Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Melichar Test Bank

SKU: 9780826161949-TEST-BANK

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

Test Bank for

ASSISTED LIVING ADMINISTRATION AND MANAGEMENT: EFFECTIVE PRACTICES AND MODEL PROGRAMS IN ELDER CARE

Second Edition

Darlene Yee-Melichar

Cristina Flores

Andrea Renwanz Boyle

SPRINGER PUBLISHING COMPANY

ISBN: 978-0-8261-6197-0

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

Copyright © 2021 Springer Publishing Company, LLC

All rights reserved.

This work is protected by U.S. copyright laws and is provided solely for the use of instructors in teaching their courses and as an aid for student learning. No part of this publication may be sold, reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior permission of Springer Publishing Company, LLC.

Springer Publishing Company, LLC
11 West 42nd Street
New York, NY 10036
www.springerpub.com

ISBN: 978-0-8261-6197-0

The author and the publisher of this Work have made every effort to use sources believed to be reliable to provide information that is accurate and compatible with the standards generally accepted at the time of publication. The author and publisher shall not be liable for any special, consequential, or exemplary damages resulting, in whole or in part, from the readers' use of, or reliance on, the information contained in this book. The publisher has no responsibility for the persistence or accuracy of URLs for external or third-party Internet websites referred to in this publication and does not guarantee that any content on such websites is, or will remain, accurate or appropriate.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

CONTENTS

1. THE ASSISTED LIVING INDUSTRY: CONTEXT, HISTORY AND OVERVIEW 7
Multiple-Choice Questions 7
Multiple-Response Question 10
True/False Questions 10
Short-Answer Questions 11
Essay Questions 12
2. POLICY, LICENSING AND REGULATIONS 15
Multiple-Choice Questions 15
Multiple-Response Questions 18
True/False Questions 19
Short-Answer Questions 19
Essay Question 20
3. ORGANIZATIONAL OVERVIEW 23
Multiple-Choice Questions 23
True/False Questions 26
Short-Answer Questions 27
Essay Question 28
4. RECRUITING AND HIRING STAFF 30
Multiple-Choice Questions 30
True/False Questions 34
Short-Answer Question 34
Essay Question 35
5. TRAINING STAFF 36
Multiple-Choice Questions 36
Multiple-Response Questions 38
True/False Questions 39
Short-Answer Questions 40
Essay Questions 41
6. RETAINING EMPLOYEES AND EMPOWERMENT 44
Multiple-Choice Questions 44
True/False Questions 48
Short-Answer Questions 48

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

Essay Question 48

7. CONTINUING EDUCATION 50

Multiple-Choice Questions 50

True/False Questions 54

Short-Answer Question 54

Essay Question 54

8. INTERPROFESSIONAL PRACTICE: ISSUES FOR ASSISTED LIVING ADMINISTRATORS 56

Multiple-Choice Questions 56

Multiple-Response Questions 60

True/False Question 60

Short-Answer Question 61

Essay Question 61

9. BUSINESS, MANAGEMENT AND MARKETING 63

Multiple-Choice Questions 63

Multiple-Response Questions 66

True/False Questions 67

Short-Answer Questions 67

Essay Question 68

10. FINANCIAL MANAGEMENT 70

Multiple-Choice Questions 70

Multiple-Response Questions 73

True/False Questions 74

Short-Answer Questions 75

Essay Questions 78

11. LEGAL CONCEPTS AND ISSUES IN ASSISTED LIVING COMMUNITIES 85

Multiple-Choice Questions 85

Multiple-Response Questions 88

True/False Questions 90

Short-Answer Questions 90

Essay Questions 93

12. ACCESSIBILITY, FIRE SAFETY, AND DISASTER PREPAREDNESS 97

Multiple-Choice Questions 97

True/False Questions 100

Short-Answer Question 101

Essay Question 101

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

13. MODELS OF CARE 103
Multiple-Choice Questions 103
True/False Questions 106
Short-Answer Question 106
Essay Question 107
14. UNIVERSAL DESIGN AND AGING-IN-PLACE 108
Multiple-Choice Questions 108
Multiple-Response Questions 111
True/False Questions 111
Short-Answer Question 111
Essay Question 112
15. HOME AND COMMUNITY BASED SERVICES AS AN ALTERNATIVE TO ASSISTED LIVING 113
Multiple-Choice Questions 113
Multiple-Response Questions 115
True/False Questions 116
Short-Answer Questions 117
16. INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) IN ASSISTED LIVING COMMUNITIES 120
Multiple-Choice Questions 120
Multiple-Response Questions 122
True/False Questions 123
Short-Answer Question 123
Essay Question 123
17. DIVERSITY ISSUES 125
Multiple-Choice Questions 125
Multiple-Response Question 128
True/False Questions 129
Short-Answer Question 129
Essay Question 129
18. LGBTQ ISSUES IN ASSISTED LIVING 131
Multiple-Choice Questions 131
Multiple-Response Questions 134
True/False Questions 136
Short-Answer Questions 136
Essay Question 138

