

# Antipsychotic Drug Use in NY State Nursing Homes

An Assessment of New York's Progress in the National  
Campaign to Reduce Drugs and Improve Dementia Care



**The Long Term Care Community Coalition**

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## Table of Contents

Table of Figures .....	3
Note on the Report & the Data .....	4
Executive Summary .....	5
I. Introduction .....	10
Summary .....	10
Addressing the Problem .....	11
2. Antipsychotic Drugging in Nursing Homes: National Progress to Date.....	13
3. Antipsychotic Drugging in Nursing Homes: National Enforcement Trends .....	15
Enforcement of F-329 – Free From Unnecessary Drugs.....	16
Enforcement of F-309 – Necessary Care for Highest Practicable Well-Being .....	19
Enforcement of F-222 – Right to Be Free From Chemical Restraints.....	20
4. Antipsychotic Drugging in NYS Nursing Homes: How Does the State Compare to the Rest of the US?.....	21
Did New York Hit the Minimum National Target for 2012? .....	21
Nursing Home Drugging Rates in New York Since 2011.....	22
Drugging Rates for Individual Nursing Homes: NYS Capital Region .....	23
Drugging Rates for Individual Nursing Homes: NYS Central Region.....	27
Drugging Rates for Individual Nursing Homes: NYS MARO Region .....	29
Drugging Rates for Individual Nursing Homes: NYS Western Region.....	35
5. Enforcement of Drugging Standards in NY State Nursing Homes.....	39
NYS Enforcement of F-329 – Free From Unnecessary Drugs .....	40
NYS Enforcement of F-309 – Necessary Care for Highest Practicable Well-Being .....	41
NYS Enforcement of F-222 – Right to Be Free From Chemical Restraints.....	41
6. New York State Drugging Rates & Enforcement: Regional Overview .....	42
NYS Regional Data .....	42
Analysis of Regional Enforcement.....	44
Recommendations .....	45
Recommendations for New York State .....	45
Recommendations for the Centers for Medicare & Medicaid Services (CMS) .....	47
Appendix 1. Description of “F-tag” Federal Nursing Home Enforcement Standards.....	48
Appendix 2. Scope & Severity Matrix.....	50
Appendix 3. MDS “Frequency Report” Data for Antipsychotic Drugging 2011-13 .....	51

## Table of Figures

Figure 1. States' Quarterly Antipsychotic Drug Use: 2011 – 2013 .....	14
Figure 2. State F-329 Citations on NH Compare.....	18
Figure 3.State F-309 Citations on NH Compare .....	19
Figure 4. State F-222 Citations on NH Compare.....	20
Figure 5. Annual Rates of Antipsychotic Drug Use in NY State .....	22
Figure 6. Annual AP Drug Rates by NYS Region.....	23
Figure 7. NYS Capital Region Nursing Homes Page #1 .....	25
Figure 8. NYS Capital Region Nursing Homes Page #2 .....	26
Figure 9. NYS Central Region AP Rates Page #1 .....	27
Figure 10. NYS Central Region AP Rates Page #2 .....	28
Figure 11. NYS MARO Region AP Rates Page #1 .....	30
Figure 12. NYS MARO Region AP Rates Page #2 .....	31
Figure 13. NYS MARO Region AP Rates Page #3 .....	32
Figure 14. NYS MARO Region AP Rates Page #4 .....	33
Figure 15. NYS MARO Region AP Rates Page #5 .....	34
Figure 16. NYS Western Region AP Drugging Rates Page #1.....	36
Figure 17. NYS Western Region AP Drugging Rates Page #2.....	37
Figure 18. NYS Western Region AP Drugging Rates Page #3.....	38
Figure 19. NY State Citations Relevant to Antipsychotic Drugging .....	39
Figure 20. NYS Enforcement of F-329 - Free From Unnecessary Drugs .....	40
Figure 21. NYS Enforcement of 309 - Necessary Care for Highest Practicable Well-Being .....	41
Figure 22. NYS Regional Drugging Rates & Citations.....	43
Figure 23. F-Tag List & Regulatory Groups for Nursing Homes.....	48
Figure 24. Scope & Severity Matrix.....	50
Figure 25. MDS Frequency Data AP Drugs .....	51

## Note on the Report & the Data

(1) Nursing Home Compare contains data for roughly (but not precisely) the last three years. In addition, though we eliminated certain nursing homes from the tables we created, they are still part of the NH Compare database and are included in any computations based directly on those data.<sup>1</sup> As a result, though our assessments always compare “apples to apples,” some slight variations exist between sections of the report.

(2) Given the large numbers of New York nursing homes and residents, this report contains a large amount of data. In order to make best use of the information presented, we recommend utilizing the hyperlinks embedded in the Table of Contents and Table of Figures. We also recommend accessing the interactive data resources posted on our nursing home website, on a dedicated page at <http://www.nursinghome411.org/articles/?category=antipsychoticclaws>.

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<sup>1</sup> We removed nursing homes that we identified as being transitional care units, pediatric facilities or as having closed during the 2011-2013 time period. We also removed the St. Mary's Healthcare Demonstration Project which was listed in some tables but not in others.

## Executive Summary

### Background

Inappropriate antipsychotic drug use is a widespread, national problem in nursing homes. Despite the FDA's 'black box' warning against using powerful and dangerous antipsychotics on elderly patients with dementia, they are frequently used to treat symptoms of the disease, including so-called behavioral and psychological symptoms of dementia. These drugs are often used as a form of chemical restraint, stupefying residents so that they are more easy to care for. In addition to destroying social and emotional well-being, these drugs greatly increase risks of stroke, heart attack, Parkinsonism & falls.

Approximately one in five nursing home residents are given these drugs every day in New York nursing homes, though only one percent of the population will ever be diagnosed with a psychotic condition. As the U.S. Inspector General Daniel Levinson noted in 2011, "Too many [nursing homes] fail to comply with federal regulations designed to prevent overmedication, giving nursing home patients antipsychotic drugs in ways that violate federal standards for unnecessary drug use." The Inspector General concluded, "Government, taxpayers, nursing home residents, as well as their families and caregivers should be outraged – and seek solutions."

In response to the Inspector General's report and advocacy by nursing home resident representatives, including LTCCC, the federal Centers for Medicare and Medicaid Services (CMS) began a national antipsychotic drugging initiative in March 2012. Nursing homes in New York and across the country were charged with reducing their antipsychotic drug use by 15% by the end of 2012, with additional goals to come. CMS announced at the time that the long-stay measure (rates for nursing home residents who are institutionalized for long term care, rather than short term rehab) would be used to track the progress of the "National Partnership to Improve Dementia Care in Nursing Homes." In addition, CMS announced that it would be using, as a baseline, antipsychotic drugging rates for the last three quarters of 2011. The national average for the percentage of long-stay residents who received an antipsychotic during that time period was 23.9%.

### Purpose of this Study

The goals of this study were (1) review and assess the success of this campaign, particularly in respect to New York State's nursing home residents, and (2) assess whether enforcement actions corresponded with the scope and breadth of the antipsychotic drugging problem in New York.

## Findings

**Important note on our findings and the data:** This report is structured so as to provide easily accessible and practical information on a range of nursing home antipsychotic drugging rates and relevant enforcement activities. It includes section on overall rates for the United States and for New York State, as well as specific information on New York State's regions and individual nursing homes. In conjunction with the interactive data posted on our website at <http://www.nursinghome411.org/articles/?category=antipsychoticclaws>, we believe it will be useful to a range of stakeholders, including policymakers, regulators, consumers and providers.

It is now well known that the country, overall, has been slow in reducing inappropriate antipsychotic (AP) drugging rates. This month (April 2014) CMS announced that the country has finally achieved the 15% reduction goal set for December 2012. As of this writing, CMS has yet to officially set a new goal. The national data released in April 2014 indicate that **by the end of 2013 New York had reduced its drugging by 14.6%, just short of the 2012 goal.**

Using CMS data, including the data on Nursing Home Compare, **we found that there are significant differences among the regions of New York in terms of both drugging rates at the start of the national campaign and success in reducing unnecessary drugging over the course of the campaign.** The MARO region of New York State (which includes New York City and area counties) had the highest drugging rate to begin with and, even after two years of progressive decline, still had a higher rate of drugging than the Western region of the state began with. That region, like the Capital region, had a more modest reduction over the campaign period. New York's Central region had a slightly higher rate of reduction.

Importantly, the data we collected on individual nursing homes show remarkable diversity in both the range of drugging rates and success (or failure) in the campaign to reduce antipsychotic drugging. **Many nursing homes are using antipsychotics at very high rates, up to (and sometimes even beyond) 50% of their residents.** This is especially surprising given that the data are risk-adjusted, meaning that these figures do not include drugs given to residents who have one of several antipsychotic conditions identified by CMS. Presumably, **few if any of the incidents of drugging reported on Nursing Home Compare should be happening at all, no matter at the rates we are seeing across the state and the country.** In that regard, we were also surprised to find that a significant number of nursing homes across the state have actually increased their AP drugging levels over the last two years.

**Given the persistence of this widespread problem, we were hoping to find that enforcement against nursing homes that failed to meet standards of care was robust or had, at least, increased significantly over the course of the federal campaign. Our findings indicate that this is not happening to a meaningful extent in New York. In fact, we found that citations actually went down for the principal federal standard associated with the campaign in both the Capital and Central regions of New York.** Citations for this standard went up moderately in the

MARO region (which, as noted above, had the biggest drugging “problem” in the state to begin with) and they increased the most, proportionally, in the Western region (which, ironically, had the lowest antipsychotic drugging rates of the four regions). This is not to say that the problem has been eradicated in the Western part of the state, only that it appears to be making the most headway of any area in New York. As our findings on both the persistence of high drugging rates and low levels of enforcement indicate, much more needs to be done to surmount this insidious problem.

## **Recommendations**

### Recommendations for New York State

- (1) New York State (including the state government and/or providers) should follow California’s example and set its own goal for reduction of antipsychotic (AP) drugging beyond the federal goal and take substantive steps to make it happen.
- (2) The NYS Department of Health should:
  - a. Ensure that all surveyors are knowledgeable about the standards of care required by the Nursing Home Reform Law, particularly appropriate practices for addressing “Behavioral and Psychological Symptoms of Dementia” (BPSDs);
  - b. Ensure that all surveyors are knowledgeable about current standards of practice related to AP drugging and the use of non-pharmacological interventions;
  - c. Ensure that all surveyors have the skills and knowledge necessary to appropriately identify, rate and substantiate inappropriate practices and resident harm;
  - d. Review, on at least a quarterly basis, AP drugging rates and enforcement trends for both the state and regions and address, on a quarterly basis, performance (in terms of drugging rates and enforcement activities) with regional office leadership. This review should be predicated on an understanding of the following:
    - i. Longstanding practice standards require the use of non-pharmacological approaches and gradual dose reduction;
    - ii. Antipsychotics are not indicated for elderly people with dementia, or as a treatment for dementia-related psychosis; and
    - iii. Stupefying a resident, and putting him or her at significantly increased risk of falls, heart attack, stroke, etc... is unquestionably harmful and should be so classified when identified and cited by surveyors;
  - e. Volunteer to be a state participant in the CMS pilot of an improved dementia care survey process;

- f. Not allocate CMP (civil money penalty) funds to facilities to meet the standards of dementia care for which they are already being paid; and
- g. Include input from consumers and consumer representatives in all decisions re. CMP use (for dementia related as well as other activities).

(3) The NYS Legislature should:

- a. Hold a hearing on antipsychotic drug use in NYS nursing homes and the state's progress, to date, on reducing inappropriate use;
- b. Promulgate legislation requiring written and verbal informed consent when AP drugs are used, such consent to be predicated on receipt (both verbally and in writing) of information on the FDA "black box warning" against use of these drugs on elderly patients with dementia;
- c. Tie all future nursing home pay-for-performance and other quality incentives to demonstrably lower AP drugging rates.

(4) The NYS Medicaid Inspector General should:

- a. Conduct an analysis of nursing homes' antipsychotic drug use rates to identify inappropriate – or potentially inappropriate – prescribing practices and patterns;
- b. Conduct an assessment of rates of diagnoses of a psychotic condition to identify providers who are inappropriately diagnosing residents with a psychotic condition as a cover to improperly give AP drugs;
- c. Release its long-awaited "white paper" on antipsychotic drugs.

(5) The NYS Comptroller's Office should conduct an audit of DOH's monitoring of nursing homes' compliance with standards of care and antipsychotic drug use.

(6) The NYS LTC Ombudsman Program should:

- a. Educate ombudsman coordinators and volunteers on the antipsychotic drugging problem, how widespread it is and residents' rights regarding dementia care and AP drug use and
- b. Monitor ombudsman case handling and reporting trends to identify and address obstacles or challenges that local ombudsman might be facing in identifying and working on these problems. [For more information see LTCCC's recent report on the challenges that LTC ombudsmen face working on these and other issues at <http://www.nursinghome411.org/?articleid=10080>.]



### Recommendations for the Centers for Medicare & Medicaid Services (CMS)

CMS should directly and through its regional offices hold states accountable for substantially reducing inappropriate antipsychotic drugging in nursing homes and ensuring that residents are receiving appropriate care and services as required by the Nursing Home Reform Law. In addition to the stakeholder trainings and engagement activities that have been utilized to launch the national initiative, CMS should:

- (1) Now that the initial goal for 2012 has finally been achieved, set a new and more robust goal for AP drugging reduction. All stakeholders, including providers, consumers and survey agencies, have now been fully informed on the standards of practice and enforcement protocols. We believe it is time to commence serious, substantive progress on this issue.
- (2) Monitor state drugging rates and enforcement activities and provide user-friendly information, on at least a quarterly basis, to state agencies and the public on drugging and enforcement performance trends.
- (3) Re-institute a separate F-tag for antipsychotic drugging.
- (4) Ensure that regional office (RO) personnel are:
  - a. Aware of AP drugging and dementia care requirements;
  - b. Monitoring their states' enforcement activities and directly engaging states to improve these activities;
  - c. Holding their states accountable for appropriate enforcement by taking (or recommending to CMS central office, as appropriate) meaningful steps with a state's regulatory and political leadership to ensure the state's compliance with the letter and spirit of the State Operations Manual;
  - d. Aware of requirements around the use of CMPs and are not approving inappropriate CMP funding requests from states. As regards AP drugging, this entails, minimally, that they are ensuring that these funds are not going to providers to simply help them achieve minimum standards of dementia care.
- (5) Require nursing homes, hospitals and Medicaid assisted living facilities to post information on AP drugging, including the FDA's black box warning.
- (6) Post actual (non-risk-adjusted) rates of antipsychotic drug use for all nursing homes on Nursing Home Compare.
- (7) Direct Quality Improvement Organizations (QIOs) to conduct substantive nursing home improvement activities, and monitoring thereof. These activities should be independently reviewed to ensure that they are both substantive and effective.

## I. Introduction

### Summary

New York's elderly and disabled nursing home residents are among our most vulnerable citizens. They depend on their nursing homes for twenty-four hour a day care and monitoring, and for providing them with the good quality of life and dignity that everyone deserves and which, under federal and state laws, nursing homes are mandated to provide to each resident.

Unfortunately, as is well known, too often nursing homes fail to meet these standards. Because of this, elderly and disabled people – and their families – are striving, more and more, to access care in other settings, such as in their homes and in assisted living. Nevertheless, nursing homes continue to be a primary provider of long term care for frail elderly and disabled, and are expected to continue in this role in the future. Currently, close to 110,000 people reside in New York State nursing homes. Approximately 40% of people who reach age 65 will reside in a nursing home at some point in their lives.

