ADULT FOSTER HOMES

Stronger regulation needed

September 1994

Gary Blackmer
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MULTNOMAH COUNTY OREGON

MEMORANDUM

DATE: September 29, 1994

TO: Beverly Stein, Multnomah County Chair
Dan Saltzman, Commissioner, District 1
Gary Hansen, Commissioner, District 2
Tanya Collier, Commissioner, District 3
Sharron Kelley, Commissioner, District 4

SUBJECT: Audit of Adult Care Home Program

The Adult Care Home Program is responsible for regulating operators to protect the health, safety, and welfare of residents. The attached report covers our audit of the program, which was requested by management and included on the FY93-94 Audit Schedule. The report recommends improvements in several areas. We have discussed these findings and recommendations with the County Chair and the Director of Aging Services.

I want to present two important issues that we hope the reader will keep in mind. First, we want to recognize the care and the concern for the residents which is universal among the staff in the Adult Care Home Program. This audit is directed at procedures, practices, and problems, but successful solutions can be quickly achieved with this willing and dedicated staff.

The second issue concerns an untimely death at one of the adult care homes during the course of our audit. When we learned of the death, we assured ourselves that appropriate actions had been taken – immediate revocation of the operator's license, a police investigation, and referral of the case to the prosecutor's office. We studied the information we had about the death, and debated the significance of the incident to our audit findings, but we could not determine whether the death would have been prevented if the recommendations in this audit had already been implemented. Rather, the death is a risk that residents face, and a risk that the County must try to reduce. We believe that the recommendations in this audit, and the actions already initiated in the Adult Care Home Program, will reduce the level of risk to residents.

We would appreciate receiving a written status report from the County Chair, or a designee, in six months indicating what further progress has been made regarding the recommendations identified in this report. This response should be circulated to the Commissioners.

We appreciate the cooperation and assistance extended to us by the staff of the Adult Care Home Program, the Aging Services Division, and the Mental and Emotional Disabilities and Developmental Disabilities Programs.

GARY BLACKMER
Multnomah County Auditor

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SUMMARY

This report covers our review of the County's Adult Care Home (ACH) Program. In general, we found the program's licensing procedures need substantial improvement to better protect the health, safety, and welfare of the elderly and disabled residents in foster homes. The ACH Program has already taken steps to address many of the audit findings. Responses to the audit are included in the back of the report.

Multnomah County began regulating adult care homes in 1983 to protect the health, safety, and welfare of the elderly and disabled residents. Adult care homes were intended to be less expensive than a nursing home, and the environment was to be more "home-like" than an institutional setting. County Administrative rules on quality of care and home-like setting were developed. The original ordinance also stressed the need for more lenient regulation in recognition of the residential nature of the homes.

There are currently 630 licensed adult care homes in Multnomah County providing care to an estimated 2,100 residents. The number of homes in the County has doubled in the last five years. Adult care homes primarily serve the elderly, but some homes also serve the mentally and developmentally disabled. Although they were introduced as an alternative for persons supported by public funds, 65% of current residents are private-pay. Homes may provide care for up to five residents, and the level of care can range from meals and housekeeping for fairly independent residents, to specialized care for those who are bed-ridden and terminally ill.

In order to determine whether the County's current regulatory efforts sufficiently protect the health, safety, and welfare of residents, we made unannounced visits to a random sample of 40 adult care homes. We found many homes that were generally meeting required standards, where residents seemed satisfied with their care. Several homes had an especially high quality of care. However, in eight of the homes we found conditions that required immediate reporting such as one resident intimidating another, an operator failing to act when medication was depleted, and residents being left alone. Two of the problems were investigated and resolved by the ACH Program and the other six were investigated by Protective Services. Five of the six complaints were substantiated by Protective Services.

During our inspections we assessed 25 indicators covering urine odors, sanitation and housekeeping, adequacy of food, lighting, and the "home-like" environment. Over 87% of the homes we assessed had deficiencies in at least one of these areas. Seventeen of the homes had deficiencies in two or more areas. In many homes residents seemed isolated in their rooms and common living areas did not appear used. We found caregivers in 28 of the 40 homes who exhibited a caring attitude. In 15 homes, we found caregivers whose interactions with residents were more impersonal, such as an indifferent tone of voice, overly controlling demeanor, or entering a resident's room without knocking.

We examined the procedures that the ACH Program uses to screen applicants and to license, monitor, and take corrective actions. Screening procedures could be improved to better ensure that licensed operators are qualified to successfully operate a home and provide care. ACH Program staff do not consistently use available information about substantiated complaints against applicants. We also found several weaknesses in the criminal history screening of caregivers. While those with criminal records are generally not allowed to work or live in foster homes, we found inconsistencies in the decisions to approve or disqualify caregivers.

The ACH Program has emphasized timely renewal of licenses. Attention should also be directed at licensing procedures. For example, when licenses are renewed, the annual announced inspection may not provide an accurate picture of day-to-day conditions in the home. The licensing staff do not currently interview the residents in the homes. While licensing staff are committed to the welfare of the residents, we found that residents could provide information on the quality of their care. We found several other jurisdictions which routinely solicit feedback from residents or family members as part of the annual licensing process. The program could also make information about adult care homes more easily available to the public.

The ACH Program relies on the "eyes and ears" of other professionals to monitor resident care. These include Aging Services case managers and contract nurses, the State's Ombudsman program, and family and friends. However, we found that communication is poor between the ACH Program and other professionals and there have been frequent delays before the ACH Program hears about problems in the homes. The Aging Services Division Director advised us that they have taken steps to better coordinate information-sharing among its programs.

When the ACH Program identifies problems it does not consistently impose sanctions. We found recurrent problems in particular homes, indicating that ACH Program responses are not always effective. Three of the eight homes where we identified problems recently had their licenses renewed although there was a history of problems. During our audit, the staff began using a new fine schedule which should add uniformity to the imposition of fines.

In the past eight years, the characteristics of the adult care homes in the County and of the population they serve have changed. For example, many operators have licensed multiple homes and hire a resident manager to provide supervision. Because of a new emphasis on allowing people to "age in place" homes also increasingly serve more frail and dependent residents. We believe that these changes may represent significant departures from the original intent of adult care homes. The County has not re-examined its overall approach to regulating adult care homes in the context of these changes.

We recommend that the ACH Program improve its screening procedures for new operators, enhance its monitoring activities, impose sanctions on operators in a more consistent manner, and work more closely with citizens and other professionals to identify problem homes. We also recommend that the ACH Program work with the Board of County Commissioners to assess the County's policies related to adult care homes and the County's regulatory role.

BACKGROUND

Oregon's use of private homes for long term care

Nursing homes throughout the country have become the main provider of paid care for the very frail, chronically ill, and physically disabled. The number of elderly persons needing some form of long term care is expected to triple in the coming decades. Faced with limited resources and growing needs, many states have sought more affordable strategies for long term care. Oregon is a leader in the development of less costly alternatives to nursing homes.

Since 1965, the Federal Medicaid program has covered payments of nursing home costs as long as care is needed. In 1981 Oregon became the first state granted a Federal waiver to use Medicaid funds for alternative community-based services in place of nursing home care. As a result, nursing home costs in Oregon as a percentage of total long term care costs are lower than other states. Current monthly rates for foster care range from $700 to $2,500, compared to $2,000 to $4,000 for nursing home care.

Oregon's objective is to allow citizens to remain in the community as long as possible, in a setting that is as home-like as possible. Optional settings include home health care or assisted living, residential care, and adult foster care facilities depending upon the circumstances of the individual. Those who choose home health care remain at home with services provided as needed. Assisted living facilities allow some independence for those who need a lesser degree of care and supervision. Residential and adult foster care facilities provide 24-hour care and supervision. In Oregon, adult foster care homes serve up to five disabled or elderly residents and residential care facilities serve six or more. Basic services in foster homes include meals, housekeeping, and assistance with individual needs such as personal hygiene and medication.

Adult foster care services in Multnomah County

The 628 adult care homes in Multnomah County serve approximately 2,100 people. This number includes 45 limited homes that provide care to a designated individual, usually a relative. It also includes 17 room and board homes which do not provide services beyond meals and a room. Nearly 60% of the homes are located east of 82nd Avenue. Total capacity for homes is 2,698 beds with an average of 4.3 beds per home.

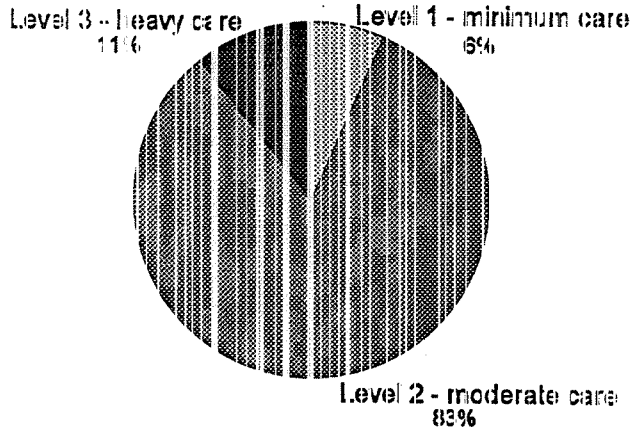
Foster care homes primarily serve the elderly but also serve the developmentally disabled (DD) or mentally and emotionally disabled (MED). In Multnomah County, 70 homes serve DD clients, 17 serve MED clients and 490 serve the elderly. Foster care homes serve both private individuals and those receiving public assistance, such as Medicaid. We estimated that 85% of the residents in foster care homes in Multnomah County were receiving Medicaid.