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

19. PHYSICAL ASPECTS OF AGING 142
Multiple-Choice Questions 142
True/False Questions 145
Short-Answer Question 145
Essay Question 146
20. PSYCHOLOGICAL ASPECTS OF AGING 147
Multiple-Choice Questions 147
True/False Questions 150
Short-Answer Question 150
Essay Question 150
21. MEMORY CARE UNITS IN ASSISTED LIVING: BENEFITS AND CHALLENGES FOR ADMINISTRATORS 152
Multiple-Choice Questions 152
Multiple-Response Questions 154
True/False Questions 155
Short-Answer Question 155
Essay Question 157
22. PALLIATIVE AND HOSPICE CARE 158
Multiple-Choice Questions 158
Multiple-Response Questions 161
True/False Questions 161
Short-Answer Question 161
Essay Question 162
23. RESIDENT RIGHTS 163
Multiple-Choice Questions 163
Multiple-Response Questions 166
True/False Questions 166
Short-Answer Question 166
Essay Question 167

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

CHAPTER 1

THE ASSISTED LIVING INDUSTRY: CONTEXT, HISTORY AND OVERVIEW

MULTIPLE-CHOICE QUESTIONS

1. The fastest growing segment of long-term care for seniors is which of the following?
   a. Skilled nursing
   b. Adult day care
   c. Home care
   *d. Assisted living
   e. Senior apartments
2. Which of the following is not considered a Long-Term Care provider option for seniors?
   *a. Senior themed cruises or hotels
   b. Assisted living
   c. Continuing care communities
   d. Adult day care
   e. Skilled nursing
3. What will the number of senior using paid, Long-Term care services be by 2050?
   a. 13 million
   b. 20 million
   *c. 27 million
   d. 10 million
   e. Too many to count
4. According to the Centers for Disease Control and Prevention, how many people receive support from Residential Care/Assisted Living communities in the U.S. annually?
   a. 8,357,100
   b. 273,200
   *c. 713,300
   d. 819,500
   e. Too many to count
5. As the U.S. population ages, more people are needing assistance. What percentage of people who are 65 today are going to need long-term care?
   *a. 52%
   b. 71%
   c. 67%
   d. 43%
   e. 18%

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

6. Which of the following are considered ADL? Select all that apply:
   a. Bathing and grooming
   b. Medication management
   c. Financial management
   d. Medical and health consulting
   *e. A & B
7. Long-term care is very expensive. Approximately how much does it cost per year (on average) to live in an assisted living community?
   *a. $45,000
   b. $105,000
   c. $82,000
   d. $67,000
   e. $75,000
8. Assisted living has become increasingly popular for the following reasons:
   a. The traditional nursing home option was not an enjoyable environment
   b. Consumers desired an alternative living option that was more home-like
   c. Assisted living options allow for functional capability and autonomy
   d. Assisted living environments allowed for multiple living options from independent living to memory care
   *e. All of the above
9. What is the definition of *assisted living*?
   a. A community that offers room and board with provisions for ADL
   b. There is no true definition for *assisted living*
   c. An option for living between one's own home and a nursing home
   d. Housing for the elderly with supportive services
   *e. All of the above
10. Name the characteristics of residents residing in the assisted living setting. Select all that apply:
   a. Majority of the residents are female
   b. Majority of the residents are non-Hispanic and White
   c. Majority of residents have a chronic condition such as high blood pressure or dementia
   d. 40% of residents require assistance with three or more ADL
   *e. All of the above
11. What is the median length of stay in an assisted living facility?
   a. 36 months
   b. 24 months
   c. 18 months
   *d. 22 months
   e. 48 months
12. Why was the Assisted Living Workgroup (ALW) formed?
   a. To improve profitability of assisted living homes
   *b. To address safety and quality of care issues
   c. To train future administrators
   d. To educate students on assisted living topics
   e. To operate assisted living communities throughout the United States

