

ANNUAL REPORT

FOR

BUNCOMBE COUNTY ADULT CARE HOME COMMUNITY ADVISORY COMMITTEE

REPORTING YEAR: 2010 **January 2010 – December 2010**

CHAIRPERSON: ROBERT PHILLIPS

The Committee would like to have one or more of the Commissioners attend a monthly meeting and to join one of our teams on a facility visit. Your attendance would give you a flavor for what the committee members' encounter during their visits and give us a chance to share some of our concerns with you in person. The Committee works hard at assuring that the residents' rights are respected and hope that you are able to join us in an upcoming visit to one of our meetings and one of our upcoming facility visits.

1. Were all the homes in the county served by the committee? Yes. There are 82 Adult Care and Family Care homes in Buncombe County with a total of 1240 residents that are served by the committee. All homes assigned to the committee were served during 2010. Committee members volunteered 500 hours of their time and drove 3380 miles serving these homes during the 4 quarters of the year beginning in January of 2010.

2. Describe the educational efforts by the committee. Committee members often educate families about resources available and how to resolve problems they encounter. The Committee receives educational updates during their monthly meetings from both the Buncombe County Lead Ombudsman and the Supervisor of the Adult Home Specialists at the Buncombe Co. Department of Social Services. The updates usually consist of new state legislation, clarification of resident rights, and home administrator and supervisor responsibilities. Other educational efforts consist of attending various workshops and seminars relating to aging issues and adult care. Some examples for 2010 were:

- The October 28, 2010 Area Agency on Aging Community Advisory Committee Annual Retreat held at the Governor's Western Residence.
- Jerry Vehaun, Director of Emergency Services in Buncombe Co. spoke to committee members regarding requirements for homes to have disaster plans and emergency evacuation plans during the Feb. 2010 meeting.
- Roxanne Sizemore from Buncombe Co. DSS Adult Protective Services spoke to the August meeting about Adult Protective Services.

3. Describe community involvement by the committee. Community involvement by the committee extends to the actual visits to the committee's assigned homes. Homes are monitored by the committee for resident living conditions, resident services, and the assistance required by the residents for personal care. On these visits to the facilities, members always attempt to visit personally and privately with residents. Often committee members receive phone calls from residents. Committee members work with the callers, the Ombudsman, and DSS staff to advocate and help resolve residents' concerns.

4. Describe problems encountered by the Committee. The committee itself has experienced a good deal of turnover and continues to face the challenge of recruiting new members who have a real

commitment to the work the Committee does. A significant and alarming issue involving the facilities is the mixing of younger, mentally ill adults in with frail, older adults. The supervisors and staff of adult care and family care homes do not have appropriate training to handle residents with severe, persistent mental illness, thus endangering everyone in the home, including staff. Training of any kind for supervisors and staff is minimal, and staff turnover can be high due to the demands of caring for the needs of the residents and the facility.

Bob Tomasulo, Vice Chair of the ACH CAC, Barbara Hinshaw, Lead Regional Ombudsman, and Cathie Beatty, Adult Homes Specialist Supervisor were appointed in 2009 to a Legislatively-mandated committee sponsored by the NC Institute of Medicine (IOM) called the Task Force on the Co-Location of Different Populations in Adult Care Homes. They attended monthly meetings in Research Triangle Park that covered all facets of adult care homes. Topics for these meetings included training, assessment, how people get into adult care homes, financing, etc. The IOM Task Force proposed recommendations which will be presented to the 2011 legislature. For more information, go to the IOM website at: www.nciom.org/publications

5. Was the Committee involved in grievance resolution during the year? The Committee was involved in limited grievance resolution for individual residents during 2010. Committee members usually refer resident concerns to either the Ombudsman or the DSS Intake Line, which forwards the complaint to an Adult Home Specialist and/or Adult Protective Services. Many systemic issues are raised and discussed at meetings together with a representative from the Department of Social Services. The Buncombe Co. Adult Care Home Committee continues to closely monitor legislative activities and work as advocates for all residents living in adult care homes.

6. Summarize the strengths and weaknesses of the facilities in the county.

Strengths: The resident capacity of the facilities in the county is sufficient to handle residents who are unable to live independently. In fact, we have more adult care home beds than state statistics indicate are needed in Buncombe County based on the 2011 N.C. Medical Facilities Plan. The majority of the facilities provide good living accommodations, resident services and personal care for the residents.

Weaknesses: Staff training is minimal and a high staff turnover rate is constant. There are an unacceptable number of facilities that are in need of cleaning and repair. Regarding the 2011 Medical Facilities Plan, note that Family Care Homes (6 beds or less) are not required to be included in this count and therefore do not require a Certificate of Need. Because there is no Certificate of Need requirement, there are at least 5 Family Care Homes under construction that will be open in 2011. This will be an additional work load on the Buncombe Co. DSS Adult Home Specialists and the Ombudsman Program, as well as additional costs to the SA program. (Refer to question #7)

There is concern from members of this committee regarding the increasing number of younger, mentally ill residents being placed in facilities initially designed and staffed for an older and/or physically challenged population. There also is concern for the number of residents being admitted from mental hospitals. The number of residents being admitted from adult care homes in South Carolina appears to be decreasing from prior year levels but is an issue that still needs to be monitored. However, mentally ill residents from many other counties in NC are placed in Buncombe facilities because of our large number of facilities and willingness of those facilities to accept residents with mental illness as their primary diagnosis. This activity places both budget pressure on North Carolina, and potential stress on the transferred residents due to the lack of visitation from family and friends. Younger and mentally disadvantaged individuals have limited activities and places to go when living in the restrictive environment of an adult care home, often in isolated locations. Also, Medicaid reimbursements in

North Carolina continue to be squeezed, and are less than adequate to fully insure the needs and quality of life of the residents.

7. Other Comments: The NC State/County Special Assistance Program (SA) covers the cost of care for low income residents of adult care homes. This program supplements the individual's own income from Social Security and/or SSI up to a maximum payment amount established by the state. Medicaid also reimburses each home approximately \$500 per resident per month for personal care. It is important to understand that the SA program consists of 50% state and 50% county dollars. For FY 2010 (July 2009 – June 2010) Buncombe County's share was \$1,973,394.49. Therefore, the total program cost in Buncombe was \$3,946,789. Note that the county share has increased since FY 2009 by \$72,175. Also, from researching these figures, it is noted that Buncombe County pays more than twice as much for SA for disabled residents than it does for elderly residents (age 65 and over*). Since half of SA is county funded, the county commissioners need to assure that our Buncombe County dollars are well-spent on adequate living accommodations for individuals who cannot live independently, yet do not need the medical care provided by skilled nursing facilities.

Prepared by: Robert Phillips

Date Prepared: February 18, 2011

*FY 2010 SAA (Special Assistance for the Aged)	\$626,280.96
SAD (Special Assistance for the Disabled)	\$1,347,113.53
Total Buncombe County cost	\$1,973,394.49
Buncombe + state share	\$3,946,789 (rounded)