Healthcare

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Pre-admission Screening: Key to Reducing Unsafe Retention Risks

Aging in place (AIP) proposals, whereby residents remain in one location as their care needs evolve, serve as a popular recruitment strategy for various types of aging services organizations. Unfortunately, AIP arrangements are not always thoroughly planned-out or realistic. As a result, they may fail to achieve their goals, potentially creating unintended risk consequences for facilities, including allegations of unsafe resident retention.

AIP is most successful in continuing care retirement communities (CCRCs) or life plan communities, which offer a range of residential options on one campus, thus allowing for relatively seamless transitions between levels of care. CCRCs and life plan communities also have established relationships with local physicians and other healthcare providers, enabling these organizations to bring practitioners into the community when necessary to treat residents. By contrast, AIP proposals in stand-alone assisted living (AL), independent living (IL) and memory care (MC) facilities can be a more risky proposition, given the nature and limits of these settings. Approximately two-thirds of AL residents eventually move to a skilled care facility, meaning that AIP arrangements at AL settings are temporary in the majority of cases.*

AIP-related promises – either explicit or implicit – may lead to misunderstanding and disappointment on the part of residents and their families, as well as liability for facilities that misrepresent their services, neglect to perform adequate screening assessments or fail to transfer residents to a higher level of care when necessary. (See "Avoiding Implicit Promises in Regard to Aging in Place," page 4.) While many residents eventually transfer from AL to skilled nursing facilities, only 9 percent of AL residents have transferred to their current location from an IL setting. This finding suggests that residential communities promoting independent senior living may be retaining a significant number of residents who have aged beyond their care and safety capabilities, possibly because lack of transparency during the resident selection process has given rise to unrealistic AIP expectations.

A sound pre-admission screening process is critical to minimizing liability associated with improper resident placement and retention decisions. This *AlertBulletin*® focuses on the following four selection-related risk control strategies:

- **Candid disclosure** of facility service capabilities and limitations.
- **Thorough assessment** of the resident's condition, care needs and placement suitability.
- **Documented agreement** on service goals and mutual expectations.
- **Clear communication** about transfer criteria and the transition process.

By strengthening admission practices in these four areas, among others, facilities can help reduce potential resident and family complaints and future conflict, as well as exposure to allegations of unsuitable placement and unsafe retention.

* See Anderson, J. "Who Really Lives at Assisted Living?" Posted on *AssistedLiving.com*, April 11, 2019.

1. *Service disclosure:* Provide residents and families with accurate and honest information about the facility's capabilities, as well as its limitations.

Pre-admission screening practices are subject to federal and state regulations designed to accurately match applicants' needs with available services and care options. These regulations delineate both authorized and prohibited services for different types of facilities. While permissible offerings may vary from state to state, the following chart describes typical services available across the aging care continuum:

The Aging Care Spectrum: Common Setting Types and Associated Service Offerings

Setting Types

Continuing Care Retirement or Life Plan Communities
These settings permit seniors to purchase care for the rest of their lives, offering access to many of the services listed below on one campus.

Stand-alone Entities
Alternatively, older individuals may obtain the level of care they need at separate, independent settings, ranging from active senior living communities to skilled nursing facilities.

Healthcare Systems
Seniors also may access services through an integrated healthcare system offering the resources and facilities to meet a range of needs, including rehabilitative, respite and skilled care.

Service Offerings

Active Senior Living

- **Adult day care programs:** Offering daytime supervision and socialization.
- **Senior apartments:** Offering senior living amenities, such as valet services and an emergency call system, as well as socializing with other seniors.
- **Independent living facilities:** Offering emergency assistance and social activities, as well as valet, housekeeping, transportation and security services.

Assisted Living

- **Home care services:** Offering assistance with hygiene, meals, medication administration and transportation within a private home or elsewhere.
- **Assisted living facilities:** Offering full support for activities of daily living (ADLs), medication administration and personal finances, with an emphasis on socialization.
- **Respite care:** Offering a wide range of temporary services – including physical, speech and occupational therapy – in a group setting or private residence.
- **Memory care units:** Offering dementia care services in home-like surroundings located within an assisted living setting or in a dedicated facility.

Skilled Care

- **Alzheimer's and dementia care units:** Offering assistance with ADLs, medical care and close supervision in a clinical setting.
- **Medical rehabilitation units:** Offering rehab services under the care of skilled professionals.
- **Skilled nursing units:** Offering 24-hour supervision and nursing care.
- **Hospice care services:** Offering end-of-life support in a skilled setting or, depending upon medical needs, in an assisted living facility or at home.

