home page has a link to home care services that includes a brief description of assisted living. The *Pocket Manual for Elders* has additional information, including telephone numbers for the Department of Health and the Rhode Island Assisted Living Association.

## **South Carolina**

### **Approach**

The Department of Health and Environment licenses community residential care facilities. Facilities are licensed annually. General inspections and fire, life and safety inspections are done on alternate years. Facilities with a history of compliance and no complaints may have a general inspection every 3 years. Inspectors must have a college degree, and an RN is available to assist with clinical issues. Inspectors provide technical assistance during their site visits. Facilities may also request technical assistance independent of an inspection visit. Inspectors use a checklist during their reviews. The process includes interviews with residents based on the inspector's observations.

Facilities must submit a plan of correction to the State licensing agency when issues of noncompliance are documented. Consultations are available as requested by facilities or as deemed appropriate by the State.

Facilities must have a written quality improvement program. The program must establish desired outcomes and the criteria by which effectiveness is accomplished; identify and evaluate the causes of deviation from desired outcomes; develop action plans to prevent future deviations; establish quality indicators; analyze appropriateness of care plans; review all incidents and accidents including resident deaths, infections, or other occurrences that threaten the health and

safety of residents; and create a systematic method of obtaining feedback from residents and other interested parties on the level of satisfaction with care and services received.

## **Communicating with Consumers**

The Department's Web site includes licensing regulations, a list of licensed facilities (name, address, phone, contact person, license number and expiration date, and the licensed capacity), and information for providers. The provider documents include licensing procedures and requirements, information on criminal background checks, emergency evacuation requirements, level of care criteria, changes in medication administration training, a self-inspection guide that tracks the regulations, special care disclosure requirements, staff orientation and in-service checklist, a request for consultation form, and frequently asked questions.

The Office on Aging hosts a Web site with a searchable database of all the services available in the State. Selecting assisted living (community residential care facilities) from the drop down menu produces the list of facilities with descriptions of the services available. Each listing has a link to an array of information that sometimes varies from facility to facility. The information includes a description of services available, location, area served, intake requirements, client information (conditions, age group, sex, grievance process), fees and payment sources accepted, hours of operation (service availability), address and phone number, and additional information about eligibility and affiliated programs or agencies.

## **South Dakota**

### **Approach**

The Department of Health licenses assisted living centers for 1 year. Facilities are inspected at least annually, with surveyors using a protocol based on the regulations. The protocol reviews observation of staff passing medications, four record reviews (including one closed record), and interviews with three residents using a list of questions that address resident rights, staffing, meals, activities, and medications. Surveys and deficiency reports are computerized.

The governing body of each facility must develop a process to evaluate the quality of services provided to residents. Quality assurance evaluations must include the establishment of facility standards, interdisciplinary review of resident services to identify deviations from the standards and plans of correction, resident satisfaction surveys, use of services provided, and documentation of the evaluation. The Department also implemented a quality assurance process. Staff members review completed surveys to determine if the regulations cited are correct, whether there is sufficient evidence to issue the citation, and whether the plan of correction will prevent further violations.

The Department provides education and support to facilities regarding quality of care and compliance with the regulations during monitoring visits. Licensing staff are invited regularly to present at the semiannual association meetings. The State licensing office distributes to facilities up-to-date information concerning quality and trends in assisted living. The Department holds an annual public hearing for providers to discuss current issues and concerns.

## **Communicating with Consumers**

The Department of Health Web site has links to the licensing regulations and a list of licensed facilities.

The Office of Adult Services and Aging Web site describes assisted living and links to the State licensing regulations, presents a consumer's guide to assisted living, and links to Medicaid eligibility information. The guide has sections on requirements for assisted living, considering assisted living, looking for the right facility, staffing and services, costs, extra costs to consider, admissions agreement, what to know before signing an agreement, complaints, notice of non-discrimination, and contact information. Several of the sections include questions to ask facility staff.