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

13. The Center for Excellence in Assisted Living (CEAL) include which of the following organizations?
    a. Pioneer network
    b. Agriforum
    c. Argentum
    d. American Cancer Society
    *e. A & C
14. Residents enter assisted living from the following places:
    a. Their home
    b. Skilled nursing
    c. Hospital
    d. Other assisted living
    *e. All of the above
15. When a resident receives assistance in assisted living, which ADL are most common?
    a. Support with eating
    b. Toileting or continence care
    c. Ambulation or transferring
    *d. Bathing and Grooming
    e. Assistance with finances
16. What percentage of resident in an assisted living facility are over the age of 85?
    *a. 50%
    b. 75%
    c. 60%
    d. 90%
    e. 83%
17. What are the reasons a resident would move out of an assisted living facility?
    a. Eviction
    b. Loss of finances
    c. Recuperation or rehabilitation
    d. Dissatisfaction
    *e. All of the above
18. When was the term *assisted living* first used?
    a. 1969
    *b. 35 years ago
    c. 1991
    d. 1965
    e. 2001
19. What percentage of seniors will need long-term care for less than 5 years?
    *a. 86%
    b. 78%
    c. 14%
    d. 33%
    e. 63%
20. Adult day care (ADC):
    a. Is a way to give caregivers a break
    b. Is a place to offer social interaction for seniors

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

c. Offers meals one to five times per week
d. Can include some medical services
*e. All of the above

21. The fastest growing age group in the country is?
a. 0–18
b. 21–30
c. 31–50
d. 51–70
*e. 85 and older

22. Which generation is expected to increase the demand for long-term care services?
*a. Boomers
b. Generation X
c. Generation Z
d. The greatest generation
e. Millennials

23. Long-term Care is defined as:
a. Personal care
b. Social services
c. Sustained care over 90 days
d. For persons with chronic conditions or functional limitations
*e. All of the above

24. How should the quality of care improve in assisted living?
a. Administrator education
b. Accountability and oversight
c. Affordable care
d. Staffing standards
*e. All of the above

MULTIPLE-RESPONSE QUESTION

25. Which pay services do seniors use to pay for Long-Term Care? Select all that apply:
a. Medicare
*b. Medicaid
*c. Savings and assets
*d. Long-term care insurance
e. All of the above

TRUE/FALSE QUESTIONS

26. There is no single, nationally accepted definition of an *assisted living* facility; thus, each state has developed their own definitions and guidelines.
*a. True
b. False

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

27. The assisted living industry is referred to as the slowest growing segment of long-term care.
    a. True
    *b. False
28. Women live longer and have higher rates of disability than men, so older women are more likely to need care, and for a longer time.
    *a. True
    b. False

SHORT-ANSWER QUESTIONS

29. Assisted living has increased in popularity over the past twenty years. Describe two reasons why Assisted living has become popular and why?

    Answer

    Assisted living is a prominent and significant component of long-term care for older persons in the United States. Concerns regarding nursing home quality, states' interests in containing long-term care costs, as well as consumer demand have produced a dramatic growth in the industry. The assisted living industry is often referred to as the fastest growing segment of long-term care. The number of assisted living beds doubled between 1990 and 2002 (Harrington, Chapman, Miller, Miller, & Newcomer, 2005). In 2007, states reported 38,373 licensed assisted living/residential care communities with 974,585 units/beds, compared to 36,218 communities with 935,364 units/beds in 2004 (Mollica, Sims-Kastelein, & O'Keeffe, 2007). In a national report covering the years 2015 and 2016 prepared for the U.S. Department of Health and Human Services, Harris-Kojetin, Sengupta, Lendon, et al. (2019) reported a total of 28,900 communities with 996,100 beds. These numbers are indicative of the growth of larger sized communities.

30. As the interest in assisted living has increased, so has the quality of care and safety concerns. What are two reasons for the decline in quality and why is this happening?

    Answer

    As the interest in assisted living has increased, so have concerns about the quality of care and safety that can be provided to these residents that require special care, staffing, and physical and social environments. In contrast to nursing homes, no federal quality standards exist for assisted living. Additionally, states vary significantly in their licensing requirements, quality standards, monitoring, and enforcement activities (see Chapter 2).

    Research, media and reports throughout the country dating back to 1999 (United General Accounting Office, 1999) have identified quality of care and consumer protection issues relative to the quality of care in residential care settings. Older persons receiving necessary care and services in a homelike and residential setting dedicated to preserving dignity and autonomy are attractive and appealing. These concerns continue today. The determination of what makes assisted living "good" remains an important question.