By regularly reviewing selection-related rules and regulations, facility administrators can help ensure that their written admission criteria comply with jurisdictional requirements applicable to the specific setting type.

When accepting a resident into any aging services setting, administrators should document in the admission agreement the adequacy of staffing levels, caregiver proficiencies and other resources relative to the prospective resident's functionality, frailty, cognitive status, and medical care and monitoring requirements. If it becomes apparent *during* the pre-admission screening process that the facility's capabilities do not correspond to the individual's needs, he or she should be directed to another source of care. If the resident's unsuitability is determined *after* admission, the situation should be documented, and safe care arrangements should be provided while facility administrators work with the family to find more appropriate placement.

By fully disclosing service offerings, facility limitations and retention criteria, aging services organizations create the foundation for a sound, trust-based relationship with residents and families. Written policy and resident admission agreements should expressly state that residents whose conditions and needs change significantly will be transferred to another level of care. The chart below notes some common health status and cognitive changes that may precipitate transfer, presented by setting type:

For IL settings:

- **Worsening of medical conditions,** e.g., multiple sclerosis, Parkinson's disease, osteoarthritis, macular degeneration, and other neurological or progressive diseases.
- **Signs of memory loss,** which may be a symptom of Alzheimer's disease or other types of dementia.
- **Greater frequency of falls** and/or increased overall frailty.
- **Difficulty managing personal finances** or other money problems.
- **Inability to maintain a clean residence** and/or care for oneself.
- **Presence of chronic skin problems,** including pressure injuries.
- **Chronic depression** or social isolation.
- **Patterns of risky behavior,** such as aggression and/or elopement.

For AL settings:

- **Medical conditions that require frequent observation, assessment and intervention** by a licensed professional nurse, such as stroke, post-surgical rehab and serious respiratory illness, among others.
- **Cognitive decline** that hinders the ability to make simple decisions.
- **Need for nasogastric feeding tubes,** IV fluid administration, sterile dressing changes and/or ventilator care.
- **Presence of Stage III or IV pressure injuries,** or other serious skin problems.
- **Immobility, requiring two-person transfers** and/or total assistance during an emergency evacuation.
- **Inability to perform basic activities of daily living (ADLs),** including bathing, dressing and ambulation.
- **Behaviors that pose an imminent danger** to oneself, other residents and/or staff.
- **Tendency toward wandering** and/or other impulsive and potentially risky actions.

By fully **disclosing service offerings, facility limitations and retention criteria,** aging services **organizations create** the foundation for a sound, **trust-based relationship** with residents and families.

2. *Placement suitability:* Determine the appropriateness of resident placement by assessing not only current health status, but also the probable path of geriatric conditions and likely "what if" scenarios.

The fundamental purpose of pre-admission assessment is to identify risk factors indicating that a resident is not a suitable candidate for a specified setting. Accordingly, the screening process should focus on the following primary geriatric conditions:

- Declining mobility.
- Eating/feeding problems.
- Incontinence.
- Skin breakdown.
- Confusion/cognitive impairment.
- Sleep disorders.
- Need for ADL-related support.
- Susceptibility to falls.
- Wandering behaviors.
- Ability to independently evacuate the facility in an emergency.

Prospective residents and their families may be reluctant to fully describe physical and mental deficits due to concern that the cost of care will increase as additional services are required. To overcome this hesitancy, reiterate to residents and family members that frank discussion of current capabilities helps the organization clarify resident needs, determine whether the setting is appropriate, and create a realistic and responsive care plan.

When discussing assessment findings and placement suitability with residents and family members, focus not only on known illnesses, but also their probable trajectory. Consider the resident's evolving need for supportive services, as well as plausible "what if" scenarios – such as declining mobility, worsening cognitive status and debilitating falls – in view of organizational capabilities. If the facility lacks sufficient human or equipment resources to meet present or anticipated needs, communicate this concern to prospective residents and family members, and note in the screening report the recommendation to seek another level of care.

Avoiding Implicit Promises in Regard to Aging in Place

In a competitive marketplace, aging services facilities of every description may feel pressure to promise residents the option to age in place. However, marketing materials and resident recruitment tools containing express or implied guarantees of indefinite stays potentially may invite lawsuits alleging misrepresentation should residents subsequently require transfer to a higher level of care.

In order to avoid making what could be interpreted as implicit promises concerning resident retention, organizations must continually review their admissions practices and marketing materials, and communicate in an ongoing manner with residents and families about transfer-related policies.