Monthly foster care home rates for Medicaid supported residents, including MED and DD clients, generally range from $700 to $1,100 per resident. Rates for residents who use personal resources can be up to $2,500. A provider serving the maximum number of private pay residents, at the maximum rate, could collect up to $150,000 per year in resident fees.

County rules classify adult care homes for the elderly by the level of care that the operator is qualified to provide. There are three levels of care for homes that serve the elderly. Level 1 homes serve residents who need a little assistance. Nearly 83% of the homes for the elderly are Level 2 which serve residents needing moderate assistance. Level 3 homes are for highly dependent residents who cannot walk, bathe, feed, or use the toilet by themselves. If they are trained and approved by a nurse, operators of Level 2 or 3 homes can provide medical assistance, such as catheter care or insulin injections.

Exhibit 1

Adult care homes
Level of care*



*for elderly residents only

Source: Auditor's Office home inspection data

The public can obtain information about available homes in differing ways. For Medicaid recipients, the Aging Services Division will make referrals based upon the particular person's needs. Private referral agencies perform a similar function for families. Families may also directly contact the ACH Program which maintains a registry of all homes in Multnomah County and information about services provided.

Regulation of the adult care home industry

Multnomah County began regulating adult care homes in 1983. The Board of County Commissioners imposed the regulations as a result of cases of abuse and exploitation. The County ordinance required that all homes register with the County if they provided room and board to one or more elderly, disabled, or dependent persons over 18 years old. The County issued certificates of registration and had the authority to inspect homes and revoke a registration.

In 1986 the Board of County Commissioners approved new licensing and inspection requirements to better ensure the quality of care in a growing industry. The new licensing office, the Adult Care Home (ACH) program, was moved from the Social Services Division to the Aging Services Division. The ordinance granted the ACH Program the authority to adopt rules and standards as necessary to protect the health, safety, and welfare of the residents. It stressed that rules should accommodate the residential nature of the homes. The State also developed a licensing program and minimum standards for homes throughout Oregon. Multnomah County is one of two counties which opted to regulate their own adult care homes.

Licensing process

Multnomah County licenses adult foster homes on an annual basis. To obtain a license, operators of adult care homes must comply with the administrative rules of the ACH Program. A prospective applicant must first attend a general orientation session which describes the requirements and responsibilities of an adult care home operator.

Applicants must then complete an application form, provide references, pass a criminal records check, be financially solvent, satisfy training requirements, and be physically and mentally capable of providing care. Operators are charged an annual licensing fee based upon licensed capacity, currently $40 per bed.

Once application materials and licensing fees have been received by the ACH Program, the home is scheduled for inspections. New homes are examined by a building inspector for compliance with construction codes and by an inspector from the County's Sanitation Services for environmental risks to resident health and safety. ACH Program staff also inspect new homes to ensure that they meet environmental and structural guidelines. During this visit they review the administrative rules with the operator.

ACH Program staff list any required corrections on a "Certificate of Compliance" with deadlines specified for each. Applicants can be denied. Licenses can be granted even if there are corrections still to be completed. ACH Program staff follow-up to ensure that corrections have been made. The licensing office does not routinely contact the home until the next annual licensing cycle, unless complaints are filed about the home or staff have other concerns or need to follow up on conditions of the license.

License renewal is nearly the same as initial licensing, except there are no inspections by building and sanitation inspectors. Operators submit the same application materials with a criminal record release and documentation of training. ACH Program staff conduct a scheduled inspection of the home for safety and health standards. They review resident files to ensure that record-keeping requirements are met and that the care needs of clients do not exceed the capabilities of the caregiver. They also briefly visit with residents.

Complaints about homes

Oregon law requires professionals to report any concerns about treatment of the elderly. Family members and friends also report suspected harm. Complaints can include allegations of physical or emotional abuse, neglect, or violation of basic individual rights.

County rules state that abuse can be physical assault; punishment; denial of meals, clothes or aids to physical functioning; verbal abuse which includes unnecessary yelling, ridicule and profanity; and unreasonable restrictions which violate the resident's rights. Included in resident rights are respect and dignity privacy when receiving treatment or care, safe and secure environment, freedom to communicate privately and receive personal mail unopened, and to be able to keep a reasonable amount of personal belongings. Neglect includes any act, intentional or not, which causes or threatens to cause physical or mental harm to the resident. This can include failure to provide adequate food and clothing, failure to make reasonable efforts to determine resident care needs, improper administration of medications, failure to seek medical help, or inadequate personal care.

The ACH Program investigates those complaints that involve housing rules only. If a complaint relates to the health, safety, or welfare of an elderly resident then Protective Services workers in the County's Aging Services Division investigate. The MED and DD programs are expected to investigate all complaints relating to their clients.

By administrative rule, the ACH Program has several options when an operator has not made required corrections or when complaints are substantiated. Sanctions can include fines, administrative conferences, and written or oral reprimands. Conditions can also be added to a license, such as limiting the number or type or residents that can be served. In 1994, 8% of all licenses were conditional or provisional. In the most extreme cases, licenses can be revoked.

Trends in licensed homes in Multnomah County

The average number of licensed adult care homes has doubled from 290 in 1989 to 580 in 1993. The number of new applications received annually has also doubled in the four year period, from 115 to 227. Since 1991 the vacancy rate in Medicaid contracted elderly care beds has increased from 14% to 21%. This increase may indicate that the current supply of homes exceeds the demand.

Changes have occurred in the level of care provided in foster care homes. The percent of homes providing services to residents requiring more care (Level 2 and Level 3) has increased since 1991, while the percent of homes licensed to provide care to the least dependent (Level 1) has decreased from about 13% to 6%. Level 1 homes have the highest vacancy rate (28%). The Aging Services Director stated that the ACH Program has made an effort to control the number of Level 3 homes.

The increased level of care provided by operators of the homes is partly a result of an emphasis on allowing residents to "age in place." Families, case managers, and residents are placing a higher priority on allowing residents to remain in familiar surroundings as their condition declines and their care needs increase. One operator reported that, in her 15 years of experience, foster homes have become more like nursing homes, with more residents requiring heavy care.

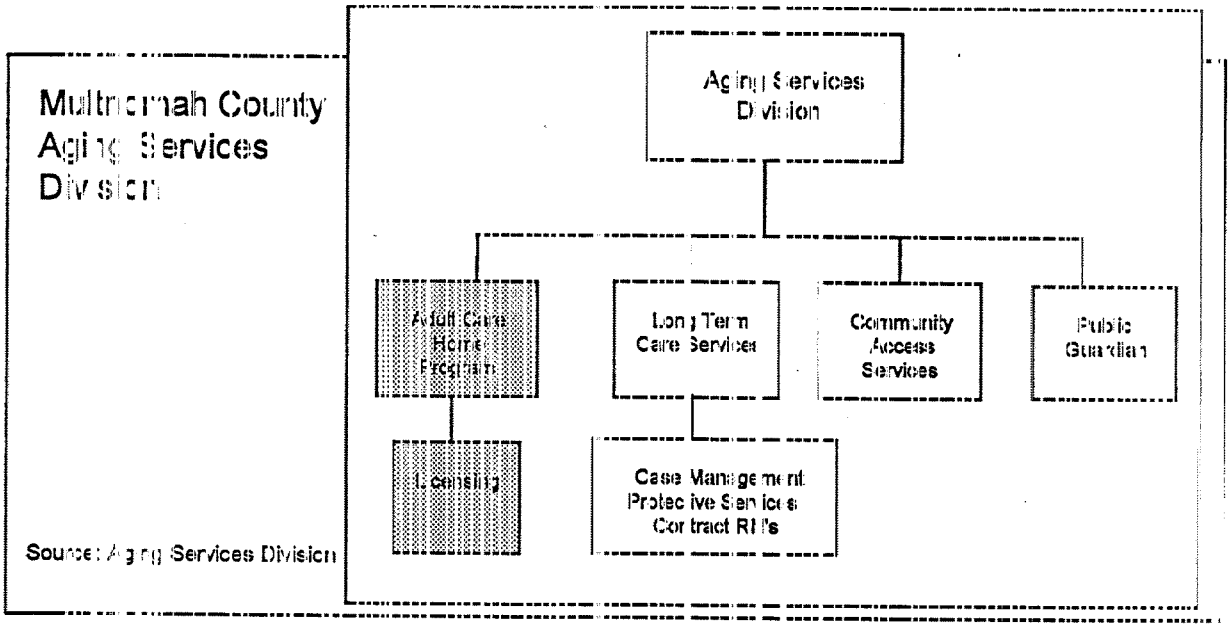
In FY86-87, only two adult care home operators were licensed for more than one home. As of April, 1994, there were 65 operators with multiple homes. In these situations the operator hires a resident manager to provide 24-hour supervision in each home. The largest number of homes operated by a single owner is nine. Multiple homes currently

provide 23% of the bed capacity in Multnomah County and have vacancy rates of 16% compared to 24% for single-operator homes.

