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People in assisted living are getting sicker. Wisconsin isn't ready to keep them safe.

Cleo Krejci | Milwaukee Journal Sentinel | July 25, 2024

When Melissa Hakes' father was admitted to Oak Park Place of Oak Creek in fall 2021, he was himself: a loving 82-year-old man who liked fishing and the Packers. Despite his dementia, Roger Marvell walked, shaved and brushed his teeth, his daughter said.

Within weeks, Hakes described her father as "drooling with uncontrollable tremors."

He died one month after admission, having developed a urinary tract infection, sepsis and brain dysfunction, medical records show.

“It's too late for my father,” Hakes later wrote in a complaint she filed with the state. “Maybe if the state gets involved, you'll be able to save someone else's loved one.”

Over the past two decades, Wisconsin assisted living facilities have admitted people with increasingly complex health issues. More and more residents rely on staff to eat, drink, get out of bed, administer morphine, prevent pressure sores, handle advanced dementia and more.

But assisted living facilities weren't initially designed for that kind of care — and state oversight of admissions, staffing levels and training hasn't kept up, a Milwaukee Journal Sentinel investigation found.

Many Wisconsin facilities are now struggling to keep residents safe, based on a review of five years of data on public complaints and interviews with more than 50 workers, families, nurses, researchers and others.

Barbara Bowers, a long-term care researcher and professor emerita at the University of Wisconsin-Madison School of Nursing, said she is "astounded" by the medical complexity of the people in assisted living today.

"They look a lot like, 10 years ago, the people in nursing homes," she said.

State inspection reports offer a glimpse of how assisted living facilities have struggled.

In Amery, on the western edge of Wisconsin, a memory care unit with 48 residents recorded 60 falls in 74 days.

In West Allis, a resident with diabetes and other health issues had a foot amputated after the facility failed to monitor it for several weeks.

Outside Appleton, a resident was enrolled in end-of-life care after developing 12 pressure sores in 44 days, one so deep that hospital staff said it had likely reached bone.

In Hakes' case, a state inspector who followed up uncovered several general issues, including severe understaffing and a resident who described going without a shower for two months. The state issued no findings specifically related to Marvell's death.

A spokesperson for Oak Park Place declined to discuss the case, citing resident privacy, but said since 2022, the company has made significant efforts to recruit staff amid industrywide shortages.

The majority of assisted living facilities never receive complaints, according to state data.

Industry representatives argue the state focuses too much on penalties rather than support, especially since facilities report caregiver vacancy rates of 28% or higher.

"If these facilities are forced to reduce access, or worse yet, get regulated out of existence, where will these residents go?" asked Rick Abrams, CEO of the Wisconsin Center for Assisted Living, a trade group representing long-term care providers in the state.

The trends are concerning. Since 2003, the number of assisted living beds in Wisconsin has doubled to more than 60,000. In that time, complaints have tripled.

Experts are clear: Facilities aren't prepared. Workers are leaving as a result. And solutions are possible, but they won't be easy.

"It is very easy to single out individuals, or individual facilities, as being bad," said Dr. Alexis Eastman, a UW-Health doctor and professor specializing in the care of older adults. "It is much harder to look at an entire system."

Assisted living is becoming more medical, despite initial design

Rebecca Schmidling said she will never forget finding her mom Linda Tellier on the floor, alone and covered in bruises.

Schmidling said her mom, who had Parkinson's and dementia, fell several times at her assisted living facility in Greendale. The facility appeared so understaffed — and employees had been given such little training in Parkinson's — that Schmidling said she worried constantly, especially as her mom's health declined during COVID-19.

Eventually, the worst happened: Tellier fell and broke her hip in November 2021, then spent six months bed-bound before dying at age 75.

A state investigation concluded Clifden Court North had failed to keep her mom's care plans updated, a basic precaution meant to alert staff about fall prevention. The facility declined to comment.

"There's definitely so many things that happened that should never happen to a human being," Schmidling said.

Like thousands of other Wisconsinites, Schmidling's mom needed round-the-clock supervision and was reassured she would get it.

But when it comes to assisted living, many families don't always get what they expect.

That's partially because "assisted living" is a broad term. In Wisconsin, it encompasses everything from small group homes for adults with disabilities to sprawling memory care facilities for people with dementia.

Some look like nursing homes — and others don't come close.

There's a big difference: Nursing homes are meant for people who need 24/7 access to a nurse. Assisted living is for people who need no more than three to seven hours per week of nursing care, and whose health is generally stable.

"The original intent was to be more of a social model. It wasn't really meant to be a heavy health care-type model in line with a skilled nursing facility," said Mike Pochowski, CEO of the Wisconsin Assisted Living Association, another trade group. "They're not staffed that way."

But since assisted living facilities started gaining popularity in the early 2000s, the residents who moved in have become increasingly frail.

One national study found a 14 percentage point increase from 2007 to 2018 in assisted living residents with at least six chronic illnesses, rising from 47% to 61%. Another study, from 2022, found that assisted living residents have an average of 14 chronic health conditions, nearing the 16 among residents of nursing homes.

"We can keep people alive with their complex, chronic medical conditions, in ways that we could not do 40 years ago," said Eastman, the UW doctor. "And so many older people have much higher chronic needs than we even dreamed possible decades ago."

But for someone who needs care in a facility, finding one isn't always easy.

Wisconsin's most common type of assisted living facility costs between $4,600 and $6,900 per month. Medicare insurance doesn't cover it.

Medicaid, for people with low incomes, does — but many facilities choose not to accept the public funds. Those that do say it pays too little.

Eastman said many people fall in a "gray zone": needing more care than assisted living can offer, but not enough for a nursing home.

"We've got lots of people who are very frail, who don't meet criteria for a skilled nursing facility, but who need to be cared for somewhere, who are then being placed into facilities who would love to care for them but frankly are not given the resources to do so," she said.

Residents can experience harm when basic procedures fail

When facilities fail to meet basic regulations, they can put residents at serious risk.

Many problems start right at admission.

Last January, state inspectors toured a facility in Fitchburg, near Madison. They found a resident who had spent 44 days confined to a twin-sized bed because the facility admitted the person without having the correct mechanical lift to help them out of bed.

In nearby Fort Atkinson, a facility licensed only to care for older adults with dementia admitted someone with several mental health conditions, including PTSD, bipolar disorder, borderline personality disorder, paranoia and suicidal ideation.

Inspection reports show staff reported feeling unsafe and unable to help the resident manage their behavior; the resident reported neglect. Police were called to the facility 10 times in 11 weeks in response, records show.

To admit someone new, assisted living facility managers are required to gather the person's health information and decide whether staff are equipped to care for the person. But there is no standardized admissions tool, nor is the person overseeing admissions required to have a medical background.

More than ever, assisted living facilities find themselves operating like medical offices, with staff in charge of coordinating care for residents with scores of outside nurses, doctors, pharmacies, Medicaid-funded organizations and others.

But unlike nursing homes, Wisconsin does not require assisted living facilities to have a nurse on staff at all. As of a 2016 study, Wisconsin was among 13 states that lacked such a requirement.

