

Crosswalk of the 2020 CARF Aging Services Standards for Assisted Living and the July 2020 Congressional Staff Report on COVID-19 in Assisted Living Facilities

Introduction

Residents, their families and loved ones, and staff in senior care providers have been hit particularly hard by the COVID-19 virus. News stories and public reports highlight the rapid spread of COVID-19 and high fatality rate in long-term care facilities and nursing homes, which provide care to seniors with significant medical needs, but assisted living programs have many of the same risk factors, including shared living spaces and an older and high-risk population with varying degrees of independence. According to industry advocates, there are approximately 1 million people residing in assisted living facilities in the United States. However, there is far less federal regulation of these facilities, and assisted living providers do not have the same reporting requirements as nursing homes. An investigation opened by Senators Elizabeth Warren and Edward Markey found that:

- Rates of coronavirus infection in assisted living facilities is more than five times the national average.
- Hospitalization and fatality rates are dangerously high for assisted living residents with COVID-19.
- Assisted living facilities are not reporting COVID-19 cases and fatalities directly to the federal government. As a result, there is no comprehensive information on COVID-19 occurrence and fatality rates.
- Inadequate sick leave policies for employees put assisted living facility workers and residents at risk.
- Lack of testing and inadequate testing protocols in assisted living facilities place workers and residents at risk of COVID-19 outbreaks.
- Shortages of personal protective equipment (PPE) imposed significant hardships on assisted living providers.

The final staff report that summarizes the findings of the investigation is available at:

www.warren.senate.gov/imo/media/doc/Assisted%20Living%20Facilities%20Staff%20Report.pdf

Where regulatory oversight is varied and inconsistent, CARF's comprehensive, person-centered standards can position assisted living providers to prepare for and respond to a pandemic and mitigate risk to residents and staff. CARF has more than 20 years of experience in developing and maintaining up-to-date international consensus standards in the area of assisted living, having published the first standards manual for assisted living in January 2000.

The following crosswalk highlights current CARF standards and accreditation conditions published in the *2020 Aging Services Standards Manual* that are related to the key issues identified in the final investigation report.

Although CARF's standards may not specifically address all of the identified issues, the standards guide assisted living providers to prepare for unexpected and emergency circumstances, such as the COVID-19 pandemic. For providers to achieve and maintain CARF accreditation, they must demonstrate substantial conformance to the standards, but their commitment does not stop there. CARF-accredited programs must also implement a person-centered philosophy at all levels of the organization and strive for continuous quality improvement.

A PDF document with CARF's program descriptions for Aging Services, including Assisted Living, can be downloaded at the following link: <http://carf.org/Programs/>

NOTES:

The standard numbers referenced in the following crosswalk represent the key focus area of the identified standard. The standards contain additional elements and include intent statements, examples, and additional resources as applicable.

The following icons used in this crosswalk correlate to four domains of CARF standards that can help assisted living providers prepare for and perform well during the COVID-19 pandemic. A full infographic of the domains is included with this at the end of this document.

Promotion/Prevention



Communication/Transparency



Person-Centered Approach



Continuous Quality Improvement



For further information or to obtain a copy of the *2020 Aging Services Standards Manual*, please contact Jed Johnson, CARF Managing Director for Aging Services, at jjohnson@carf.org, and/or Debbi Witham, CARF Managing Director – Policy, at dwitham@carf.org.

