Healthcare

ALERTBULLETIN®

A Risk Management Update | 2025 Issue 4

Homeless Residents: A Look at Their Special Needs and Risks

According to the National Alliance to End Homelessness, more than 770,000 individuals in the U.S. experienced homelessness in 2024, and more than three-quarters of the states have seen a rise in the rate of homelessness in recent years. This increase has led to rising demand for short- and long-term care beds to meet the care needs of this population, which is highly vulnerable to chronic disease, mental illness and substance abuse. While the influx of homeless residents has helped boost census for aging services organizations, it presents certain safety and liability concerns that leadership should take into consideration.

This edition of *AlertBulletin*® opens with a claim scenario highlighting some of the challenges associated with admission of homeless residents. It then suggests risk control strategies – ranging from screening processes to staff training to discharge protocols – designed to maximize safety for all residents and staff members, thus minimizing loss exposure.

Claim Scenario: Balancing Rights and Risks

Homeless individuals may feel trapped in aging services settings because they are not accustomed to either fixed schedules or restrictions on movement and behavior. And despite special accommodation in the form of targeted recreational and therapeutic activities, some may attempt to leave the facility without permission, creating liability exposures as highlighted below:

A 41-year-old female with a history of homelessness, mental illness and substance abuse was admitted to a skilled nursing facility (SNF), in order to stabilize her underlying conditions and prepare her for transition to a group home. The resident's SNF stay was marked by frequent, unauthorized departures from the facility. Although staff noted the absences in the resident healthcare information record, they did not document any actions taken to prevent their recurrence.

During one such unauthorized absence, the resident was involved in an altercation in which she fled from the police, who later alleged that she was under the influence of drugs. She sustained rib fractures, a shoulder separation and pulmonary contusions. Following a short hospital stay for treatment, she returned to the SNF. However, her injuries were not documented upon readmission, and no orders for additional monitoring or testing of her condition were noted.

Days later, the resident self-reported an unwitnessed fall. The fall was promptly evaluated by the facility's medical director, who found no new injuries and discounted the incident as medication-seeking behavior. Again, no additional monitoring or testing was ordered following the incident.

A week later, the resident was transported to the emergency department for complaints of shortness of breath, where she was diagnosed with a pneumothorax. A family member subsequently sued the SNF for improper monitoring and failure to provide a safe environment. In addition, a complaint was filed against the facility with the state Department of Health, which prompted a site survey resulting in multiple citations.

Defense attorneys argued that the resident's injuries stemmed from the off-premise incident that had occurred prior to the reported fall. However, documentation regarding the prior injuries was scant, and there was no record of ongoing monitoring of existing injuries or further treatment. The lack of supporting evidence, coupled with the deficiencies noted in the survey, resulted in the claim being settled in excess of $70,000.

When balancing rights and risks in regard to homeless residents, the following basic strategies can help mitigate unwanted exposures:

- **Clearly explain to residents the policy regarding unauthorized departures,** as well as potential consequences of violating this policy – e.g., possible loss of bed – and have residents acknowledge in writing that they understand and accept this rule.
- **Note all unauthorized departures from the facility in the resident healthcare information record,** along with measures taken to prevent recurrence.
- **Assess residents upon their return to the facility,** in order to identify possible injuries, side effects of illicit drug use or any other adverse health developments.
- **Document all post-return assessment findings** in the healthcare information record.
- **Following readmission after hospitalization, document the presence of medical conditions and/or injuries** in the resident care plan, noting assessment findings and all interventions taken.
- **Whenever a fall occurs, whether witnessed or not, strictly adhere to the organization's falls mitigation protocol,** including a documented assessment of the resident's condition both pre- and post-fall.
- **Consider utilizing negotiated risk agreements** as a means of managing potential liability while accommodating resident preferences that may be contrary to policy and/or caregiver advice.

Risk Mitigation Strategies

Homeless residents often require special accommodations and safeguards beyond the customary care needs of elderly and frail residents. The following measures are designed to help administrators and staff effectively manage exposures related to the care of homeless residents:

Screen prospective residents. Facilities must carefully assess their ability to safely care for homeless individuals, as well as the potential impact that an increased homeless population may have on other residents. To reduce potential liability, organizations need to establish a sound pre-admission assessment process, which accurately documents housing status, general health factors, underlying chronic conditions, medication use and special needs, including substance abuse. (For more on assessment, see "Screening Considerations for Prospective Homeless Residents" to the right.)