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

ESSAY QUESTIONS

31. There are numerous long-term care options for seniors. Describe at least five and give examples for each and what purpose/benefit they offer seniors.

    Answer

    Home care
    Home care can include medical care (nursing, social work, rehabilitation therapies) and also help around the home. Skilled professionals come directly to the home to provide care. Home health aides or personal care service workers can visit daily or as needed to help with activities of daily living, such as bathing and grooming. They can also assist with housekeeping, meals, and shopping.

    Adult Day Care (ADC)
    Adult Day Health Care (ADHC)
    Adult care programs are a type of long-term care that offers social interaction and meals from one to five days a week, depending on the program. Some adult care programs provide transportation to and from the care center. Activities often include exercises, games, trips, art, and music. Some adult care programs include medical services, such as help taking medications or checking blood pressure.

    Senior Housing
    This type of housing is often rental apartments that have been adapted for seniors, including railings installed in the bathrooms and power outlets placed higher on the walls. Other services offered by senior housing communities include meals, transportation, housekeeping, and activities.

    Assisted Living/Community Based Residential Care
    Assisted living communities offer room and board with provisions for assistance with activities of daily living (ADL) such as bathing, dressing, eating, grooming, continence, and eating. In addition, assistance with transportation, housekeeping, laundry, obtaining medical and social services, and the supervision of medications and other medical needs is often offered.

    Skilled Nursing Facility (SNF) or Nursing Home
    Skilled nursing facilities or nursing homes offer 24-hour nursing care. These services are for those who need more medical care than other long-term care options can offer, such as wound care, rehabilitative therapy, and help with respirators or ventilators.

32. With the growing and advancement of long-term care options for seniors, assisted living has grown the fastest. Why has assisted living become so popular? Please give four examples and explain the benefits to residents.

    Answer

    The setting for the delivery and receipt of long-term care is often discussed as a continuum, with one's own home at one end and the nursing home on the other. These end points also are used to symbolize the continuum from personal independence to institutionalization. Assisted living is typically considered as somewhere in between these extreme ends where personalized care and supervision can be provided outside of an institutionalized environment, with an emphasis of optimizing physical and psychological independence.

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

In general, assisted living communities offer room and board with provisions for assistance with activities of daily living (ADL) such as bathing, dressing, eating, grooming, continence, and eating. In addition, assistance with transportation, housekeeping, laundry, obtaining medical and social services, the supervision of medications, as well as other medical needs is often offered.

It is noted that the exact definition of *assisted living* remains a question, and that the ambiguity surrounding the various definitions and regulatory models used throughout the country make for great confusion for providers, consumers, and researchers. Some see this as a unique mix of services and privacy, while others view it as a new term for the type of care and assistance that has been available historically.

There has never been a single nationally accepted definition of an *assisted living* facility. Instead, states that have the responsibility for regulating the supportive housing industry have each developed their own definitions and guidelines. While there is much in common among the states, there are also differences in the terms used to label various housing types and levels of care, and variation in the standards and restrictions for which these operations are held accountable. Provider and trade associations, formal associations, and governmental agencies, as well as academic researchers have developed a vast variety of definitions designed to capture both the definition and essence of assisted living communities and suit their own needs and purposes.

In 1992, Lewin-VHI, Inc. (1996) conducted a literature review and policy synthesis for the Office of the Assistant Secretary for Planning and Evaluation, Administration on Aging, and the U.S. Department of Health and Human Services. They determined that overall, assisted living was used to refer to housing for the elderly with supportive services in a homelike environment; the term was used interchangeably throughout the states with other common labels, such as residential care and board and care. However, it was also determined that proponents of assisted living often assert that assisted living offers a special philosophy that includes maximizing functional capability and autonomy and utilizing the environment as an aid for independence and socialization that makes assisted living distinguishable from other types of supportive housing for the elderly.

33. With the rapid growth of assisted living, there has been a decline in quality of care and safety. Explain three reasons why quality of care and safety has declined and offer a recent example of each reason.

Answer

In order to address quality and safety in assisted living communities, it is important to know the population of residents residing in and being served within these settings. The research in this area (although limited by methodology) has begun to suggest that residents residing in these communities are becoming increasingly dependent and frail, which makes issues of quality and safety more critical. Residents enter assisted living communities from a variety of places including: 1) the community; 2) other assisted living communities; 3) skilled nursing facilities; 4) nursing homes; and 5) hospitals.