## **Tennessee**

### **Approach**

The Department of Health, Division of Health and Environment licenses assisted living centers. Inspections are conducted annually (9-15 months). Revised rules in 2003 added language concerning the reporting of unusual events. A facility must report the abuse of a patient or unexpected occurrence or accident that results in death or a life-threatening or serious injury to a patient to the Department of Health within 7 business days. Circumstances that could result in an unusual event are outlined in the regulations. Specific incidents that may result in a disruption of the delivery of health care services at the facility also must be reported within 7 business days. The facility must file with the Department of Health a corrective action report within 40 days of the identification of the event

Survey staff members have a regulatory focus but do provide education about the requirements. The State inspection and monitoring process serves as a regulatory function only. However, when the State develops policy or interpretive guidelines, they do request the input of industry providers. If through the oversight process a particular problem area is identified, the State will work with the assisted living association to provide training and education at association meetings, rather than provide one-on-one consultation and training to individual providers.

The Department of Health develops interpretive guidelines for regulations. Department policy was issued to all ALFs in January 2004, to provide criteria for hospice waivers in the facilities. Another policy bulletin was issued concerning T.C.A. 68-11-20(5)(A)(i), which prohibits residents with later stages of Alzheimer's disease or related disorders from being admitted or retained in an ALF.

### **Communicating with Consumers**

The Department's Web site includes links to the licensing rules, a description of the process to apply for a license, and a list of facilities (name, address, phone, administrator, ownership information, the license number, the licensed capacity, the date of the last survey, the date of the original license, and the expiration date).

The Commission on Aging and Disability Web site has a link to the list of licensed facilities posted on the Department of Health's site.

## **Texas**

### **Approach**

The Department of Aging and Disability Services (DADS) licenses assisted living facilities. Facilities are licensed annually and are inspected by a team consisting of a registered nurse, social workers, and a life safety code specialist. Each member of the team has assigned tasks. During the inspection, surveyors meet with the person in charge, review the process, and request lists of residents and staff, schedules, training records, incident reports, policies and procedures, the services provided, and the facility's disclosure form. During a tour, the surveyor observes the general operation of the facility and resident activities. General interviews are held with a sample of residents, family members, and staff. A sample of resident records is also reviewed. Residents are asked if they are satisfied with the facility, the services, and food. If they are not satisfied, they are asked for details that may be explored with the manager. The team reviews their findings and completes the survey report. Survey reports may be posted at the facility or requested from the Department.

### **Communicating with Consumers**

The DADS home page has a "find services" button with a drop-down menu that has a link to "find and compare long-term care facilities." The searchable database has information on four types of assisted living facilities. Users can search by facility name, county, zip code, area code, or State-wide. Search results list the name of the facility, address, owner, and number of licensed beds, as well as the number of complaints investigated and substantiated in 2003, 2004, and 2005, a listing of deficiencies cited during recent inspections, and recent events such as a change in ownership.

The business link on the home page leads to the long-term care policy and a link to forms. This page has links to disclosure forms for assisted living facilities and Alzheimer's assisted living facilities. It also contains links for providers to a general checklist used by surveyors, a checklist for life safety code requirements for different types of facilities, a list of providers for courses for assisted living managers, and several monitoring forms.

## **Utah**

### **Approach**

The Department of Health, Bureau of Health Facility Licensing, Certification, and Resident Assessment surveys facilities annually and issues a license for a 2-year period. The Department's Web site includes a report card that lists the name of the facility and the number of class I and II violations in 2001, 2002, and 2003. Details about the violations are not posted. A database of facilities by county or city includes the name, address, phone, type of facility, the date the license was issued, and the number of beds. A monthly census summary is also posted. Forms available on the Web site include interpretive guidelines, general forms for service plans, incident reports,

negotiated risk contracts, resident assessment, and criminal background checks. A summary of the levels of care is also available.

## **Communicating with Consumers**

The Health Facility Licensing Web site contains a list of facilities by county and alphabetically and a comparison of the level of care criteria for assisted living, nursing homes, home health agencies, hospice, and hospitals. Interpretive guidelines are posted that list the standard contained in the licensing regulations and guidelines used by surveyors to determine whether the facility complies with the standard. An assisted living report lists the number of class I and class II violations by facility for 2001-2003. The licensing regulations are posted on the Department's Web site.

