



*Assisted Living Consult* is designed to enhance quality and outcomes within the care setting of AL providers and the related care team. As such, each issue presents learning opportunities for these individuals. We urge practitioners and facility leaders to have their staff read the articles in *ALC* and test their knowledge by answering the questions below. By copying this section for each of your key staff, you can assess their knowledge on the critical issues presented. Please note that each article topic appears in color, with specific related questions below.

## Improving Care at the End of Life

1. Is it realistic to think that an elderly resident may be able to die in an assisted living (AL) facility?
  - a. True
  - b. False
  - c. It depends on state AL requirements
2. To qualify for hospice, residents should have a prognosis of how many months if their illness runs its normal course?
  - a. 4 months
  - b. 6 months
  - c. 8 months
  - d. 12 months
3. Hospice can provide all of the following except:
  - a. Services by an interdisciplinary health care team, comprised of physicians, nurses, home health aides, social workers, chaplains, and volunteers
  - b. Medications, durable medical equipment, and medical supplies related to the terminal illness
  - c. On-call services, 24 hours a day
  - d. Bereavement care to the family/loved ones following the death of the resident
  - e. All of the above services are covered under the Medicare Hospice Benefit

4. Hospice participants break down by age as follows:
  - a. One-third each in the groups over 85, under 75, and between 75 and 85
  - b. Over 90 and below 90
  - c. 45% over the age of 75
  - d. 90% over the age of 65

## Integrated Solutions

5. The Kipnes Centre is designed to remove the incessant jarring jangle of technical equipment, beepers, and alarms, as well as the hectic nursing stations that, in older facilities, were representative of acute care rather than continuing care.
  - a. True
  - b. False
6. Elopement can be prevented through the following methods:
  - a. Locked doors within the facility
  - b. The use of chemical or physical restraints
  - c. Having residents wear an electronic wristband, equipped with a locating device to alert staff
  - d. Protecting exits with guards that prevent elopement of residents with wrist guards
  - e. C and D
7. To prevent unanswered calls, the Kipnes Centre system routes calls first to the nursing attendant. If the call goes unanswered, a call-escalation protocol begins, with the message automatically routed to the attendant's partner, the licensed practical nurse, and finally to the registered nurse on duty.
  - a. True
  - b. False
8. The Kipnes Centre's design is based on:
  - a. A traditional long hallway design with a central nursing station
  - b. A "neighborhood" approach,

with each of the private rooms grouped into 8 houses, with a main floor designed like a "town square" and surrounded by amenities, such as an exercise room, a barber shop, a pub, a bistro, and a coffee shop

## Physical Therapy in Assisted Living

9. The role of a physical therapist in assisted living:
  - a. The provision of physical therapy services as an extension of traditional home care medical services for the resident
  - b. Bringing expertise and insight to the functional level of each resident, as well as to facility-wide programs, including fall prevention, group exercise classes, and staff education for the interdisciplinary team
  - c. Both of the above
10. A common reason for referral to physical therapy is the functional decline of a resident after the occurrence of an adverse event, a fall, or hospitalization.
  - a. True
  - b. False
11. Traditional home care services through a visiting nurse association (VNA) company can be billed under Medicare Part B.
  - a. True
  - b. False
12. The goals of traditional home care physical therapy services are to maximize function and safety in the home, and can be provided to residents able to go outside of their home.
  - a. True
  - b. False

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**We welcome your input.**

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## Medicare Fraud and Confusion

13. Medicare fraud is defined as accidentally billing Medicare for services that were never provided or received.

- a. True
- b. False

14. According to the Federal Trade Commission (FTC), the largest number of complaints to the federal government has involved seniors who have become victims of identity theft.

- a. True
- b. False

15. Steps that can be taken to eliminate Medicare fraud include all of the following for AL residents except:

- a. Not giving their Medicare number to anyone over the phone or in person, unless they initiated the contact and know to whom they are talking
- b. Not accepting any offer of "free" services or supplies in return for their Medicare number
- c. Carefully examining the "Explanation of Medicare Benefits" or "Medicare Summary Notice" (MSN) received from Medicare when claims are paid for health care services
- d. All of the above

16. If an AL resident or staff member suspects Medicare fraud, which of the following steps should be taken:

- a. Call the health care provider listed on the MSN and enquire about the charge in question
- b. Call the 800 number at the bottom of the MSN
- c. Contact a Senior Medicare Patrol (SMP) counselor in the local HICAP office
- d. All of the above

## Impact of Medicare Part D

17. Which of the following has not been affected by Medicare Part D?

- a. Residents (and their families)
- b. AL communities
- c. Health care providers
- d. Pharmacies
- e. All of the above have been affected

18. While physicians may be the main source of information about Medicare Part D preferred by residents, they may not be the most knowledgeable.

- a. True
- b. False

19. AL residents may suffer under retail PDPs that promote 90-day medication supplies in vials, which have been shown to reduce efficiency, increase the potential for errors, and take time away from the other resident care activities.

- a. True
- b. False

20. Most of the complaints from AL residents are related to:

- a. Issues of delivery
- b. Coverage gap
- c. Use of generic medications
- d. Premium expense ALC

Please see Answer Key below.

16. d	17. e	18. a	19. a	20. b
11. b	12. b	13. b	14. a	15. d
6. e	7. b	8. b	9. c	10. a
1. c	2. b	3. e	4. a	5. a

**Answer Key**