In addition, the state does not specify or track how employers meet training standards for entry-level caregivers. There is no requirement they become certified nurse aides, known as CNAs, the standard for nursing homes.

Caregivers, nurses and researchers told the Journal Sentinel that training requirements don't ensure staff are prepared for the job. As a result, new staff quit — driving burnout for veteran caregivers.

Residents, who may have complex medical conditions like dementia and diabetes, are then put at risk.

In Greendale, inspection records show a resident was hospitalized with high blood sugar five times in eight months after being given incorrect doses of insulin. Several people blamed turnover, lack of management and lack of training for staff giving the insulin.

"(The resident's) blood sugars were like a roller-coaster of really not having the right protocols in place," a high-level manager told the state.

In Neenah, records show a resident with diabetes and chronic kidney disease was not being given diabetic-safe meals. The administrator was unconcerned, they told the state, despite three hospitalizations of the resident in three months for blood sugar issues.

"I've told them multiple times (they've) got to have a diabetic diet," the resident's legal decision-maker told the state. "They'll end up on dialysis."

Dr. Dawn Davis, a doctor at UW-Health who specializes in diabetes, said assisted living facilities often have a policy instructing staff to call a doctor or nurse when blood sugar levels hit unsafe ranges.

But when a doctor or nurse isn't available, staff don't always know what to do.

“There's very few patients with diabetes where we can say, ‘Take this exact amount (of insulin) at this exact time every day,'" Davis said. "So there has to be a little bit of knowledge and ability to be flexible, and to adjust things based on the real-time situations.”

Meanwhile, state regulations do not set a minimum number of staff required to care for residents. Caregivers, the employees who spend the most time with residents, say they simply lack time to do their job.

In the Amery facility with 60 falls in 74 days, the administrator told the state two to three caregivers per shift was adequate because activities and kitchen staff could help as needed. But caregivers told an inspector that the facility was severely understaffed, causing at least one employee to quit in protest.

As a traveling nurse, Tina Kollath goes to different assisted living facilities to help staff with more advanced tasks that they aren’t trained to do, like changing catheters, managing wounds and cleaning waste drainage bags. But she's found that things often slip through the cracks once she leaves.

After 11 years on the job, Kollath believes families are often misled into thinking that assisted living facilities are more capable than they really are.

“They think that their families are in good hands, that they're paying all this money and they shouldn't have to worry, when it's really just a big old lie,” she said.

'Nobody does anything'

In spring 2022, Oak Park Place of Menasha was experiencing several issues at once: a turnover in leadership, understaffing, and a large number of residents with time-consuming medical needs.

According to a state inspection report, "Resident 17" was admitted in March 2022 with fragile skin, incontinence and dementia. The resident also needed help to get out of bed, walk and use the bathroom.

On Day 11, the resident pointed out a pressure sore to staff, state records show. On Day 16, a trip to the emergency room uncovered a urinary tract infection, malnourishment and dehydration.

By Day 44, the resident had developed 12 pressure sores, some of them so deep that they had likely reached muscle and bone.

“There’s not enough staff and we’ve reported resident neglect (to management) and nobody does anything,” one caregiver said.

After an unsuccessful attempt to remove the dead and infected tissue, the family chose to enroll the resident in end-of-life care.

“I can’t imagine the pain (they) felt,” a family member told a state inspector. “I don’t know if there was ever actually anyone in charge.”

The state Department of Health Services concluded that Resident 17 had not received the appropriate care. A state report from May listed 39 residents in the building, and said sometimes only two people had worked the overnight shift in March and April 2022.

The Department of Health Services had been receiving complaints about neglect at Oak Park Place of Menasha for a year before Resident 17 moved in, records show. The allegations were later found credible.

“They are not only neglecting and abusing residents. They are also abusing the co-workers as well. They are running a dementia unit with over 26 residents with one caretaker that has to pass meds,” reads a complaint filed anonymously in July 2021.

In a statement, Oak Park Place said it has taken several steps to solve staffing issues at its numerous facilities, which span Wisconsin, Minnesota and Iowa. That includes increasing wages and offering sign-on bonuses, nursing scholarships and tuition reimbursement to staff.

“Oak Park Place works every day to elevate the skills and services of our existing workforce while maintaining active recruiting efforts to attract new staff," the company's statement reads.

Health department is too short-staffed to inspect facilities regularly

From 2016 to 2023, state data shows an average of 78% of facilities never received any complaints.

Since most assisted living facilities seem to be functioning well, industry representatives say additional state requirements are not the answer.

Abrams, of the Wisconsin Center for Assisted Living trade group, said current regulations are overly focused on punishing facilities rather than helping them improve.

“Are these providers perfect and are there unfortunate resident outcomes?” said Abrams. “Of course, but nobody on this good earth is perfect.”

Still, state data shows there are hundreds of assisted living facilities in Wisconsin, home to thousands of residents, that receive complaints every year. More than 400 of them received five or more complaints in the last five years.

In response to the resident with 12 pressure sores, the state Department of Health Services issued a $5,825 fine. It also temporarily barred Oak Park Place of Menasha from admitting new residents and required the facility to work with a nurse consultant to improve practices.

The fine was on the low end of what the facility charges for monthly rent: between $5,200 and $7,600 per resident.

In a statement, the Department of Health Services said it is struggling to keep up with a growing number of complaints in assisted living facilities. The agency has just 49 inspectors to oversee 4,000 buildings and 60,000 residents.

Ideally, inspectors are supposed to visit each assisted living facility every two years. In reality, data shows they spend the vast majority of their time — 90% last year — responding to complaints.

Gov. Tony Evers' 2023-25 budget proposal included a request for 32 additional surveyors, but the measure did not move forward.

Statewide data shows that by 2040, nearly one in four Wisconsinites will be 65 or older. With more people moving into assisted living, complaints "continue to be on the rise and will only increase,” according to Department of Health Services spokesperson Elizabeth Goodsitt.

"Right now, this growth is happening at a trajectory that is outpacing current staff resources,” Goodsitt said in a statement.

Since before the pandemic, state has spent millions to help

State leaders have spent years working on solutions.

At the top of the list: increasing wages for caregivers, which average $15.40 an hour, similar to many fast food and retail jobs.

To that end, the state has raised Medicaid reimbursements using pandemic relief funds and set aside more than $700 million in a fund for direct care workers since 2017. The state health department is also planning to further reform the Medicaid system, intending to raise staff wages and payments to facilities.

It's also created a voluntary training program for entry-level caregivers and funded training courses for managers of assisted living facilities and others.

But reforms have not specifically focused on tightening regulations — a process that can take more than a year and requires Legislative approval.