Program organization and budget

The ACH Program is one of four units in the Aging Services Division. The Manager reports directly to the Division's Deputy Director. The Portland/Multnomah Commission on Aging (PMCOA) recently became the program's citizen advisory committee.

Exhibit 2



The ACH Program budget has grown from $123,317 in FY86-87 to $662,759 in FY93-94, a three-fold increase after adjusting for inflation. Over this period the program staff has increased from 3.5 FTE to 11.5 FTE. The County has approximately 1.0 FTE more licensing staff than the State standard. The number of homes inspected by staff has remained fairly stable between 1991 and 1993, averaging about 100 visits monthly. The Program currently spends an average of $1,049 per home for licensing and enforcement.

Exhibit 3 on the following page shows a history of revenue sources and spending in the ACH Program.

This audit was conducted in accordance with generally accepted government auditing standards, except for the new requirement for periodic external quality control review. As the first step of quality control review, three audit managers from other jurisdictions have reviewed and approved the policies and procedures manual of this office for compliance with Government Auditing Standards.

AUDIT RESULTS

Need for greater emphasis on resident care

Better home inspections could identify deficiencies

The County's Administrative Rules require that licensed homes maintain certain standards for quality of care. The rules outline standards relating to the physical/structural aspects of the home, the "home-like" environment, safety, record-keeping, and residents' right to be treated with dignity. These standards are designed to protect the health, safety and welfare of the residents.

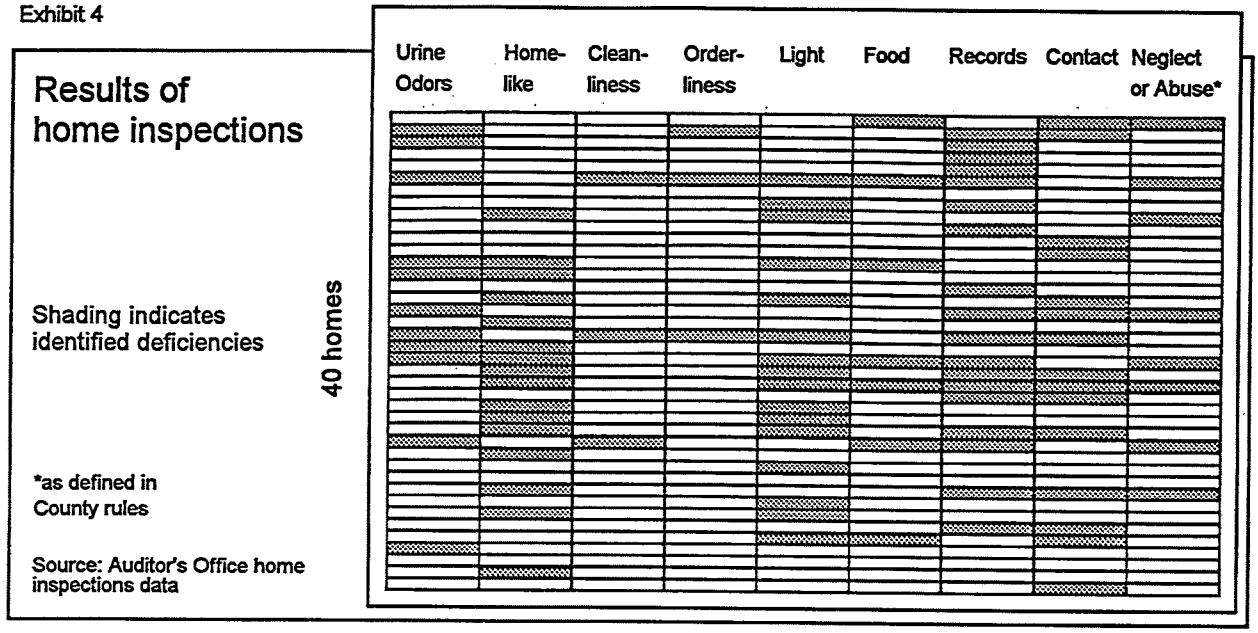
In order to determine whether the County's regulatory procedures operate to ensure quality of care, we made unannounced visits to 40 homes. We designed our inspection instruments from national studies, the County's administrative rules, ACH Program's inspection forms, and monitoring tools used in assisted living homes, residential care facilities, and nursing homes. Copies of our data collection instruments are included in Appendix A.

There were four components to the home inspections: an environmental survey, a limited review of records, interviews of residents, and an assessment of caregiver's interaction with residents. With the exception of our resident interviews, our inspections were similar to the inspections done by licensing staff. Each of our auditors was able to inspect two homes per day, a workload that the ACH Program can manage with existing staff.

We found many homes that were generally meeting the required standards. For the most part, residents expressed reasonable satisfaction with the quality of their care. One said, "It's my home; that's all there is to it." Several spoke highly of those caring for them. One said, "They treat you like you're a member of the family." There were several homes in the sample which exhibited an especially high quality of care.

Exhibit 4 on the following page shows the deficiencies we identified in the forty homes of our sample.

Exhibit 4



We also found eight homes with serious problems. In seven of the 40 homes (17.5%) that we visited, we found conditions that we felt compelled to report immediately to the ACH Program because of reporting requirements mandated by state law. These problems included a resident who was intimidated by another resident, leaving residents without supervision, failing to act when medication was depleted, and inadequate records and medicine charting, all of which constitute abuse or neglect, as defined by County rules. The ACH Program referred six of the seven complaints to Protective Services for investigation, and one was dealt with informally with the operator. In the eighth case, program staff responded to our concerns about a problem before we could report it as a complaint. Five of the complaints that we reported have been substantiated and one was unsubstantiated. One of these homes was operating with a conditional license, indicating that the ACH Program had identified a problem there.

Home environment deficiencies

We evaluated 25 environmental indicators in six areas: urine odors, cleanliness, orderliness, lighting, adequacy of food, and "home-like" environment. Over 67% of the homes inspected had deficiencies in at least one of these areas. Of the 40 homes, there were 17 homes with deficiencies in two or more areas.

The standards for basic care in the County's administrative rules require that supervision, care and services be provided in a home-like atmosphere. Home-like is defined in the rules

as "*a physical and social environment which promotes the comfort, security, and dignity of residents through the provision of furnishings and interior decorations which are comfortable and encourage normal social interactions and through the provision of personalized care, services, and/or supervision which encourage independence, choice, and decision-making by the residents.*" We found that 42% of the 40 homes inspected had deficiencies on one or more of the criteria used to measure home-like environment.

Social isolation

Residents in many of the homes we visited seemed isolated and lacking in social and recreational activities. Almost without exception, the residents seemed to enjoy our visit with them. Some residents told us that they were bored. Many asked whether we might stay longer after the interview was over, or when we might be returning. In 38% of the homes, none of the residents left their rooms for the duration of our inspection. Except for dining, common areas for socializing in many homes did not appear to be used by the residents. We recognize that some residents may choose to remain in their rooms. Also some may have been more socially isolated when they were living by themselves before moving into these homes. However, several residents said that they did not use the common areas because they felt that they would be intruding.

A small minority of the residents participated in the Elderplace program, provided through Providence Hospitals. This health insurance program provides meals, grooming, medical care, and recreational activities. The Elderplace Program transports residents from their foster home to a Day Health Center for up to five days per week. All of the residents in this program spoke very positively about these experiences.

Poor record-keeping

In a medical emergency, accurate records are critical for the resident's well-being. Operators are required to keep accurate and current records, with reports on the resident's care or progress written no less often than every 30 days. Medication must be recorded at the time it is administered to the resident. Resident records allow the ACH Program to check the quality of care.

Out of the 40 homes we inspected, 18 either failed to keep regular and up-to-date progress notes or to chart medications properly. In one case, the ACH Program file indicated record problems were found during the last licensing visit. ACH Program staff followed up by phone and the operator claimed he had brought all records up to date. During our audit, the

staff began visiting newly-licensed homes within 90 days of receiving their first resident to review record-keeping.

Fire Safety

Another problem that surfaced frequently was that residents could not recall the most recent fire drill. This occurred even when the posted chart indicated a fire drill had been conducted within the last month. Fire drill charts were either falsified or were conducted in a manner that residents could not identify them as such. We also encountered "chirping" smoke alarms, an indication of weak batteries, in 3 of the homes. Because of the risks associated with fires, the Adult Care Home program needs to increase training in this area for providers. ACH Program staff say that they have raised the issue with operators who state that residents may not remember the fire drills.