Importantly, for the growing numbers of elderly people living with Alzheimer's Disease and other forms of dementia, and their loved ones, nursing home care is a critical resource. All dementia-related diseases are progressive and, at this time (and for the foreseeable future), there is no cure. While some assisted living facilities can provide dementia care (generally only for low levels of dementia and people who can afford high private pay rates), nursing homes are the only setting that can provide around the clock skilled care and monitoring.

“Government, taxpayers, nursing home residents, as well as their families and caregivers should be outraged – and seek solutions.”

- U.S. Inspector General Daniel Levinson on the pervasiveness of nursing home antipsychotic drugging.

Dementia is increasingly recognized as one of the most significant issues facing the elderly and their loved ones. It is the second most feared condition among older adults (cancer being first). There is good reason for this fear: thirteen percent (13%) of all seniors suffer with Alzheimer's Disease, the most notable (but not the only) type of dementia. Among our growing numbers of older elderly (people 85 or older) 43% have Alzheimer's or another form of dementia. The majority of nursing home residents suffer from dementia.

Despite the FDA's 'black box'<sup>2</sup> warning against using powerful and dangerous antipsychotic drugs on elderly patients with dementia, they are frequently used to treat symptoms of the

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<sup>2</sup> In 2005, the U.S. Food and Drug Administration issued a “black box” warning against using antipsychotic drugs on elderly patients with dementia (updated in 2008 to include both conventional and atypical antipsychotics, see <http://www.fda.gov/Safety/MedWatch/SafetyInformation/Safety-RelatedDrugLabelingChanges/ucm123259.htm>). The warning states: **“BOXED WARNING: Increased Mortality in Elderly Patients with Dementia-Related Psychosis** -Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Analyses of seventeen placebo-controlled trials (modal duration of 10 weeks), largely in patients taking atypical antipsychotic drugs, revealed a risk of death in drug-treated patients of between 1.6 to 1.7 times the risk

disease, including so-called behavioral and psychological symptoms of dementia. These drugs are often used as a form of chemical restraint, stupefying residents, particularly those with Alzheimer's Disease and other dementia, so that they are more easy to care for. In addition to destroying social and emotional well-being, these drugs greatly increase risks of stroke, heart attack, Parkinsonism & falls.

The misuse of antipsychotic drugs in nursing homes in particular is a widespread yet preventable problem. Approximately one fifth of nursing home residents are given these drugs every day in New York nursing homes, though only one percent of the population will ever be diagnosed with a psychotic condition. As the U.S. Inspector General Daniel Levinson noted in 2011, "Too many [nursing homes] fail to comply with federal regulations designed to prevent overmedication, giving nursing home patients antipsychotic drugs in ways that violate federal standards for unnecessary drug use." The Inspector General concluded, "Government, taxpayers, nursing home residents, as well as their families and caregivers should be outraged – and seek solutions."

### **Addressing the Problem**

In response to the Inspector General's report, LTCCC's executive director joined with five other consumer advocates from across the U.S. to engage the federal agency, the Centers for Medicare and Medicaid Services (CMS), to respond to this issue. We met with President Obama's appointee, CMS Administrator Donald Berwick, who responded to our concerns and call for action by launching a national antipsychotic drugging initiative in March 2012. Nursing homes in New York and across the country were charged with reducing their antipsychotic drug use by 15% by the end of 2012, with additional goals to come. CMS announced at the time that the long-stay measure (rates for nursing home residents who are institutionalized for long term care, rather than short term rehab) would be used to track the progress of the "National Partnership to Improve Dementia Care in Nursing Homes." In addition, CMS announced that it would be using, as a baseline, antipsychotic drugging rates for the last three quarters of 2011. The national average for the percentage of long-stay residents who received an antipsychotic during this time period was 23.9%.<sup>3</sup>

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of death in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. Observational studies suggest that, similar to atypical antipsychotic drugs, treatment with conventional antipsychotic drugs may increase mortality. The extent to which the findings of increased mortality in observational studies may be attributed to the antipsychotic drug as opposed to some characteristic(s) of the patients is not clear. Seroquel is not approved for the treatment of patients with dementia-related psychosis (see WARNINGS)." [Emphasis in original.]

<sup>3</sup> CMS, *Description of Antipsychotic Medication Quality Measures on Nursing Home Compare*, <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/AntipsychoticMedicationQM.pdf>. Hereinafter CMS Description of QMs.

CMS began public reporting of prevalence of antipsychotic medication use for long-stay residents (as well as incidence of use for short-stay rehab residents) for each nursing home on Nursing Home Compare in July 2012.

The agency also established state coalitions, comprised of industry representatives and other stakeholders, to address the issue on an on-going basis at the state level. To facilitate progress, CMS began providing quarterly updates with state and national averages and rates for each facility to the state coalition leads, as well as to professional associations. This enabled CMS and its partners to track improvement, as well as to identify facilities with persistently high rates and little or no change. Beginning in 2013, CMS and state coalitions increased direct outreach to those homes in several states.

In addition to identifying an initial goal, publicly reporting drugging rates and establishing state coalitions, CMS undertook numerous other activities to reduce widespread antipsychotic drugging. They include:

- (1) Holding a Technical Expert Panel on the antipsychotic drugging problem, which provided input to CMS on how to address the problem through enforcement, education and goal-setting;
- (2) Creating an educational program for nursing home caregivers and administration, called *Hand in Hand*, which was distributed to every nursing home in the US;
- (3) Creating a series of mandatory nursing home surveyor (inspector) trainings on how to better identify and cite poor dementia care practices and

### What Rates Are We Talking About Here?

The data used by the federal government for calculating rates of antipsychotic drug use published on Nursing Home Compare are “risk-adjusted,” meaning that they **exclude** nursing home residents who have a diagnosis of schizophrenia, Huntington’s Disease or Tourette’s Syndrome. Thus, these numbers exclude most, but not all, of the populations for whom these drugs may be appropriate. **In other words, the rates on Nursing Home Compare are for residents who, generally speaking, should *not* be receiving antipsychotic drugs.**

In addition, it is important to keep in mind that while these drugs might be appropriate for individuals with certain conditions, that does not mean that they are necessarily being given to those individuals appropriately. For instance, an individual with schizophrenia may not need or want to be treated with antipsychotic drugs, but is given them anyway by her facility (cases include use of these drugs as a form of punishment or chemical restraint). While these uses are inappropriate and illegal, they are not “captured” in the data that the federal government posts on Nursing Home Compare.

**The actual (not risk-adjusted) numbers of US nursing home residents who were given antipsychotic was 354,951 in 2011 Q4 (26.2% of residents), the base year for the federal campaign, and 306,977 in 2013 Q4 (23.34% of residents). [Source: CMS report based on MDS data.]**

**See Appendix 3 for these state and national MDS data on antipsychotic drugging rates.**

- inappropriate antipsychotic drugging;
- (4) Creating and disseminating, nationwide, numerous educational materials and tools for providers and consumers; and
- (5) Revising guidance on federal regulations identified as being most relevant to inappropriate antipsychotic drugging.<sup>4</sup>

The goals of this study were (1) review and assess the success of this campaign, particularly in respect to New York State's nursing home residents, and (2) assess whether enforcement actions corresponded with the scope and breadth of the antipsychotic drugging problem in New York.

## **2. Antipsychotic Drugging in Nursing Homes: National Progress to Date**

As discussed above, following the meeting with consumer advocates and in collaboration with the provider industry, CMS established an initial goal of a 15% reduction in nursing home antipsychotic drugging rates in calendar year 2012, stressing (at the time) that it set a moderate goal "to ensure that we made rapid progress and put systems and infrastructure in place to continue to work toward lower antipsychotic medication use.... We will set 2013 goals with our partners toward the end of 2012."<sup>5</sup>

Unfortunately, the nation's nursing homes failed to meet that goal in 2012. The following graph shows states' progress in reducing antipsychotic drugging from 2011 through 2013.

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<sup>4</sup> See LTCCC's website page on "Antipsychotic Drugs & Dementia Care" at <http://www.nursinghome411.org> for links to various resources.

<sup>5</sup> CMS Description of QMs. It should be noted that, while consumer advocates are credited with making the case for the need for the campaign, neither consumers nor advocates were included in the collaboration to set the initial goal.

State	2011Q2	2011Q3	2011Q4	2012Q1	2012Q2	2012Q3	2012Q4	2013Q1	2013Q2	2013Q3	2013Q4	Rank in 2013Q4 (lower=better)	Percentage point difference (2011Q4- 2013Q4)	Percent change
ALABAMA	27.0%	27.4%	27.3%	27.5%	26.5%	26.0%	24.0%	22.9%	22.2%	22.3%	22.2%	42	-5.13	-18.8%
ALASKA	15.6%	15.1%	13.7%	13.4%	13.0%	13.6%	12.4%	12.5%	11.8%	15.0%	12.8%	2	-0.89	-6.5%
ARIZONA	22.4%	22.5%	22.7%	22.7%	21.7%	21.6%	20.9%	20.4%	20.2%	19.9%	20.7%	33	-2.07	-9.1%
ARKANSAS	25.7%	27.0%	26.1%	26.1%	25.3%	25.8%	25.5%	25.1%	24.4%	23.8%	22.8%	44	-3.28	-12.6%
CALIFORNIA	21.7%	21.6%	21.6%	21.3%	20.4%	20.1%	19.2%	19.0%	18.4%	17.7%	17.1%	14	-4.46	-20.7%
COLORADO	19.8%	19.7%	19.9%	19.9%	20.3%	19.6%	19.4%	18.5%	17.5%	17.0%	16.4%	11	-3.48	-17.5%
CONNECTICUT	25.8%	26.1%	26.0%	25.8%	25.0%	24.3%	23.2%	22.4%	21.6%	22.0%	21.0%	34	-5.09	-19.5%
DELAWARE	21.1%	21.0%	21.3%	21.8%	22.6%	21.9%	20.9%	18.0%	16.8%	16.8%	15.5%	7	-5.76	-27.0%
DISTRICT OF COLUMBIA	21.4%	20.0%	20.0%	19.4%	18.8%	19.4%	18.2%	17.4%	17.6%	15.9%	14.5%	4	-5.48	-27.4%
FLORIDA	24.2%	24.3%	24.5%	24.6%	23.8%	23.5%	23.3%	22.7%	22.1%	21.8%	21.2%	37	-3.26	-13.3%
GEORGIA	28.4%	28.4%	28.7%	28.7%	28.0%	27.1%	24.2%	22.7%	21.8%	21.4%	21.1%	35	-7.56	-26.4%
HAWAII	11.4%	12.2%	12.5%	13.5%	15.3%	13.2%	11.7%	11.0%	11.4%	12.1%	11.6%	1	-0.87	-7.0%
IDAHO	26.4%	25.7%	25.3%	26.4%	25.1%	24.5%	23.9%	23.1%	21.9%	20.7%	19.3%	26	-6.07	-24.0%
ILLINOIS	26.0%	25.8%	25.7%	25.6%	25.3%	25.7%	25.5%	25.0%	25.2%	24.8%	24.0%	48	-1.68	-6.5%
INDIANA	23.0%	23.6%	24.0%	24.1%	22.9%	23.1%	22.2%	21.7%	20.9%	21.0%	20.2%	32	-3.79	-15.8%
IOWA	22.2%	22.3%	22.3%	22.0%	21.7%	21.1%	20.6%	20.2%	20.2%	19.9%	20.0%	29	-2.31	-10.3%
KANSAS	26.1%	26.5%	26.1%	26.1%	25.2%	25.3%	25.1%	24.2%	23.9%	23.5%	23.0%	45	-3.12	-11.9%
KENTUCKY	25.5%	25.2%	26.0%	26.0%	25.2%	24.4%	23.1%	21.9%	22.0%	21.8%	21.6%	38	-4.38	-16.8%
LOUISIANA	29.7%	29.9%	29.7%	29.7%	29.1%	28.9%	28.6%	27.8%	27.0%	26.6%	26.5%	50	-3.24	-10.9%
MAINE	26.4%	26.7%	27.2%	26.9%	25.9%	25.1%	24.2%	22.6%	21.7%	21.3%	20.1%	30	-7.11	-26.1%
MARYLAND	19.5%	19.8%	19.8%	19.6%	18.5%	17.8%	17.7%	17.3%	16.7%	15.6%	15.9%	9	-3.92	-19.8%
MASSACHUSETTS	26.6%	26.7%	26.7%	26.6%	25.4%	25.1%	24.5%	22.9%	22.2%	21.8%	21.2%	36	-5.51	-20.6%
MICHIGAN	16.2%	16.0%	16.4%	16.4%	15.8%	16.0%	15.5%	14.9%	14.4%	14.1%	13.9%	3	-2.45	-15.0%
MINNESOTA	18.9%	19.0%	19.0%	18.8%	18.1%	18.0%	18.0%	17.9%	17.3%	16.7%	16.6%	13	-2.48	-13.0%
MISSISSIPPI	26.6%	26.8%	26.6%	26.3%	26.6%	26.1%	25.3%	24.7%	24.4%	25.3%	24.3%	49	-2.32	-8.7%
MISSOURI	25.5%	26.0%	26.1%	26.0%	25.3%	25.2%	24.9%	24.6%	24.4%	23.7%	23.1%	46	-3.02	-11.6%
MONTANA	21.6%	22.0%	21.5%	21.5%	19.5%	19.7%	19.5%	19.7%	19.2%	18.1%	17.2%	15	-4.28	-19.9%
NEBRASKA	22.7%	22.4%	22.3%	22.9%	22.6%	22.6%	22.9%	22.5%	22.2%	22.8%	22.7%	43	0.40	1.8%
NEVADA	22.2%	20.7%	20.3%	20.5%	21.1%	19.7%	20.2%	20.1%	20.4%	19.9%	19.7%	28	-0.55	-2.7%
NEW HAMPSHIRE	25.7%	25.4%	25.5%	25.1%	24.0%	23.8%	23.7%	22.7%	21.1%	21.2%	20.1%	31	-5.40	-21.2%
NEW JERSEY	17.0%	18.2%	17.9%	17.8%	17.5%	17.4%	17.1%	16.6%	15.9%	15.4%	15.1%	5	-2.80	-15.6%
NEW MEXICO	22.4%	22.3%	21.7%	22.0%	20.0%	20.4%	22.2%	20.3%	20.7%	17.7%	18.1%	18	-3.57	-16.5%
NEW YORK	22.0%	21.6%	21.3%	21.4%	20.8%	20.6%	19.7%	19.5%	18.9%	18.7%	18.2%	19	-3.10	-14.6%
NORTH CAROLINA	21.1%	20.8%	21.4%	21.3%	20.7%	19.9%	18.0%	16.5%	16.0%	15.8%	15.6%	8	-5.81	-27.1%
NORTH DAKOTA	20.8%	21.4%	21.3%	21.2%	20.6%	20.4%	19.8%	19.1%	18.5%	18.3%	18.7%	23	-2.61	-12.3%
OHIO	24.9%	25.0%	25.4%	25.4%	25.0%	24.8%	24.5%	24.1%	23.3%	22.7%	22.0%	41	-3.40	-13.4%
OKLAHOMA	26.7%	26.8%	27.3%	27.5%	27.3%	26.6%	25.5%	23.0%	22.7%	22.3%	21.7%	40	-5.59	-20.5%
OREGON	20.6%	21.0%	21.5%	21.3%	20.0%	19.9%	19.2%	19.1%	18.6%	18.8%	18.3%	20	-3.20	-14.9%
PENNSYLVANIA	21.6%	22.1%	22.3%	22.2%	21.7%	21.7%	21.1%	20.5%	19.4%	19.2%	18.8%	24	-3.54	-15.9%
RHODE ISLAND	23.0%	23.8%	24.0%	23.9%	23.1%	21.7%	20.2%	20.3%	19.3%	18.4%	17.5%	16	-6.49	-27.0%
SOUTH CAROLINA	20.6%	20.5%	20.7%	20.6%	20.7%	20.2%	18.3%	17.2%	16.9%	15.9%	15.5%	6	-5.23	-25.3%
SOUTH DAKOTA	21.8%	21.8%	21.5%	21.5%	21.3%	21.4%	20.5%	20.0%	18.8%	18.1%	18.6%	21	-2.95	-13.7%
TENNESSEE	29.3%	29.5%	30.0%	29.3%	29.0%	27.7%	27.2%	25.0%	23.9%	24.0%	23.4%	47	-6.58	-22.0%
TEXAS	28.4%	28.5%	28.8%	28.9%	28.2%	28.3%	28.0%	27.9%	27.3%	27.0%	26.5%	51	-2.35	-8.1%
UTAH	26.9%	24.7%	27.1%	26.9%	27.1%	26.3%	26.4%	25.0%	24.5%	23.6%	21.7%	39	-5.45	-20.1%
VERMONT	25.5%	26.1%	25.4%	25.7%	26.2%	24.9%	23.4%	20.3%	20.2%	20.2%	18.8%	25	-6.57	-25.9%
VIRGINIA	22.4%	22.8%	23.0%	22.9%	21.8%	21.9%	22.1%	22.1%	21.0%	20.5%	19.7%	27	-3.39	-14.7%
WASHINGTON	22.8%	23.0%	22.3%	21.8%	21.7%	21.6%	20.6%	20.2%	19.7%	19.1%	18.6%	22	-3.71	-16.6%
WEST VIRGINIA	20.1%	20.3%	20.5%	21.5%	20.4%	20.7%	20.4%	19.8%	19.0%	18.0%	16.5%	12	-4.00	-19.5%
WISCONSIN	18.7%	18.7%	19.0%	18.9%	18.9%	19.0%	18.0%	17.7%	17.4%	16.8%	16.3%	10	-2.76	-14.5%
WYOMING	17.8%	18.4%	16.8%	16.9%	19.4%	16.8%	17.5%	17.0%	16.5%	17.2%	17.9%	17	1.11	6.6%