## **Vermont**

### **Approach**

The Department of Disabilities, Aging, and Independent Living licenses assisted living residences and residential care facilities and conducts annual surveys. Facilities that receive deficiencies must submit and implement corrective action plans.

The Department works with facilities to help them comply with the regulations. The State investigates complaints that merit investigation. Assisted living residences must have a quality improvement process that includes an internal committee comprising the director, an RN, a staff member, and a resident. The committee must meet at least quarterly. Resident satisfaction surveys must be conducted annually and be used by the committee.

## **Communicating with Consumers**

The Department's home page has a link to "Licensing and Protection." On the left side of the page there are links to State regulations for assisted living residences and residential care homes and a list of all residential care and assisted living facilities. The list includes the name of the facility, level of care, address, phone number, contact person, and capacity.

## **Virginia**

### **Approach**

The Department of Social Services may issue 1-, 2-, and 3-year licenses to assisted living facilities. New legislation requires that administrators of assisted living facilities be licensed by the Board of Long-Term Care Administrators.

Surveyors enter information on a personal computer that has the standards and the previous history of compliance for the facility being inspected. Survey findings and corrective action plans are printed during the exit interview. Surveys are posted on the Department's Web site. Licensing officials are working to expand the system's capacity to generate management reports that would allow them to compare facilities owned by one company, to compare compliance

history with other companies, and examine citation patterns of individual surveyors or regional offices.

## **Communicating with Consumers**

The Department's Web site includes a database with the name of the facility, address, phone number, administrator, expiration date for the license, and information about inspections. The database includes inspection dates, whether the inspection was complaint related, and whether or not there were violations. Clicking the inspection date loads the areas reviewed, action from previous violation reports, technical assistance provided, and comments by the surveyor. The report also lists the standards violated, a description of the violation, and the corrective action that will be taken by the facility.

The Website also has tools for providers, including a level of care worksheet, uniform assessment instrument and care plan, application for licensing and renewal, medication administration record, record of on-site health care oversight, record of staff training, model resident agreement, and other forms.

To find information about assisted living on the Department's home page, click services, topics, and assisted living. The assisted living link describes what the term assisted living means in Virginia and suggests clicking the link to the ombudsman program for questions about specific facilities. Click on publications and long-term care for a provider directory and a consumer guide that has a section on assisted living. The section explains what assisted living is and is not in Virginia, levels of services, meals, social activities, amenities, the admission assessment, staffing, and resident rights and responsibilities.

## **Washington**

### **Approach**

Boarding homes are licensed by the Aging and Disability Services Administration (ADSA). Inspections are conducted every 12-15 months. The process for inspecting nursing homes and boarding homes is similar. ADSA dropped "quality improvement consultation" because of budget reductions. The consultation service helped facilities understand regulatory requirements and share best practices. Funds to continue the program have not been approved.

Case managers are a primary source of monitoring for quality assurance for Medicaid beneficiaries. During regular visits, the case manager checks to see if the client is satisfied, the negotiated service plan is being carried out, and that the plan is appropriate for the resident.

Homes can maintain a quality assurance committee that includes a licensed registered nurse, the administrator, and three other staff members. When established, these committees meet at least quarterly to identify issues that may adversely affect quality of care and services to residents and to develop and implement plans of action to correct identified quality concerns or deficiencies. To promote quality of care through self-review without fear of reprisal, and to enhance the objectivity of the review process, the department does not require (and the long-term care ombudsman program does not request) disclosure of any quality assurance committee records or

reports. Exceptions are when the disclosure is related to the committee's compliance with regulations, the records or reports are not maintained pursuant to statutory or regulatory mandate, or the records or reports are created for and collected and maintained by the committee.

## **Communicating with Consumers**

The ADSA home page has a button for boarding homes that connects to a consumer guide and a database that searches for facilities by county or zip code. The results include the facility's name, address, phone, Medicaid contract status if any, and capacity.

Under the "professionals" button, click "residential care" for a section for providers that includes regulations, a licensing application, frequently asked questions about licensing, a required disclosure form, other documents related to licensing, enforcement principles and procedures, instructions about nurse delegation, and a schedule of training programs. It also includes an aggregate list of the most frequent citations.