Caregiver Interaction

We attempted to assess the caregiver's interactions with residents. We observed whether they knocked on resident's doors before entering, addressed residents by name, and touched the residents. The first two items indicate an appreciation for the personal dignity of the residents. The third item, touching, was used because the literature has shown that touching can be therapeutic for the elderly. We also evaluated the caregiver's general demeanor. In 25 out of the 40 homes we visited, we observed indicators of a caring attitude on the part of the operator. In the other 15 homes, operators exhibited an overly controlling demeanor, or failed to consistently knock on the resident's door, touch the resident or address the resident by name.

While there were some caregivers interviewed who did not speak English as a first language, many of them Rumanian, we did not have any difficulty communicating. Although one resident told us her nurse had difficulty communicating with her caregiver, and another said that she generally stayed in her room when her caregiver socialized with Rumanian speaking relatives, none of the residents we spoke with indicated that they could not communicate with their caregiver because of problems with English proficiency.

Applicant screening should be improved

The ACH Program screens all applicants, operators, employees and family members to assure that those operating and working in adult care homes are capable of providing care. A license applicant must have satisfactory education, experience, training, and financial resources to qualify for a license. The rules also require good judgment and personal character. Rules disqualify applicants convicted of crimes related to the qualities needed to care for vulnerable persons. After a home is licensed, the program will continue to screen caregivers during the license renewal process. We found that screening is not used to its full potential. In the past two years only 2% of all applications submitted have been denied.

The ACH Program requires that all new applicants attend an orientation session prior to submitting an application. The orientation session is designed to provide a realistic job description, and define the required caregiver qualities and home standards that are required. The goal is to screen out persons who do not realize the difficulty of the job. Staff members report that some potential applicants do not apply after attending the orientation session. At the end of the session, potential applicants are tested on information that was presented. We found that the orientation session and the results of the test are primarily used to assess English proficiency. It may be more appropriate to test applicants later in the licensing process, after they have had an opportunity to study the regulations and qualifications needed to successfully manage a home and provide care.

The ACH Program staff also need better procedures to assess the financial capabilities of applicants. The rules require that applicants provide evidence of sufficient financial resources to operate an adult care home for at least two months excluding anticipated resident payments. We found applicants are only required to submit information on one month of anticipated monthly expenses and income. Contrary to rule, applicants include potential resident payments. Details on financial resources other than resident payments are not required. Requiring a statement of financial resources and verifying that information would better ensure that a provider has the qualifications to adequately manage and provide a stable living environment.

The rules also require that operators have good judgment, character, physical health, and mental health. The ACH Program staff do not adequately use critical information to screen caregivers. For example, the state-sponsored "Provider Alert" system regularly sends out the names of "problem" caregivers. ACH Program staff review the information when it is received, but new applicant caregivers are not screened with this information. We compared

the County's list of all present and former caregivers to the names on the Provider Alert notices. We found three applicants named in a Provider Alert who might have been identified, but were subsequently disqualified because of criminal history. We found one caregiver who continued to work in a foster home in Multnomah County for five months after the ACH Program received a Provider Alert.

Without sufficient guidelines to screen applicants, ACH Program staff may not adequately consider previous substantiated complaints. In one case, a caregiver was approved in a home licensed to his wife. In a previous home where they had been employed, a complaint of abuse was substantiated against them after the husband bruised a resident by placing his hand over the resident's mouth. ACH Program files indicate that extenuating circumstances were considered in granting the license. The program considered that the resident's behavior in the previous home had been difficult to cope with, and his move to another care facility had been delayed. Within five months of licensing, the ACH Program received three substantiated complaints of financial exploitation and abuse in the newly licensed home. At this time, staff removed a resident, barred the husband from the home, and finally revoked the license. With screening guidelines the ACH Program might have initially denied the home's license.

Criminal history screening is inadequate

To protect residents in foster homes, the County screens the criminal histories of all caregivers in licensed foster homes. The County's rules state that persons convicted of crimes that are "substantially related" to the qualifications, functions, and duties of providing care or residing with foster home residents shall be prohibited from operating, working in, or being in a foster home. Some of the "related" crimes specified in the rules include child abuse, abandonment of a dependent person, homicide, kidnapping, assault, arson, drug offenses, forgery, and theft. Other crimes may also be grounds for disqualifying an individual as a caregiver.

The ACH Program staff need to ensure that applicants with criminal histories are adequately reviewed. We reviewed decisions made on a sample of 60 caregivers with criminal records. We found little consistency in this decision-making. Current rules and guidelines may not be sufficiently clear to ensure consistency. For example, staff do not believe that they have the authority to disqualify caregiver applicants convicted of crimes outside those specified in the rule or those who have been crime-free for ten years. They have also granted exceptions and approved caregivers convicted of crimes specified in the

rules. Both types of decisions have been made independently and without guidelines. Two ACH Program staff acknowledge that variability in granting exceptions is a problem.

We found several cases where persons failed to disclose their criminal record. Although the rules make clear that such falsification is grounds for disqualification, ACH Program staff appeared not to consider this in granting exceptions. The Oregon Children's Services Division (CSD) automatically disqualifies any foster parents who falsify their application. We recommend that the ACH management consider automatic disqualification for falsification of the criminal history disclosure, and develop more extensive procedures for identifying caregivers with criminal records in other states.

In one of the cases we reviewed, the ACH Program Manager approved the operator's husband who had been convicted of arson in California. The Aging Services Director stated that their decision took into account the facts that the arson was a result of a domestic dispute and that it had been nine years and ten months since the conviction. Our review of the records showed that the husband served more than three years in prison during the ten-year period when he was considered to be crime-free. The program manager was also aware that the operator's previous foster care home was destroyed by an arson-caused fire in 1989. File notes indicate that the operator and her husband told the program manager that a suspect had been arrested in this case. ACH Program staff believed that the suspect was convicted for this arson case, but court records indicate that the suspect's crime involved fires at other locations in the neighborhood two months later. When we contacted the Portland Fire Bureau and the insurance company, we found that authorities never convicted anyone in the foster home case, and they were not aware that the operator's husband had been previously convicted of arson in California. It is sometimes difficult to determine the outcome of criminal proceedings. Additional guidelines and training for ACH Program staff may assist them in conducting a more effective investigation.

In another case, the staff approved an operator with an arrest for Assault II and Resisting Arrest. The staff did not allow two of the operator's sons to have contact with residents because of their criminal records. The ACH Program reviewed convictions of the operator's boyfriend for Failing to Appear on Driving While Intoxicated (DUII) and Driving with Suspended License (DWS). They approved him to be in the home, but not to provide care. These convictions were for crimes specified in the rule and all were within the ten year period. The staff subsequently learned that the boyfriend had been convicted again for Assault II and Felony Hit and Run in connection with a vehicular homicide of an elderly person. At this point, two years after the original exception, the license on this home was revoked. The ACH Program reviews criminal histories on an individual basis, but should

give more consideration to the general suitability of the home, taking into account the backgrounds of all the persons in the home.

Among the applicants we reviewed, we identified 10 with prior arrests for domestic assaults, often involving an operator and spouse. We could not determine from the records whether there were resulting convictions. The ACH Program staff reviewed these cases, often learning about the circumstances of the assault from the applicant. Nine were approved. In the last case, the home was closed for other reasons. Staff notes in the file did not reflect the importance of these types of domestic incidents. One note read "Won't happen again . . . . One time incident only." Another read, "All has been forgiven . . . . no existing problem."

While the ACH Program questioned applicants about these domestic assault incidents, the ACH Program does not have the authority to disqualify a caregiver solely on the basis of arrests. However, they may consider prior assaults in their overall assessment of good personal character. We recommend that the program management consider additional guidelines for investigating, monitoring, and granting exceptions in these cases to ensure that clients are not put at risk. Research on domestic violence has shown that the violence often escalates and those who batter do so repeatedly and often prey on the most vulnerable persons in the household.

The criminal history screening process is also cumbersome and inefficient. Obtaining a criminal history involves three agencies and often two sets of records. All caregivers must first sign a release, disclose any criminal record and then provide a criminal history report if a record is discovered. Criminal history reports are frequently missing or difficult to locate. Caregiver deadlines for submitting reports are not enforced which further extends the review. These delays extend the period of time that residents may be at risk.

Current procedures only identify caregivers with out-of-state records if they disclose the crime, or have a conviction in Oregon. Procedures do not require fingerprints of those caregivers who may have recently moved to Oregon unless they report their criminal record.

Monitoring homes needs improvement

Once an operator has been screened and licensed, on-going monitoring of the quality of care is necessary to ensure the continuing protection of the elderly and disabled in adult care homes. The annual license renewal process as it currently exists is not extensive enough to monitor the quality of care.

Unscheduled inspections are a better monitoring tool

ACH Program staff generally schedule the licensing visit to the adult care home in advance with the operator. However, notifying operators in advance may not provide an accurate picture of day-to-day conditions in the home. As a representative from the Long Term Care Ombudsman Office recently stated, "Anyone can have a good home when allowed to prepare." While most comparable states conduct on-site visits at a frequency similar to Multnomah County, three of the six states do not announce these visits. We contacted three Oregon programs which regulate other long term care alternatives: assisted living, nursing care, and residential care facilities. All of these programs conduct unannounced licensing inspections.