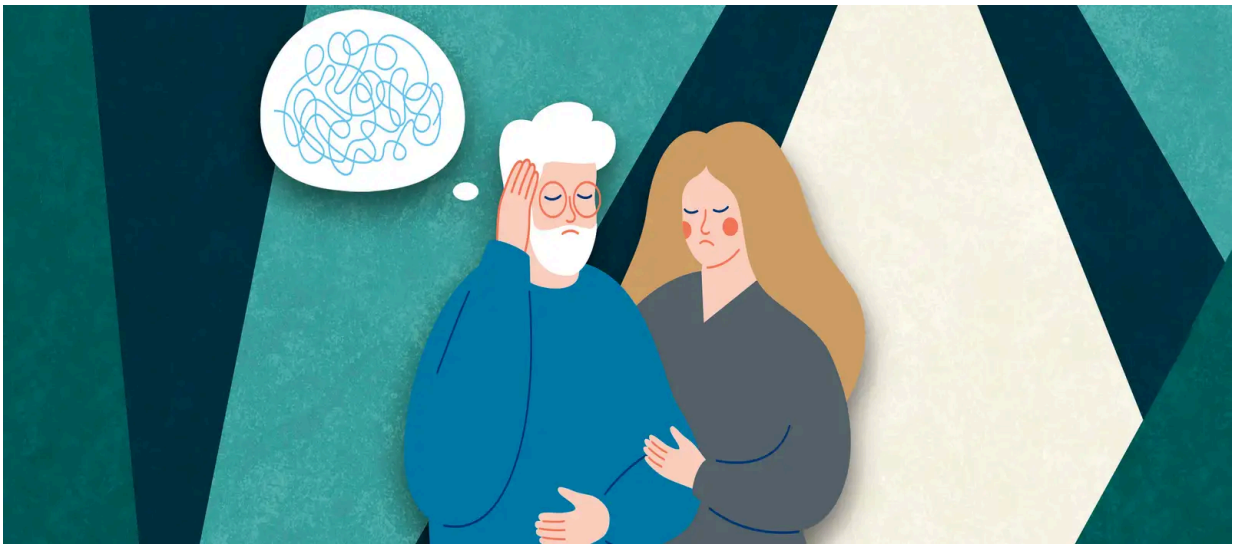
The Department of Health Services last substantially updated regulations for its most common type of assisted living facility in 2009. The agency revised employee training standards and, for the first time, required assisted living facilities to create detailed care plans for each resident.

A state planning document from that time warned that assisted living facilities were seeing more residents with serious medical conditions “who, in the past, would have lived in a nursing home.”

Catherine Liebau, a nurse with 40 years of experience in long-term care, said she remembers the days when the long-term care industry was “a free for all.” She was grateful when the state stepped in to create additional standards.

With aging Wisconsinites depending on the system now more than ever, she wants facilities and the state to see themselves as allies, not enemies — remembering the goal is to take care of people.

"Look at it like we’re partners here, (to) provide seniors with good care,” Liebau said. “I mean, who the hell doesn’t want that, right?”



In 691 hours working in an assisted living facility, I saw neglect, abuse and love

Cleo Krejci | Milwaukee Journal Sentinel | July 25, 2024

One day in April 2023, I sat with a man in his 80s as he sipped orange juice.

“That’s just how life is," he told me. "Life is terrible and then you die.”

From what I gathered, his life hadn't been terrible — he'd had a family, a career in public service and traveled the world. But without the proper care for dementia in his assisted living facility, he rarely left a dark, humid room with locked windows and plates of half-eaten meals. I often found him lying awake in bed, facing the wall in the fetal position.

His situation was not unique. Working in a struggling memory care facility, I saw everything I hoped I wouldn’t: People who had lived full lives dying slowly and alone. Residents with unexplained bruising on their bodies. A revolving door of staff who quickly learned that asking management for help was pointless.

But I also saw couples whose love refused to waver. Families who stuck together through the slow process of death. I learned from co-workers who were experts in caring for others, and soaked up wisdom from people with decades of life experience.

Staff members know those good moments are possible — but encouraging them requires time, training and support that many don't get.

I started the job in late August 2022, driven by questions about the care of older adults in the U.S. and my own grandparents' experiences with aging. I based my search on minimal criteria: A facility willing to hire someone with no health care experience, but with a background in journalism.

By early January 2023, I found myself so burnt out by mismanagement and neglect that I scaled back to part time and started waitressing. Like many others, I simply became exhausted at the way the negative outweighed the positive.

Eventually, I got a job at the Milwaukee Journal Sentinel via Report for America. I started researching and reporting a project about assisted living, leading to this story and several others.

Throughout, I took notes. This is my experience.

The training

On Aug. 22, I arrived at training seven minutes early to find an empty conference room, eight orientation packets and a video call on a laptop screen.

Speaking to new hires at locations across the state, a trainer from the corporate office threatened a one-warning-only tolerance for sleeping during the next three hours. One person did doze off — a man who I later learned only worked overnights — but I poked him awake.

The trainer told us slips, trips and falls are "costly," recited a brief history of the company founder's start in real estate and reminded us that residents are adults who deserve respect.

"They also said explicitly, if we soon realize the job isn't for us, 'Please don't just stop showing up,' because, as we are reminded, they have to make a schedule two weeks in advance," I wrote in my notebook.

When the video call ended around noon, our new manager popped in to ask if we were "dead yet" because the training was "boring as shit."

I spent nine hours in that conference room in the first week, staring at the laptop as the trainer led us through state-mandated classes for entry-level caregivers. I lost track of the potential on-the-job hazards — seizures, fires, poison, norovirus and more.

Nervous, I asked a new co-worker if she had ever seen a heart attack or stroke. She said no, but listed other experiences: nearly quitting after changing her first soiled brief; finding people dead who had been living moments before; having a resident punch her in the breasts.

The state training didn't cover dementia in any detail. Instead, for the luxury facility advertising "specially trained" memory care staff, the company had me watch a 3 ½ hour series of videos about dementia from my couch.

"(The videos) made clear that a big aspect of working in memory care is simply making sure people don't escape. Kind of feels like I'm becoming a weird sort of prison ward," I wrote.

Later, I learned that the company charged $6,200 per month for a studio apartment in memory care, plus extra for people with more serious health issues.

Finally, I was ready for the actual learning: shadowing a co-worker.

Fifteen days later, the roles had reversed, and a new employee was shadowing me.

I thought back to co-worker's warning from day one: "At 'places like this,' they say they train you, but really (they) just put you on the floor."

The first days on the job

Five minutes into my first shift, my co-worker tasked me with helping an older man change his soiled briefs. We walked into a room with a thick layer of dried feces infused in the carpet and an overwhelming odor.

As I donned latex gloves, I resisted the urge to flee, then felt guilty remembering he lived there 24/7. As we left, he asked us when someone would visit next.

The shifts flew by. Beginning at 6 a.m., we raced to assist at least a dozen people into clean clothing before breakfast. If we had time, we would help brush their teeth.

By 8 a.m., we set the tables and began serving watery oatmeal and cups of cranberry juice. We kept one eye on those with diabetes while helping others hold their forks and sip water. After cleaning up, we had until noon lunch to assist the residents we didn't have time for that morning.

During the job interview, I had been told the memory care unit, which had close to 40 beds, would have four to six caregivers per shift. But I sometimes cared for residents alongside just one or two co-workers.