Figure 1. States' Quarterly Antipsychotic Drug Use: 2011 – 2013

According to CMS, the nation met the 15% goal set for December 31, 2012 in the 4<sup>th</sup> quarter of 2013.<sup>6</sup> As Figure 1 shows, however, there is significant diversity among the states, with some state making significant progress and others falling behind.

<sup>6</sup> S&C: 14-19-NH, *Interim report on the CMS National Partnership to Improve Dementia Care in Nursing Homes: Q4 2011 – Q1 2014*, April 11, 2014, p.23. Available at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-19.pdf>. Henceforth *CMS Interim Report*.

Two things are worth noting in this regard:

- (1) As the last two columns show, there is an important distinction between percent change and percentage point difference. CMS has focused on the numbers in the last column in the campaign, and the public, news media and stakeholders have followed suit. They are much bigger numbers. However, the percentage point difference is as important; it indicates the *actual decrease* in antipsychotic drugging per 100 residents overall. This is important because it puts into perspective the true scope of what has been accomplished. For example, New York went from 21.3% (2011Q4) to 18.2% (2013Q4) risk-adjusted antipsychotic drugging rates. This is a percent change of 14.6%, close to the 2012 goal. But in terms of actual lives affected, it means that for every 100 NY nursing home residents, 21 were drugged inappropriately in 2011 and, 21 months into the campaign, 18 are still being drugged inappropriately. This is good for the three who avoided drugging, but not so good for the 18 who did not.<sup>7</sup> [To this point it is worth noting that the average long-term nursing home resident lives in the facility for about two years, which means that a typical nursing home has about 50% “turnover” in the course of the year. Thus, if nursing homes had simply put into place appropriate practices in the first year of the campaign for their new residents (forgetting about their “old” residents), they would have had about half as many residents on these drugs (i.e., a naturally occurring 50% reduction).]
- (2) While it is useful to see how different states are doing in terms of reducing antipsychotic drugging, higher rates of reduction does not necessarily mean that a state’s nursing homes – or oversight agencies – are doing a better job. This is due to the fact that the campaign does not take into account the varying levels of inappropriate antipsychotic drugging at which states started when the campaign began or factors (internal or systemic) that might have influenced stronger progress in a state which started with a very high rate.

### 3. Antipsychotic Drugging in Nursing Homes: National Enforcement Trends

When the federal enforcement agency, CMS, launched the national campaign to improve dementia care and reduce antipsychotic drugging in early 2012 it utilized a two-pronged approach: (1) to inform stakeholders (including providers, consumers, family members and consumer advocates) about standards of care for people with dementia (and, specifically, the use of antipsychotic drugs), non-pharmacological approaches to dementia care, and conduct other educational activities and (2) to improve enforcement of the standards of care – and longstanding federal requirements – relating to dementia care and the use of antipsychotics.<sup>8</sup>

Nursing home surveyors (inspectors) enforce minimum standards using a system of data tags, called F-tags, that coincide with specific federal nursing home regulations. There are numerous

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<sup>7</sup> As discussed earlier, the antipsychotic drugging quality measure used in the campaign is an imperfect measure; it may both understate and overstate inappropriate drugging.

<sup>8</sup> See LTC’s website page on “Antipsychotic Drugs & Dementia Care” at <http://www.nursinghome411.org> for more information on the campaign and related materials.



F-tags that relate to appropriate dementia care and the use of antipsychotic drugs.<sup>9</sup> However, CMS has focused on two specific F-tags in the campaign to reduce inappropriate drugging: F-329, free from unnecessary drugs, and (to a somewhat lesser extent) F-309, necessary care for the highest practicable well being. In addition, F-222, the right to be free from chemical restraints, is an important F-tag. Though it has not been a focal point of the CMS campaign, it is the only F-tag that relates explicitly and entirely to the use of drugs to restrain nursing home residents.<sup>10</sup>

### Enforcement of F-329 – Free From Unnecessary Drugs

As discussed above, F-329 has been the principal focus of CMS trainings and other survey related activities. Thus, it is perhaps the most critical measure of whether a state is beefing up its enforcement efforts regarding inappropriate antipsychotic drugging.<sup>11</sup>

According to Nursing Home Compare, there have been 10,452 F-329 citations over the last approximately three years.<sup>12</sup> As the following graph shows, states imposed an average of one F-329 citation per 131 nursing home residents over these years. There was significant diversity among the states, with Missouri citing F-329 the least frequently (once per 1,021 residents) and Kansas the most frequently (once per 28 residents).

While citing is critical it is only the first step. Once a deficiency (problem) is identified and cited it is rated by surveyors in terms of its scope and severity. Scope refers to the extent of the deficiency (isolated, pattern or widespread) and severity refers to level of harm (from no harm to “immediate jeopardy to resident health or safety”).<sup>13</sup> According to an analysis of F-329 deficiencies from a sample of seven states conducted by the Center for Medicare Advocacy and Dean Lerner Consulting,

The primary finding from the analysis of the F329 citations reflecting antipsychotic drugs is that **95% of the deficiencies are cited at a "no harm" level** on the scope and severity grid, levels D and E, **regardless of the poor outcomes for the residents, the total number or proportion of residents affected by the deficient practice, and the number of federal requirements violated by the facility.** When a deficiency is cited at a "no

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<sup>9</sup> See LTCCC's report, *Federal Requirements & Regulatory Provisions Relevant to Dementia Care & The Use Of Antipsychotic Drugs*, October 2012. Available at <http://www.nursinghome411.org/?articleid=10066>.

<sup>10</sup> A note on the F-tags: F-329 relates to unnecessary drugs generally and includes specific provisions re. antipsychotic drugs. Previously there was a separate tag for antipsychotic drugging but it was incorporated into a general drugging tag several years ago. LTCCC and other consumer advocates have called for reinstituting a separate tag for antipsychotic drugging. It is not known why CMS has not focused surveyor training and other efforts on F-222, which speaks to the specific problem of the misuse of antipsychotics to inappropriately sedate, mollify and restrain residents.

<sup>11</sup> It is important to note that, since F-329 is not exclusively focused on antipsychotic drugs it includes enforcement actions for other drugging related issues. Thus, while F-329 citation rates are a crucial indicator they are not conclusive.

<sup>12</sup> As of April 2014. Nursing Home Compare provides data for approximately the last three years, updated on a rolling basis (at various frequencies, depending upon the type of datum).

<sup>13</sup> See the scope and severity matrix in Appendix 2 for more information.



harm" level, the facility's noncompliance is unlikely to lead to any enforcement action.

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Harm-level deficiencies were rare. Only three of the seven states cited any harm-level deficiency in the two-year period and one of the three states cited 11 of the 15 harm-level deficiencies (73%). Four states did not cite a single harm-level deficiency in 2010 and 2011.<sup>14</sup>

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<sup>14</sup> Toby Edelman and Dean Lerner, *Examining Inappropriate Use of Antipsychotic Drugs in Nursing Facilities*, 2013. Available at [http://www.medicareadvocacy.org/cma-report-examining-inappropriate-use-of-antipsychotic-drugs-in-nursing-facilities/#\\_edn12](http://www.medicareadvocacy.org/cma-report-examining-inappropriate-use-of-antipsychotic-drugs-in-nursing-facilities/#_edn12). Emphases in original.

State	F-329 Citations on NH Compare	Residents in 2011	Residents per Citation
KS	654	18497	28
UT	123	3855	31
ID	130	4276	33
WV	162	7155	44
CO	270	13724	51
DE	75	4266	57
OR	121	6982	58
AZ	196	11507	59
WA	284	17597	62
OK	310	19694	64
MN	403	28150	70
NE	174	12227	70
WY	30	2395	80
IN	480	39045	81
MT	58	4729	82
WI	356	29467	83
VT	34	2848	84
CA	1114	100065	90
MD	270	24432	90
HI	33	3012	91
OH	850	77702	91
MI	433	39683	92
ME	66	6345	96
DC	26	2588	100
LA	244	25522	105
NV	42	4732	113
FL	576	72373	126
VA	221	28168	127
US	10452	1366390	131
CT	192	25493	133
IA	167	25165	151
NM	35	5447	156
ND	35	5737	164
IL	432	74564	173
SD	32	6448	202
AK	3	621	207
NC	177	37399	211
PA	341	80310	236
AR	71	18033	254
MO	141	37329	265
NJ	151	45443	301
RI	24	8076	337
MA	122	42160	346
TX	265	92359	349
NY	286	107480	376
SC	43	17143	399
GA	66	27564	418
NH	14	6892	492
TN	49	29910	610
AL	28	22759	813
KY	27	22680	840
MS	16	16342	1021

Figure 2. State F-329 Citations on NH Compare

There were 2,667 F-329 citations nationwide in 2011, 3,004 in 2012 and 3,769 in 2013 showing a clear trajectory of increasing citations. While this is promising, because this tag includes all drugging issues, we cannot say for certain the extent to which this represents an increase in citing for inappropriate antipsychotic drugging. In addition, as the Center for Medicare Advocacy/Dean Lerner Consulting analysis showed, citations have limited relevance if they are not cited as having caused harm to residents.

## Enforcement of F-309 – Necessary Care for Highest Practicable Well-Being

State	F-309 Citations on NH Compare	Residents in 2011	Residents per Citation
ID	159	4276	27
NV	172	4732	28
OR	246	6982	28
WY	71	2395	34
WV	211	7155	34
DE	125	4266	34
CO	401	13724	34
OK	510	19694	39
WA	431	17597	41
AK	15	621	41
KS	400	18497	46
AR	387	18033	47
DC	52	2588	50
VA	534	28168	53
UT	73	3855	53
CA	1716	100065	58
ND	96	5737	60
MD	400	24432	61
MI	638	39683	62
IN	609	39045	64
NE	187	12227	65
CT	375	25493	68
PA	1145	80310	70
IA	349	25165	72
GA	361	27564	76
HI	38	3012	79
MN	352	28150	80
MO	449	37329	83
US	16243	1366390	84
OH	890	77702	87
AZ	129	11507	89
IL	821	74564	91
WI	313	29467	94
SC	175	17143	98
TX	867	92359	107
NM	51	5447	107
ME	59	6345	108
VT	25	2848	114
TN	262	29910	114
SD	53	6448	122
KY	177	22680	128
LA	192	25522	133
FL	504	72373	144
NC	260	37399	144
MT	31	4729	153
NJ	222	45443	205
MS	77	16342	212
NY	418	107480	257
MA	142	42160	297
AL	58	22759	392
RI	9	8076	897
NH	6	6892	1149

As Figure 3 shows, there are 16,243 citations for F-309 on Nursing Home Compare, a national average of one F-309 citation per 84 residents for the last three years. As with citing for F-329, rates vary widely among the states, from a low rate of one citation per 1,149 residents in New Hampshire to a high of one citation per 27 residents in Idaho.

Between 2011 and 2012 the numbers of F-309 citations increased substantially, from 4,325 to 5,283. However, in 2013 the numbers fell slightly, to 5130.

F-309 is an important tag in respect to enforcement of dementia care and antipsychotic drugging standards though, as mentioned earlier, it covers a range of other quality of care issues. Along with F-329, CMS has issued revised guidance for surveyors on citing for this F-tag and developed trainings and examples for surveyors, such as on appropriate bathing practices for people with dementia, to help surveyors evaluate for compliance with standards relevant to this tag.

Figure 3.State F-309 Citations on NH Compare

## Enforcement of F-222 – Right to Be Free From Chemical Restraints

State	F-222 Citations on NH Compare	Residents in 2011	Residents per Citation
DE	2	4266	2133
ID	2	4276	2138
WV	3	7155	2385
CA	31	100065	3228
OK	6	19694	3282
UT	1	3855	3855
MI	10	39683	3968
AR	4	18033	4508
MD	5	24432	4886
LA	5	25522	5104
IL	13	74564	5736
ND	1	5737	5737
PA	13	80310	6178
ME	1	6345	6345
CO	2	13724	6862
IN	5	39045	7809
<b>US</b>	<b>124</b>	<b>1366390</b>	<b>11019</b>
KY	2	22680	11340
MO	3	37329	12443
VA	2	28168	14084
MS	1	16342	16342
WA	1	17597	17597
NJ	2	45443	22722
TX	4	92359	23090
CT	1	25493	25493
OH	2	77702	38851
NY	2	107480	53740
AK	0	621	NA
AL	0	22759	NA
AZ	0	11507	NA
DC	0	2588	NA
FL	0	72373	NA
GA	0	27564	NA
HI	0	3012	NA
IA	0	25165	NA
KS	0	18497	NA
MA	0	42160	NA
MN	0	28150	NA
MT	0	4729	NA
NC	0	37399	NA
NE	0	12227	NA
NH	0	6892	NA
NM	0	5447	NA
NV	0	4732	NA
OR	0	6982	NA
RI	0	8076	NA
SC	0	17143	NA
SD	0	6448	NA
TN	0	29910	NA
VT	0	2848	NA
WI	0	29467	NA
WY	0	2395	NA

Figure 4. State F-222 Citations on NH Compare

There are only 124 citations for F-222 in the entire US for the years included in Nursing Home Compare's database. In 2011 there were 34 F-222 citations; this went up to 48 in 2012 but fell back down to 35 in 2013. [Citations unaccounted for here (in these three years) occurred either before 2011 or after 2013, for which there are small amounts of data on NH Compare.]

There does not appear to be a trend of increased citations for chemical restraint of nursing home residents. Though CMS has not emphasized this tag specifically in its trainings for surveyors (as it has F-329 and F-309) this is disappointing, given that the problem is, essentially, one of chemical restraint of individuals. Since nursing home residents with dementia are not generally in a position to say 'no' to these drugs, one would think that the freedom from chemical restraint standard embodied in F-222 would be a useful – and oft used tool – to protect these residents from this common yet insidious practice.