Inspections should also focus on residents

During our home inspections we conducted interviews with 73 residents who made up 55% of all the residents in these homes. The remaining residents were either not home or not lucid enough to provide reliable information. Much of the information that we collected, particularly concerning suspected violations, was the result of these interviews. We found residents eager to talk. With the assistance of our structured interview we could often elicit valuable information about the quality of care. Currently, the ACH Program staff only talk briefly with residents during the license renewal process.

Two other states and all of Oregon's elderly care facilities use resident surveys for monitoring quality of care. Feedback is regularly solicited from residents and family members as part of annual licensing in Benton, Lincoln and Linn counties. One of the largest private placement agencies also routinely distributes surveys to the residents they have placed and their families.

Monitoring network is not sufficiently organized

The licensing program staff said that they rely on other "eyes and ears" to monitor resident care. These include case managers, family and friends, the State Long Term Care Ombudsman program, the registered nurse on staff, and registered nurses working under contract with Aging Services. We did not find this monitoring system adequate to ensure

the safety and welfare of the clients. Consistent channels of communication are lacking between these other "eyes and ears" and the ACH Program staff. The Aging Services Director stated that a recent task force has developed methods to improve communication among the various programs involved in adult care.

Aging Services policy requires case managers to see each of their Medicaid clients every six months. Case managers do not provide any monitoring for the private pay clients who make up 65% of the residents in foster care. Case managers know that they must report abuse and neglect incidents, but all are not aware that they are expected to monitor the overall quality of care in the homes and to report concerns to the ACH Program. Their primary concern is for the welfare of the publicly funded residents and not necessarily for general housing problems.

The ACH Program staff also relies on Aging Services registered nurses under contract to monitor residents in foster homes. Nurses are assigned to homes that have one or more publicly subsidized residents. County rules require these nurses to visit each resident every 180 days. Nurses are required by managers to visit at least every 60 days. An Aging Services case manager advised us, however, that this standard was not always met in practice. While contract nurses submit a report on each of their visits to the assigned case manager, they do not generally furnish this information to ACH Program staff. We found one case where the assigned contract nurse had not been in the home for 14 months. In another home, the license was revoked for exceptionally poor care over an extended time period. The contract nurse, a nurse hired by the provider, and a case manager all seemed to accept the substandard conditions because the residents had been "street" people.

The half-time registered nurse in the ACH Program monitors the status of private pay residents when complaints are received or one of the licensing agents has a concern. She generally makes unannounced visits and is frequently involved in documenting resident care needs. However, we found several cases where the licensing staff could have acted earlier after the registered nurse raised concerns about the quality of care.

The level of oversight provided by the State Long Term Care Ombudsman Program only covers a small percentage of homes. For the 490 homes currently licensed for elderly care, there are only 12 volunteer Ombudsman checking on the residents, a ratio of .02 volunteers per home. In the larger Oregon counties, this ratio ranged from .04 to .19 volunteers per home. The director of the program has stated that it is more difficult to find volunteers for the Multnomah County area for a variety of reasons. The ACH Program staff and

volunteers in the Ombudsman program reported that coordination between the organizations could be improved.

Need to better inform the public

The public is another set of "eyes and ears" that the ACH Program could better utilize. The families that place and visit their loved ones in foster homes can be a key source of information on resident care. In turn, they rely on the ACH Program to provide them with information on the homes in the County. Although the ACH Program relies on a marketplace of informed consumers to assist in controlling the quality of care, it does not make information readily available.

Originally, regulation was intended to help citizens select an adult care home. Information gained during licensing and inspection of adult care homes was to be made available to the public. State and county rules also require that complaints, any action on complaints, and inspection reports, except for confidential information, be placed in a public file or made available to the public upon request.

We found that the ACH Program does not adequately meet these requirements. The program currently produces a registry of licensed homes that includes address, phone number and type of client served. Notebooks containing complaints are also made available for public inspection, but they are not easy to use. Inspection reports and information about actions taken are not routinely available as required by rule. Program staff have been advised by County Counsel that they are not required to volunteer information to the public.

Further, there is limited public accessibility. For example most of the options on the ACH Program telephone answering system are for operators or persons requiring information about licensing. The last option provided is for consumers who want information about a home in the County. The program staff will only give general information over the phone and require those who want information on a specific home to come to the office. The office in downtown Portland is only open weekdays from 8:00 am to 5:00 pm. Both the location and the hours are inconvenient for many people.

Information that the program exists is not easily found. The Aging Services Division has developed a central information telephone number for seniors which refers callers to appropriate programs, including the ACH Program. However, this central number is not included in the classified advertising section of the newspaper and the advertising pages of the phone book where individual adult care homes and private placement agencies are

listed. Higher visibility in the community could increase the number of family members calling to report problems.

ACH Program is not always aware of complaints filed

Although the ACH Program staff depends upon informal means of communication from others to identify problems in adult care homes, they may not be aware of all problems that are reported. The service delivery system for the elderly and disabled is designed so that complaints are taken at the point of entry. Complaints can be received at any program in the County that serves the aging and disabled. Most professionals are statutorily required to report suspected abuse to a police agency or a protective services agency. The ACH Program is not a protective services agency.

During our audit the ACH Program implemented new procedures for complaints received by its own staff. If the staff receive a complaint that does not involve harm to an individual and is regulatory in nature, the ACH Program conducts an investigation. Complaints which include reported harm to elderly residents are referred to Protective Services workers in the Aging Services Division. If the resident is not elderly, the complaint is referred for investigation to the appropriate agency, either the DD or MED programs.

Because there are so many agencies and differing procedures involved, the program staff may never learn of some complaints against adult care homes. In other cases, notice might not arrive until completion of the written investigation report. We found that in 1993 one-third of the completed investigation reports we examined had not been received until three or more months after the complaint was first reported.

For example, we found one complaint that had been filed in December 1992, but the ACH Program did not receive information about it until April 1994, almost 16 months later. The cause of this delay was lack of coordination. The Protective Services worker in Aging Services began an investigation but, at the request of a DD case manager, transferred the responsibility to DD. No documentation was found, in the public complaint file or in the operator's file, that the DD program had ever reported the complaint or its resolution to the ACH Program, although preliminary investigation by the Protective Services worker substantiated neglect. ACH Program staff were finally notified when the Protective Services worker was completing a backlog of investigations and sent the report.

Improved response is needed

Substandard conditions may be found during the annual licensing inspection, during licensing follow-up, or as the result of complaints. The ACH Program has various enforcement tools available to respond to operator noncompliance. Actions include referral to specific training, verbal and written reprimand, granting a conditional license, and revocation. We found that the ACH Program does not take consistent action against noncompliant operators. Actions that are taken also lack effective follow-up. Further, poor documentation of previous complaints and responses to complaints in both the public and program files does not support effective monitoring.

We reviewed licensing files of eight homes with problems that we had identified in our home inspections. In three of the eight problem homes, there was a history of substantiated complaints similar to those we observed. The ACH Program had placed a condition on the license of one of the homes. Licenses in two of the homes had been renewed although staff expressed concern about the quality of care delivered. In one home a resident we interviewed felt he was being treated roughly. He had also been visited by the staff registered nurse prior to the current relicensing who noted in the file, "I have some serious concerns about the home." She cited problems with caregiver turnover, inadequate food, and improper nursing procedures.

In the second home we found residents were left alone, poor housekeeping, and fire alarms with weak batteries. The licensing files indicated that these had been recurrent problems. During relicensing in August, 1993, program staff recommended against relicensing based on the operator's history of violations. Lack of cooperation with rules and severe safety issues were cited. The operator was relicensed subject to certain conditions.

Subsequently, the program's registered nurse raised concerns about a resident whose condition had deteriorated. The registered nurse refused to sign an exception for the operator to care for this resident, and two other nurses recommended that the resident be moved because her care needs exceeded the capabilities of the operator. The ACH Program staff decided not to close the home because of the family's concern about the trauma of a transfer. The resident died in January 1994, but the home continued to operate. After our complaint on this home was substantiated in July, the operator agreed to voluntarily close her home.

We found similar problems when we examined a sample of substantiated complaints involving resident abuse or neglect. We were unable to find a clear relationship between

past operator performance and the imposed sanction. In cases where the operator had no previous substantiated complaints or sanctions, the actions taken ranged from no action to license revocation. Although there appeared to be more revocations for operators who had more than one previous substantiated complaint, in some cases no action was taken.

Record-keeping is also poor. Files lack a chronological record that documents the operator's performance history or the program's decision making. Complaints found in files available to the public were not found in the program's file. And, similarly, actions that were noted on the complaints available to the public were not documented in the program's confidential file. This lack of documentation creates additional workload when ACH Program staff must recreate a history if administrative action is contemplated against an operator.