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Report Finding	Related CARF Standards/Accreditation Conditions
<p>High rates of coronavirus infection in assisted living facilities</p>	<ul style="list-style-type: none"> • Identified leadership guides health and safety. Standard 1.A.3.I. • The organization implements written procedures to promote the safety of persons served and personnel. Standard 1.H.2. • The organization implements procedures for infection control and prevention. Standard 1.H.12. <div style="display: flex; justify-content: flex-end; align-items: center; gap: 10px;">   </div> <p><i>In addition to the health concerns related to COVID-19, additional concerns for residents have resulted from the loss of fellow residents and personnel and the isolation that has resulted from efforts to mitigate the spread of the disease. Standards that support an organization in balancing infection control and the emotional wellness of staff and residents include:</i></p> <ul style="list-style-type: none"> • When a person served or someone important to the person served dies, opportunities to express grief and remembrance are provided to persons served, the family/support system, and personnel. Standard 2.A.40. • To fulfill the program’s commitment to responding to the changing needs of the persons served, education is provided to personnel and volunteers on protecting the dignity of the persons served. Standard 2.A.45.b.(4) • Service delivery planning includes the changing needs of current and prospective persons served that include, among others, dining, healthcare, and socialization. Standard 2.B.1. • The program provides for physician input, as appropriate, regarding the adequacy of individual health plans and transition decisions. Standard 2.B.4. • The program addresses coordination of services for spouses/significant others as appropriate. Standard 3.B.3. • Current emergency information is available in writing for each person served regarding, among other things, advance directives or end of life planning, emergency contact information, communication needs, and hospital preferences. Standard 3.B.14. • There are regular meeting between persons served and personnel to address the living environment. Standard 3.B.15.

Report Finding	Related CARF Standards/Accreditation Conditions
<p>Assisted living facilities not reporting COVID-19 cases and fatalities directly to the federal government</p>	<ul style="list-style-type: none"> • An organization that achieves a Three-Year Accreditation must submit a signed Annual Conformance to Quality Report (ACQR) in each of the two years following the Three-Year Accreditation. Accreditation Condition 4. <ul style="list-style-type: none"> ○ This includes a requirement to comply with all CARF policies and procedures on an ongoing basis, including communication of critical incidents and other major organizational changes within 30 days of the incident (and would include COVID-19 fatalities). • Identified leadership guides compliance with all legal requirements and regulatory requirements. Standard 1.A.3.j. • The organization demonstrates a process to comply with legal, regulatory, reporting requirements. Standards 1.E.1.a.–b. • Organization implements written procedures regarding critical incidents that include reporting to CARF and all external authorities. Standard 1.H.10.b. <p><i>Note: Although these do not address the lack of federal oversight or reporting mechanism, they do allow for an independent review of incidents that supports tracking, reporting, mitigation, and transparency.</i></p>
<p>Inadequate sick leave policies for employees put assisted living facility workers and residents at risk</p>	<ul style="list-style-type: none"> • Corporate responsibility efforts include human resources. Standard 1.A.6.a.(8) • The organization implements written procedures to promote the safety of personnel. Standard 1.H.2.b. • There is an adequate workforce to ensure the safety of persons served and manage unplanned absences. Standard 1.I.9.b.–c. • The organization provides the resources needed to support the overall scope of each program/service. Standard 2.A.2. <p><i>Note: CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization.</i></p>



Report Finding	Related CARF Standards/Accreditation Conditions
<p>Lack of testing and inadequate testing protocols in assisted living facilities places workers and residents at risk of COVID-19 outbreaks</p>	<ul style="list-style-type: none"> Identified leadership guides health and safety. Standard 1.A.3.I. The organization implements written procedures to promote the safety of persons served and personnel. Standard 1.H.2. The organization implements procedures for infection control and prevention. Standard 1.H.12. 
<p>Shortages of PPE imposed significant hardships on assisted living providers</p>	<ul style="list-style-type: none"> Standards 1.H.5.c.(7)–(8), as well as standards in Leadership related to resourcing organizations and programs appropriately, support organizations in scanning the environment and planning to mitigate shortages and provide services safely. 

Notes:

- CARF’s performance measurement and management standards weave performance improvement through each standard and area. Organizations seeking accreditation will need to demonstrate how effective their procedures have been in addressing the pandemic and implement action plans for improvement.
- The CARF accreditation process and standards emphasize planning and positioning an organization to be prepared for unfolding scenarios. Accredited organizations have reported that they began planning for possible COVID-19 outbreaks by procuring additional supplies and available PPE in advance of outbreaks in their community.

Key domains of CARF standards that can help assisted living providers during COVID-19 pandemic