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

Length of Stay and Reasons for Leaving

The median stay in an assisted living facility is 22 months (National Center for Assisted Living, 2018). About 60% of residents in assisted living transitioned to a skilled nursing facility. Reasons for residents leaving assisted living include:

- Need for higher level of care (voluntary relocation or involuntary eviction)
- Locations closer to loved ones
- Dissatisfaction
- Financial Concerns/Running out of money

Sources of Payment in Assisted Living

Although Medicaid coverage for assisted living services has increased gradually, assisted living remains a primarily private-pay segment of long-term care. Therefore, the majority of assisted living residents pay with their own funds. Others receive some support from family members, and some have private long-term care insurance. The lack of public subsidies and often high costs of assisted living often make it unaffordable for persons with low to moderate incomes.

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

CHAPTER 2

POLICY, LICENSING AND REGULATIONS

MULTIPLE-CHOICE QUESTIONS

1. Why are state licensing and regulations difficult to describe?
   a. They are highly variable
   b. States continually change regulations
   c. Assisted living is a broad category
   d. States have different philosophies of care
   *e. All of the above
2. In 2019, what was the most frequently changed regulation in the United States?
   a. Use of marijuana in an institutional setting
   *b. Increased disclosure and notifications to residents
   c. Protections from elder abuse
   d. Electronic monitoring
   e. Emergency protections and procedures
3. How many states did not report a regulatory change between 2018 and 2019?
   a. 10
   b. 35
   *c. 23
   d. 42
   e. 16
4. How many states do not have an option for using Medicaid to fund services in assisted living?
   *a. 8
   b. 15
   c. 25
   d. 2
   e. 35
5. What actions does the state regulations generally enforce in an assisted living facility?
   a. Physician orders
   b. Food sanitation
   c. License renewal inspections
   d. Complaint investigations
   *e. B & D

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

6. State philosophy on regulation typically allow for privacy, autonomy and community decision making. What kind of philosophy does this represent?
   a. A regulation-centered philosophy to keep residents safe
   b. A rule-centric philosophy to increase lawsuits and legal consequences
   *c. A philosophy that is consumer focused and resident-centric
   d. A bureaucratic philosophy with strong oversight and enforcement
   e. A laissez-fair approach
7. What are the two state regulatory systems described by Eric Carlson (2005)?
   *a. Single level or multilevel
   b. Laissez-faire or universal
   c. Holistic or binary
   d. Democratic or republican
   e. Corporation or private interests
8. Zimmerman and Sloan (2007) describe various models relative to size and unit types. Which is not considered the three-part typology?
   a. New model, large facility
   b. Board and Care
   *c. 16 beds or more older than 1987
   d. 16 beds or less
   e. None of the above
9. Why have there been historical problems with Resident Agreements?
   a. Did not include discharge criteria
   b. Did not explain how or why costs for care assistance changes
   c. Did not describe services not provided by facility
   d. Did not address grievance procedures
   *e. All of the above
10. Most state regulations now require which of the following to be added to the Resident Agreement?
   a. Quality of food rating and menu choices
   *b. Admission and discharge criteria
   c. Administrator contact information
   d. Historic detail of regulatory violations
   e. All of the above
11. The ALW (2003) included the following recommendations on contracts, except which of the following?
   *a. A comprehensive description of how much the rent will increase each year
   b. A policy to explain how the fees will be changed
   c. A description of how payments will be made
   d. The amount of advanced noticed required before fees will be changed
   e. The policy for grievance procedures
12. The ALW workgroup (2003) made the following recommendations for pre-admission with the exception of which of the following:
   a. Disclosure of advanced directive
   *b. Disclosure of image or identity guidelines
   c. Disclosure of specialized care programs
   d. Disclosure of end of life care
   e. Disclosure of the process of assessing residents

