

Assisted Living Waiver Pilot Project
TIER PROFILES

Tier One, Participant 1

Mrs. E lived in a private home with her daughter and grandson before enrolling in the Assisted Living Waiver Pilot Project (ALWPP.) At 82 she has mild dementia with short-term memory loss, COPD, osteoporosis, a history of kidney cancer, and macular degeneration which has reached a point of legal blindness. She also has mild hearing loss.

Staff at the assisted living residence provides cueing and encouragement for dressing, eating, personal hygiene and bathing. Several times per week she has difficulty understanding her personal care needs, yet she responds to staff's efforts to ensure her safety, good grooming, and adequate nourishment. Her dementia manifests in agitation several times per week, which staff addresses through redirection and distraction. Due to sensory deficits in sight and hearing, staff must speak loudly and directly to her, use hand gestures and guidance, and help familiarize Mrs. E with any changes in her surroundings.

Mrs. E receives assistance with six medications because she does not know how often to take them. She self-manages her continence and has no skin problems. She does not require a special diet. Although she is able to walk independently in the residence, Mrs. E is not able to leave the building without staff or family accompaniment. Family members visit regularly, four days a week.

Tier One, Participant 2

Over the last four months **Mrs. S** has been hospitalized twice for symptoms of cardiac disease and nonreversible coronary artery dysfunction including fainting, chest pain, and abnormally rapid heart beat. She has generalized weakness and is at risk for falls. Following brief recuperation in a skilled nursing facility, Mrs. S was not able to return to her daughter's home, which is up two flights of stairs and where she could no longer stay alone safely while her daughter and grandson worked. At the facility, her daughter calls or visits daily.

Mrs. S is 74, sees and hears adequately, understands what is said to her, and is understood by others. She has no difficulty with memory or decision-making

and presents with no mood/behavioral problems, although she has some history of depression for which she is monitored. She also has a history of bladder cancer and current diagnoses of arthritis and Type II diabetes. She needs assistance with daily blood sugar tests, but receives no injections. She receives assistance with 12 medications. She self manages her continence.

Mrs. S's service plan focuses on lowering her risk of falls by providing limited assistance with ambulation, oversight of dressing and personal care, and wellbeing checks every three-to-four hours. Mrs. S uses a walker to ambulate within her apartment, with a wheelchair currently used for longer distances. Extensive assistance is provided for showering, however, improved strength is expected through short-term physical therapy provided by outside providers on site with ongoing skill practice in walking provided by the facility.

Tier Two, Participant 1

Mrs. L lived in her daughter's home and had not previously received formal services. She and her daughter were looking for affordable help and received information about the ALWPP. The family was grateful for the opportunity for Mrs. L to enroll in the program. They visit her weekly and call at least four times a week.

Mrs. L is 87 years old, alert and oriented, and has minimal difficulty recalling information. Her primary diagnosis is osteoarthritis. She also has history of hypertension and bilateral knee replacement due to the arthritis. She gets staff assistance with 14 medications, including supervision of self-administered injections of Enbrel two times per week. Mrs. L is extremely hard of hearing.

Facility staff provides oversight, cueing, and encouragement to Mrs. L for ambulation and dressing. They make sure she uses her walker for independence as well as safety and provide her with non-weight bearing assistance in putting on her clothes and shoes each day. Staff also provides stand-by assistance to Mrs. L in toileting due to her difficulties with bending and balance. In addition, Mrs. L requires limited, daily assistance with personal hygiene. She is independent in eating meals provided on a low-sodium diet.

Tier Two, Participant 2

Ms. K is 61 years old and single. She enrolled in the ALWPP following a 10-month stay in a SNF and a recent, outpatient foot surgery that is slow to heal due to a penicillin resistant infection. Podiatry therapy is coordinated by facility staff.

Ms. K has a history of psychiatric care and hospitalizations for manic depression, OCD, anxiety and depression. She expresses daily, verbal, anger outbursts which staff is trained to handle without argument and through maintenance of a calm and soothing environment. Ms. K has a long-term memory deficit. Staff assists Ms. K with 24 medications. A psychologist sees her once a month.

In addition to the above, Ms. K has severe degenerative joint disease, hypertension, arthritis, osteoporosis and GERD. She uses a cane, walker, and a wheelchair, and is assessed as ambulatory. Staff provides limited assistance with transferring and ambulation, with Ms. K notifying staff when assistance is needed. She understands her personal care needs and cooperates with staff to get those needs met. Ms. K is independent in hygiene, dressing, and eating an 1800 calorie, low sodium diet. Staff provides supervision and assistance as needed with bathing.

Tier Three, Participant 1

Mrs. M is 89 and has a history of dementia other than Alzheimer's disease which included psychotic episodes last documented years ago. She is slow to answer simple commands and questions and has modified independence due to a mild impairment of judgment. She consistently presents with an unpleasant mood, pained facial expressions, and limited social interaction, but does not express distress or cause disruptions. Mrs. M moved to the RCFE from a private home with IHSS services. She is divorced, and her family system is not supportive even though she has four children. However, she receives visits from a friend at least once a month.

Mrs. M's medical history includes hypertension, coronary artery disease, hyperlipidemia, diet-controlled diabetes mellitus, and falls because of her unsteady gait and possible syncope (loss of consciousness due to a sudden decline in blood flow to the brain). She was hospitalized four times in the past year with the chief complaint of recurring falls. She uses her walker on a daily basis outside of her

room. Inside her room she walks independently where staff makes sure her room remains free of dangerous clutter.