The following tips are designed to help executive directors ensure that brochures, websites, advertisements, on-site promotional activities and pre-admission screening documents make clear and accurate representations apropos organizational capabilities, available services and care limitations:

- **Identify the range of resident acuity levels for which the facility can safely provide care,** and ensure that all marketing materials and activities underscore this message.
- **Exercise caution when describing potential duration of stay within the facility,** as such statements may violate state licensing laws and prove impossible to honor as staffing and resource levels shift or as resident acuity levels change.
- **Refrain from express guarantees regarding resident retention,** e.g., "You may continue to live here even as your health needs change."
- **Avoid wording that may imply a promise to age in place,** e.g., "We provide a safe and secure environment for you to enjoy your senior years."
- **Insert language into pre-admission screening documents reiterating the potential need to relocate residents as healthcare needs expand,** as in the following example: *"We are licensed as a residential care facility for the elderly. We are not permitted to care for residents with [insert specific condition(s)]. As a result of the aging process and a natural decline in physical and mental capabilities, some admitted residents eventually may require transfer to another facility, in order to ensure their continued safety and well-being. If you are not comfortable with this residential setting's policies and restrictions, please consider another care option."*

3. *Care negotiations:* Collaborate with residents and families in setting realistic care and/or service goals.

Failure to properly assess the resident's health status and convey the facility's capabilities can result in unmet service goals, grievances and poor resident outcomes, potentially culminating in litigation. When considering admission of residents whose needs are at the upper range of manageability, alert both the prospective resident and family members to the associated risks, and reinforce the unlikelihood of the resident being able to reside indefinitely at the facility. And when negotiating parameters of care with residents and their families, comprehensively describe the scope, frequency and duration of available services, in order to better manage expectations and prevent later friction. Discussions should be focused on the following four basic areas of concern, among others:

Medical needs, including degenerative conditions that affect a resident's ability to function independently, require frequent nursing intervention or are associated with high-maintenance medication schedules. Here are a few conversation starters to help direct the discussion:

- *"As we discussed during the admissions process, our highest priority is to safely meet your service needs. Although your condition is now of moderate acuity, that level is expected to increase over the course of your stay. We want you to be aware that changes in health status can affect your care needs and overall safety, and at a certain point may necessitate alternate placement."*
- *"Your current needs require staff to be trained in [insert area(s) of concern, such as appropriate use of equipment and assistive devices]. At present, some of our staff members lack the requisite skills to meet your known and anticipated medical needs. We thus have some reservations regarding the advisability of your remaining at this facility."*
- *"We believe it is important to disclose our staffing practices, medication management approach, and other aspects of the care and services available here, so that you are able to make an informed decision about whether you will feel secure and comfortable in this setting. Our goal is to help you select a facility that offers a suitable environment and level of care in view of your medical needs."*
- *"In order to produce the best outcomes for residents and avoid later disappointment and disagreement, we make sure to include full information about our service offerings in the admission agreement, as well as the physical and mental criteria for continued residence here. These criteria include [insert relevant retention criteria]."*

Functional status, including not just how well a resident can complete ADLs, but also whether the facility possesses the requisite staffing levels, equipment and assistive devices to meet the resident's current and emerging needs. In order to detect deficits, consider asking the following questions, among others:

- *"Do you have difficulty performing any particular tasks, and do you anticipate requiring assistance with them in the near future?"*
- *"Have you changed the way you function due to a health-related problem or condition?"*
- *"How often do you use an assistive device, such as a cane, walker or weighted utensil to help control hand tremors at mealtime?"*
- *"Are you afraid of falling, and has your fear of falling diminished your willingness to go outside or participate in activities?"*
- *"May we observe you completing a simple task, such as buttoning your shirt, picking up a pen and writing a sentence, putting on and taking off your shoes, or climbing some stairs?"*

Behavioral issues, such as wandering, aggression and impulsiveness, generally require placement within a secured, high-acuity facility. The following questions and statements can help organizations establish safe and appropriate parameters of care by eliciting truthful responses from family members about behavioral risk factors:

- *"Our organization has a written policy prohibiting use of physical and chemical restraints, and we cannot always prevent residents from wandering into unsafe areas. With that in mind, please tell us if you have ever felt the need to curtail your loved one's movements."*
- *"We have limited ability to manage residents with a history of physical aggression. Has there ever been a time when your loved one's anger caught you by surprise?"*
- *"We pledge to contact family members promptly about changes in resident behavior, mood or functional level. In turn, we expect family members to assist us in the transition of your loved one to another level of care, if that is deemed necessary. Do you understand and agree to our policy in this area?"*

Cognitive impairment due to dementia associated with Alzheimer's disease or other causes, or psychosis related to Parkinson's disease. The presence of neurological conditions and/or memory loss may signal the need for admission to an MC facility or some other setting offering a higher level of care.

