

How California's Assisted Living System Falls Short In Addressing Resident's Health Care Needs

The Problem:
Pretending that Medication Is
Always "Self-Administered"

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California's assisted living regulatory system was developed on the premise that facilities do not provide, and residents do not need, health care services. Decades later, this premise has perpetuated an odd work-around for administering medication: "assistance with self-administration."

The Reality of "Self-Administration"

A California long-term care ombudsman lays out the problem:

[Facility] staff cannot use syringes - that would be administering medication. A friend, family member, or an on-staff nurse can assist, but not general [facility] staff. Staff can only "assist with self-administration." So what does this mean for a frail 85 year old resident with swallowing issues who needs pain medications in a needleless syringe? Or a similar resident with glaucoma, shaky hands, and diminished capacity, who needs insulin?

A facility employee explains what really happens:

"You can't not give a patient his insulin. So, we just do it and then document that he did it himself."

The fiction of self-administration highlights an underlying disconnect within California's assisted living regulatory system. This series of alerts explores how the regulatory system does not address the reality of residents' health care needs, with a focus on how the system could be improved.

The Assisted Living System Is Based on Residents' Health Care Needs Being Met By Outside Providers

The California Department of Social Services licenses Residential Care Facilities for the Elderly (RCFEs), which is California's term for assisted living facilities. When this licensure category was created in 1985, the facilities developed as places where residents could receive help with their

day-to-day activities but where there was no provision of, or need for, health care.

Today, many older Californians enter RCFEs with significant health care issues, but California's rules still do not require health care knowledge from RCFE staff. The rules assume that necessary health care expertise can be provided through periodic visits from home health agencies and other health professionals. By contrast, most other states have adjusted their rules to require some health care expertise from assisted living staff members, in an effort to find a happy medium between a nursing home model and a board and care model.

Looking the Other Way on Medication Administration

In California in general, medication can be administered only by nurses, physicians, or other comparable health professionals. RCFEs generally do not employ nurses; as a result, RCFE staff generally are not permitted to administer medication. They can only assist a resident to self-administer medication when assistance is required because of tremor, failing eyesight and similar conditions.

In real life, some RCFE residents are capable of self-administering medication, but others are not. As a result, some RCFE staff members administer medication, under the pretense that they only are "assisting" with a resident's self-administration. The alternative is hiring nurses or forcing the resident to move out, frequently to a nursing home. But assistance with self-administration, even if it were done according to regulations, is hardly an ideal option. Due to limited training, the staff members are generally unable to recognize changes in the resident's condition, to know contraindications for a particular medication, or to evaluate and watch for medication side-effects.

Residents, Caregivers, Facilities, and Staff Deserve an Honest System that Recognizes Evolving Health Needs

Many states have tackled this issue through nurse delegation or medication technician licensure. These mechanisms establish a category of assisted living employee that is trained and competent to administer medication.

With nurse delegation, an assisted living facility contracts with a nurse who then becomes responsible for training and oversight for aides that provide health-related services such as medication administration. The aides receive the training and can consult the nurse as necessary.

Medication technicians, on the other hand, receive their authority to administer medication by completing an approved curriculum and passing a designated test. The curriculum and test are specific to medication administration.

Exploring Options for Safe Medication Administration

This issue has been overlooked for decades. "Assistance with self-administration" is too often a code word for medication administration by a poorly-trained non-nurse.

As explained above, other states already have addressed this issue. California has not, due to factors such as the no-health-care orientation of California's assisted living law, and important concerns about changing state laws related to nurses' scope of practice. Stakeholders (including nursing representatives) should work together to consider the options to improve medication administration in assisted living. DSS to its credit has taken initial steps to work with stakeholders to identify problems and solutions related to the current RCFE system.

This alert is the first in a series. The series explores how California's current assisted living system addresses residents' health care needs, and how the system could be modified to better serve residents.

With any questions or suggestions, please contact Eric Carlson (ecarlson@nsclc.org) or Fay Gordon (fgordon@nsclc.org).

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