During our audit, the ACH Program implemented a schedule of fine amounts for operator noncompliance. Areas covered by this schedule include: residents left alone or with unqualified caregiver, medication violations, inappropriate acceptance of residents, lack of cooperation with Aging Services staff, unlicensed home, health and sanitation problems, and a general category of other health, safety or welfare violations which includes an open category titled "Other." The fine schedule is used for sanctioning licensing violations as well as substantiated complaints.

While this new schedule of penalties has the potential to increase consistency and improve follow-up, additional attention is needed to ensure that fine revenues are tracked in a systematic manner. Fines and deadlines are handwritten on a sheet of paper posted in the clerical office space. Procedures are not clear regarding follow-up if operators fail to pay. Payment documentation is difficult to find in an operator's file. In the first weeks of implementation, $1,300 had already been levied. At this rate, revenue is likely to be substantial and should be tracked.

Need to review adult care goals and regulatory styles

The original intent of adult foster care homes was to create alternatives to nursing facility care which were less costly and in a less institutional environment than nursing homes. The adult foster care home was intended to be a setting where the caregivers served as a substitute family for the resident. In recognition of this familial relationship within private homes, regulation of foster homes was structured in Multnomah County to be much less formal and invasive than that applied to nursing homes.

Adult foster care homes have accomplished the goals of providing a less institutional setting and of reducing care costs, but they usually do not reflect the environment that their name evokes. We believe that two policy issues should be reviewed to ensure that there is a consensus on the expectations of adult foster care. There is a need to determine whether Multnomah County's adult foster care homes are adequately meeting the legislative intent of a home-like setting. Most importantly, there should be a determination of the appropriate amount of regulation for these homes.

Regulatory style has not kept pace with adult care home trends

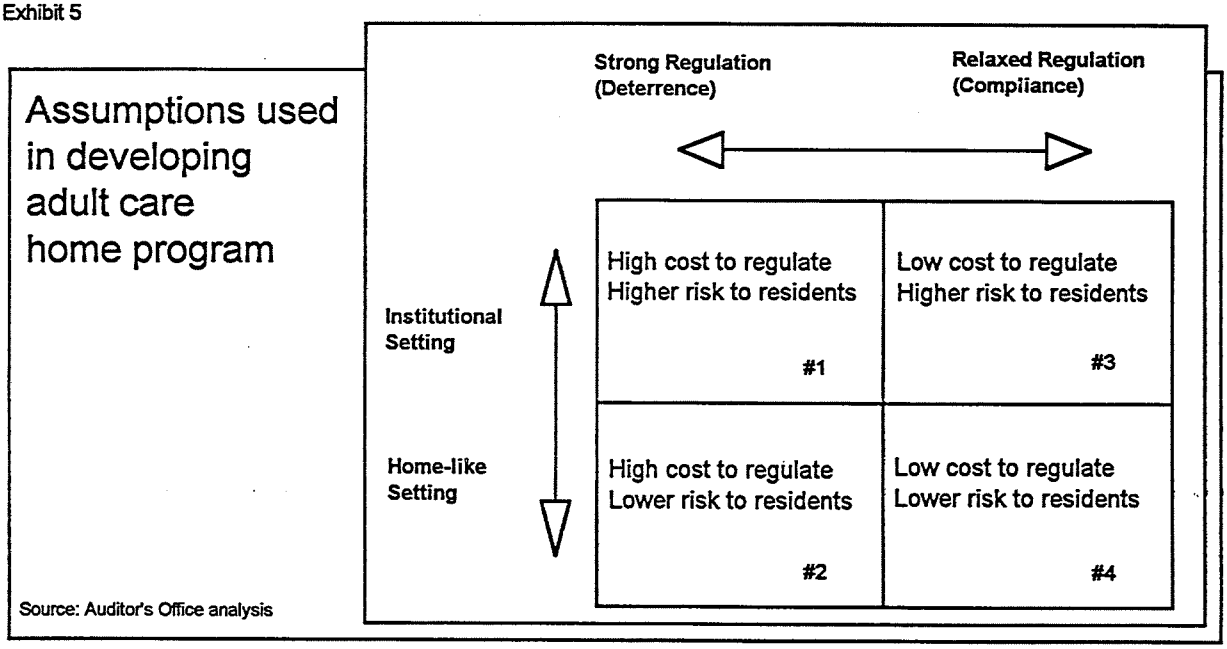
Our observations of 40 adult foster care homes indicate that they are not as institutional as a nursing home, but they are also not homes. Over the past eight years an increasing number of the homes are taking on institutional characteristics. Many of the homes are operated by a hired resident manager. Many homes, whether owner-occupied or owned as one of multiple homes, operate as businesses. These owners often appear to rely solely on the income from residents. With more residents "aging in place," caregivers are being asked to provide more of the intensive nursing care that one would find in a nursing home. For those homes operated by a family, most have four or five residents, which may be too many persons to assimilate into a family's social interactions. Many times the resident lives in a separate area in the home.

While the ACH Program has taken a number of steps to improve its regulatory practices, more needs to be done to reduce the risk of poor quality care. To date, the ACH Program has practiced a "compliance" style of regulation as defined in the professional literature. Under this style the regulator acts as a consultant, negotiating and bargaining with the regulated entity. Sanctions are pursued only as a last resort. At the other end of the continuum is the "deterrent" style, which is formal and legalistic.

Consider risk and regulatory costs

We believe that the risks to residents are higher than was assumed when the regulatory style was established 8 years ago in ordinance and in practice. The County must seek a balance between the costs, not just financial, related to the degree of regulation and the degree of risk to the health, safety, and welfare of residents of these homes. The options available to the County can be represented in a matrix diagram. When adult foster care was designed, the assumption was that residents placed in a home-like setting were less at risk than those placed in an institutional setting. There was a belief that a more caring relationship would develop between resident and caregiver which would reduce the likelihood of resident harm. As a result, regulation of adult care homes has been more relaxed than nursing homes (quadrant #4). If these assumptions are true, regulation must increase as adult care homes become more institutionalized; that is, the County regulatory style must move from quadrant #4 to quadrant #3.

Exhibit 5



To reduce risks to residents in the current environment, this report recommends that the ACH Program more stringently screen applicants, more thoroughly monitor homes, and more aggressively ensure that problems are quickly resolved. At the same time, it may be appropriate to review some of the fundamental assumptions and objectives of adult foster care in the context of changes which have occurred in recent years. One assumption that should be studied is the belief that there is inherently less risk to residents in a home-like setting.

RECOMMENDATIONS

The County's responsibilities to regulate adult foster homes have changed over the past ten years as have the characteristics of the homes. The growth in the number of foster homes indicates their value as an alternative to nursing homes.

A. To better protect the residents of adult care homes, the ACH Program and the County Commissioners should:

   1. Review the original ordinance and the purpose of the regulatory program. The regulatory approach and the nature of the homes to be licensed should be considered and the mission of the program clarified. New rules may be needed to preserve the "home-like" quality of homes or create new adult care home categories.

Depending upon the regulatory approach that is adopted, the ACH Program should improve screening procedures, enhance monitoring, and develop operational guidelines for imposing administrative sanctions when problems arise.

B. To better insure that operators are qualified to care for the elderly and disabled in their homes, the ACH Program should:

   1. Test applicants on their understanding of rules and caregiver's responsibilities prior to issuing a license.
   2. Require that applicants demonstrate sufficient financial resources to run a foster care home for 2 months without anticipated resident payments.
   3. Screen all those applying to be caregivers with information from the Provider Alert system.
   4. Develop guidelines for evaluating applicants with previous substantiated complaints.
   5. Establish routine follow-up procedures for new operators to verify standards are met once residents have moved into the home.
   6. Enhance training of operators on fire safety and consider conducting fire drills during random licensing visits to verify that all residents are capable of exiting the home safely.

C. To make criminal history decisions more consistent, the ACH Program should:

- 1. Develop specific guidelines for granting exceptions. This will be especially important when the program begins doing its own record checks.

- 2. Work with County Counsel to clarify administrative rules so that ACH Program staff have the authority to disapprove caregivers on the basis of criminal convictions not specified by rule.
- 3. Develop procedures that require fingerprints and out-of-state record checks for those who have resided in another state in the recent past. Procedures used by Children's Services Division provide a good example for rules in this area.
- 4. Consider new guidelines for persons with a history of domestic assaults.
- 5. Enforce current rules which state that falsification of the criminal history authorization form is grounds for administrative sanctions. The program could consider automatic disqualification for those who falsify their applications.
- 6. Adopt conventions for filing criminal history documents to make the annual review process more efficient.

D. To identify and resolve problems more quickly, the ACH Program should:

- 1. Enhance monitoring activities through unannounced visits.
- 2. Formalize communication with other "eyes and ears" in the system. Case Managers in Aging Services, MED and DD need to understand that the licensing program relies on their feedback to alert them to problems.
- 3. Use a resident interview or evaluation in the licensing process.
- 4. Integrate monitoring by the ACH Program's registered nurse with licensing decisions.
- 5. Develop notification procedures with Aging Services, MED and DD programs so that notice of all complaints is received.