The following statements can help propel placement negotiations forward when family members are hesitant about moving a resident to a different setting:

- *"Based upon the findings of the pre-admission screening assessment and what you have told us, your loved one requires more interventions than our staff realistically can provide. If you wish, we can refer you to other residential options in this area that are better suited to her care needs."*
- *"Given your loved one's growing risk of personal injury, wandering and elopement, as well as noncompliance with his medical regimen, we are recommending placement in a secured memory care facility, as our assisted living setting cannot ensure his safety."*
- *"We appreciate your selection of our facility. Nevertheless, some of the expectations you have expressed about our organization and staff – such as [insert relevant statements made by family members] – are not realistic, given our operational philosophy and available resources. We believe that placement in [insert setting type] would be a safer and more appropriate arrangement for your loved one."*

Comprehensively document all discussions with residents and family members – including questions asked and answers given – in resident selection records and admission agreements.

To avoid potential **conflicts**, it is essential to **discuss transition-related protocols** with the resident and family both **prior to admission** and throughout the resident's stay.

4. Transparency regarding resident transfers.
During the admission process, explain that it may become necessary to transfer the resident as care needs intensify, underscoring the facility's commitment to a seamless transition.

Even when transfer to a higher level of care is clearly in the resident's best interest, some residents and family members may oppose the move and insist on their "right" to remain in a setting that is no longer appropriate. Such resistance can result in unmet resident needs, avoidable hospitalizations, injurious falls, a steeper physical and mental decline, and other adverse consequences, including increased liability exposure.

To avoid potential conflicts, it is essential to discuss transition-related protocols with the resident and family both prior to admission and throughout the resident's stay. The following measures, among others, can help enhance communication about resident transfer practices and prevent unrealistic expectations:

- **During the screening process, expressly state that residents eventually may require relocation due to evolving care needs,** and reiterate this point in written admission agreements.
- **Emphasize that the facility will not provide improper, prohibited or potentially hazardous interventions** – such as managing behavioral issues with restraints or polypharmacy – just because the resident and/or family may request them.
- **Exercise caution when discussing duration of stay,** carefully avoiding the implication that all residents are capable of aging in place even as their medical needs change. (See sidebar, page 4.)
- **Document all transfer-related communication between the organization and resident/family members** in the admission agreement and healthcare information record.
- **Commit to reviewing the appropriateness of continued residency on a quarterly basis,** or more frequently either following noticeable change in the resident's condition or if required by state laws and regulations.

- **Identify family members' preferred means of communication with facility administrators** – such as telephone, text messaging or email – and consistently utilize this medium when updating them on resident condition and care requirements.
- **In the event that transfer is indicated, consider retaining the services of a long term care ombudsman** to communicate with family members about the resident's declining health and the necessity of migrating to a higher level of care.
- **Provide a copy of the facility's transfer protocol to residents and family members.** Highlight policies designed to enhance continuity of care, such as mandated communication between caregivers at both locations during the transition, as well as electronic transfer of vital resident information, including medication reconciliation, pending tests, dietary restrictions and advanced directives.

The phrase "aging in place" is sometimes used loosely in the aging services industry, creating risk for both residents and organizations. Exaggerated marketing assertions or implicit promises concerning long-term resident retention may lead to unrealistic expectations and eventual breakdown in trust. By emphasizing transparency and open, two-way communication with prospective residents and family members during the admissions process, facility administrators can reduce the potential for later misunderstanding and conflict, while helping ensure that applicants are placed in a setting that can safely accommodate both their immediate and projected needs.

Quick Links

- CNA *AlertBulletin*® 2020-4, "Independent Living: Major Risk Factors, Effective Interventions."
- CNA *AlertBulletin*® 2016-1, "Pre-admission Assessment: Improving the Resident Screening Process."
- CNA *CareFully Speaking*® 2015-3, "Independent Living: Managing Rising Acuity Levels."
- CNA *CareFully Speaking*® 2019-2, "Negotiated Risk Agreements: When and How Should They Be Used?"
- CNA *CareFully Speaking*® 2018-2, "Strengthening Facility-Family Relationships: Transparency Is Key."

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