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

13. What are the typical admission and retention criteria in an assisted living?
    a. Health-related conditions
    b. Functional conditions
    c. Physical function
    d. Cognitive function
    *e. All of the above
14. An example of Residents Rights in assisted living would be which of the following?
    a. Right to root for the home team
    b. Right to remain silent
    c. Right to extra ice cream
    d. Right to use image on social media
    *e. Right to be treated with respect and dignity
15. Which of these is not considered a Resident Right?
    a. Right to choose your own dentist
    b. Right to practice Buddhism
    *c. Right to smoke in home
    d. Right to complain
    e. Right to receive unopened mail
16. The following are provider responsibilities except which of the following?
    a. Promote an environment of civility
    b. Maintain an environment free of illegal weapons and drugs
    c. Establish and maintain house rules
    d. Involve staff in resident service plans
    *e. None of the above, all are provider responsibilities
17. Which one of the following is not a typical service provided in assisted living?
    *a. 24-hour nursing care
    b. Recreational activities
    c. Meals and snacks
    d. Transportation
    e. Security and safety systems
18. Federal nursing home laws require direct-care staff to complete how many hours of training prior to direct care?
    a. 40 hours
    b. 16 hours
    *c. 75 hours
    d. 80 hours
    e. 8 hours
19. Medication administration is challenging. What are the common problems with the management of medications in the assisted living setting?
    a. Not giving correct medications to residents
    b. Not storing medications properly
    c. Allowing residents to “self-medicate”
    d. Incorrect handling of medications
    *e. All of the above

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

20. What are three of the federal statutes that impact assisted living?
    a. FMLA, Social Security Act, Consumer Safety Act
    b. Fair Housing Amendment Act, FMLA, FEHA
    c. FEMA, SEC, OSHA
    *d. Civil Rights Act of 1991, Rehabilitation Act of 1973, FMLA
    e. NCAA, MLBA, NFL
21. What does OSHA do for assisted living?
    a. Allows for employees to use chemicals
    b. Allows for employees to get hurt on the job
    c. Allows for employers to avoid safety inspections
    *d. Allows for employees to be free from recognized hazards at work
    e. All of the above
22. How does FLSA benefit assisted living?
    a. Requires pay for OT
    b. Mandates employee break periods
    c. Established equal pay standards
    d. Mandates employees are paid for training hours
    *e. All of the above
23. The Americans with Disabilities Act (ADA) affects assisted living in which ways?
    *a. Building, residents, and staff
    b. Residents and staff
    c. Building and residents
    d. Residents and visitors
    e. Visitors and staff

MULTIPLE-RESPONSE QUESTIONS

24. Assisted living can be labeled by states as which of the following:
    Choose all that apply:
    *a. ALF
    *b. ALR
    c. ROFL
    *d. RCFE
    e. ALM
25. Efforts are being made to improve quality of care in assisted living. A few of the initiatives include (choose all that apply):
    *a. New training for medication aids
    *b. Providing more technical assistance
    c. Increase the number of annual inspections
    d. Providing less technical assistance
    e. Requiring staffing ratios

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

TRUE/FALSE QUESTIONS

26. Residents have the right to be treated with dignity, to choose their own health professionals and withhold concerns and complaints to the assisted living residence.
    a. True
    *b. False
27. Services provided in an assisted living facility are the same in every state in regard to admission and retention criteria.
    a. True
    *b. False
28. Employees can take Family and Medical Leave Act (FMLA) leave for instances such as the birth of a child, adoption of a child, or care for a family member with a serious health condition.
    *a. True
    b. False

SHORT-ANSWER QUESTIONS

29. Resident agreements have historically been challenging for assisted living residents. Give three reasons why resident agreements needed reform and why.

    Answer:

    Dating back to 1999, the U.S. Government Accounting Office (GAO) reported that most assisted living communities provide information about services offered, but do not routinely provide information regarding discharge criteria, staff training and qualifications, services not available from the facility, grievance procedures, and medication policies. The majority of the 721 communities that responded to the GAO survey stated that they generally provide prospective residents written information about many of their services and costs before they apply for admission. However, only about half indicated that they provide information on the circumstances under which the cost of services may change their policy on medication assistance, or their practice for monitoring residents' needs. Furthermore, less than half said they provide written information in advance about discharge criteria, staff training and qualifications, or services not covered or available from the facility. The report concluded that the provision of adequate information to prospective and current residents is a major issue that requires additional oversight. This issue has become a key topic in assisted living today, with consumer advocates expressing on-going concern regarding the quality of resident agreements.

30. Resident rights in assisted living are essential. Give three examples and explain why it is important for resident rights to be required in the Assisted Living setting?