Mostly, the hours filled with mini-emergencies: someone falls and gets hurt, believes they are a lost child looking for their mother, or tries to force open the alarmed door.

"(One resident) today seemed to think she was about 30 (years old) — she was talking about how there's nobody around to talk to except these old people, and how there's nothing to do, and people don't pay attention to her. I don't even know how to answer — she's right," I wrote.

My third day on the job, I walked 15,897 steps, or nearly 8 miles. I soon switched out my flat-bedded Converse to a pair of ugly but supportive running shoes.

After four shifts, I wrote about my first day off.

"I haven't felt this grateful for a day at home in a very long time. Obviously, I haven't been writing every day — I have simply been too mentally and physically exhausted to do so," I wrote.

Early on, I started seeing unexplained bruises

About two weeks into the job, my co-workers and I found a new bruise on the arm of a woman in her nineties who could not speak or walk. Staff from the prior shift told us her arm got caught in a wheelchair, but we were skeptical.

That day, my more experienced co-worker showed me bruising on someone else's body. She told me to look closely at the shape: finger marks.

"It all really clicked for me; I had been wondering about the marks on a lot of the more dependent residents' arms and legs," I wrote.

Despite limited training, we frequently had to lift or move residents to get them out of bed or into new clothing. Because many people had fragile skin, it created a lot of opportunities for injury — especially when staff were in a rush.

My co-worker and I once dropped someone, unable to support his weight in the transfer from bed to wheelchair.

Whether caused by abuse or accident, people with dementia often can't remember or explain the source of their injuries. But they often express fear, anger or pain in other ways — called "behaviors" in the assisted living world.

One resident had recently spent a half hour sitting on the toilet, crying. She didn't want staff to touch her as they helped her get into a wheelchair.

My co-worker told me she worried the resident's behavior was another signal, along with the bruises, that some staff were too rough.

"Through all of this, (my co-worker) is angry and sad; she is so caring toward the residents, so empathetic, it's amazing. She's the first person I've seen who routinely takes a hot washcloth to

people's faces in the morning — although with just her and I doing rounds, we were very late to breakfast because of the one-on-one time she spent with everyone," I wrote on Sept. 14.

Later, I asked co-workers if they thought we should raise concerns about poor resident care with higher-level managers.

"(One co-worker) said no, it just causes more problems," I wrote.

Watching out for loved ones

One resident and I bonded simply by building a routine: I woke her up just before lunch to choose a new outfit and clip a colorful plastic flower onto her hair. In her wry sense of humor, she once told me to give her soiled briefs to her long-deceased husband.

“It really does matter who takes care of you," she told me one day. "I hope I die when I fall asleep."

I never saw anybody visit her, except in her final days alive.

One older man with sparkly blue eyes spent all hours of the day in bed or a La-Z-Boy chair watching the news. The wall behind the TV was sparse; family pictures sat on the floor waiting to be hung. I often found him in bed, wearing glasses nobody had helped him remove the night before and a polo shirt caked with food.

“He said he’s OK, comfortable, but he wishes ‘more of my friends were here.’ This is a guy who is dying, who does not get out of bed, who never has visitors,” I wrote.

Not everybody was lonely. In late September, I watched a woman brighten once she noticed her husband sitting next to her.

“She lit up, smiled and gave him a kiss like what I imagine she used to do any old day after work or so in their life before," I wrote.

The woman needed help to eat and drink. When her husband wasn't around, staff sometimes dropped meal trays in her room that went cold. Because he often came for meals, caregivers knew to prioritize changing her soiled clothing.

“Most people don’t have that,” I wrote. “We are their support, mostly. Last week, (a resident) was wandering and crying out of the blue right at 6 a.m.; three or four of us (caregivers) crowded around him and gave him a hug.”

The exposure to death

Four people died in my first month on the job.

I fed one man a bowl of Campbell's tomato soup while flipping through a photo album of his grandchildren just days before his death. Two co-workers cried when he died.

One woman asked us to stop feeding her husband, sensing he was near death; my co-worker and I wondered whether that was allowed. After he died, the family brought us cucumbers from their garden.

Another man's family apologized because he kicked, spit and cursed when staff changed his sheets. We reassured them it wasn't his fault.

A woman with chronic pain glowed when I suggested vanilla ice cream for a snack. It was the only time I remember seeing her genuinely smile. She died a few days later.

I watched one family wheel their loved one's body out on a stretcher, in front of his wide-eyed neighbors. His body was covered in a Packers blanket, but only up to the shoulders. His mouth was hanging open; my co-workers had tried unsuccessfully to force his jaw shut.

If people left behind clothes when they died, we passed them out to the residents who didn't have enough.

Dedicated staff got burnt out

Many residents passed the time sitting quietly, awaiting the next meal.

“They need to *do* something," a longtime caregiver said one day. She pointed to a nearby children's basketball hoop.

Soon, a dozen residents were laughing as they bounced a beach ball off one another's heads or aimed it at the hoop on the ground. The crowd was especially encouraging to one woman, who grasped the ball with her forearms and made a basket.

"All of them, about 12, erupted in cheers for her. She was so excited. What an amazing moment," I wrote.

The caregiver who suggested the game was one of many co-workers who found meaning in caring for people beyond just their physical health. There were cooks who prepared Thanksgiving meals for people whose families didn't visit; a maintenance man who bought slippers for a woman with cold feet; housekeepers who told jokes to residents in the hallway.

But they confronted a long list of indignities at work: managers who required an obituary to prove they needed time off for a funeral; staff who scrolled on their phones instead of pitching in; family members who barked orders without making eye contact. My Black co-workers endured worse, like a stream of racist harassment by certain residents.

Some co-workers had been caregiving for two decades, usually moving from facility to facility.

"I wonder what they get paid — $25 to $30 an hour?" I wrote early on in my journal.

For the highest-paid certified nurse aides in assisted living facilities, the answer was more like $22 an hour. My hourly wage was $15.50.

"The exhaustion is really hard, and the low pay," I wrote on Oct. 1. "Really to get me to do this for a career, using myself as a test subject, I would need a far better work/team environment and more pay/benefits. And the world just does not do that. But what is so (messed) up is that we are the people literally helping people die."

At the end, the stress built up

Over time, every emotion I initially brought into the facility deepened. I became angrier as I grew closer to the residents and staff. I became frustrated as I saw how societal forces drove day-to-day dysfunction, then felt conflicted by the joy I found working with people.

I switched to the activities department in October. The new role paid slightly more, despite being far less physically exhausting.

Early that month, I sat on the floor with a man after a fall, holding his hand while we waited for an ambulance. He returned to the facility diagnosed with dehydration and a urinary tract infection.

"(A nurse) was there through all of it; she seemed pissed and flustered, as usual," I wrote.

I also wrote about a woman who left the building for eight hours without anyone noticing, and another who lost 12 pounds in a month; my co-worker believed staff weren't spending enough time helping her eat.

“We’re settling into a routine,” I wrote on Oct. 30. “It’s become normal to hear someone hasn’t gotten their meds correctly, or escaped, or that staff leave halfway through a shift to smoke weed then come back.”

