Assisted Living: Problems and Policy Issues

Assisted living can differ dramatically from state to state, and also from facility to facility within the same state. (More than 20 names are used across the United States to describe the concept. See chart below.) As observers have noted, “If you’ve seen one assisted living facility … you’ve seen one assisted living facility.”

Facilities differ so greatly because standards are generally weak. In many states, the definition of “assisted living” is vague to the point of meaninglessness, and this vagueness allows just about any room, board and services establishment to advertise itself as assisted living. One example of this is in Georgia, where a “personal care home” (Georgia’s version of assisted living) is defined as “any dwelling, whether operated for profit or not, which undertakes through its ownership or management to provide or arrange for the provision of housing, food service, and one or more personal services.” Problems are almost inevitable when a low-service facility admits and retains a resident with significant care needs.

California’s assisted living facilities (called “residential care facilities for the elderly”) have frequent problems because they are accepting sicker and sicker residents – many of whom previously would have received nursing home care – but the facilities are following procedures left over from 1980’s board and care homes. In the early 1990’s California law was revised to require that direct-care employees have at least ten hours of training prior to providing care. Even that trivial requirement was not enforced for ten years, because facility operators complained that providing employees with even ten hours of initial training would be too expensive. In California nursing homes, by contrast, direct-care employees (the certified nurse aides) must have at least 150 hours of initial training.

California’s assisted living policy is schizophrenic. Rules have been changed to allow the admission and retention of individuals with serious care needs, but quality of care standards have lagged far behind. Facilities are not expected to have any health care expertise, and the state-licensing agency (the California Department of Social Services) is clear that it does not evaluate the health care received, or not received, in a facility. Any health care is supposed to be provided by an outside provider such as a home health agency, and that outside care is essentially considered outside the responsibility of both the facility and the Department.

Today, assisted living facilities expect to have it both ways. They want to be able to admit and retain residents with serious health care needs, but they reject the application of health care standards, complaining that their flexibility is being limited, or that any improvement in standards will turn assisted living facilities into nursing homes.

The current situation is a prescription for disaster. It is not surprising that the mixture of sicker residents and low standards is leading to the horror stories that pop up in news media across the country. Assisted living standards must be raised so that residents can be sure that a facility is not just a glorified board and care home. A chandelier in the lobby cannot compensate for the abysmal quality of care that is seen in too many assisted living facilities.
How do states compare in training requirements for Assisted Living facility workers?

More rigorous training for direct-care staff
Connecticut, Kansas, Massachusetts, New Jersey, North Carolina and Washington require either a high hourly minimum for training and/or a passing score on a state-developed competency examinations. These types of standards more closely match resident needs with staff skills.

Less rigorous training
California, Iowa, Kentucky, Michigan, North Dakota and South Dakota are at the other end of the training spectrum and have much lower training standards.

How do states compare in other requirements for Assisted Living facility workers?

- 32 states require CPR or First Aid Training (including CA, GA, PA)
- 20 states have additional sets of rules for Alzheimer's/Dementia Care (incl. CA, GA, PA)
- 24 states require nursing staffing (none of your four states require)
- 18 states have minimum staffing ratios (incl. CA, GA, MI, PA)

What’s in a name?
As training and staff requirements differ among states, even the name referring to the concept differs dramatically from coast to coast. While 33 states (plus the District of Columbia) refer to it by name, there is variation within this group, including “Assisted Living Center,” “Assisted Living Facility,” “Assisted Living Residence” and so on. The remaining 17 states use terms ranging from “Boarding Home” (WA) and “Personal Care Home” (GA and PA) to Residential Care Facility for the Elderly (CA) and Home for the Aged (MI).

- 1 state – Adult Residential Care
- 1 state – Adult Residential Care Facility
- 1 state – Assisted-Care Living Facility
- 4 states – Assisted Living
- 2 states – Assisted Living Center
- 1 state – Assisted Living Establishment
- 14 states – Assisted Living Facility
- 2 states – Assisted Living Program
- 9 states – Assisted Living Residence
- 1 state – Assisted Living Services
- 1 state – Assisted Living Services Agency
- 1 state – Boarding Home
- 1 state – Community Based Residential Facility
- 1 state – Home for the Aged
- 1 state – Housing with Services Establishment
- 3 states – Personal Care Home
- 4 states – Residential Care Facility
- 1 state – Residential Care Facility for the Elderly
- 1 state – Residential Care Home Facility
- 1 state – Residential Facility for Groups