    Answer:

    The National Center for Assisted Living (2019), in their report *2019 Assisted Living State Regulatory Review*, provided summary information and examples of the current changes in state policy across the country. Some examples are:

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

- *More than half of states reported changes between June 2018 and June 2019 that will affect assisted living communities. Specifically, 27 states and the District of Columbia reported changes to a variety of requirements, either to the licensing requirements or to other regulations that also apply to assisted living providers (e.g., nursing scope of practice or life safety).*
- *Minnesota passed a bill finalizing comprehensive changes affecting assisted living providers. Effective in 2021 and subject to the rule-making process, the state will have two new levels of licensure: assisted living and assisted living with dementia care.*
- *States continue efforts to enhance protections for residents, which were the majority of changes. Specifically, the most common changes were to: disclosure or notification requirements, efforts to prevent or address alleged abuse or neglect, staff training, emergency preparedness and life safety.*
- *The most frequent change over the past year was an update to disclosure and notification requirements. Four states (Colorado, Minnesota, Oregon, and Virginia) and the District of Columbia passed laws requiring new types of notification either to the resident or to the state.*
- *Efforts to protect against elder abuse and neglect was another common change. Continuing last year's trend regarding state background checks, two states (Utah and West Virginia) reported updates for background checks of employees.*

ESSAY QUESTION

31. The federal and state government regulate assisted living. Give at least five examples of why government regulation is needed and how recent federal and state regulations have improved assisted living.

    Answer:

    The Assisted Living Workgroup (2003) included the following recommendations regarding resident agreements/contracts within the resident rights component of their report, *Assuring Quality in Assisted Living: Guidelines for Federal and State Policy, State Regulations, and Operations*, to U.S. Senate Special Committee on Aging:

    1. Consistency in contracts and marketing
    All information conveyed by an assisted living residence to prospective residents (e.g., marketing materials, sales presentations, and tours) should be consistent with the contract.

    2. Contracts and agreements: Consistency with applicable law
    All contract provisions shall be consistent with applicable law. The parties may agree to modify the contract as long as all parties agree to the modification and signify their agreement. Such modification will be consistent with applicable law.

    3. Contracts and agreements: Readability and pre-signing review
    Contracts shall be written in simple language and be understandable. Prior to signature, the prospective resident has the right to review a contract and/or have the contract reviewed by a third party. Prior to the execution of the contract, a representative of the assisted living residence shall offer to read and explain the contract and answer any questions.

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

4. Contracts and agreements: Required elements

Contracts/agreements should include at a minimum the following information:

a. The term of the contract
b. A comprehensive description of the assisted living residence's billing and payment policies and procedures
c. A comprehensive description of services provided for a basic fee
d. A comprehensive description of the fee schedule for services provided on an a la carte basis or as part of a tiered pricing system that are not included in a basic fee
e. The policy for changing the amount of fees
f. The amount of advance notice the assisted living residence will give before the changing of fees (e.g., 30 days, 60 days). Notices should be readable and understandable by the resident
g. Whether the assisted living residence requires an entrance fee, security deposit, and/or other fee(s) at entry, the amount of those fees and/or deposits, and the policies for whether or not fees and deposits are refundable, and procedures for refunding those fees and/or deposits
h. A description of the circumstances under which residents may receive a refund of any prepaid amount such as monthly rent
i. A description of the assisted living residence's policy during a resident's temporary absence
j. The process for initial and subsequent assessments and the development of the service plan based on these assessments, including notification that the resident has the right to participate in the development of the service plan
k. A description of all requirements for assessments or physical examinations, including the frequency and assignment of financial responsibility for such assessments and/or examinations
l. An explanation of the use of third party services (including all health services), how they may be arranged, accessed and monitored (whether by the resident, family or the assisted living residence), whether transportation is available if the services are not provided on-site, any restrictions on third party services, and who is financially responsible for the third party services and transportation costs
m. A description of all circumstances and conditions under which the assisted living residence may require the resident to be involuntarily transferred, discharged or evicted, an explanation of the resident's right to notice, the process by which a resident may appeal of the assisted living residence's decision, and a description of the relocation assistance (if available) offered by the assisted living residence
n. A description of the assisted living residence's process for resolving complaints or disputes, including any appeal rights, and a list of the appropriate consumer/regulatory agencies (if applicable; e.g., appropriate state/local long-term care ombudsman program, the state regulatory agency, the local legal services program, and other advocacy bodies/agencies)
o. A description of the procedures the resident or assisted living residence shall follow to terminate the agreement
p. A list of residents' rights as detailed in the statute or regulations governing assisted living residences is incorporated by reference and attached

5. Contracts and agreements: Prohibition on waiver of right to sue

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

The contract should not require the resident to waive the right to sue the assisted living residence under applicable law. The contract may disclose but not require options for alternative dispute resolution available to the resident or assisted living residence