Screening Considerations for Prospective Homeless Residents

1. Review the hospital discharge summary, if available, and assess the homeless individual's condition and needs, including the following priority areas:

- **Bodily injuries,** including cuts, contusions, broken bones and internal injuries.
- **Exposure-related conditions,** including frostbit extremities, foot immersion, and hypo- or hyperthermia.
- **Nutrition-linked disorders,** including uncontrolled diabetes and elevated blood cholesterol levels.
- **Skin ailments,** including lice, bacterial infections, fungal conditions, abrasions, ulcerations, abscesses and rashes.
- **Dental needs**, including tooth loss, chipped or broken teeth, periodontal disease, and oral pain and infections.
- **Podiatric concerns,** including diabetic neuropathy, plantar fasciitis, bunions, heel spurs, and nail pathologies.

2. Document the resident's medication history, including psychotropic drugs and history of compliance.

3. Screen for alcohol and illicit drug use, as well as any medication-assisted treatment for substance abuse.

4. Test for infectious illnesses, including pneumonia, TB, COVID-19, influenza, pneumonia, AIDS and other sexually transmitted diseases, and hepatitis and other bloodborne infections.

5. Identify mental health conditions and long-term disabilities, including the following:

- **Dual diagnosis of mental illness and substance abuse,** e.g., major depression, bipolar disorder and schizophrenia exacerbated or precipitated by drug or alcohol use.
- **Traumatic brain injury signs and symptoms,** including chronic headache, anxiety, short attention span, depression, dementia and seizures.
- **Post-traumatic stress disorder,** i.e., emotional, cognitive, social and behavioral manifestations of past violence, abuse or neglect.

6. Screen for mood, thought and behavioral disorders to determine anxiety level and potential for aggression, and conduct an expert psychiatric evaluation if clinically indicated.

7. Complete a sex offender and criminal activity background check, determining placement on a case-by-case basis.

8. Review the individual's housing status, including current situation, shelter history over the past two months and housing prospects for at least 90 days post-discharge.

9. Explain to the resident the facility's service capabilities and limitations, as well as behavioral expectations and potential consequences of breaking the rules.

10. Draft a formal evaluation of the facility's ability to safely care for the resident.

Respect privacy. As noted earlier, homeless individuals are often accustomed to a high degree of autonomy and may perceive communal living arrangements as an impingement on their personal space. The following measures, among others, can help protect their right to privacy while maintaining a secure and supportive environment:

- **Revisit organizational policies regarding resident dignity and privacy** to ensure that the organization takes into account the special needs of homeless residents.
- **Create private areas within shared living spaces** via use of curtains and movable partitions.
- **Dedicate space for spousal visits** or other encounters of a personal nature.
- **Regularly check in with residents about their privacy needs** and include privacy-related measures in ongoing care plans.
- **Provide homeless residents with a forum** for discussing their privacy needs and concerns.

Address social differences. Homeless residents face a unique set of challenges rooted in social and cultural differences. The following measures can help organizations create an atmosphere conducive to tolerance and positive social interaction:

- **Assess residents' life experiences and social networks upon admission,** keeping in mind that homeless individuals may experience heightened feelings of isolation and alienation.
- **Educate staff on biases associated with homelessness** and make every effort to find compatible roommates who share similar life experiences.
- **Train staff on interpersonal communication skills** to help them ease potential tensions between homeless and non-homeless residents.
- **Offer recreational and therapeutic activities aimed at homeless residents,** including life-skills development, fitness classes and creative outlets designed to foster self-expression, self-esteem and group cohesion.
- **Introduce homeless residents to community-based social and health services,** as they may have had little access to such resources in the past.
- **Teach residents about using constructive coping mechanisms** to deal with any stressful and challenging situations that may arise.

Train staff on violence prevention. Staff should be trained to …

- **Understand the emotional and physical needs of homeless residents,** including the residual effects of possible past trauma.
- **Identify potentially aggressive behavior** and associated triggers.
- **Protect themselves in high-risk situations,** using such techniques as refraining from touching a resident displaying signs of aggression, remaining at a safe distance, speaking in a relaxed tone of voice and maintaining steady eye contact.
- **Work as a team to safely contain visibly combative residents** and remove them to a quiet location.
- **Document all violent and potentially violent incidents** in the resident healthcare information record, noting the nature of the event, staff response and actions taken to prevent recurrence.