After staff sets up her tray, Mrs. M eats by herself. Facility staff persons make sure she has a limited intake of carbohydrates and sugar, assist with blood sugar tests twice a day, medicate as necessary, and monitor for symptoms of hypo and hyperglycemia. Staff oversees her compliance with a total of 18 medications and coordinates podiatry care.

Due to her confusion and arthritis, a facility staff person assists Mrs. M daily with dressing and personal hygiene. She picks out her own clothes, participates in dressing, but cannot independently handle such items as sleeves, socks and pants. Mrs. M needs moderate assistance with full-body bathing three times per week because of confusion. She is fully continent.

Tier Three, Participant 2

Mrs. T is a 91 year-old widow. She was living alone in her own home when she fell and sustained a right hip fracture. She transitioned to the ALWPP after convalescence in a rehabilitation center. She has minimal difficulty hearing, sees adequately, usually understands others, and is usually understood. Her primary diagnosis is anxiety due to recently impaired mobility, change in environment, and loss of independence.

Mrs. T is often tearful and complains about lack of response from staff. One to three times per week her behavioral demands create difficulties with others. Accordingly, she has a behavioral management treatment plan. It includes a referral to her primary doctor for a psychiatric evaluation, monitoring for restlessness and agitation, encouragement to participate in group activities and social events, a staff escort to the dining hall for lunch and dinner, and monitoring of Mrs. T's interactions with others.

Mrs. T is dependent on facility staff for supervision of 9 medications for treatment of coccyx pain, diabetes mellitus, glaucoma, anemia, hyperlipidemia, and GERD. In addition to assistance with routine medications, staff also supervises the use of as-needed pain medication. In addition, staff provides assistance with eye drops to avoid cross contamination to the medicine vial, and assists with weekly blood sugar tests. She has no skin problems. Her podiatry therapy is coordinated by the facility.

Mrs. T receives extensive assistance with her ADL's. She is dependent on a walker for ambulation and uses a wheelchair for offsite transportation needs. Staff provides skill practice in walking and transferring, and she is presently able to independently transfer from her bed to a chair. Staff helps with the changing of absorbent undergarments and scheduled toileting due to urinary incontinence. Staff supervises daily hygiene and provides assistance with dressing. Staff also assists Mrs. T with shower entry and provides assistance as needed during her showers. Adaptive equipment in the bathroom includes a shower bench, handheld shower, grab bars, and raised toilet seat. Mrs. T eats a low-sodium diet, and her tray is set up at meals with cut-and-serve assistance.

Tier Four, Participant 1

Mr. B is 99 years old, alert and oriented. He was recently enrolled in the ALWPP after hospitalization for weakness and chronic diarrhea and subsequent diagnosis of colon cancer. He had undergone chemotherapy and radiation treatment. After two weeks of hospitalization he was transferred to a SNF where he received rigorous physical therapy, occupational therapy, and gait training. However, by the time Mr. B enrolled in assisted living he had become heavily reliant on a wheelchair for transport. His walker is used only while moving around in his own room.

Mr. B experiences extreme fatigue and had lost 35 pounds in the prior month. He requires staff assistance with personal care and hygiene as well as encouragement to participate in his own ADLs. He is supervised in bed mobility and eating and requires extensive assistance with transfer, locomotion, dressing, toileting, and bathing. He is escorted to the dining hall in his wheelchair to socialize with others. He is encouraged to get out of bed during the day and to participate in activities. Mr. B requires constant monitoring and reminding, although some increased independence is expected.

Medical needs include monitoring for intake and output, weekly weight assessment, encouraging weight gain and providing a Resource drink at the end of meals. Staff assists with incontinence of urine and regular peri-care. Daily baths are provided as needed and increased fluids are encouraged. His skin condition requires monitoring, with Calazime cream applied daily to reduce skin irritations and keep the skin intact. Staff assists Mr. B with 14 medications. Additionally, PT, OT and gait training are continuing in the facility.

Tier Four, Participant 2

Mrs. O enrolled in the ALWPP as a rollover at the Residential Care Facility for the Elderly when her needs increased. She is a 102 year-old widow with a personal background that includes professional pianist and ballroom dancer. Her primary medical conditions are dementia (other than Alzheimer's disease) and spinal stenosis, which creates pressure on spinal nerves causing chronic pain and loss of control over some functions. Nonetheless, Mrs. O is known for her delightful sense of humor and receives visits from family and friends two to three times per week.

Mrs. O has difficulty remembering names, knowing the location of her room, or recalling the current season of the year. She requires supervision and cues from staff at least six times a day. She exhibits unrealistic fears and is agitated or disruptive several times per week. Recently Mrs. O began to withdraw from social interactions and started using a wheelchair instead of attempting to walk. Facility staff actively performs ongoing evaluation of behavioral symptoms and implements care plan interventions to reduce symptoms of distress.

Staff provides extensive assistance to Mrs. O for transfer and ambulation. She is totally dependent in dressing, toilet use, personal hygiene, and bathing. She is incontinent of urine and occasionally incontinent of bowel. Her skin is in good condition with no active infections or ulcers of any kind, and she has no special nutritional needs. Mrs. O sees adequately, has minimal hearing difficulty, and communicates reasonably well despite the cognitive impairment. Staff assists Mrs. O with 18 medications. Active and passive range of motion rehabilitation is provided and skill practice in walking is scheduled and encouraged.