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Using Deficiency Data to Measure Quality in Assisted Living Communities: A Florida Statewide Study

BACKGROUND

Assisted living communities (ALCs) are a growing long-term care alternative offering diverse housing, meals, and healthcare to residents. Across the nation, federal and state law regulating ALC care standards and licensure programs vary. Currently, Florida is one of the most transparent states for ALC record access. This is because the of the regulations enforced by the Agency for Health Care Administration (AHCA). Due to this, and the fact that Florida has the largest percentage of older adults residing there, Florida has the potential to inform policymakers nationwide about ALC quality. This study aims to describe the most common ALC characteristics (i.e. license type; location; region; size) and ALC deficiencies, as well as the relationship between these characteristics and the likelihood of receiving a deficiency. Using 2013 and 2015 inspection data, the researchers of this study hypothesized that for-profit, large, and rural ALCs will have more deficiencies.

STUDY METHOD

Re-licensure surveys for ALCs are performed every other year due to mandates under Florida law. From 2013 to 2015, 2,457 surveys were conducted and this data was used for these analyses. The variables examined in this study included the ALC characteristics of license type, size, location (i.e. rural or urban), region (i.e. Southeast, Southwest, Northeast, or Northwest), ownership (i.e. for profit or non-profit), and Medicaid and Optional State Supplementation (OSS) acceptance. In regard to licenses, ALCs in Florida are required to have a standard license, but also have the ability to obtain three other types of licenses depending on the specialty services to be provided. The first license, extended congregate care (ECC), assists residents with limited activities of daily living and instrumental activities of daily living. The next license type, limited mental health (LMH), permits those younger than sixty-five with a mental health diagnosis to receive ALC services. The final license type is limited nursing services (LNS), which authorizes practical nurse or registered nurse care (e.g. range of motion exercises). In the analysis, each combination of licensing was separated to account for specialty-specific regulations: standard only, ECC only, LMH only, LNS only, ECC-LMH, ECC-LNS, and LMH-LNS. Additionally, ALC size was determined through average licensed beds and included: small (1-25), medium (26-100), or large (101 or more).

Deficiencies are reported in a "statement of deficiencies" and differ in categories and severity. For example, categories can contain violations to admission standards or federal and state laws (e.g. Florida Administrative Codes). Severity is separated into five classes (Class I-V). Class I represents imminent danger with substantial probability of death, physical harm, or emotional harm to residents. Class II signifies direct physical or emotional threats to residents' health, safety, or security. Class III signals indirect physical or emotional threats to residents' health, safety, or security. Class IV deficiencies encompass violations of documents, forms, or reports. Class V,

otherwise known as "unclassified," comprises many aspects of Class IV, and involves violations for new admissions during legal suspensions (i.e. moratorium), exceeding capacity, and providing services beyond the license scope.

FINDINGS

During this statewide study, 62% of ALCs were cited for a deficiency during re-licensure surveys. Most of these deficiency citations were Class III (n = 5,910) and the least were Class I (n=3). License type and region were significant ALC characteristics for receiving at least one deficiency. Specifically, if an ALC had only an LNS license or only a LMH license, or were located within the Southeast or Northeast, they were more likely to receive a deficiency than ALCs in other license groups and those ALCs in the Southwest. In addition to these ALC characteristics, ownership and location were significant predictors of the amount of deficiencies per survey. Specifically, for-profit and rural ALCs had an increased chance of receiving more deficiencies than not-for-profit and urban ALCs.

POLICY IMPLICATIONS

In combination with the ALC characteristics hypothesized, survey predictability and resource deficits significantly reduce ALC quality. Re-licensure surveys are only performed every other year; and complaint surveys are conducted only when severe conditions are reported. These problems result in inadequate quality measurements and inaccurate residential care observations. Lacking resources explains why LMH only, LNS only, for-profit, and rural ALCs are at an increased risk for receiving deficiencies. Furthermore, containing a higher proportion of LMH and LMH-LNS licensed ALCs describes how Southeast regions have an enhanced number of deficiencies. These licensed ALCs are providing more care than standard only ALCs, and when in rural regions, are meeting residential demand through small faculty teams and limited resources. Policy makers and supervisory agencies should begin to reinstitute functional ALC inspections, supply more resources to ALCs that hold these characteristics, and further investigate how other measurements can be used to assess ALC quality.

Original Article

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