In early December, I arrived at work expecting to walk one resident to the library, as we did often. Instead, I found her badly bruised and delirious from painkillers after a recent fall. Seeing her deep purple bruises, and her daughter weeping as she died, was one of the final straws.

Soon after, a woman from corporate arrived to ask if we believed residents were being abused and neglected. I said yes.

Around that time, I found three staff overpowering a 100-pound woman, attempting to change her clothing as she sobbed and yelled at them to stop.

"Might explain the bruising on her arms," I wrote.

It was just before Christmas when I asked a higher-level building manager about the issues I described to corporate. She denied knowing anything about them.

That same week, at an all-staff meeting, a manager from corporate told us memory care "smells like a litter box" and "everything needs to improve."

Then, I left. Residents didn't.

The new year was my breaking point.

It's when I scaled back to part time, picking up shifts on and off throughout the spring to spend time with residents and watch as conditions improved under new management. When I left for good in April, it felt like nearly every co-worker and manager who I initially worked with had quit or been fired.

I also started earning twice as much money, if not more, waitressing at a high-end hotel restaurant. Printing checks for mimosas and eggs Benedict, it was impossible not to divide the bill by $15.50 an hour in my head.

Talking to countless strangers also helped me process what I'd seen. I realized most members of the public were like me only months before: unaware about the on-the-ground reality of a system that largely operates behind closed doors.

During my 691 hours on the job, I answered many of my initial questions about aging — but left with far more than I thought to ask. Those questions helped inform my eventual reporting on assisted living in Wisconsin.

I wanted to know: Was what I saw unique? And how much of it was preventable?

Ultimately, in asking those questions, I remembered residents — who undeniably looked for answers about their circumstances, too. Sometimes, it seemed metaphorical; often, it was optimistic.

"Do you know what time the train leaves to go down South?" one woman asked in December, sitting on the couch with friends. "Do I need a ticket?"

I told her it was coming soon. She nodded, happily.

In four years, one assisted living facility contacted police 151 times

Cleo Krejci | Milwaukee Journal Sentinel | Aug. 2, 2024

In summer 2022, Maggie Sutton spotted a pattern.

A social worker and case manager for the Greenfield Fire Department, Sutton noticed how often paramedics were traveling to The Villa of Greenfield, an assisted living facility a few minutes away.

In one visit, she said paramedics found a resident who had been lying on the ground for 12 hours covered in feces and urine.

On another trip, paramedics broke a window to enter the building because staff were asleep, she said.

Some residents called 911 for help getting out of bed — but other times, they were just isolated and lonely.

Sutton's job is to help people who frequently use emergency services. Often, that includes residents of assisted living facilities, which are struggling statewide with funding, turnover and residents' rising medical needs.

As the summer wore on, Sutton saw no signs that conditions inside the mostly Medicaid-funded facility were improving. Meanwhile, local first responders were getting overwhelmed.

"I said to them, 'I'm going to have to start making these reports to the state,'" she said.

Sutton filed two complaints with the Wisconsin Department of Health Services in July, and a third in September. She wasn't alone: The state received seven other complaints about the facility in 2022, after sorting through 18 others since 2019.

By October 2022, the state had finished its investigation. The report was 97 pages long.

Problems at assisted living facilities cause spillover effects for first responders

Sutton often arrived at work in summer 2022 by 8 a.m. to find paramedics waiting at her office door with news about the most recent overnight visit to The Villa of Greenfield.

"They, to some degree, wanted me to see it with my own eyes as well," said Sutton, a former certified nurse aide, or CNA.

Walking in to the 42-bed facility, Sutton said conditions hit all her senses at once. She smelled urine, feces and marijuana, saw residents slumped over in wheelchairs, and heard others calling for help without reprieve.

Between 2019 and 2022, records show police made contact with the building 151 times. Often, paramedics helped.

Over the past two decades, Wisconsin's assisted living system doubled in size but struggled to keep up with rising resident health issues, according to a recent Journal Sentinel investigation.

State inspection records provide a glimpse of how first responders have come to bear the consequences.

In June 2022, for example, a resident of an assisted living facility in Madison called 911 because they needed help and couldn't find staff.

"Once firefighters reached the facility, it took them 45 minutes to an hour to find a staff member or caregiver on duty," the state surveyor wrote, noting that when paramedics arrived, their phone calls to management went straight to voicemail.

The executive director later confirmed there was one caregiver on duty for 54 residents, saying others on the schedule either didn't show up or called in sick.

The state fined the facility $600 for understaffing, records show.

In fall 2022, staff at an assisted living facility in Fitchburg called 911 after someone had a gastrointestinal bleed and fell in the shower. When paramedics arrived, there were no staff with the resident who was unresponsive, nearly naked, and lying in a pool of blood and feces.

An employee told the inspector they could not be in two places at the same time, and had left the room to find medical records and towels.

The state fined the facility $1,000 in response, including for a failure to treat the resident with "respect and full recognition of dignity."

At The Villa of Greenfield, formerly called Oak Crest Villa, residents called 911 looking for their doctor. Other times, they wanted something different for breakfast, were cold, or simply dialed by accident, police records show.

But residents also contacted police about being left in soiled clothing, needing pain medicine, being "held prisoner" and being subject to "elder abuse." One son reported his mother was being locked in her room.

Records show police became involved to help staff when residents' behavior became aggressive or dangerous. In other cases, they were contacted about theft of narcotic medications or conflicts between management and other employees.

Paramedics travel to assisted living facilities to help residents who have fallen or need CPR as well. Many assisted living facilities have "no lift" policies that instruct employees not to touch residents who fall, and to call 911 instead.

According to state data, nearly one in five ambulance runs in Wisconsin in 2022 were due to someone who fell and couldn't get back up. That includes people living in long-term care facilities, where fall-related ambulance calls increased 28% from 2019 to 2022, the data shows.

In January, state lawmakers proposed changes that would require facilities to train staff in CPR and fall assistance.

The law didn't pass. In a document submitted to lawmakers, the Department of Health Services said the additional requirements would increase inspectors' workloads, which were already unmanageable: For 4,000 assisted living facilities and their 60,000 beds, the department has just 49 surveyors.

Records show issues at The Villa of Greenfield crept up over years of state involvement

As a teenager in the late 80s, Timothy Glowinski worked at his parents' Oak Creek retirement facility doing maintenance, cleaning and helping out in the office.

“In 2016, they took me out to eat and said, ‘We’re selling. Do you want to buy it?’” said Glowinski, now The Villa of Greenfield's owner. “And six months later, there you go, I'm the owner.”

Since taking over, he said he’s hired administrators and trusted them to do the job.

For years, things were quiet: Between 2014 to 2019, the facility received just one citation for a missing basement smoke detector, records show.

By 2020, there were more troubling signs.

That January, a state surveyor noticed beds covered in crumbs, mucus and feces stains, and spoke to a resident who reported their sheets had been changed twice in eight months. The same resident said it took a week or more for staff to remove a garbage can filled with feces from their room, where they emptied waste drainage bags.

The state found the facility violated 22 state codes, but issued no fines.