E. To increase the consistency and effectiveness of the ACH Program's response to operators with substantiated complaints or who fail to comply with standards, the ACH Program should:

- 1. Develop guidelines for administrative sanctions.
- 2. Increase the staff's understanding of the County's liability for the welfare of the residents in the licensed homes.
- 3. Maintain a chronological record of actions taken.
- 4. Develop enhanced control systems for collecting and tracking fines.

F. In order to better serve the community, the ACH Program should:

- 1. Take a more affirmative role in notifying the public of all the information that is available for review.
- 2. Make information more accessible to the public. Automated, up-to-date information on homes could be made more widely accessible through the Aging Services Branch Offices or the public library.
- 3. Index public records of complaints to better assist the public in locating information.
- 4. Advise the public by phone whether or not any complaints have been filed against a home.

APPENDIX

Data Collection Forms

Caregiver Assessment/File Review

Sequence #:_____
Address:_____

Person interviewed:_____ (Operator / RM / SC)

1. History of their experience as a caregiver. Do they see themselves doing foster care in 10 years?

2. Are there ways in which the County's licensing and monitoring procedures could be improved?

3. Copy of House Rules obtained? Y / N

Are there other house policies or rules?

Are portions of the home "off-limits"? Y / N

What is the procedure when a resident wants to go out-of-doors?

4. Review of client files

   a. Are progress notes regular and up-to-date over the last 6 months? Yes / No

   b. Is medical charting up-to-date as of today? Yes / No

5. Caregiver's interactions with residents A / B / C

6. Could caregiver understand and respond to questions clearly Yes / No

Interactions w/Residents

A= Knocks on doors, touches residents and addresses residents by name.

B= Exhibits the criteria for A but manner is indifferent or controlling.

C= Does not touch residents or Disturbs without knocking or Never addresses residents by name.

Sequence #:_____

Resident Assessment

Resident's Name: _____.

5 General areas: Food, Daily Care, Activities, Medical Treatment, and Safety

So how do you like it here . . .

FOOD

Y / N	6.	Do all the residents eat together?
Y / N	7.	If you eat alone, is that your choice?
Y / N	8.	Is the caregiver there when you eat?
Y / N	9.	Does the caregiver help those who need assistance?
Y / N	10.	Are you offered snacks at times other than meal time?
Y / N	11.	Are you generally satisfied with the food?

DAILY CARE

Y / N	12.	Can you choose what you wear?
Y / N	13.	Is it ok for you to get up at night if you can't sleep or have to go to the toilet?
Y / N	14.	Do you bathe as often as you would like?
Y / N	15.	Do you feel you have enough privacy when you bathe or go to the toilet?
Y / N	16.	Do you get assistance if you need it for these activities?
_____	17.	What time do you get up in the morning?
_____	18.	What time do you have breakfast?
Y / N	19.	Is the temperature in the home comfortable for you?
	20.	How do the staff act toward you when they take care of you?
Y / N	21.	Do you think they have enough time to take care of you?
Y / N	22.	Are there ever disputes between residents or between residents and caregivers? How are they handled?
Y / N	23.	Have you ever seen the staff yell at any of the residents?
Y / N	24	Have any of your clothes or belongings been taken by another resident or caregiver and not returned?

DAILY ACTIVITIES

Y / N 25. Can you spend your time around here the way you like?

26. When you want to make a private phone call, how do you do it?

Y / N / N.A. 27. Can your visitors come when it's convenient for them?

28. When you want to visit with family & friends in private, where do you go?

Y / N / N.A. 29. Do you have to let someone know when you have to do outside?

Y / N / N.A. 30. If you share a room, do you get along very well with your roommate?

MEDICAL CARE

_____ 31. When was the last time you saw your caseworker (IF Medicaid)?

_____ 31b. When were you last seen by a doctor or nurse?

_____ 31c. When were you last seen by a family member or friend?

Y / N 32. If you have a medical problem, are you able to get to a doctor promptly?

SAFETY

_____ 33. When was the last time there was a fire drill?

Y / N 34. If there were an emergency, such as a fire or you were to fall, are you confident that the caregiver would be able to take care of you?

OVERALL SATISFACTION

35. What do you like most about the home/your care?

36. Is there anything about this home or the care you receive that could be improved?

ENVIRONMENTAL QUALITY SURVEY

Sequence #:_____

Address:_____

Outdoor Environment:

Y / N	1.	Home is located in residential area.
Y / N	2.	Yard is maintained (grass mowed, no trash).
Y / N	3.	Areas outside where the resident can sit
Y / N		or walk
		Home is split level/single level/multi-level

Overall Indoor Environment:

Y / N	5.	Books, plants and personal items scattered throughout the house
N / Y	6.	Medications laying around
Y / N / NA	7.	Pets under control
A / B / C	8.	Lighting
Y / N	9.	Doors to bedrooms open

Resident's Names	Client Type (ASD, MED or DD)	Payment Type	Mobility	Groom -ing	Inter- viewed
	ASD MED DD	PRIV MED	Am Ch Be	S U	Yes No
	ASD MED DD	PRIV MED	Am Ch Be	S U	Yes No
	ASD MED DD	PRIV MED	Am Ch Be	S U	Yes No
	ASD MED DD	PRIV MED	Am Ch Be	S U	Yes No
	ASD MED DD	PRIV MED	Am Ch Be	S U	Yes No

Describe resident activity during visit:

Living Room:

A / B / C	10.	Odors
A / B / C	11.	Cleanliness
A / B / C	12.	Orderly
Y / N	13.	Sufficient furniture to accommodate recreational/socialization needs.
Y / N / NA	14.	If separate living space for caregiver, is it comparable?

Dining Room:

A / B / C	15.	Odors
A / B / C	16.	Cleanliness
A / B / C	17.	Orderly
Y / N	18.	Sufficient furniture/space for recreational/socialization needs

Kitchen:

A / B / C	19.	Odors
A / B / C	20.	Cleanliness
A / B / C	21.	Orderly
A / B / C	22.	Quality/Quantity of food in refrigerator
Y / N	23.	Fresh produce available

Bathrooms:

A / B / C	24.	Odors
A / B / C	25.	Cleanliness
A / B / C	26.	Orderly
Y / N	27.	Convenient access to bathroom
Y / N	27a.	Open access w/out violating privacy of other residents

Bedrooms:

A / B / C	28.	Odors
A / B / C	29.	Cleanliness
A / B / C	30.	Orderly
A / B / C	31.	Lighting
Y / N	32.	Private closet space/dresser
Y / N	33.	Beds of proper size and height
A / B / C	34.	Homelike

ENVIRONMENTAL QUALITY SURVEY

CODING DEFINITION

Lighting

A = Illumination levels appropriate to tasks with little glare. Lighting supports maintenance of independent functioning and task performance.

B = Lower levels of illumination with glare. In certain parts of the space, residents would experience problems in maintaining independent functioning or task performance.

C = Illumination level too low or high to perform tasks of resident's choice. Glare in most areas of the space. Light interferes with task performance or independent functioning regardless of where the resident is in that area.

Odors

A = Nothing objectionable about the air (normal).

B = Air is objectionable. Air is tainted in some way (e.g. stale, stuffy, musty, medicinal, or chemical smells).

C = Air is distinctly objectionable with pervasive odors (e.g. fetid odors of urine and feces).

Cleanliness

A = There may be some dust in corners, fingerprints on walls, drapes and furniture with a few small stains, but space is generally clean.

B = Walls, floors, drapes or furniture dirty and in need of cleaning. Considerable dust, fingerprints, or removable stains. Some trash or debris in the area.

C = Walls, floors, drapes and/or furniture very dirty and in need of major cleaning. Some surfaces have non-removable stains. Surfaces dirty to the touch. Trash and debris throughout the area.

Orderly

A = The area is uncluttered and in good repair. Residents and staff can function safely.

B = The area needs minor repairs (for example, some peeling paint) and some clutter is present that may interfere with the safe functioning of staff and residents.

C = The area needs major repairs (for example, extensive peeling paint, water damaged ceiling, extensive areas of broken floor times) or the area is very cluttered in a way that interferes with the safe functioning of residents and staff.

Homelike

A = Resident's room shows much individualization and continuity with past. Homelike, with many of the resident's personal belongings such as pictures, chairs, favorite objects. Easy to gain an understanding about the resident's life.

B = Rooms may have a few non-institutional and individualized features, but it is difficult to gain an understanding about the resident's life in spite of the resident's desire to add personal belongings.

C = Room appears institutional not individualized, and sterile. Unable to gain an understanding about the resident's life by observing their surroundings.

Food Quality/ Quantity

A= Food covered and in containers. Ample amounts of meat, milk, and produce available in refrigerator.

B= Minimal food or uncovered food.