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

CHAPTER 3

ORGANIZATIONAL OVERVIEW

MULTIPLE-CHOICE QUESTIONS

1. "Aging in place" means?
   a. The person changes, the environment stays the same
   b. A person does not have to move if care needs change
   c. Needs can be accommodated in the living environment
   *d. All of the above
   e. None of the above
2. Which of the following is not a benefit of "Aging in Place"?
   a. Resident dignity
   b. Socialization
   c. Supportive Services
   *d. Residents never have to leave the apartment
   e. Hospice services available to support end of life care
3. What is not one of the limitations of "Aging in Place" in assisted living?
   a. Hospice or end of life needs
   b. State regulations
   c. Care model
   d. Community discretion
   *e. Medical model
4. Nationally, the average size of an assisted living community is?
   a. 6 beds
   b. 75 beds
   *c. 33 beds
   d. 55 beds
   e. 80 beds
5. What services are not offered in assisted living?
   a. Personalized care
   *b. Financial management
   c. Recreational activities
   d. Housekeeping
   e. Dining/meal plans

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

6. What is the standardized model of care in assisted living?
   a. Personalized care
   b. Levels of care
   *c. No official standardized model
   d. All services included
   e. Only when needed
7. The service models in assisted living can include which of the following:
   a. Hospitality
   b. Board and care
   c. Dementia care only
   d. Large scale
   *e. All of the above
8. Which is **not** a component of a Board and Care model?
   *a. A large number of staff
   b. Small home size
   c. Residential neighborhood
   d. Limited independence and privacy
   e. Not all have staff awake at night
9. A "Hospitality Model" in assisted living does not include which of the following?
   *a. home-like setting
   b. Hotel services
   c. Meals provided
   d. Medications provided
   e. High level of privacy
10. Why does a "Hospitality Model" experience a high turnover rate?
   a. Lower level of care
   b. No RN on staff
   c. Laundry not folded properly
   d. Customer service issues
   *e. A, B & D
11. The Hospitality and Large Models share the same common traits except which of the following?
   a. 24-hour oversight
   b. At least two meals provided per day
   *c. Limited privacy
   d. Personalized assistance
   e. Housekeeping
12. What is not one of the conclusions made about Hospitality or Large-model communities?
   *a. Services are always able to meet the needs of residents through end of life
   b. Is valued by customers
   c. Offers a wide variety of services
   d. Is largely unaffordable to moderate or low-income seniors
   e. Allows for resident independence and privacy
13. Which of the following is not one of the descriptive benefits of "memory care"?
   a. Environment that promotes independence within a secured setting
   b. Environment that provides specialized training, activities and philosophies to aid residents with memory impairment

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli

*c. Environment that encourages limited staff and resident interaction
d. Environment to enhance the life of someone with dementia
e. Environment to provide a safe space for someone with memory impairment

14. What is **not** an intervention for a specialized, memory care community?
a. Holistic environment
b. Safety restraints to limit resident injury
c. Person-centered care
d. Medications to treat aggressive behaviors
*e. B & D

15. What are the traditional work areas for an assisted living community?
a. Marketing, Safety, Admissions, Diagnosis
b. Care, Maintenance, Marketing, Legal
*c. Care, Admissions, Dietary, Laundry
d. Accounting, Security, Activities, Medical
e. None of the above

16. What is not one of the differences between a For-Profit versus a Nonprofit Board of Directors?
a. Focus on generating profit vs Serve the public
b. Owners are shareholders vs Owners are public entities
c. Public accountability is limited by law vs high transparency
*d. Board term is limited vs Board term is unlimited
e. Board is paid vs board is volunteer based

17. Which of the following is **not** considered an "affiliation" assisted living community?
a. Religious interest
b. LGBTQ supportive
c. Ethnic group
*d. Political affiliation
e. University/Military Institution

18. Why would a resident desire to live in an "affiliated" assisted living community?
a. Common language
b. Religious preference
c. Cultural acceptance
d. Common values
*e. All of the above

19. What similar objective does an administrator have in a for-profit or not-for-profit assisted living community?
a. Drive margin to make more revenue
b. Reduce costs by minimizing staff levels
c. Complete daily reports and holding staff meetings
*d. Organizing a plan that will be better than other organizations
e. Avoid regulatory problems by limited communication to state agencies

20. How do not-for-profit assisted living communities make money?
a. Resident rent
b. Donations
c. Fund Raising Events
d. Reduce staffing levels
*e. A, B, & C

Copyright © Springer Publishing Company, LLC. All Rights Reserved.

Assisted Living Administration and Management - Effective Practices and Model Programs in Elder Care 2nd edition Yee-Meli