Safeguard against resident-on-resident aggression. Homeless individuals – who are often placed among the general resident population in aging services settings – may exhibit poor impulse control and aggressive behavior for a variety of reasons, including anxiety, mental illness and the effects of substance abuse. The following measures can help prevent violent episodes, thereby protecting frail and elderly residents:

- **Clearly state behavioral expectations in admission materials** and reinforce appropriate behaviors in ongoing care plans.
- **Establish realistic admission criteria** and quotas for homeless residents with behavioral health issues.
- **Emphasize comforting routines, respectful boundaries and realistic goals** when creating care plans for homeless individuals with aggressive tendencies.
- **Maintain appropriate staffing levels** to better meet the needs of agitated and aggressive individuals.
- **Identify and eliminate stressors that may give rise to resident-on-resident conflict,** such as extreme temperatures, too-bright lighting and loud noise.
- **Employ mental health professionals to identify danger signs** and situations that may quickly escalate into crises.
- **Implement a sound violence response plan,** including immediate investigation of any violent and/or abusive acts.

Discharge residents safely. Safely discharging homeless residents can be a challenge, as many have no domicile or family to return to, and available shelters may be filled or unequipped to help returning residents readjust to post-institutional life. Reducing this exposure requires a multidisciplinary approach, as well as ongoing two-way communication with the departing resident and their support network, if applicable.

The Centers for Medicare & Medicaid Services outline discharge planning requirements in the Conditions of Participation for Long-term Care Facilities. The following guidelines, among others, can help ease residents' transition to life outside the facility:

- **Identify available support systems and housing arrangements,** documenting the address of a shelter or other safe destination in the discharge plan. If a resident refuses to inform the facility of his/her/their plans, document the refusal.
- **Prepare a medication plan** tailored to the resident's health status, resources and environment.
- **Talk to the resident about medication management,** e.g., the name, dosage, schedule and reason for all prescriptions, as well as instructions on how to take the medications and potential consequences of discontinuing them.
- **Fill prescriptions before the resident leaves the facility,** whenever possible, or document staff efforts to help the resident obtain the medications elsewhere.
- **Offer necessary vaccinations,** documenting either administration of shots or the resident's reason for refusal.
- **Coordinate referrals to outside providers and community resources,** including home health services, listing the date and time of scheduled follow-up appointments, as well as names and contact numbers of providers and crisis support services.
- **Return personal possessions to the resident,** including a clean set of clothing and weather-appropriate outerwear, if applicable.
- **Offer to arrange transport for the resident to the post-discharge destination,** and note whether this offer is accepted or declined. Do not convey discharged residents in a personal vehicle.
- **Provide a written discharge summary** in the resident's preferred language, recapping medical and behavioral healthcare services delivered, and send a copy to the first clinician that the resident is scheduled to see following discharge.
- **Contact discharged homeless residents according to standard policy,** when possible, reminding them of scheduled appointments and the post-discharge plan and medication regime.

As homelessness continues to grow, aging services organizations are likely to play an expanding role in caring for this population, which presents its own distinct set of needs and challenges. The strategies offered here are intended to foster awareness and discussion of common liability exposures associated with homeless residents, and to offer practical risk management strategies spanning their entire stay, from assessment through discharge. The goal is to provide a consistent level of care for all residents while simultaneously protecting the health, safety and dignity of these vulnerable people.

Quick Links to CNA Resources

- *CareFully Speaking*® 2025-Issue 1, "Workplace Security: Common Measures to Safeguard Residential Environments."
- *CareFully Speaking*® 2024-Issue 2, "Residents with Serious Mental Illness: Addressing Common Risks."
- *CareFully Speaking*® 2021-Issue 2, "Resident-on-resident Sexual Abuse: Taking Aim at a Growing Risk."

Did someone forward this newsletter to you? If you would like to receive future issues of *AlertBulletin*® by email, please register for a complimentary subscription at go.cna.com/HCsubscribe.

For more information, please visit www.cna.com/healthcare.