C= Spoiling food observable or odor present. No meat, milk or produce available in refrigerator

RESPONSES TO THE AUDIT

Beverly Stein, Multnomah County Chair

Room 1410, Portland Building
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(503) 248-3308

September 23, 1994

Gary Blackmer
Multnomah County Auditor
1021 SW 4th
Portland, OR. 97201

Dear Gary

I want to thank you and your staff for the hard work done on the audit of Adult Care Homes (ACHs) and thank you for the opportunity to provide a response to your findings. I strongly support and have already started implementing your recommendations on improving procedures to assure the prevention of neglect and abuse of residents of ACHs.

Your report makes it quite clear that the rapid growth in the number of ACHs has overwhelmed the County's system for licensing and monitoring. I believe this rapid growth was one of the reasons county management requested this audit. Our staffing levels and our regulatory infrastructure have lagged behind the development of this industry. Your recommendations have already produced substantial changes, and more will be on the way. A new director is being hired and management oversight will be strengthened.

You note that we need to improve the coordination between record systems and among the various professional staff who are involved with the residents of ACHs. New procedures, increased automation and improved communication methods are all needed, and we are already taking those steps.

Your recommendations on increasing the level of monitoring are also important. Some of that has already been accomplished with revised procedures in the Aging Services Division. Earlier this year, the Board of County Commissioners increased the licensing fee for ACH Operators. The money generated by this fee increase allowed us to hire two additional staff to increase the level of monitoring of homes.

I believe that the scale of improvement in monitoring that is needed can only be accomplished by expanding the Ombudsman program which is currently administered by the State. It is my hope that the increase in public attention likely to be generated by this audit

will spur a dramatic increase in the number of volunteers coming forward to assist in the monitoring process. In addition I want to explore the possibility of returning the coordination of this program to PMCOA if that would increase its effectiveness.

When the Board of County Commissioners adopted its 1994 - 95 budget we added funds for the ACH Advisory Committee and transferred it to the Portland/Multnomah Commission on Aging (PMCOA). This action both strengthened the oversight function and increased its independence. This is a valuable long-term solution to a whole range of issues regarding ACH regulation. I am asking this group to bring me specific recommendations on additional steps to be taken to improve our procedures.

We need to view the adult care home system in the context of the various choices that are available to elderly people and their families. Oregon and Multnomah County lead the nation in providing a wider range of choices than is available in other communities. We have programs to support elders who choose to live alone---as many do. We work hard to have high quality nursing homes. We have more adult care homes in Multnomah County than in any state. Adult care homes provide a crucial opportunity for the elderly to be cared for when living alone is not feasible and a nursing home is not desired or appropriate.

Our strategy of providing a wide range of options recognizes the diverse needs and desires of our elderly population. With 65% of the residents of Adult Care Homes in private pay status, there are substantial market forces at work. Residents and family members do make choices and with a 21% vacancy rate, they have alternatives.

One of the issues raised by your report is whether or not ACHs are "home-like". Homes in our community are very diverse. I'm sure that any particular ACH would resemble some homes and be quite different from others. I am not confident that government can or should determine what is home-like. I raise this concern because I think it is most important that the community and policy makers are clear about the expectations of adult care homes.

Your first recommendation is that the Board of County Commissioners review the ordinance, the purpose of the program, its mission and whether "New rules may be needed to preserve the 'home-like' quality of homes...." I believe that is appropriate and I will institute such a review. First, however, I will ask PMCOA to consider these questions and prepare comments for the Board.

I have a very high degree of confidence in PMCOA. They are one of the most effective advocacy groups in the state and have a demonstrated track record in tackling tough and controversial issues. I think that they can balance the concerns expressed in your report with the real life situations of elderly people in Multnomah County. I want and need their advice on the issues that you have raised.

Your investigators found a lot of loneliness in the homes they visited. I think that this is a problem that is representative of a larger set of social issues. Do we treat our elders with respect? Do families need to play a larger role? Should government serve as a

substitute when there is no family? It's clear that growing old is not easy. It is also clear that the number of older people in our society will skyrocket over the next two decades. I am committed to the principle that the elderly should grow old with dignity. We must engage the community in a broad discussion of this issue.

Thanks again for all your hard work. I believe that the discussion prompted by your report will serve to improve the lives of the elderly residents of Multnomah County.

Sincerely,

Beverly Stein

Beverly Stein

MULTNOMAH COUNTY OREGON

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September 23, 1994

Gary Blackmer, Auditor
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1021 SW 4th, Room 136
Portland, OR 97204

Dear Gary,

I appreciate the opportunity to respond to the audit of the Adult Care Home Program recently completed by your office. Some of the changes that you and your staff recommended during the course of the audit have been implemented. As a result, we are already seeing improvements in the monitoring of homes, more vigilance by operators in avoiding problems highlighted in the new Schedule of Fines, and program staff devising new ways to make information on homes more accessible to the public.

As you know, the audit was requested as part of the (then) Department of Social Services review of the Adult Care Home Program. We have recognized for quite some time that the systems we had in place were not keeping pace with the growth and development of Adult Care Homes in the County. In 1993, the Board of County Commissioners approved an increase in the licensing fees that enabled the program to add two new staff positions to improve oversight of the homes. Staff were then able to identify and impose sanctions to homes that were seriously or chronically in violation of the rules. In addition, the rules governing Adult Care Homes were changed several times to apply higher standards in regulating the homes.

The priority issue needing immediate changes is that people with criminal histories were authorized to work in homes. The staff followed the rules and were concerned with the welfare of the residents. However, I agree with the audit that both the rules and the staff were too lenient in granting exceptions for licenses. We are in the process now of drafting revisions to the rules that will allow staff to give very few exceptions for criminal history. We will also recommend that people with histories of wanton disregard for the rights and safety of others, such as in domestic violence situations, be denied licenses, whether there is a conviction or not.

Implementation of the recommendations in the audit will be the next major step in increasing protections for the residents in the homes. Aging Services Division will work with the program staff, the newly formed citizens advisory committee, which is part of the

Portland Multnomah Commission on Aging, and the Board of County Commissioners to implement the audit recommendations, and to make other identified improvements.

Following is a response to specific audit recommendations:

Recommendation A: Review the purpose of the program (Page 26).

ASD will work with the Chair's office and the Board of County Commissioners in a major review of the mission and purpose of the program. A major issue here is to balance the need to retain a homelike setting in most homes, while assuring that there are basic protections in place to assure that quality of life and residents' rights are respected.

Recommendation B: Better insure that operators are qualified to care for the elderly and disabled in their homes (Page 26).

The ACH Program staff are in the process of implementing the procedural steps listed under Recommendation B. Aging Services Division will initiate a planning process involving all concerned parties to develop new and stricter standards for persons wanting to qualify as Adult Foster Home Providers.

Recommendation C: Make criminal history decisions more consistent (Pages 26-27).

This whole area of criminal history has been very difficult. We agree that the County rules need to be clarified. They also need to be revised to give additional authority to staff to deny applicants with criminal records. These changes will be submitted for appropriate approvals by March 1, 1995. Meanwhile, program staff will put in place the procedural recommendations under this section, viz. procedures for record checks and fingerprinting; for those who have resided in another state (by December 1, 1994). We have already implemented Recommendation C.5, automatic disqualification for those falsifying criminal history on the application, and Recommendation C.6, adopting conventions for filing criminal history documents to make the annual review process more efficient.

New standards will be included regarding a history of domestic assaults as is recommended under Recommendation C.4 (page 27) in the audit. We expect to have the standards adopted by April 1, 1995.

Recommendation D: Identify and resolve problems more quickly (Page 27).

Program staff have already implemented some of these recommendations. Unannounced visits to homes have been increased (D.1).

Staff are being trained in new protocols for communication with other parts of the Aging Services System. Agreements with MED and DD will be developed by February 1, 1995 (D.2). New notification procedures with Aging Services, MED and DD programs are in place (D.5).

In addition, Aging Services Division will work with the ACH Advisory Committee to develop a resident interview process (D.3). We expect to begin using a formal interview process by April 1, 1995.

Recommendation E: Improve the program's response to substantiated complaints (page 27).

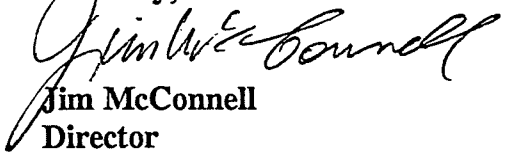
The Division staff have already made the procedural changes (E-2, E-3, E-4). Staff will work with the Adult Care Home Advisory Committee to adopt guidelines for administrative sanctions. A basic set of guidelines will be in place by April 1, 1995. Additions will be necessary periodically as staff deal with new and different situations.

Recommendation F: Better inform the community (page 28).

Program staff have already adopted a new role in notifying the public of all information that is available for review. By January 1, 1995, public records will be better indexed to assist the public in locating information. Staff will consult with the Adult Care Home Advisory Committee, County Library staff and others to plan for making the information on homes available through other outlets as recommended in the audit.

I want to thank you and your staff for the work you have done on this audit project. We see our role for the future being to continuously review these issues and others and make improvements that will assure protection for the residents of the homes.

Sincerely,



Jim McConnell
Director

c Beverly Stein, Chair of the Board

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