In spring 2021, records describe a resident who spent at least three nights sitting in a wheelchair on a bed sore, their feet turning purple from a lack of blood flow. On two other mornings, a nurse found them in bed with a bursting catheter bag that sent urine back into their body or onto their socks.

That same year, an inspector found a different resident curled up in bed and soaked in urine. The resident, who had a traumatic brain injury, needed 24/7 supervision and help 12 times daily to manage personal hygiene.

Speaking to the state, a caregiver said they had reported the situation to management. The resident wanted help, the caregiver said, but only accepted it from staff who knew how to approach someone with a traumatic brain injury.

In response to those issues and others, the state fined The Villa of Greenfield $4,450. The Department of Health Services also required the facility to work with a registered nurse to improve procedures for monitoring residents’ health.

Glowinski attributed the problems to a number of things: the pandemic, trouble finding staff, and his own trust that the building was being run properly.

“As the owner, I’m not a nurse, I’m not a doctor,” he said.

In 2022, a survey found 28% of caregiver jobs in Wisconsin assisted living facilities were unfilled. Facilities that rely on Medicaid funding, like The Villa of Greenfield, say it does not pay enough to even compete with jobs in retail or fast food.

Like other facilities, The Villa of Greenfield hasn't struggled just with caregivers. Finding and retaining a part-time nurse has also been nearly impossible, Glowinski said.

“We just couldn’t find one,” he said.

‘I’ll call for help, but no one can hear me’

By the time a state surveyor arrived at The Villa of Greenfield in late 2022, it had a stack of 10 complaints to investigate, including the three from Sutton.

One complaint from January alleged staff had humiliated a resident by leaving them face down in bed with soiled briefs and their pants down to their knees. The caregiver also allegedly told the resident to "stop yelling all the time for help."

“This staff member did eventually apologize to me and said that (they) had been working 16 hour days, multiple days in a row, which I completely believe would be draining and extremely challenging, but it certainly does not excuse the way (they were) treating (the resident),” the complaint said.

When the surveyor showed up for the inspection in October 2022, multiple residents said they didn't feel safe.

"I'll call for help but no one can hear me," one resident told the inspector. "I wrapped my call light around my arm so (a caregiver) couldn't put it out of reach and (they) yanked my arm and pulled me out of bed. (They) still worked here."

A different resident said they needed help to use the bathroom, but when staff didn't come they were forced to relieve themselves in their disposable briefs.

"The staff talk to me like I'm an idiot," they added.

The state inspector logged 37 code violations in their final 97-page report. The violations ranged from a lack of administrative oversight and staff training to a failure to keep residents free from mistreatment, including physical and mental abuse, neglect and financial exploitation.

In response, the state health department issued $15,335 in fines and ordered the facility to work with an outside nurse consultant. The state also took a more serious financial penalty, saying The Villa of Greenfield could not admit new residents until conditions improved.

In addition, the state sent a stern warning that Glowinski could lose his license, he said — a penalty used to close only 52 buildings in the last five years.

“I guess that’s what really woke me up, that, yeah, this just isn’t the standard stuff that the state’s being picky on," Glowinski said. “It’s some serious stuff.”

At the Greenfield Fire Department, Sutton printed out the report and spread it on the kitchen table so the paramedics could read it.

Sutton said she is sympathetic to state surveyors who struggle to do their jobs under policy constraints and funding limitations.

But she worries the system is so under-funded that it struggles to proactively prevent problems — and help only arrives after the harm is already done.

A struggling facility plans to turns things around

As a manager at The Villa of Greenfield since late 2020, Stephanie Quintero said staff have struggled to care for people whose health needs are too complex for an assisted living facility — a trend that has worried many long-term care experts.

Because the publicly-funded Medicaid system has an incentive to find the cheapest placement for a resident to live, Quintero said, it prioritizes assisted living when possible. That's in contrast to a nursing home, which is more expensive and guarantees 24/7 nursing care.

"They claim that, in order to live in assisted living, you’re supposed to have only three hours of nursing a week," Quintero said. "I’m seeing that it’s just becoming more, and more and more."

Quintero, a caregiver of 15 years, said she's overhauled staffing since she became the building administrator last year.

She's also in charge of admissions — and said she asks detailed questions before agreeing to admit someone, which could require calling case workers, prior assisted living facilities, doctors and family members.

Her goal is to avoid admitting people who need more care than the facility is designed for. She looks out for behaviors related to mental illness, the need for mechanical lifts, or people whose diabetes requires constant monitoring for rapidly-changing blood sugar levels, for example.

“We can’t treat that, because we don’t have an RN in the building 24/7,” she said.

Even then, Quintero said it's hard to comply with state regulations given residents' demanding needs.

"I feel like a lot of (facilities) don't get as much assistance from the Department of Health Services as they should," she said.

Glowinski said he's comfortable with the state's rules, if that's what is required to care for people.

The state's 2022 no new admission order prevented The Villa of Greenfield from admitting new residents for 10 months, Glowinski said. He relied on financial reserves to sustain the facility when its capacity dwindled to nearly half, though he's not running at a deficit.

Since the pandemic, he raised wages from $10 to $15 an hour — though in June, he set up eight interviews for new caregivers and said nobody showed up.

He plans to continue working with a consulting company and staffing agency to improve conditions.

The goal: to never let this happen again, he said.

"If we did something wrong, we own up to it, we get through it, and that's kinda what we're doing now," Glowinski said. "If my parents were here and they had seen all of this stuff, (they'd) be worried and want to get to the bottom of it as well. I think we've done that. So, it's a little embarrassing that it got to that point, but there's nothing you can do about it now besides fix it."

'Matter of life and death': Advocates, lawmakers discuss action following assisted living investigation

Cleo Krejci | Milwaukee Journal Sentinel | Aug. 2, 2024

After an investigation by the Milwaukee Journal Sentinel this summer revealed dangerous conditions for residents and workers in the state's assisted living facilities, lawmakers, family members and others are debating improvements to Wisconsin's long-term care system.

“It breaks my heart to hear stories of Wisconsin’s most vulnerable residents being systematically let down by spaces meant to protect and care for them," Sen. LaTonya Johnson, D-Milwaukee, said in response to the Journal Sentinel's series. "Stories of neglect,

understaffing and inadequate care in assisted living facilities are unacceptable and demand immediate action."

Johnson said the state must invest in the direct caregiver workforce "if we are serious about ensuring our residents receive safe, dignified care." She is a member of the Legislature's Joint Committee on Finance, and the Senate's Committee on Health.

That should include raising wages, expanding career opportunities and "creating career pathways that reflect the critical role caregivers play in our healthcare system," she said.

Assisted living was initially designed as a less medical alternative to nursing homes, but over time they have been admitting residents with more complex health issues. That trend is placing increased stress on direct care workers, whose job responsibilities can include helping people eat and drink, preventing pressure sores, monitoring diabetes and open wounds and quelling dementia-driven behaviors.

The Journal Sentinel reported that since 2003, the number of assisted living beds in Wisconsin has doubled to more than 60,000. In that time, complaints tripled.