[Note re. the right to say 'no' to AP drugs: All residents, including those with dementia, have the right to give (or withhold) what is called "informed consent" to treatment. If an individual is unable to make their wishes known, these rights are conveyed to the individual's designee. For more information, see LTCCC's report, *Informed Consent Rights in U.S. Nursing Homes: An Overview of State & Federal Requirements*, available at <http://www.nursinghome411.org/?articleid=10070>.]

## 4. Antipsychotic Drugging in NYS Nursing Homes: How Does the State Compare to the Rest of the US?

### Did New York Hit the Minimum National Target for 2012?

The threshold question, from the perspective of residents and families, is whether or not New York met (or exceeded) the minimum goal of a 15% reduction in antipsychotic drugging rates by December 31, 2012. The answer, unfortunately, is no. New York only achieve a reduction of about half of the national goal: 7.41%. New York's antipsychotic drugging rate went from 21.33% of long-stay residents to 19.75%. This represents an actual percentage point difference of only 1.58%. This means that for every 200 residents – about the size of a typical NY State nursing home – only three fewer residents were given inappropriate and dangerous antipsychotics at the end of the first year of the campaign. Meanwhile, close to 40 residents in a typical facility received these drugs inappropriately.

“...for every 200 residents – about the size of a typical NY State nursing home – only three fewer residents were given inappropriate and dangerous antipsychotics at the end of the first year of the campaign.”

Nursing homes vary, of course, as do residents. Another way of looking at it is by asking, what does this mean for our nursing home population as a whole? New York had 107,480 nursing home residents in 2011.<sup>15</sup> Therefore, it means that approximately 22,925 residents were given powerful and dangerous antipsychotic drugs in NY State nursing homes that year. If New York had achieved the goal, there would have been 3,439 fewer people being drugged in New York nursing homes at the end of 2012. Instead, there were approximately 1,699 fewer people taking the drug at the end of that year. Thus, about 1,740 more residents in New York nursing homes were given these drugs than would have been had our nursing homes met the initial target set for the country as a whole.

While setting goals can be useful, it is critical to remember that the vast majority of these individuals should not be receiving these drugs in the first place. Only about 1% of the population will ever be diagnosed with a psychotic condition and, given the fact that the antipsychotic drugging rates on Nursing Home Compare are risk-adjusted, the actual percentage of nursing home residents given antipsychotics by this measure should actually be zero, or close to it.<sup>16</sup>

The federal Centers for Medicare and Medicaid Services (CMS) stated, when it launched the campaign, that while the campaign set goals for reduction, the longstanding standards of care – which prohibit inappropriate antipsychotic drugging and the use of chemical restraints – would be vigorously enforced through the survey and enforcement system. Now, two years after the

<sup>15</sup> Kaiser Commission on Medicaid and the Uninsured analysis of 2011 Online Survey, Certification, and Reporting system (OSCAR) data. Accessible at <http://kff.org/other/state-indicator/number-of-nursing-facility-residents/>.

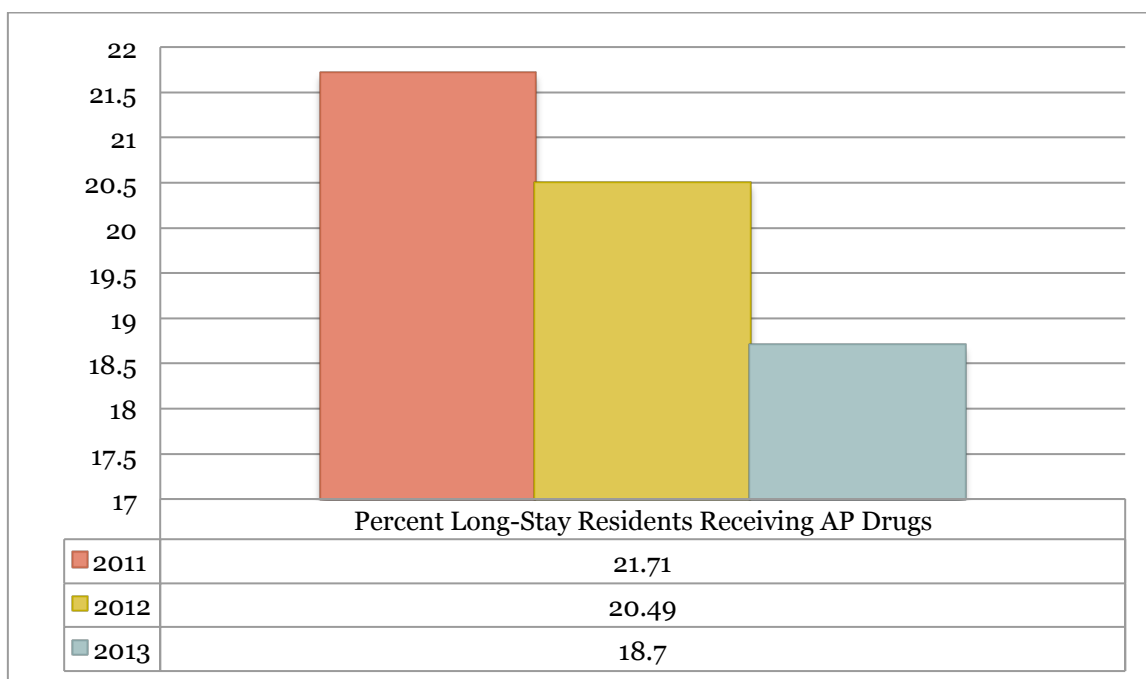
<sup>16</sup> See earlier discussion, “What Rates Are We Talking About Here?,” for more information on the data and risk adjustment.

federal campaign was launched, and state enforcement agencies and nursing homes were given their “marching orders,” the questions is: how much has been accomplished?

### **Nursing Home Drugging Rates in New York Since 2011**

Our assessment of antipsychotic drugging rates utilized Nursing Home Compare data for 2011, 2012 and 2013. The first is the base year by which CMS was measuring improvement, 2012 is the year for which CMS set a goal of 15% reduction and, since that goal was not met, it was simply continued for 2013 (the last full year for which there are data). We collected data for a total of 620 nursing homes in New York State, eliminating (for these purposes) nursing homes that closed during the time period and those which we identified as pediatric or transitional care facilities.

As with the CMS campaign, our assessment focused on drugging of long stay residents. Average drugging rates were computed based on all of 2011, Q2-4 of 2012 and Q2-4 of 2013 (separately). Multiple quarters (i.e., Q2-4) were used because they provide a more stable number than do individual quarters. The following chart shows the overall trajectory of antipsychotic drugging in New York State nursing homes. It indicates a steady, albeit modest, decline.



**Figure 5. Annual Rates of Antipsychotic Drug Use in NY State**

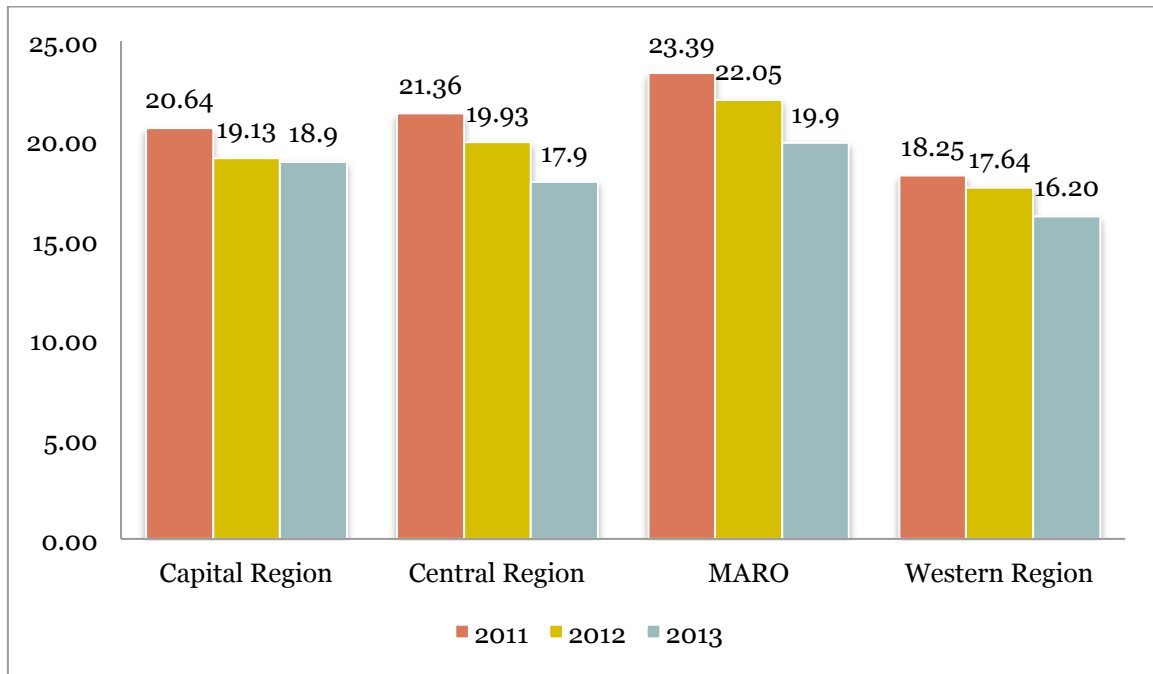


Figure 6. Annual AP Drug Rates by NYS Region

Figure 6, above, shows AP drugging rates by region. For the purposes of New York State Department of Health (DOH) oversight of nursing homes, the state is divided into four regions: Capital area, Central New York, Metropolitan area and Western New York. Nursing homes in each region are, essentially, overseen by a separate office which in turn operates under the direction of the state office. Our past research indicated that there are significant disparities in the abilities of the different regions to protect their nursing home residents and adequately enforce minimum standards of care (including identifying violations thereof).<sup>17</sup> Thus, the following discussions of AP drugging rates and enforcement look at both the state as a whole and the individual regions.

As Figure 6 shows, all regions of the state have had a relatively modest but steady decrease in antipsychotic drugging rates since 2011.<sup>18</sup> The MARO (New York City Metropolitan) area has had the highest rates; even after two years of decline its most recent rate is higher than the rate of drugging that the Western region of the state began with. Again, it is important to keep in mind that these rates have been risk-adjusted, meaning that they do not include individuals who have received one of several diagnoses of a psychotic condition identified by CMS.

### Drugging Rates for Individual Nursing Homes: NYS Capital Region

The following pages list all of the nursing homes in the Capital Region, including the facility's name and government identification number, county located, the facility's antipsychotic (AP)

<sup>17</sup> See *Nursing Home Oversight in New York State: A Regional Assessment*, June 2006. Available at <http://www.ltccc.org/publications/>.

<sup>18</sup> See [https://www.health.ny.gov/facilities/cons/more\\_information/regional\\_offices.htm](https://www.health.ny.gov/facilities/cons/more_information/regional_offices.htm) for a listing of the counties within each region.

drugging rates for 2011-2013 and the percent change between 2011 and 2013. A negative percent change (such as -6.2) means that the facility's rates went up rather than down.

Capital area nursing homes had a wide range of both drugging rates and success (or failure) to reduce rates since the start of the campaign. The 'worst' three nursing homes in the area in 2011 (with the highest drugging rates) were Champlain Valley in Clifton (43.1%), Guilderland Center for Rehab in Albany (38.2%) and Palatine NH in Montgomery (34.9%). Of these three, only Palatine had any reduction in AP drugging from 2011-2013. On the other end, the three 'best' nursing homes in terms of AP drugging rates in 2011 were St. Margaret's in Albany (2.2%), Seton Health at Schuyler Ridge in Saratoga (8.5%) and Horace Nye in Essex (11.5%). None of these three nursing homes improved their rates; St. Margaret's remained stable and the other two saw an increase in drugging rates. The Eddy Village Green at Beverwyck in Albany had the greatest improvement, reducing from 27.5% to 6%. Interestingly, the facilities in the region were almost evenly divided between those that reduced their drugging rates and those that increased their drugging rates over the three year period.



Provider Number	Facility Name	County	2011	2012	2013	Percent Change
335325	THE PINES AT GLENS FALLS CTR FOR NRSG & REHAB	WARREN	25.7	22	20.7	5.0
335014	CAPITAL LIVING NURSING & REHAB/THE AVENUE	SCHENECTADY	27.7	14.6	14.2	13.5
335091	FULTON CENTER FOR REHABILITATION AND HEALTHCARE	FULTON	27.2	28.9	31.4	-4.2
335110	EVERGREEN COMMONS	RENSSELAER	17.5	6.9	9.1	8.4
335127	ALICE HYDE MEDICAL CENTER S N F	FRANKLIN	22.1	26.1	26.3	-4.2
335128	ST PETERS NURSING AND REHABILITATION CENTER	ALBANY	19	14.1	15.8	3.2
335204	AURELIA OSBORN FOX MEMORIAL HO	OTSEGO	24	17.2	10.3	13.7
335220	MERCY LIVING CENTER	FRANKLIN	15.8	10.5	6.5	9.3
335236	ROBINSON TERRACE	DELAWARE	16.1	23	23.4	-7.3
335243	CHESTNUT PARK AND REHABILITATION NURSING CENTER	OTSEGO	24.6	22	12.5	12.1
335252	GLENDAL HOME SCHDY CNTY DEPT	SCHENECTADY	18.3	19.4	21.2	-2.9
335256	THE PINES AT CATSKILL CTR FOR NRSG & REHAB	GREENE	14.4	10.9	14.6	-0.2
335265	VAN RENSSELAER MANOR	RENSSELAER	24.4	27.9	27.2	-2.8
335267	UIHLEIN LIVING CENTER	ESSEX	17.9	11	13.0	4.9
335293	FRANKLIN COUNTY NURSING HOME	FRANKLIN	24.3	14.9	26.8	-2.5
335300	FORT HUDSON NURSING CENTER INC	WASHINGTON	21.3	24.7	20.8	0.5
335306	THE STANTON NURSING AND REHAB CENTRE	WARREN	17.5	14.7	19.4	-1.9
335314	WELLS NURSING HOME INC	FULTON	25.1	21.2	23.6	1.5
335331	INDIAN RIVER REHAB AND NURSING CENTER	WASHINGTON	32.1	40.9	44.8	-12.7
335339	MOUNTAINSIDE RESIDENTIAL CARE	DELAWARE	13.5	14.1	12.3	1.2
335351	NATHAN LITTAUER HOSPITAL NURSING	FULTON	20.6	20.7	13.6	7.0
335359	SARATOGA HOSPITAL NURSING HOME	SARATOGA	23.1	13.9	22.2	0.9
335377	DIAMOND HILL NURSING & REHABILITATION CENTER	RENSSELAER	18.2	16.7	21.4	-3.2
335389	LIVINGSTON HILLS NURSING & REHABILITATION CTR	COLUMBIA	26.3	34.6	40.9	-14.6
335394	WESLEY HEALTH CARE CENTER	SARATOGA	14.1	14.2	11.3	2.8
335412	OTSEGO MANOR	OTSEGO	17.5	12.9	10.9	6.6
335413	WASHINGTON CENTER FOR REHABILITATION & HEALTHCARE	WASHINGTON	28	28.4	17.9	10.1
335422	RIVER RIDGE LIVING CENTER	MONTGOMERY	21.1	21.1	23.9	-2.8
335425	ALBANY COUNTY NURSING HOME	ALBANY	21.2	21.4	16.7	4.5
335429	ADIRONDACK TRI COUNTY NURSING & REHABILITATION CTR	WARREN	27.8	22.5	8.8	19.0
335438	MEADOWBROOK HEALTHCARE	CLINTON	14.8	14.3	13.5	1.3
335442	CHAMPLAIN VALLEY PHYSICIANS HOSPITAL S N F	CLINTON	43.1	48.7	47.4	-4.3
335465	DAUGHTERS OF SARAH NURSING CENTER	ALBANY	13.2	9.6	10.7	2.5
335466	KINGSWAY ARMS NURSING CENTER INC	SCHENECTADY	13.7	16.8	10.1	3.6
335478	HORACE NYE HOME	ESSEX	11.5	11.8	18.0	-6.5

Visit <http://www.nursinghome411.org/articles/?category=antipsychotics> for our interactive chart of all NY State nursing homes. The chart can be used to easily view and compare nursing homes by county and other criteria.

