

Dementia care lacks oversight in Mass., data show

State lags on checks of how nursing homes implement new rules

By [Kay Lazar](#) | GLOBE STAFF FEBRUARY 09, 2015

Massachusetts regulators appear to be falling short in ensuring that nursing homes follow rules designed to improve care for some of their most vulnerable patients, those with dementia, a Globe review shows.

Nursing homes have been notably slow to implement the improvements: Some have not completed the required staff training for dementia care that is required of all nursing homes and was supposed to be finished nearly three months ago, the Globe found in a random check of about one dozen facilities. Meanwhile, at least 40 nursing homes have asked for waivers to complete other upgrades required for facilities that specifically advertise special care for dementia patients, according to state data. And six have been cited for their failures, the state said.

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Despite the delays, state regulators are not conducting spot checks for compliance. They are, they say, already busy with routine monitoring of more than 400 nursing homes.

Instead, the state health department said in a statement that its inspectors will review dementia care during their annual visit to each facility, which means some nursing homes may not be checked for compliance for months.

The upgrading process has been slow nearly from the start; the department issued its dementia special care checklist for inspectors in December, nearly a year after the rules were adopted last February.

Arlene Germain, president of Massachusetts Advocates for Nursing Home Reform, said the new rules, once implemented, could substantially improve the lives of nursing home residents. But, she said, “strong oversight and greater nursing home participation are critical to ensure that the law’s benefits are meaningful and widespread.”

Nursing home administrators said they are struggling to comply with the rules because doing so is simply too costly.

Helen Magliozzi, director of regulatory affairs at the Massachusetts Senior Care Association, said many members have spent as much as \$30,000 on the required staff training.

“We hear every day from concerned operators about the growing gap in [state] funding for quality nursing home care,” Magliozzi said.

“The added cost of training on the Dementia Special Care Unit regulations has certainly added to facilities’ financial burden.”

Those rules, which are in addition to the more general training requirement, were designed to close a loophole that had allowed nursing homes to advertise dementia units without specific training for their workers, specialized activities for residents, or safety measures to prevent residents from wandering.

Massachusetts lagged behind much of the country on mandating such protections. A 2005 federal report noted that 44 states at that time already had requirements governing training, staffing, and security for facilities that provide specialized dementia care.

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*‘We hear every day . . . about the growing gap in [state] funding for quality nursing home care.’ -
-Helen Magliozzi, Mass. Senior
Care Association*

Under state rules, all licensed nursing homes, even those without a special dementia unit, were required by the end of November to complete dementia-specific training for workers who care for residents.

Regulators said it was important to mandate the training, because more than half of the state's 41,000 nursing home residents have some form of dementia.

The additional rules that apply to facilities advertising specialized dementia care include hiring at least one "therapeutic activities director" dedicated to dementia residents to ensure they have meaningful and appropriate activities. The facilities must provide a large multipurpose room for group activities and family visits.

At Adams House, a 49-bed nursing home in Fall River, some staff members have still not received the required training, said chief executive Mike Baldassarre. The company, which has struggled financially, spent about \$5,000 on computers and software for training and that does not include overtime pay as some staffers fill in for others during training, Baldassarre said.

"We all want to do the right thing," he said. "It's like everything else with the state: They give us all these mandates, but none of the resources to do it."

At Birch Manor in Chicopee, owner Kate Parker said she spent \$23,000 on the required staff training at her 68-bed facility. But Parker said it is too expensive to undertake other upgrades — adding a fenced-in outdoor courtyard and hiring an activities director — to become a certified dementia unit.

Yet the nursing home's website advertises Alzheimer's care with "specially trained" staffers, dementia educational programs, special events, and counseling.

It is unclear whether the new rules allow Parker to make such claims, given that she has not applied to be a dementia special-care unit. The state health department, while not commenting on Parker's case, said in a statement that the regulations would prohibit facilities without a special-care unit to use ". . . any word, term, phrase, or image, or suggest in any way, that it is capable of providing specialized care for residents with dementia."

Parker said she is awaiting guidance from the state before scrapping her advertising.

“So much of the care that nursing facilities provide in the state involves caring for people with dementia,” Parker said. “To not be able to say that at all is kind of a problem.”

Wynn Gerhard, an elder law attorney at Greater Boston Legal Services, said consumer protections under the new dementia rules appear not to be working.

“Any deception about that, whether it’s intentional or not, is a violation of consumer protection laws,” Gerhard said.

The Alzheimer’s Association of Massachusetts and New Hampshire lobbied for years to win lawmakers’ 2012 approval of strengthened laws governing nursing home dementia care.

“Although this has been a process that is slower than we wanted, we are pleased the legislation passed, [inspectors] have been trained, and they are implementing the law,” said association president James Wessler.

“The point [of the rules] is not to drive people out of the business, but to improve the quality of care,” he said.

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