## **West Virginia**

### **Approach**

The Department of Health and Human Resources, Office of Health Facility Licensure and Certification licenses assisted living residences annually. The Office conducts on-site, unannounced inspections annually and as needed to investigate complaints. Survey reports are completed on laptop computers and e-mailed to the State office. Facilities with Class I violations are re-inspected until they reach compliance. Survey teams include an RN, a social worker, and an environmental surveyor. Surveyors review a sample of staff and resident records based on the size of the facility. The process is described as outcome oriented. Surveyors examine the facility's policies and procedures to determine if there is a policy to prevent or address poor outcomes. For example, staff are required to weigh residents monthly and report changes greater than 5 pounds to the physician.

Under previous regulations, facilities were assigned a grade, but the process was replaced by a system that groups deficiencies by class. State officials believe this process will result in a fairer description of the quality of care.

Survey teams can provide technical assistance to facility managers and staff. Assistance is often provided when a surveyor identifies an issue that could become a future violation. The team may provide written information about the issue, the regulatory requirement, and recommendations for addressing the issue.

## **Communicating with Consumers**

The Office posts a list of licensed facilities that includes the name of the facility, address, phone number, and type of facility on the agency's Web site. The Web site also includes application and renewal forms, a form to request a waiver of the 90-day limit for providing health and nursing services, and program licensing, survey requirements, and a disclosure form for Alzheimer's special care units. The Office is considering posting survey findings and deficiency reports.



## **Wisconsin**

### **Approach**

The Department of Health and Family Services, Bureau of Quality Assurance conducts periodic inspections of certified residential care apartment complexes (RCACs) and has the authority (but is not required) to inspect registered RCACS to determine compliance with regulatory requirements.

The Department maintains a Web site on RCACs and community-based residential facilities. The site has two databases of facilities. One links to the Wisconsin Assisted Living Association site and is organized by county. It lists name, address, phone number, contact, capacity, and e-mail and Web site addresses. It also includes a map. The State site lists facilities in pdf and Excel spreadsheet formats. In addition to the information included on the association site, the State site contains the number of apartments/units, the lowest and highest rates charged, the initial certification/licensing date, and any specialized programs (Medicaid waiver, developmental disabilities, dementia, or alcohol/drugs abuse).

### **Communicating with Consumers**

The Department's Web site includes regulations and statutes, licensing/certification information, applications, regulations, a description of the survey process and a guide, background checks, incident reporting forms, guidance on medication errors based on common errors, and a copy of residents' rights. A consumer guide to selecting community-based residential facilities is also available. Descriptive information is available for both RCACs and community-based residential facilities. The site links to county agencies and lists of all facilities in the county.

The Web site includes survey findings by type of facility for the previous 3 years. Facilities are grouped alphabetically by type. The information includes the date and type of survey, the number of the deficiency cited, the subject matter and the date compliance was verified, and whether the deficiency was corrected.

The Bureau of Aging and Long Term Care Resources home page links to the Bureau of Quality Assurance Web site.

## **Wyoming**

### **Approach**

The Department of Health licenses assisted living facilities. The State has a contract employee who surveys facilities at least once a year. The cost of the contract is borne by the assisted living facilities. The survey division is required to provide a list of deficiencies to the facility within 10 working days of the survey, and the facility has 10 calendar days to provide a plan of correction for each of the cited deficiencies. If the facility fails to provide a plan of correction, licensure revocation proceedings may ensue. Each facility must have an active quality improvement program that is re-evaluated at least annually to ensure effective use and delivery of services. The program must have a written description, problem areas identified, monitor identified, frequency of monitoring, and a provision requiring the facility to complete annually a self-

assessment survey of compliance with regulations, as well as a satisfaction survey that must be provided to the resident, resident's family, or resident's responsible party at least annually. The State is responsible for receiving and investigating complaints.

### **Communicating with Consumers**

Licensing regulations are posted on the Secretary of State's Web site. The State Aging Division of the Department of Health's Web site list assisted living facilities that participate in the Medicaid waiver program.