Figure 7. NYS Capital Region Nursing Homes Page #1

335482	HERITAGE COMMONS RESIDENTIAL HEALTH CARE	ESSEX	21	12.2	10.3	10.7
335518	SARATOGA COUNTY MAPLEWOOD MANOR	SARATOGA	14.2	14.8	16.7	-2.5
335525	RIVERSIDE CENTER FOR REHABILITATION AND NURSING	RENSSELAER	23.9	20.8	15.1	8.8
335528	EVERGREEN VALLEY NURSING HOME	CLINTON	26.1	18.9	17.9	8.2
335540	GUILDERLAND CENTER REHABILITATION AND E C F	ALBANY	38.2	31.6	39.1	-0.9
335543	CAPSTONE CENTER FOR REHABILITATION AND NURSING	MONTGOMERY	20.6	30.8	43.0	-22.4
335549	WESTMOUNT HEALTH FACILITY	WARREN	16.1	12.4	20.1	-4.0
335553	OUR LADY OF HOPE RESIDENCE	ALBANY	14	18.4	26.7	-12.7
335565	BARNWELL NURSING AND REHABILITATION CENTER	COLUMBIA	26.9	30.2	34.3	-7.4
335574	KAATERSKILL CARE SKILLED NURSING AND REHAB	GREENE	20	15.5	8.8	11.2
335598	CLINTON COUNTY NURSING HOME	CLINTON	30.9	26.1	21.1	9.8
335601	THE CENTER FOR NURSING AND REHAB AT HOOSICK FALLS	RENSSELAER	23.2	24.4	29.3	-6.1
335612	BAPTIST HEALTH N & R	SCHENECTADY	15.6	12.7	12.0	3.6
335627	TERESIAN HOUSE NURSING HOME CO	ALBANY	18.2	15.1	13.0	5.2
335632	PINE HAVEN HOME	COLUMBIA	18.6	20.3	19.2	-0.6
335680	JAMES A EDDY MEMORIAL GERIATRIC CENTER	RENSSELAER	15.6	12.7	10.3	5.3
335685	PALATINE NURSING HOME	MONTGOMERY	34.9	22.4	19.2	15.7
335693	ROSEWOOD REHABILITATION & NURSING CENTER	RENSSELAER	17.5	9.5	10.8	6.7
335697	EDDY VILLAGE GREEN	ALBANY	19.1	18.7	15.9	3.2
335701	PATHWAYS NURSING & REHABILITATION CENTER	SCHENECTADY	12.9	14.1	22.1	-9.2
335704	ST JOHNSVILLE REHAB & NURSING	MONTGOMERY	15.5	15.2	15.6	-0.1
335705	ELLIS RESIDENTIAL & REHABILITATION CENTER	SCHENECTADY	16.1	15.6	5.3	10.8
335711	THE ORCHARD NURSING AND REHABILITATION CENTRE	WASHINGTON	17	15.2	22.8	-5.8
335735	BETHLEHEM COMMONS CARE CENTER	ALBANY	20.7	29.8	NA	NA
335760	EDDY HERITAGE HOUSE NURSING CTR	RENSSELAER	12.9	13.5	7.8	5.1
335766	WHITTIER REHAB & SKILLED NURSING CENTER	COLUMBIA	13.4	22.1	22.6	-9.2
335767	OUR LADY OF MERCY LIFE CENTER	ALBANY	27.9	17.4	14.7	13.2
335774	SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL H C	SARATOGA	8.5	13.7	17.7	-9.2
335812	HUDSON PARK REHABILITATION AND NURSING CENTER	ALBANY	26.9	26.9	29.7	-2.8
335830	ST MARGARETS CENTER	ALBANY	2.2	1.3	2.2	0.0
335857	WILKINSON RESIDENTIAL HEALTH CARE FACILITY	MONTGOMERY	22.6	22.3	22.9	-0.3
335860	EDDY VILLAGE GREEN AT BEVERWYCK	ALBANY	27.5	19.1	6.0	21.5
335280	THE SPRINGS NURSING AND REHABILITATION CENTRE	RENSSELAER	21.8	14.5	15.6	6.2
			20.64	19.13	18.9	1.7

Figure 8. NYS Capital Region Nursing Homes Page #2

## Drugging Rates for Individual Nursing Homes: NYS Central Region

Provider Number	Name	County	2011	2012	2013	Percentage Change
335371	ABSOLUT CTR FOR NURSING & REHAB ENDICOTT L L C	BROOME	28.4	22.6	15.5	12.9
335586	ALPINE REHABILITATION AND NURSING CENTER	HERKIMER	25	26.3	30.8	-5.8
335004	AUBURN NURSING HOME	CAYUGA	15.7	13.5	18.4	-2.7
335382	AUBURN SENIOR SERVICES INC	CAYUGA	26.1	24.9	26.5	-0.4
335670	AUBURN SENIOR SERVICES INC	CAYUGA	18.8	13.1	17.3	1.5
335017	BEECHTREE CENTER FOR REHABILITATION AND NURSING	TOMPKINS	18.5	24.5	23.5	-5.0
335732	BETHANY GARDENS SKILLED LIVING CENTER	ONEIDA	20.6	19.7	19.6	1.0
335727	BETSY ROSS REHABILITATION CTR	ONEIDA	20.6	17.7	14.2	6.4
335228	BRIDGEWATER CENTER FOR REHAB & NURSING L L C	BROOME	26.6	23.9	26.3	0.3
335453	CARTHAGE AREA HOSPITAL S N F	JEFFERSON	23.4	28.4	20.3	3.1
335249	CAYUGA RIDGE EXTENDED CARE	TOMPKINS	19.8	19.6	14.1	5.7
335253	CENTRAL PARK REHABILITATION AND NURSING CENTER	ONONDAGA	25.5	26.3	17.7	7.8
335475	CHARLES T SITRIN HEALTH CARE SNF	ONEIDA	15.2	10.6	11.2	4.0
335344	CHASEHEALTH REHAB & RESIDENTIAL CARE	CHENANGO	36.9	32.3	25.5	11.4
335355	CHENANGO MEMORIAL HOSPITAL	CHENANGO	21.6	21.1	15.3	6.3
335588	CHITTENANGO CENTER FOR REHAB HEALTH CARE	MADISON	22.8	12.4	14.5	8.3
335233	COLONIAL PARK REHABILITATION AND NURSING CENTER	ONEIDA	26.2	22.1	18.9	7.3
335356	COMMUNITY MEMORIAL HOSPITAL S N F	MADISON	6.6	8.9	9.7	-3.1
335218	CORTLAND PARK REHABILITATION A	CORTLAND	18.2	10.1	NA	NA
335768	CORTLAND REGIONAL MEDICAL CENTER INC	CORTLAND	3.9	4	5.7	-1.8
335068	CROUSE COMMUNITY CENTER INC	MADISON	30.1	24	23.2	6.9
335392	CROWN CENTER FOR NURSING & REHABILITATION	CORTLAND	39.1	33.9	28.9	10.2
335497	EASTERN STAR HOME AND INFIRMARY	ONEIDA	19.2	15.7	6.1	13.1
335678	ELDERWOOD AT LIVERPOOL	ONONDAGA	20.1	18.7	21.1	-1.0
335346	ELDERWOOD AT WAVERLY	TIOGO	13.7	13.1	14.3	-0.6
335090	ELIZABETH CHURCH MANOR NURSING	BROOME	22.5	20.1	17.9	4.6
335785	FINGER LAKES CENTER FOR LIVING	CAYUGA	7.1	12.3	17.4	-10.3
335794	FOCUS REHABILITATION AND NURSING CENTER AT UTICA	ONEIDA	35	37.3	33.6	1.4
335510	FOLTS CENTER FOR REHABILITATION AND NURSING	HERKIMER	19	14.6	20.7	-1.7
335527	GOOD SHEPHERD FAIRVIEW HOME	BROOME	19.5	18.4	26.5	-7.0
335859	GOOD SHEPHERD VILLAGE AT ENDWELL	BROOME	26.5	14.9	13.3	13.2
335658	GROTON COMMUNITY HEALTH CARE CTR R C F	TOMPKINS	20.9	12.3	5.4	15.5
335585	HARDING NURSING HOME	ONEIDA	14.2	25.5	21.1	-6.9
335600	HERITAGE HEALTH CARE CENTER	ONEIDA	23.3	26.9	16.9	6.4
335619	HIGHLAND NURSING HOME INC	SAINT LAWRENCE	37.3	31.4	27.5	9.8
335520	IDEAL SENIOR LIVING CENTER	BROOME	23.8	19.5	18.7	5.1
335764	IROQUOIS NURSING HOME INC	ONONDAGA	17.3	18.6	19.6	-2.3
335675	JAMES G JOHNSTON MEMORIAL NURSING HOME	BROOME	21.5	17.5	15.5	6.0
335338	JAMES SQUARE HEALTH AND REHAB CENTRE	ONONDAGA	27	24.2	19.9	7.1
335006	KATHERINE LUTHER RESIDENTIAL HLTH CARE & REHAB	ONEIDA	22	18.2	13.7	8.3
335793	KENDAL AT ITHACA	TOMPKINS	11	13.8	16.5	-5.5
335343	KINNEY NURSING HOME	SAINT LAWRENCE	28.1	30.4	30.4	-2.3

This section provides a lists all of the nursing homes in the Central Region of the state, including the facility's name and government i.d. number, county located, the facility's antipsychotic (AP) drugging rates for 2011-2013 and the percent change between 2011 and 2013. A negative percent change (such as -6.2) means that the facility's rates went up, rather than down, over the course of the campaign.

The three nursing homes with the highest rates on antipsychotic drugging in the region were Maplewood Health & Rehab in St. Lawrence (44.9% in 2011), Crown Center in Cortland (39.1%) and Northwoods in Cayuga (37.7%). They were all among the top performers in the region in terms of percentage reduction from 2011-2013.

Figure 9. NYS Central Region AP Rates Page #1

335428	LEWIS COUNTY R H C F	LEWIS	18	19.6	21.1	-3.1
335136	LORETTO HEALTH AND REHABILITATION CENTER	ONONDAGA	20.5	17.7	19.2	1.3
335566	MAPLEWOOD HEALTH CARE AND REHABILITATION CENTER	SAINT LAWRENCE	44.9	43.9	36.5	8.4
335541	MASONIC CARE COMMUNITY OF NEW YORK	ONEIDA	19.1	14.6	7.3	11.8
335460	MICHAUD RESIDENTIAL HEALTH SERVICES INC	OSWEGO	8.1	16.9	19.2	-11.1
335386	MOHAWK VALLEY HEALTH CARE CENTER	HERKIMER	20.7	24.2	18.4	2.3
335489	MORNINGSTAR RESIDENTIAL CARE CENTER	OSWEGO	19.4	18.1	11.1	8.3
335097	N Y S VETS HOME AT OXFORD	CHENANGO	12.3	6	4.5	7.8
335077	NORTHWOODS REHAB EXTENDED CARE FACILITY	CAYUGA	37.7	25	19.5	18.2
335759	NORWICH REHABILITATION & NURSING CENTER	CHENANGO	27.3	18.1	10.6	16.7
335800	NOTTINGHAM R H C F	ONONDAGA	11.9	13.8	14.3	-2.4
335225	OAK HILL MANOR NURSING HOME	TOMPKINS	15	16.8	17.0	-2.0
335427	ONEIDA HEALTHCARE	MADISON	7.5	5.4	4.1	3.4
335590	PONTIAC NURSING HOME	OSWEGO	11.6	16	22.2	-10.6
335546	PRESBYTERIAN HOME FOR CENTRAL NEW YORK INC	ONEIDA	23.2	24.6	21.8	1.4
335454	RIVER LEDGE HEALTH CARE AND REHABILITATION CENTER	SAINT LAWRENCE	22.8	17.6	19.1	3.7
335103	RIVERVIEW MANOR HEALTH CARE CENTER	TIOGA	23.3	26.1	30.1	-6.8
335589	ROME CENTER FOR REHAB AND HEALTH CARE	ONEIDA	16.5	16.1	18.1	-1.6
335563	ROME MEMORIAL HOSPITAL RHCF	ONEIDA	14.7	14.4	12.4	2.3
335340	ROSEWOOD HEIGHTS HEALTH CENTER	ONONDAGA	20.4	29.8	23.1	-2.7
335431	SAMARITAN KEEP NURSING HOME	JEFFERSON	30.5	30.2	28.8	1.7
335815	SENECA HILL MANOR INC	OSWEGO	16.2	14.7	11.7	4.5
335283	ST CAMILLUS RESIDENTIAL HEALTH CARE FACILITY	ONONDAGA	16.8	12	9.6	7.2
335471	ST JOSEPH NURSING HOME	ONEIDA	13.5	13.5	9.1	4.4
335087	ST JOSEPHS HOME	SAINT LAWRENCE	26	11.5	11.4	14.6
335746	ST LUKE HEALTH SERVICES	OSWEGO	27.3	25.6	11.8	15.5
335801	ST LUKES HOME	ONEIDA	12.1	19.4	19.2	-7.1
335592	ST REGIS NURSING HOME INC	SAINT LAWRENCE	36.3	29	24.4	11.9
335409	SUNNYSIDE CARE CENTER	ONONDAGA	29	30.6	23.3	5.7
335587	SUNSET NURSING HOME INC	ONEIDA	11	13.2	11.9	-0.9
335393	SUSQUEHANNA NURSING AND REHAB CENTER L L C	BROOME	18.5	20.8	23.4	-4.9
335713	SYRACUSE HOME ASSOCIATION	ONONDAGA	13.5	11.1	10.5	3.0
335579	THE COUNTRY MANOR NURSING AND REHAB CTR	JEFFERSON	25.7	20.7	20.6	5.1
335548	THE CROSSINGS NURSING AND REHAB CENTRE	ONONDAGA	28.3	26	11.3	17.0
335190	THE JEWISH HOME OF CENTRAL NEW YORK	ONONDAGA	16.6	15.3	12.9	3.7
335374	THE PINES AT UTICA CENTER FOR NRSG AND REHAB	ONEIDA	20.2	23.1	16.0	4.2
335672	VALLEY HEALTH SERVICES INC	HERKIMER	17.4	15.4	19.4	-2.0
335208	VALLEY VIEW MANOR NURSING HOME	CHENANGO	31.5	23.2	18.5	13.0
335184	VAN DUYN CENTER FOR REHABILITATION AND NURSING	ONONDAGA	29.3	28.6	24.3	5.0
335226	VESTAL PARK REHABILITATION AND NURSING CENTER	BROOME	20.7	20.9	14.6	6.1
335291	WILLOW POINT NURSING HOME	BROOME	18.8	21.8	14.8	4.0
			21.36	19.93	17.9	3.4

Figure 10. NYS Central Region AP Rates Page #2

The ‘top’ nursing homes in Central NY at the start of the campaign to reduce inappropriate AP drugging (in terms of lowest levels of drug use) were Cortland Regional in Cortland (3.9%), Community Memorial Hospital Skilled Nursing Facility in Madison (6.6%) and Finger Lakes Center for Living in Cayuga (7.1%). None of these nursing homes reduced their drugging rates over the course of the campaign and, in fact, the Finger Lakes Center for Living’s rate more than doubled (to 17.4%).