Wisconsin assisted living facilities, including memory care units, are not required to employ an on-staff nurse or certified nurse assistants, or to maintain staff-to-resident ratios. Most training is left to employers, with little state oversight, the investigation found.

State Sen. Chris Larson, D-Milwaukee, said he wants the state Legislature to invest in "living wages" for direct care workers, as well as mandated safe staffing ratios, collective bargaining rights and universal healthcare.

Entry-level direct care workers are paid $15.40 per hour on average — though pay varies from $11.30 to $18 per hour, according to the most recent Wisconsin data.

Long-term care advocates have long been concerned that Medicaid reimbursement rates are too low, making it impossible to pay staff competitive wages.

"The state needs to be more aggressive in regulation, especially its scrutiny of health system mergers that always seem to raise costs and cut services whenever they occur," Larson said.

Health care giants Humana and Molina manage services for three of five people in Wisconsin's largest Medicaid long-term care program, Family Care. The program costs nearly $2 billion in state and federal money to run each year, and enrolls nearly 57,000 Wisconsin residents.

In August, Gov. Tony Evers allocated $258 million to raise Medicaid reimbursements for certain long-term care providers, factoring in $15.75 hourly caregiver wages. Evers' administration also established a standardized scale of required, minimum reimbursement rates for government-contracted organizations that run certain Medicaid programs.

However, it's unclear whether those changes will stick once the funding expires in June 2025.

In April, the Legislature's Joint Committee on Finance declined the same proposal on minimum Medicaid rates that Evers later greenlit anyway. In separate statements this summer, the committee's co-chairs, Rep. Mark Born, R-Beaver Dam, and Sen. Howard Marklein, R-Spring Green, said lawmakers would discuss continued minimum rate funding during the 2025-27 legislative session.

"Time will tell how collaborative both parties are able to be in such a closely divided Legislature this session, but the cost and quality of our healthcare system, including assisted living and skilled nursing facilities, ought to be among the top issues we deal with," Larson said. "It affects everyone at some point in their lives, and for some it can literally be a matter of life and death."

Questions linger about how to regulate the Wisconsin assisted living industry

Since the Journal Sentinel's reporting, stories poured in from people across Wisconsin with experiences to share about loved ones' time in long-term care facilities.

Phill Lloyd wrote to the Journal Sentinel this summer after reading the series. His mother, 94, is among the state's memory care residents.

"The first step to fixing this broken system for the vulnerable is to tell their story," Lloyd said. "I'm in awe of the personal stories the residents' families and staff have shared. Because they no longer have a voice, they have become forgotten. They had families, tremendous accomplishments, loved life, and served others."

The Journal Sentinel spent months reviewing complaints, state surveyors' reports and data on community-based residential facilities, the most common type of assisted living facility in Wisconsin.

The situations described in those public records are serious.

Records describe how, in Amery, a 48-bed memory care unit recorded 60 falls in 74 days. In Menasha, a resident was enrolled in end-of-life care after developing 12 pressure sores in 44 days. In Fitchburg, a resident spent six weeks confined to a twin-sized bed in a facility that lacked the equipment to help them up.

In Jefferson, a manager described working three days in a row without breaks because facility sometimes had zero staff.

Mike Pochowski, president and CEO of the Wisconsin Assisted Living Association trade group, wrote in an op-ed that the Journal Sentinel's series highlighted "unfortunate and tragic circumstances for residents."

But he argued those challenges affect only "a small percentage of assisted living facilities in Wisconsin."

"To be sure, our industry is committed to providing safe and quality care to its residents, and while those situations highlighted in the Journal Sentinel's coverage should not be downplayed, they are also in the minority," he wrote.

Industry advocates have argued against additional regulation, especially since the majority of assisted living facilities never receive complaints. Between 2016 and 2023, 78% of assisted living facilities on average received no complaints, state data shows.

However, there were still more than 400 community-based residential facilities that received five or more complaints over the past five years. In some cases, it can take months to improve conditions that drive complaints, despite repeated state involvement.

As of June, the state Department of Health Services, which investigates complaints, had 49 surveyors to oversee about 4,000 facilities and their 60,000 beds. The department requested funding for 32 more surveyors last legislative session, but lawmakers did not provide the funding.

"DHS does not have enough surveyors to keep up with the assisted living facilities in Wisconsin," the department told the Journal Sentinel in June.

Sen. Rachael Cabral-Guevara, R-Fox Crossing, chair of the Wisconsin Legislature's Senate Committee on Health, told the Journal Sentinel her office has "heard from family members, staff, and residents alike about some of the difficulties assisted living facilities are facing."

"It's an uphill battle with staffing shortages and wing closures, despite an increase in our aging population," she said. "I will advocate for alternatives to our aging infrastructure, including emphasizing home care when possible for our parents and grandparents."

What to know about assisted living in Wisconsin: admissions, cost, services, and more

Cleo Krejci | Milwaukee Journal Sentinel | July 25, 2024

In Wisconsin, there are more than 4,000 assisted living facilities and 60,000 beds — and they range in size, price, specialities and level of medical care.

Assisted living facilities oversee key questions about your or your loved one's care: admissions, staffing levels and the availability of a nurse, among other things.

Here are the basics about assisted living in Wisconsin, and what those facilities are designed to do.

What's the difference between a nursing home and an assisted living facility?

Nursing homes are designed for people who, because of their health conditions, need 24/7 access to nursing care.

Assisted living facilities were initially designed as a more independent alternative to a nursing home. Mostly, they are intended for people who need assistance with "activities of daily living," which are defined as bathing, eating, getting dressed, using the bathroom, walking and getting in and out of bed.

However, assisted living is admitting people with more complex needs over time.

Across Wisconsin, there is a wide range in the level of medical care offered at assisted living facilities. Some employ a nurse full-time, and advertise the ability to manage wound care, feeding tubes, sliding-scale insulin, complex medication lists or dementia-related behaviors, among other examples.

What are the different types of assisted living facilities?

The state splits assisted living facilities into three categories.

Community-based residential facilities:

- **Common traits**: Community-based residential facilities are the most common type of assisted living facility in Wisconsin. The majority admit older adults and people with dementia, and over one in three admit people on hospice care. Some facilities cater to more specific populations, such as adults with disabilities or mental illnesses.
- **Nursing and other services**: These facilities can admit people who need up to three hours per week of nursing care, with exceptions. Often, that's for people on hospice care or who have temporary injuries and illnesses, like wounds.
- **Commonly marketed as**: Memory care, advanced care, enhanced assisted living, or just "assisted living"
- **Number of facilities in Wisconsin**: 1,549
- **Average number of residents per facility**: 22 residents, but facilities range from five to 151

Residential care apartment complexes:

- **Common traits:** Residential care apartment complexes are designed for people who can live safely in an apartment unit with a kitchen, but want or need access to 24/7 emergency services.
- **Nursing and other services:** These facilities provide up to 28 hours per week of "supportive, personal and nursing" services, or more in some cases. That covers services like meals, housekeeping and laundry or help bathing, getting dressed and with basic nursing care. These facilities do not include memory care.
- **Commonly marketed as:** Retirement community, or just "assisted living"
- **Number of facilities in Wisconsin:** 366
- **Average number of residents per facility:** 48

Licensed adult family homes:

- **Common traits:** Adult family homes are small, more residential settings that commonly admit residents who have developmental disabilities, mental illnesses and traumatic brain injuries. Less often, they admit people with dementia, terminal illnesses and or physical disabilities, among other conditions.
- **Nursing and other services:** These facilities offer up to seven hours weekly of nursing care. These facilities only admit up to four residents at a time, and those residents might rely on the facility to assist them in getting to work or to a medical appointment.
- **Commonly marketed as:** Group homes or community homes
- **Number of facilities in Wisconsin**: 2,143
- **Average number of residents:** These facilities only admit three to four people at a time.

