

Summary

Adult foster homes: Stronger regulation needed

Copies of the entire audit are available upon request.

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 67% 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 23 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.