Unfortunately, as these figures show, a number of other area nursing homes increased their drugging rates during this time period.

Visit <http://www.nursinghome411.org/articles/?category=antipsychoticclaws> for our interactive chart of all NY State nursing homes. The chart can be used to easily view and compare nursing homes by county and other criteria.

## **Drugging Rates for Individual Nursing Homes: NYS MARO Region**

The MARO region is quite large (in terms of both general population and nursing home population) and, as noted earlier, had higher antipsychotic drugging rates overall than the other state regions.

Brooklyn is home to two of the three ‘worst’ nursing homes of the 336 included in our data for the Metropolitan Area region: the Brooklyn Queens Nursing Home (65.7% drugging rate for 2011) and Heritage Rehab & Healthcare Center (53.1%). In between the two (in terms of percentage of antipsychotic drug use) was Riverdale Nursing Home (60.4%) which is located in the Bronx. All three of these nursing homes saw substantial reductions in the antipsychotic drugging rates since 2011, though they are all still very high.<sup>19</sup>

The three nursing homes that had the lowest antipsychotic drugging rates at the start of the national campaign were Providence Rest in the Bronx (0.4%), Woodland Pond in Ulster (1.4%) and Helen Hayes Hospital Residential Health Care Facility in Rockland (1.6%). As was typical of the nursing homes in the other regions that had the lowest antipsychotic drug use rates at the beginning of the national campaign, these facilities did not show a decrease in drugging. Both Providence and Woodland increased fairly substantially (though their rates were both comparatively quite low) and there were no data reported for the Helen Hayes Facility (which, according to its website, appears to focus on short-term rehab services).

The following pages list all of the nursing homes in the MARO area of the state, including the provider’s name and government i.d. number, county located, the facility’s antipsychotic (AP) drugging rates for 2011-2013 and the percent change between 2011 and 2013. A negative percent change (such as -6.2) means that the facility’s rates of drugging went up, rather than down, over the course of the campaign.

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<sup>19</sup> As noted earlier, these and all of the Nursing Home Compare data are risk-adjusted, meaning that antipsychotic drug use on a facility’s residents with a psychotic condition is largely excluded from these numbers.

Provider Number	Facility Name	County	2011	2012	2013	Percentage Change
335023	A HOLLY PATTERSON EXTENDED CARE FACILITY	NASSAU	25.7	21.7	19.3	6.4
335449	ACHIEVE REHAB AND NURSING FACILITY	SULLIVAN	28.3	27.4	23.0	5.3
335839	AFFINITY SKILLED LIVING AND REHABILITATION CTR	SUFFOLK	23.7	23.6	16.1	7.6
335570	AMSTERDAM NURSING HOME CORP (1992)	NEW YORK	19	16.4	12.9	6.1
335795	ANDRUS ON HUDSON	WESTCHESTER	11.1	9.1	10.4	0.7
335067	APEX REHABILITATION & CARE CENTER	SUFFOLK	31.6	32	25.6	6.0
335516	ATLANTIS REHAB AND RESIDENTIAL H C F	KINGS	14.7	11	10.4	4.3
335720	ATRIUM CENTER FOR REHABILITATION AND NURSING	KINGS	33.4	23.1	16.1	17.3
335175	AVALON GARDENS REHABILITATION & HEALTH CARE CENTER	SUFFOLK	39.3	39.4	33.4	5.9
335373	BAINBRIDGE NURSING AND REHAB CENTER	BRONX	34.6	29.8	37.2	-2.6
335581	BAY PARK CENTER FOR NRSG AND REHAB L L C	BRONX	27.6	30.3	19.7	7.9
335614	BAYBERRY NURSING HOME	WESTCHESTER	19.9	11.6	10.4	9.5
335024	BEACH TERRACE CARE CENTER	NASSAU	44.7	43.9	48.6	-3.9
335726	BEACON REHABILITATION & NURSING CENTER	QUEENS	26.3	20.7	17.4	8.9
335140	BELAIR CARE CENTER INC	NASSAU	40.9	35.8	25.3	15.6
335755	BELLHAVEN NURSING & REHAB CENTER	SUFFOLK	19.3	18	15.4	3.9
335558	BENSONHURST CENTER FOR REHAB & HEALTHCARE	KINGS	13.7	9.6	8.9	4.8
335083	BERKSHIRE NURSING AND REHAB	SUFFOLK	24.1	20.6	20.7	3.4
335201	BETH ABRAHAM HEALTH SERVICES	BRONX	21.9	20.8	15.0	6.9
335806	BETHEL NURSING AND REHAB CENTER	WESTCHESTER	15	17.1	12.1	2.9
335490	BETHEL NURSING HOME CO INC	WESTCHESTER	12.4	6	9.0	3.4
335666	BEZALEL REHABILITATION AND NURSING CENTER	QUEENS	48	45.6	41.0	7.0
335682	BISHOP CHARLES WALDO MACLEAN EPISCOPAL NH	QUEENS	24.4	18.8	22.6	1.8
335070	BISHOP HENRY B HUCLES EPISCOPAL NH	KINGS	13.1	13	15.5	-2.4
335470	BORO PARK CENTER FOR NURSING & REHAB	KINGS	18.5	18	15.4	3.1
335005	BRIARCLIFF MANOR/ELANT AT BRANDYWINE	WESTCHESTER	29.3	26.2	20.3	9.0
335327	BRIDGE VIEW NURSING HOME INC	QUEENS	37.4	38.2	38.8	-1.4
335213	BROADLAWN MANOR NURSING & REHAB CTR	SUFFOLK	32.3	28.2	22.1	10.2
335506	BRONX CENTER FOR REHAB HEALTH	BRONX	38.3	38.2	38.7	-0.4
335753	BRONX LEBANON SPECIAL CARE CENTER	BRONX	30.2	24.6	31.1	-0.9
335358	BRONX PARK REHABILITATION & NURSING CENTER	BRONX	29	24.4	28.4	0.6
335694	BROOKHAVEN HEALTH CARE FACILITY L L C	SUFFOLK	12.1	14.6	13.4	-1.3
335582	BROOKHAVEN REHAB AND HEALTH CARE CENTER	QUEENS	16.4	21.4	17.9	-1.5
335178	BROOKLYN CTR FOR REHAB & RESIDENTIAL HLTH CARE	KINGS	26.9	29.1	22.9	4.0
335637	BROOKLYN QUEENS NURSING HOME	KINGS	65.7	48.1	46.6	19.1
335604	BROOKLYN UNITED METHODIST CHURCH HOME	KINGS	30.3	24.2	20.8	9.5
335826	BUENA VIDA CONTINUING CARE	KINGS	34.4	34	29.4	5.0
335703	BUSHWICK CENTER FOR REHAB & HEALTH CARE	KINGS	31.4	28.9	17.6	13.8
335302	CABRINI CENTER FOR NURSING AND REHAB S N F	WESTCHESTER	23.6	NA	NA	NA
335550	CABS NURSING HOME COMPANY INC	KINGS	37.5	31.5	24.7	12.8
335657	CAMPBELL HALL REHAB CENTER	ORANGE	20.2	15.3	13.9	6.3
335286	CARILLON NURSING & REHAB CENTER	SUFFOLK	17.6	12.8	13.6	4.0
335455	CARMEL RICHMOND HEALTHCARE & REHAB CENTER	RICHMOND	19.2	19.5	14.7	4.5
335780	CASA PROMESA	BRONX	36.1	35.8	30.0	6.1
335245	CATON PARK NURSING HOME	KINGS	33.7	33.6	27.8	5.9
335639	CATSKILL REGIONAL MEDICAL CENTER S N F	SULLIVAN	11.1	12.2	13.1	-2.0
335185	CEDAR MANOR NURSING & REHAB CENTER	WESTCHESTER	20.3	10.4	15.2	5.1
335625	CENTER FOR NURSING AND REHABILITATION S N F	KINGS	10.2	11	9.7	0.5
335284	CENTRAL ISLAND HEALTHCARE	NASSAU	25.2	18.1	19.3	5.9
335631	CHAPIN HOME FOR THE AGING	QUEENS	33.4	28.3	21.4	12.0
335349	CLIFFSIDE REHAB & H C C	QUEENS	21	23.5	17.5	3.5
335239	CLOVE LAKES HEALTH CARE & REHAB CENTER	RICHMOND	15.8	15.3	13.8	2.0
335174	COBBLE HILL HEALTH CENTER INC	KINGS	15.9	14.3	16.0	-0.1
335555	COLD SPRINGS HILLS CTR FOR NURSING AND REHAB	NASSAU	22.3	21	20.5	1.8
335092	COLER-GOLDWATER SPECIALTY HOSPITAL S N F	NEW YORK	18.1	13.2	11.3	6.8
335538	CONCORD NURSING HOME INC	KINGS	20.7	13.5	16.3	4.4
335493	CONCOURSE REHAB & NURSING CENTER INC	BRONX	29.4	23	21.1	8.3
335441	CORTLANDT HEALTHCARE L L C	WESTCHESTER	10.8	9.5	14.3	-3.5
335609	CROWN HEIGHTS CENTER FOR NURSING & REHAB	KINGS	44.8	45.6	38.6	6.2
335290	CROWN NURSING AND REHAB CENTER	KINGS	12	14.1	17.3	-5.3
335161	DALEVIEW CARE CENTER	NASSAU	34.9	30.3	14.1	20.8
335445	DAUGHTERS OF JACOB NURSING HOME CO, INC	BRONX	8.7	8.1	6.6	2.1
335232	DEWITT REHAB AND HEALTH CARE CENTER	NEW YORK	10	8.5	8.4	1.6
335648	DITMAS PARK CARE CENTER	KINGS	20.5	20.7	18.8	1.7
335805	DR SUSAN SMITH MCKINNEY NRSG & REHAB CTR	BRONX	11.4	11.9	11.6	-0.2
335804	DR WILLIAM O BENENSON REHAB PAVILION	QUEENS	27.7	22.7	17.6	10.1
335416	DRY HARBOR NURSING HOME	QUEENS	15.6	12.7	9.7	5.9
335271	DUMONT CENTER FOR REHAB & NURSING	WESTCHESTER	15.6	14.8	11.5	4.1
335458	DUTCHESS CENTER FOR REHAB AND HEALTHCARE	DUTCHESS	26.2	19.1	23.4	2.8
335723	EAST HAVEN NURSING AND REHAB CENTER	BRONX	23.4	19.2	22.2	1.2

Figure 11. NYS MARO Region AP Rates Page #1

335681	EAST NECK NURSING & REHAB CENTER	SUFFOLK	16.9	16.4	15.8	1.1
335214	EASTCHESTER REHAB & HEALTH CARE CENTER	BRONX	20.2	12.4	24.3	-4.1
335332	EGER HEALTH CARE AND REHABILITATION CENTER	RICHMOND	11.9	10.9	8.4	3.5
335750	ELANT AT FISHKILL INC	DUTCHESS	22.4	25.1	22.9	-0.5
335684	ELANT AT GOSHEN INC	ORANGE	22.2	27.5	18.4	3.8
335464	ELANT AT NEWBURGH INC	ORANGE	16.4	20.6	15.6	0.8
335275	ELANT AT WAPPINGERS FALLS	DUTCHESS	20.3	11.4	17.6	2.7
335814	ELMHURST CARE CENTER INC	QUEENS	20.1	21	12.9	7.2
335146	FAIRVIEW NURSING CARE CTR INC	QUEENS	32.9	30.9	31.3	1.6
335044	FAR ROCKAWAY NURSING HOME	QUEENS	52.1	34.6	15.0	37.1
335405	FERNCLIFF NURSING HOME CO INC	DUTCHESS	21	19.2	16.4	4.6
335078	FIELD HOME HOLY COMFORTER	WESTCHESTER	22.4	19.1	21.0	1.4
335248	FIELDSTON LODGE CARE CENTER	BRONX	29.3	39.9	38.1	-8.8
335446	FLUSHING MANOR CARE CENTER	QUEENS	27.7	25.2	26.5	1.2
335133	FLUSHING MANOR NURSING HOME	QUEENS	27.8	26.2	28.3	-0.5
335139	FOREST HILLS CARE CENTER	QUEENS	9	12.4	7.3	1.7
335310	FOREST VIEW CTR REHAB NURSING	QUEENS	21.3	12.7	11.8	9.5
335257	FORT TRYON REHAB & HEALTH CARE FAC LTHCP	NEW YORK	12.6	13	9.9	2.7
335673	FOUR SEASONS NURSING AND REHAB	KINGS	13.8	12	13.4	0.4
335426	FRANKLIN CENTER FOR REHAB AND NURSING	QUEENS	24.9	29.1	21.7	3.2
335734	FRIEDWALD CENTER FOR REHAB AND NURSING	ROCKLAND	13.9	8.1	15.6	-1.7
335831	FULTON COMMONS CARE INC	NASSAU	21	18.9	14.0	7.0
335817	GARDEN CARE CENTER	NASSAU	24.8	26.8	19.8	5.0
335802	GLEN ARDEN INC	ORANGE	17	14.8	8.4	8.6
335716	GLEN COVE CENTER FOR NURSING	NASSAU	15.4	12.3	10.9	4.5
335611	GLEN ISLAND CENTER FOR NURSING AND REHAB	WESTCHESTER	34.5	29.9	28.3	6.2
335211	GLENGARIFF HEALTH CARE CENTER	NASSAU	24.3	30.5	29.4	-5.1
335079	GOLD CREST CARE CENTER	BRONX	26.4	22.9	23.5	2.9
335502	GOLDEN GATE REHAB AND H C C	RICHMOND	40.6	39.5	32.2	8.4
335451	GOLDEN HILL HEALTH CARE CENTER	ULSTER	15.4	12.2	12.5	2.9
335636	GOOD SAMARITAN NURSING HOME	SUFFOLK	15.5	12.7	7.7	7.8
335483	GRACE PLAZA NURSING & REHAB CENTER	NASSAU	17	22.5	17.6	-0.6
335744	GRAND MANOR NURSING AND REHAB	BRONX	33.3	28.2	26.3	7.0
335498	GRANDELL REHABILITATION AND NURSING CENTER	NASSAU	23.3	12.4	12.7	10.6
335522	GREATER HARLEM NURSING HOME CO	NEW YORK	17.1	10.7	10.7	6.4
335696	GURWIN JEWISH NURSING & REHAB CENTER	SUFFOLK	9.5	12.8	13.8	-4.3
335710	HAMILTON PARK NURSING AND REHABILITATION CENTER	KINGS	22.3	22.2	18.1	4.2
335676	HAVEN MANOR HEALTH CARE CENTER L L C	QUEENS	34.4	34.8	31.7	2.7
335656	HAYM SALOMON HOME FOR THE AGED	KINGS	8.9	12.7	11.7	-2.8
335020	HEBREW HOME FOR THE AGED AT RIVERDALE	BRONX	24.2	26.8	22.2	2.0
335809	HEBREW HOSPITAL HOME OF WESTCHESTER INC	WESTCHESTER	14.4	17.8	22.8	-8.4
335823	HELEN HAYES HOSP RESIDENTIAL HEALTH CARE FAC	ROCKLAND	1.6	NA	NA	NA
335725	HELP/ P S I INC	KINGS	35.4	20.1	16.9	18.5
335808	HEMPSTEAD PARK NURSING HOME	NASSAU	17.2	21.3	27.1	-9.9
335751	HIGHBRIDGE WOODYCREST CENTER	BRONX	36.9	32	23.1	13.8
335250	HIGHFIELD GARDENS CARE CENTER OF GREAT NECK	NASSAU	22.9	22.1	23.1	-0.2
335505	HIGHLAND CARE CENTER INC	QUEENS	25.7	23.5	23.8	1.9
335526	HIGHLAND REHABILITATION AND NURSING CENTER	ORANGE	18.7	12.5	12.1	6.6
335040	HILAIRE REHAB & NURSING	SUFFOLK	31.8	23.8	22.5	9.3
335531	HILLSIDE MANOR REHAB & EXTENDED CARE CENTER	QUEENS	27	15.8	9.0	18.0
335333	HOLLIS PARK MANOR NURSING HOME	QUEENS	30.5	29.2	33.2	-2.7
335503	HOLLISWOOD CENTER FOR REHABILITATION & HEALTHCARE	QUEENS	34.9	29.4	25.3	9.6
335847	HOPKINS CENTER FOR REHABILITATION AND HEALTHCARE	KINGS	19.5	21.9	21.7	-2.2
335738	HORIZON CARE CENTER	QUEENS	35.5	37.5	35.4	0.1
335187	HUDSON POINTE AT RIVERDALE CTR FOR NRSG & REHAB	BRONX	29.5	27.3	31.6	-2.1
335399	HUDSON VALLEY REHAB AND EXT CARE FACILITY	ULSTER	9.4	12.6	11.5	-2.1
335818	HUNTINGTON HILLS CENTER FOR HEALTH & REHAB	SUFFOLK	22.1	18.5	12.7	9.4
335822	INCARNATION CHILDRENS CENTER	NEW YORK	24.1	39.3	22.4	1.7
335100	ISABELLA GERIATRIC CENTER INC	NEW YORK	26	23.8	18.1	7.9
335835	ISLAND NURSING AND REHABILITATION CENTER INC	SUFFOLK	26.7	30.9	19.0	7.7
335436	JAMAICA HOSPITAL NURSING HOME	QUEENS	14	17.7	10.4	3.6
335849	JEANNE JUGAN RESIDENCE	BRONX	12.9	15.7	10.3	2.6
335833	JEFFERSONS FERRY LIFE CARE CO	SUFFOLK	25	20.9	21.8	3.2
335462	JEWISH HOME LIFECARE, HARRY & JEANETTE WEINBERG C	BRONX	21.2	18.5	13.5	7.7
335491	JEWISH HOME LIFECARE, MANHATTAN	NEW YORK	11.6	13.7	11.0	0.6
335296	JEWISH HOME LIFECARE, SARAH NEUMAN CENTER	WESTCHESTER	12.9	13.7	11.2	1.7
335217	JOHN J FOLEY SKILLED NURSING FACILITY (CLOSED)	NASSAU	19.2	15.4	NA	NA
335848	KENDAL ON HUDSON	WESTCHESTER	15.9	4	2.9	13.0
335626	KESER NURSING AND REHABILITATION CENTER INC	KINGS	34.3	30.7	27.3	7.0
335447	KING STREET HOME INC	WESTCHESTER	8.4	9.6	15.8	-7.4
335644	KINGS HARBOR MULTICARE CENTER	BRONX	16.5	14.3	12.3	4.2
335028	KINGSBRIDGE HEIGHTS REHABILITATION	BRONX	30.8	34.7	34.0	-3.2