How much does assisted living cost in Wisconsin, on average?

Generally speaking, the higher someone's need for care, the higher the monthly bill.

That's true both for people who pay out of pocket, and people who are enrolled in Medicaid. During admission, facilities are required to provide a detailed list of services, and what they cost.

Prices vary greatly from one facility to the next.

Facilities often charge for different levels of care that increase as someone needs more services. Or example, a facility could move someone to a higher level of care, and charge more, when they begin needing help to manage medications or use a mechanical lift to get out of bed.

The state provides data on average low and high monthly rates:

- **Community-based residential facilities:** $4,604 to $6,951 per month
- **Residential care apartment complexes:** $2,775 to $4,611 per month
- **Licensed adult family homes:** $4,074 to $11,028 per month

Do Medicare or Medicaid cover the cost of assisted living in Wisconsin?

Medicare, the government health insurance for adults older than 65, does not cover the cost of assisted living.

Medicaid, the federal program for people with low incomes, does cover assisted living costs for people with high enough health needs. Wisconsin's most common Medicaid long-term care program is called FamilyCare.

To qualify, the person needs to have spent most of their financial assets. The process of enrollment — and finding a facility that accepts Medicaid — begins with contacting your local Aging and Disability Resource Center.

Assisted living facilities are not required to accept Medicaid, and many don't.

It is not always easy to find out whether certain assisted living facilities accept Medicaid. Managed care organizations oversee contracts with facilities, as well as day-to-day case management for people enrolled in Medicaid long-term care programs in Wisconsin.

What is the admission process for assisted living in Wisconsin?

It's up to facilities to gather information about the potential resident, then make a determination about whether they can care for them. That includes their medical diagnoses, need for nursing care and ability to use the bathroom, walk and eat independently, among other things.

It's important for a facility to have a full picture of the resident's needs before admission, to make sure they are prepared to care for them.

Keep in mind that the person who makes admissions decisions won't necessarily have a health care background.

For people enrolled in Medicaid-funded programs, such as FamilyCare, there is a separate "assessment" process that takes place before finding a facility. It's called the Long-Term Care Functional Screener, and it's used to gauge someone's health needs to determine if they qualify for Medicaid long-term care coverage.

Even if you qualify for Medicaid coverage through that screener, you still need to undergo an admissions process at the facility where you end up living.

What are 'individual service plans,' 'service agreements,' or 'care plans'?

These are documents that say what someone's needs are, and how staff will meet them. All Wisconsin assisted living facilities are required to create one once a new resident is admitted.

For example, the plan might specify that, to manage someone's dementia and diabetes, staff will help them use the bathroom every two hours, bathe twice per week and eat a low-sugar diet.

That care plan essentially acts as a contract between the resident, the facility, and their legal guardian if they have one. Per state regulations, facilities are required to keep care plans on file, accurate and updated as someone's needs change — then, follow them. If not, the state can issue a fine.

Are Wisconsin assisted living facilities required to have a nurse or medical professional on staff?

No. Assisted living facilities are not required to employ a nurse or any medical staff, as is required for nursing homes.

However, some assisted living facilities advertise 24/7 access to a nurse and the ability to care for residents who have health issues that only a nurse can address.

Even for those facilities, though, that doesn't always mean there will be a nurse in the building at all times. In some cases, the nurse only works part-time.

It's also common for assisted living facilities to admit residents who need a nurse's care, but rely on a traveling nurse to care for them. That's common for people who need help with catheters, wound care, or hospice (the end-of-life service covered by Medicare).

How much training or education are caregivers in Wisconsin assisted living facilities required to have?

Very little.

Most staff members who work one-on-one with residents in Wisconsin assisted living facilities are called "resident aides," "resident assistants" or simply "caregivers." They are not required to be certified nursing aides (CNAs), which is standard for caregivers in nursing homes.

Each of Wisconsin's three types of regulated assisted living facilities has its own training standards.

At the most stringent level, for community-based residential facilities, staff must take nine hours of state-standardized training in fire safety, first aid and choking, medical emergencies, and hygiene for health care settings before starting the job.

State regulations say those facilities must train staff in a list of other tasks, like understanding residents' "physical, social and mental health needs." However, there are no required training hours, nor is there any required curriculum. The state does not proactively monitor how facilities meet the requirement.

Assisted living facilities commonly oversee people's medications, which can include narcotics, antipsychotics and blood thinners, among other complex drugs. To become qualified to give people their medications, staff need to take additional state training.

How much are staff paid to work in Wisconsin assisted living facilities?

The average caregiver in a Wisconsin assisted living facility is paid $15.40 per hour, according to federal data as of May 2023. The job is entry-level, meaning staff receive most training on the job and don't need health care experience.

Wages range from $13 to $21 an hour.

Do assisted living facilities in Wisconsin have to meet staff-to-resident ratios?

No. State regulations give assisted living facilities the power to decide how many staff members are needed to meet residents' needs.

However, facilities are still expected to have enough staff to care for residents. If the Wisconsin Department of Health Services determines a facility is unable to care for residents given its staffing levels, it can issue a fine.

In contrast, this spring, the federal government issued a requirement that nursing homes employ enough staff to provide 3.48 daily hours of care per resident.

How do I know if an assisted living facility is good? Where can I find out if a Wisconsin assisted living facility has complaints or fines?

Anyone can read recent results of state inspections of assisted living facilities. Those public documents are available online through the Wisconsin Division of Quality Assurance.

The Department of Health Services' policy is to tour facilities every two years. However, it prioritizes inspecting facilities that have received complaints. In 2023, 90% of the surveys the department conducted were triggered by complaints.

The state employs 49 surveyors for its approximately 4,000 assisted living facilities and their 60,000 residents.

How can I look up more information about assisted living facilities in Wisconsin?

The Wisconsin Department of Health Services keeps a list of all assisted living facilities in the state. The list shows how much a facility costs, whether it accepts public funding (Medicaid), how many beds are in the facility, and other information:

- Residential care apartment complexes: https://www.dhs.wisconsin.gov/guide/rcac.htm
- Community-based residential facility: https://www.dhs.wisconsin.gov/guide/cbrf.htm
- Licensed adult family homes: https://www.dhs.wisconsin.gov/guide/afh.htm