Figure 12. NYS MARO Region AP Rates Page #2



335432	KOMANOFF CTR FOR GERIATRIC & REHAB MEDICINE	NASSAU	18.1	13	13.9	4.2
335388	LACONIA NURSING HOME	BRONX	30.7	39.4	41.5	-10.8
335719	LAKEVIEW REHABILITATION AND CARE CENTER	SUFFOLK	22	16.5	12.8	9.2
335415	LAWRENCE NURSING CARE CENTER	QUEENS	39.2	37.8	41.9	-2.7
335811	LINDEN GARDENS REHABILITATION AND NURSING CENTER	KINGS	19.2	18.3	12.0	7.2
335434	LITTLE NECK CARE CENTER	QUEENS	18.8	14.9	10.0	8.8
335294	LONG ISLAND CARE CENTER INC	QUEENS	26.4	27.1	30.8	-4.4
335758	LONG ISLAND STATE VETERANS HOME	SUFFOLK	10.7	9.1	11.3	-0.6
335521	LUTHERAN AUGUSTANA CTR FOR EXTENDED CARE & REHAB	KINGS	9.8	7.5	1.4	8.4
335810	LUTHERAN CENTER AT POUGHKEEPSIE INC	DUTCHESS	17.7	12.9	12.8	4.9
335160	LYNBROOK RESTORATIVE THERAPY AND NURSING	NASSAU	34.2	31	34.5	-0.3
335695	MANHATTANVILLE HEALTH CARE CENTER L L C	BRONX	41.8	40.2	30.6	11.2
335336	MARGARET TIETZ CENTER FOR NURSING	QUEENS	19	16.9	13.6	5.4
335837	MARIA REGINA RESIDENCE INC	SUFFOLK	22.4	14	9.5	12.9
335141	MARQUIS REHABILITATION & NURSING CENTER	NASSAU	23.5	22.5	17.7	5.8
335050	MARY MANNING WALSH NURSING HOME	NEW YORK	19.1	18.1	17.3	1.8
335279	MAYFAIR CARE CENTER INC	NASSAU	45.6	49.1	47.5	-1.9
335143	MEADOW PARK REHAB HLTH CTR L L C	QUEENS	22.7	32.9	25.2	-2.5
335796	MEADOWBROOK CARE CENTER	NASSAU	27.4	22.1	19.1	8.3
335840	MEDFORD MULTICARE CENTER FOR LIVING	SUFFOLK	16.7	19	17.4	-0.7
335653	MENORAH HOME & HOSPITAL FOR AGED AND INFIRM	KINGS	18.4	20.6	16.2	2.2
335524	METHODIST HOME FOR NURSING AND REHAB	BRONX	29.6	28.7	21.8	7.8
335829	MICHAEL MALOTZ SKILLED NURSING PAVILLION	WESTCHESTER	8.8	11.3	6.3	2.5
335472	MIDWAY NURSING HOME INC	QUEENS	35	33.1	23.8	11.2
335739	MILLS POND NURSING AND REHAB CENTER	SUFFOLK	29.3	23.8	13.9	15.4
335401	MOMENTUM AT SOUTH BAY FOR REHAB & NURSING	SUFFOLK	28.5	24.2	19.0	9.5
335396	MONTGOMERY NURSING AND REHAB CENTER	ORANGE	15.6	13	10.2	5.4
335484	MORNINGSIDE HOUSE NURSING HOME CO	BRONX	19.9	14.5	13.5	6.4
335347	MORRIS PARK NURSING AND REHAB CENTER	BRONX	35.1	38.7	33.2	1.9
335030	MOSHOLU PARKWAY NURSING AND REHAB	BRONX	24.7	25.9	25.7	-1.0
335560	N Y CONGREGATIONAL NURSING CTR	KINGS	22.6	18.5	19.0	3.6
335832	N Y S VETS HOME AT MONTROSE	WESTCHESTER	9.5	13.2	9.3	0.2
335770	N Y S VETS HOME IN N Y C	QUEENS	29.7	28.5	29.8	-0.1
335787	NASSAU EXTENDED CARE FACILITY	NASSAU	15.2	17.8	11.1	4.1
335674	NESCONSET CENTER FOR NURSING AND REHABILITATION	SUFFOLK	27.9	26	24.3	3.6
335131	NEW CARLTON REHAB & NURSING CENTER	KINGS	39.5	38.3	39.2	0.3
335517	NEW EAST SIDE NURSING HOME	NEW YORK	17.7	17	14.4	3.3
335299	NEW GLEN OAKS N H	QUEENS	40.5	28.6	35.0	5.5
335461	NEW GOUVERNEUR HOSPITAL S N F	NEW YORK	16.5	18.4	15.7	0.8
335165	NEW SURFSIDE NURSING HOME	QUEENS	26.8	32.2	30.7	-3.9
335372	NEW VANDERBILT REHAB AND CARE CENTER	RICHMOND	27.3	26.6	23.8	3.5
335838	NEW YORK CENTER FOR REHAB AND NURSING	QUEENS	18	15.6	10.1	7.9
335702	NORTH SHORE UNIV HOSPITAL STERN FAMILY CTR	NASSAU	7	7.3	12.5	-5.5
335342	N WESTCHESTER RESTORATIVE THERAPY & NC	WESTCHESTER	22.3	16.2	13.5	8.8
335845	NORTHEAST CENTER FOR REHAB & BRAIN INJURY	ULSTER	46.4	47.7	39.7	6.7
335348	NORTHERN DUTCHESS R H C F INC	DUTCHESS	10.2	5.6	9.3	0.9
335792	NORTHERN MANHATTAN REHAB AND NURSING CENTER	NEW YORK	21.2	16.3	14.5	6.7
335046	NORTHERN MANOR GERIATRIC CTR INC	ROCKLAND	20.8	18	17.8	3.0
335380	NORTHERN METROPOLITAN R H C F INC	ROCKLAND	25.1	20.4	18.6	6.5
335418	NORTHERN RIVERVIEW HEALTH CARE	ROCKLAND	16.4	32.6	25.4	-9.0
335523	NORWEGIAN CHRISTIAN HOME & HEALTH CENTER	KINGS	23.2	14.9	19.6	3.6
335365	NYACK MANOR NURSING HOME	ROCKLAND	20.2	24.7	17.4	2.8
335390	OAK HOLLOW NURSING CENTER	SUFFOLK	30.6	35.1	25.4	5.2
335402	OASIS REHABILITATION AND NURSING, LLC	SUFFOLK	33.5	35.4	23.3	10.2
335158	OCEANSIDE CARE CENTER INC	NASSAU	19.5	24.3	23.4	-3.9
335168	OCEANVIEW NURSING AND REHAB CENTER	QUEENS	31.8	31.9	35.4	-3.6
335700	ORZAC CENTER FOR EXTENDED CARE & REHAB	NASSAU	6.9	13.8	8.3	-1.4
335539	OUR LADY OF CONSOLATION GERIATRIC CARE CENTER	SUFFOLK	14.1	13.7	11.3	2.8
335163	OXFORD NURSING HOME	KINGS	51.6	50.1	45.8	5.8
335363	OZANAM HALL OF QUEENS NURSING	QUEENS	10	9.5	6.6	3.4
335629	PALISADE NURSING HOME COMPANY	BRONX	21.4	22.9	21.1	0.3
335328	PALM GARDENS CARE CENTER L L C	KINGS	15.4	13.4	14.9	0.5
335819	PARK AVENUE EXTENDED CARE FACILITY	NASSAU	21.5	23.9	13.7	7.8
335287	PARK GARDENS REHAB AND N C	BRONX	30.4	30.5	25.8	4.6
335655	PARK MANOR REHAB & HEALTH CARE	ORANGE	16	20	8.6	7.4
335093	PARK NURSING HOME	QUEENS	43.2	33.8	52.5	-9.3
335317	PARK TERRACE CARE CENTER	QUEENS	16.5	15.5	12.8	3.7
335132	PARKER JEWISH INSTITUTE FOR H C & REHAB	QUEENS	13.5	13.4	9.6	3.9
335074	PARKVIEW CARE AND REHAB CENTER INC	NASSAU	27.4	25.9	32.0	-4.6
335688	PECONIC BAY SKILLED NURSING FACILITY	SUFFOLK	16.3	NA	4.2	12.1
335842	PECONIC LANDING AT SOUTHOLD INC	SUFFOLK	35.2	21.7	18.8	16.4

Figure 13. NYS MARO Region AP Rates Page #3



335486	PELHAM PARKWAY NURSING CENTER AND REHAB	BRONX	31.1	34.7	33.5	-2.4
335387	PENINSULA CENTER FOR EXTENDED CARE & REHAB	QUEENS	10	10.5	14.2	-4.2
335285	PINE VALLEY CENTER FOR REHAB AND NURSING	ROCKLAND	19.6	19.6	24.8	-5.2
335312	PORT CHESTER NURSING AND REHAB	WESTCHESTER	14.4	14.4	17.6	-3.2
335410	PORT JEFFERSON HEALTH CARE FACILITY	SUFFOLK	24.7	24.1	24.9	-0.2
335292	PROMENADE REHAB AND HEALTH CARE CENTER	QUEENS	21.3	23.9	22.7	-1.4
335583	PROVIDENCE REST INC	BRONX	0.4	4.2	6.9	-6.5
335229	PUTNAM NURSING AND REHABILITATION	PUTNAM	39.3	36.1	36.5	2.8
335824	PUTNAM RIDGE	PUTNAM	24.9	25.3	23.1	1.8
335323	QUAKER HILL MANOR	DUTCHESS	24.1	36.7	22.4	1.7
335606	QUEEN OF PEACE RESIDENCE	QUEENS	14.7	12.1	11.4	3.3
335791	QUEENS BLVD EXT CARE FACILITY	QUEENS	19.2	18.7	18.0	1.2
335130	QUEENS CENTER FOR REHAB AND R H C	QUEENS	22.2	24.4	20.2	2.0
335448	QUEENS NASSAU REHAB & NURSING CENTER	QUEENS	26.2	28.5	30.2	-4.0
335148	RAMAPO MANOR CTR FOR REHAB & NURSING	ROCKLAND	21.3	23.9	26.7	-5.4
335557	REBEKAH REHAB AND EXTENDED CARE CENTER	BRONX	17	17.5	19.9	-2.9
335820	REGAL HEIGHTS REHABILITATION AND HEALTH CARE CTR	QUEENS	16.2	12.7	10.0	6.2
335019	REGEIS CARE CENTER	BRONX	16.5	16.5	17.3	-0.8
335080	REGENCY EXTENDED CARE CENTER	WESTCHESTER	37.2	26.9	21.0	16.2
335379	REGO PARK NURSING HOME	QUEENS	27.3	33.9	29.9	-2.6
335404	RENAISSANCE REHAB & NURSING CARE CENTER	DUTCHESS	43.6	43.1	35.1	8.5
335199	RESORT NURSING HOME	QUEENS	30.8	31.5	32.7	-1.9
335772	RICHMOND CENTER FOR REHAB AND SPECIALTY HC	RICHMOND	44.8	44.7	46.7	-1.9
335827	RIVER VALLEY CARE CENTER INC	DUTCHESS	29.3	25.7	21.6	7.7
335096	RIVERDALE NURSING HOME	BRONX	60.4	48.8	40.1	20.3
335254	RIVERHEAD CARE CENTER L L C	SUFFOLK	32.8	24.3	18.9	13.9
335781	RIVINGTON HOUSE THE NICHOLAS A RANGO H C F	NEW YORK	39.9	36.1	35.8	4.1
335571	ROCKAWAY CARE CENTER L L C	QUEENS	29.3	23.4	32.1	-2.8
335747	ROCKVILLE SKILLED NURSING & REHAB CENTER	NASSAU	18.5	19.4	26.1	-7.6
335316	ROSCOE REGIONAL REHAB & RESIDENTIAL H C F	SULLIVAN	12	17.9	15.2	-3.2
335159	ROSS HEALTH CARE CENTER INC	SUFFOLK	44.6	28.8	24.3	20.3
335537	RUTLAND NURSING HOME CO INC	KINGS	13.4	13.5	14.0	-0.6
335748	SAINTS JOACHIM & ANNE NURSING & REHAB CTR	KINGS	18.3	15.3	14.9	3.4
335687	SALEM HILLS REHABILITATION AND NURSING CTR	WESTCHESTER	32.4	29.4	15.1	17.3
335274	SAN SIMEON BY THE SOUND CTR FOR NRSG & REHAB	SUFFOLK	29.1	25.6	16.1	13.0
335022	SANDS POINT CENTER FOR H & R	NASSAU	21.9	23.7	20.3	1.6
335398	SANS SOUCI REHAB AND NURSING CENTER	WESTCHESTER	27.7	28.1	25.8	1.9
335761	SAYVILLE NURSING AND REHABILITATION CENTER	SUFFOLK	15.2	17.4	13.7	1.5
335337	SCHAFER EXTENDED CARE CENTER, INC	WESTCHESTER	13.3	10.3	10.6	2.7
335015	SCHERVIER NURSING CARE CENTER	BRONX	28	25.6	15.3	12.7
335784	SCHERVIER PAVILION	ORANGE	13.5	11.6	15.1	-1.6
335424	SCHNURMACHER CENTER FOR REHAB & NURSING	WESTCHESTER	10.7	10.6	9.2	1.5
335381	SCHULMAN AND SCHACHNE INST FOR NURSING & REHAB	KINGS	13.9	15.6	6.3	7.6
335411	SEA CREST HEALTH CARE CENTER	KINGS	27.4	25.5	15.1	12.3
335108	SEA VIEW HOSPITAL REHAB CENTER AND HOME	RICHMOND	30.5	21.6	19.5	11.0
335545	SEPHARDIC NURSING AND REHABILITATION CENTER	KINGS	29.6	23.8	24.3	5.3
335677	SHEEPSHEAD NURSING AND REHAB CTR	KINGS	15.7	14.8	16.3	-0.6
335288	SHORE VIEW NURSING HOME	KINGS	20.7	18.1	21.1	-0.4
335513	SHOREFRONT JEWISH GERIATRIC CENTER	KINGS	27.3	24.9	22.2	5.1
335196	SILVER LAKE SPECIALIZED REHAB AND CARE CENTER	RICHMOND	22.2	20.8	19.4	2.8
335724	SILVERCREST CENTER FOR NURSING AND REHAB	QUEENS	19.4	16.3	16.0	3.4
335508	SKY VIEW REHAB & HEALTH CARE CENTER L L C	WESTCHESTER	16.4	16	11.8	4.6
335756	SMITHTOWN CENTER FOR REHAB & NURSING CARE	SUFFOLK	26.3	25.2	11.7	14.6
335261	SOMERS MANOR REHAB & NURSING CENTER	WESTCHESTER	17.7	14.5	13.4	4.3
335162	SOUTH POINT PLAZA NURSING & REHAB CENTER	NASSAU	34	31.9	26.3	7.7
335156	SOUTH SHORE NURSING HOME	NASSAU	9.6	10.6	9.0	0.6
335321	SPLIT ROCK REHAB AND HEALTH CARE CENTER	BRONX	21.8	18.5	20.1	1.7
335320	SPRAIN BROOK MANOR REHAB	WESTCHESTER	16.4	24.4	24.6	-8.2
335125	SPRING CREEK REHAB & NURSING CARE CTR	KINGS	39.2	35.4	27.2	12.0
335775	ST BARNABAS REHAB & CONTINUING CARE CTR	BRONX	10.5	7.6	6.9	3.6
335383	ST CABRINI NURSING HOME	WESTCHESTER	14.5	15.8	14.8	-0.3
335821	ST CATHERINE OF SIENA	SUFFOLK	22.7	13	7.2	15.5
335301	ST JAMES REHAB & HEALTH CARE CENTER	SUFFOLK	27.6	21.4	13.0	14.6
335487	ST JOHNLAND NURSING CENTER INC	SUFFOLK	22.8	18.4	14.1	8.7
335515	ST JOSEPHS HOSP NURSING HOME OF YONKERS N Y	WESTCHESTER	12.4	11.9	19.4	-7.0
335692	ST JOSEPHS PLACE	ORANGE	15.2	12.5	12.6	2.6
335762	ST MARYS CENTER INC	NEW YORK	43.7	32.5	34.4	9.3
335011	ST PATRICKS HOME	BRONX	23	22.1	19.5	3.5
335763	ST VINCENT DE PAUL RESIDENCE	BRONX	11.1	9.7	7.5	3.6
335561	STATEN ISLAND CARE CENTER	RICHMOND	27.4	27.4	31.5	-4.1
335596	SUFFOLK CENTER FOR REHABILITATION AND NRSG	SUFFOLK	35	29.5	27.4	7.6
335628	SULLIVAN COUNTY ADULT CARE CENTER	SULLIVAN	11.1	9.2	4.6	6.5
335260	SUMMIT PARK NURSING CARE CENTER	ROCKLAND	22.3	27.7	26.8	-4.5
335559	SUNHARBOR MANOR	NASSAU	17.1	18.6	17.7	-0.6
335568	SUNRISE MANOR CTR FOR NURSING	SUFFOLK	27.3	28	21.0	6.3

Figure 14. NYS MARO Region AP Rates Page #4

335667	SUNSHINE CHILDREN'S HOME AND REHAB CENTER	WESTCHESTER	3.2	2.7	3.7	-0.5
335350	SUTTON PARK CTR NURSING REHAB	WESTCHESTER	24.1	32.5	30.4	-6.3
335421	TARRYTOWN HALL CARE CENTER	WESTCHESTER	18.1	22.4	20.1	-2.0
335765	TEN BROECK COMMONS	ULSTER	14.9	14.9	17.0	-2.1
335665	TERENCE CARDINAL COOKE H C C	NEW YORK	17.7	13.1	15.4	2.3
335659	TERRACE HEALTH CARE CENTER	BRONX	29.4	24.6	26.3	3.1
335861	THE AMSTERDAM AT HARBORSIDE	NASSAU	NA	18.6	23.9	NA
335613	THE BAPTIST HOME AT BROOKMEADE	DUTCHESS	21.8	13.3	9.5	12.3
335297	GRAND PAVILION/ROCKVILLE NURSING CENTRE	NASSAU	16.9	14.4	15.9	1.0
335850	HAMPTONS CENTER FOR REHAB AND NURSING	SUFFOLK	21.6	22.9	21.6	0.0
335104	HERITAGE REHAB & HEALTH CARE CENTER	KINGS	53.1	48.3	38.4	14.7
335188	MOUNTAIN VIEW NURSING & REHAB CENTRE	ULSTER	17.4	18.6	11.8	5.6
335797	OSBORN	WESTCHESTER	10.9	9.8	14.3	-3.4
335440	PINES AT POUGHKEEPSIE CTR FOR NRSG & REHAB	DUTCHESS	15.6	21.7	23.0	-7.4
335334	RIVERSIDE/KATERI RESIDENCE	NEW YORK	18.5	19.6	19.6	-1.1
335776	ROBERT MAPPLETHORPE AT RES TREATMENT FAC	NEW YORK	22	33.3	24.6	-2.6
335238	VALLEY VIEW CENTER FOR NRSG CARE & REHAB	ORANGE	11.3	10.1	9.7	1.6
335269	WARTBURG HOME	WESTCHESTER	15	13.2	12.1	2.9
335771	THROGS NECK EXTENDED CARE FACILITY	BRONX	17.2	16.9	18.0	-0.8
335311	TOLSTOY FOUNDATION REHAB & NURSING CENTER	ROCKLAND	21.1	15.1	14.7	6.4
335798	TOWNHOUSE CENTER FOR REHAB & NRSG	NASSAU	24.2	21.6	19.9	4.3
335799	UNION PLAZA CARE CENTER	QUEENS	22.5	20.4	15.3	7.2
335621	UNITED HEBREW GERIATRIC CENTER	WESTCHESTER	23	24.9	13.3	9.7
335061	UNIVERSITY NURSING HOME	BRONX	41.1	43.2	39.4	1.7
335273	VERRAZANO NURSING HOME	RICHMOND	51.2	40.6	38.9	12.3
335714	VICTORIA HOME	WESTCHESTER	12.5	11.5	9.6	2.9
335027	VILLAGE CARE REHAB AND NURSING CTR	NEW YORK	4.4	4.8	11.8	-7.4
335259	WATERVIEW HILLS REHABILITATION AND NRSG CTR	WESTCHESTER	17.2	11.7	11.0	6.2
335154	WATERVIEW NURSING CARE CENTER	QUEENS	33.2	30	26.4	6.8
335495	WAYNE CENTER FOR NURSING & REHABILITATION	BRONX	22.9	18	22.4	0.5
335737	WEST LAWRENCE CARE CENTER L L C	QUEENS	23.5	27.2	26.2	-2.7
335003	WEST LEDGE REHAB & NURSING CENTER	WESTCHESTER	21.1	24.2	15.9	5.2
335459	WESTCHESTER CENTER FOR REHAB & NURSING	WESTCHESTER	19.2	24.9	17.3	1.9
335844	WESTCHESTER MEADOWS	WESTCHESTER	17.8	15.8	9.3	8.5
335782	WESTHAMPTON CARE CENTER	SUFFOLK	31.3	30.4	26.3	5.0
335690	WHITE OAKS NURSING HOME	NASSAU	39.3	35.9	34.4	4.9
335224	WHITE PLAINS CENTER FOR NURSING CARE L L C	WESTCHESTER	21	20	12.9	8.1
335048	WILLIAMSBRIDGE MANOR N H	BRONX	20.5	25.1	29.1	-8.6
335155	WINDSOR PARK NURSING HOME	QUEENS	37.5	34.8	29.0	8.5
335828	WINGATE AT BEACON	DUTCHESS	19.7	15.3	15.0	4.7
335789	WINGATE AT DUTCHESS	DUTCHESS	14.4	11.5	13.7	0.7
335803	WINGATE AT ULSTER	ULSTER	17.7	27.7	23.3	-5.6
335231	WOODBURY CENTER FOR HEALTH CARE	NASSAU	35.9	20	13.4	22.5
335266	WOODCREST REHAB & RESIDENTIAL H C CENTER	QUEENS	35.7	35.6	35.2	0.5
335514	WOODHAVEN NURSING HOME	SUFFOLK	34.7	33.7	38.6	-3.9
335858	WOODLAND POND AT NEW PALTZ	ULSTER	1.4	2.5	8.5	-7.1
335718	WOODMERE REHAB AND HEALTH CARE	NASSAU	21.5	25.8	23.5	-2.0
335227	WORKMENS CIRCLE MULTICARE CENTER	BRONX	9.7	8.1	7.2	2.5
			23.39	22.05	19.9	3.49

Figure 15. NYS MARO Region AP Rates Page #5

### **Drugging Rates for Individual Nursing Homes: NYS Western Region**

Two of the three “worst” nursing homes in the Western area of the state, in terms of antipsychotic drugging rates, are in Monroe County: Woodside Manor ‘tops’ the list with a rate of 55.4% in 2011, followed by Baird Nursing Home (46.6%). They are followed by the Soldiers and Sailors Memorial Hospital ECU in Yates County (40.6%). All three of these nursing homes accomplished substantial reductions in their antipsychotic drugging rates with Woodside Manor having a noteworthy reduction of close to 40 percentage points (from 55.4% to 16%, which is below the state average rate).

The three Western region facilities that had the lowest rates of antipsychotic drugging in 2011 were Odd Fellow & Rebekah in Niagara (2.4%), Rosa Coplon Jewish Home in Erie (3.3%) and Bethany Nursing Home in Chemung (3.3%). As was the case with the lowest drugging facilities in the other regions of the state, drugging rates in these facilities did not change significantly over the course of the campaign’s first two years.

Visit <http://www.nursinghome411.org/articles/?category=antipsychoticclaws> for our interactive chart of all NY State nursing homes. The chart can be used to easily view and compare nursing homes by county and other criteria.

Provider Number	Facility Name	County	2011	2012	2013	Percentage Change
335532	AARON MANOR REHABILITATION & NURSING CENTER	MONROE	23.1	18.7	12.5	10.6
335610	ABSOLUT CTR FOR NURSING & REHAB ALLEGANY L L C	CATTARAUGUS	6	5.9	11.1	-5.1
335281	ABSOLUT CTR FOR NURSING & REHAB AURORA PARK L L C	ERIE	13	11.6	12.3	0.7
335595	ABSOLUT CTR FOR NURSING & REHAB DUNKIRK L L C	CHAUTAUQUA	19.4	14.3	21.6	-2.2
335607	ABSOLUT CTR FOR NURSING & REHAB EDEN L L C	ERIE	22	20	18.7	3.3
335533	ABSOLUT CTR FOR NURSING & REHAB GASPORT L L C	NIAGARA	21.4	19.3	14.0	7.4
335641	ABSOLUT CTR FOR NURSING & REHAB HOUGHTON L L C	ALLEGANY	30.4	29.1	35.0	-4.6
335507	ABSOLUT CTR FOR NURSING & REHAB ORCHARD PARK L L C	ERIE	16	14.5	13.7	2.3
335534	ABSOLUT CTR FOR NURSING & REHAB SALAMANCA L L C	CATTARAUGUS	32.7	25.5	20.3	12.4
335652	ABSOLUT CTR FOR NURSING & REHAB THREE RIVERS L L C	STEUBEN	22.8	22.8	21.3	1.5
335683	ABSOLUT CTR FOR NURSING & REHAB WESTFIELD L L C	CHAUTAUQUA	17.1	15.7	13.6	3.5
335385	ARNOT OGDEN MED CTR R H C F	CHEMUNG	18	14.7	13.0	5.0
335662	AUTUMN VIEW HEALTH CARE FACILITY L L C	ERIE	10.2	11.1	7.9	2.3
335216	AVON NURSING HOME	LIVINGSTON	16.2	20.8	8.4	7.8
335825	BAIRD NURSING HOME	MONROE	46.6	39.7	25.4	21.2
335202	BATAVIA HEALTH CARE CENTER, LLC	GENESEE	17.2	12	12.5	4.7
335468	BEECHWOOD HOMES	ERIE	17.6	20.1	17.7	-0.1
335645	BETHANY NURSING HOME	CHEMUNG	3.3	3.5	2.9	0.4
335439	BLOSSOM NORTH NURSING AND REHABILITATION CENTER	MONROE	21.7	30.1	28.3	-6.6
335378	BLOSSOM VIEW NURSING HOME	WAYNE	18.3	17	17.9	0.4
335473	BRIGHTON MANOR	MONROE	19.2	37.6	27.0	-7.8
335573	BRIODY HEALTH CARE FACILITY	NIAGARA	8.5	6.6	7.2	1.3
335112	BROTHERS OF MERCY NURSING & REHABILITATION CENTER	ERIE	14	15	12.2	1.8
335816	CANTERBURY WOODS	ERIE	4.7	13.6	8.3	-3.6
335485	CHAUTAUQUA COUNTY HOME	CHAUTAUQUA	18	17.4	18.4	-0.4
335480	CHEMUNG COUNTY HEALTH CENTER	CHEMUNG	21.3	18.7	18.6	2.7
335361	CLIFTON SPRINGS HOSPITAL & CLINIC EXTENDED CARE	ONTARIO	12.7	9.7	9.6	3.1
335069	CONESUS LAKE NURSING HOME	LIVINGSTON	24.8	28.8	30.2	-5.4
335330	CORNING CENTER FOR REH/FOUNDERS PAVILION	STEUBEN	31	19.7	23.3	7.7
335467	CREST MANOR LIVING AND REHABILITATION CENTER	MONROE	7.1	10.2	9.1	-2.0
335364	CUBA MEMORIAL HOSPITAL INC S N F	ALLEGANY	16.4	15.8	22.8	-6.4
335638	DELAWARE NURSING AND REHABILITATION CENTER	ERIE	12.2	15.7	14.1	-1.9
335511	EAST SIDE NURSING HOME	WYOMING	13.2	11.6	8.3	4.9
335769	EDNA TINA WILSON LIVING CENTER	MONROE	14	12.9	11.8	2.2
335053	ELCOR NURSING AND REHABILITATION CENTER	CHEMUNG	16.4	16.5	15.2	1.2
335326	ELDERWOOD AT WILLIAMSVILLE	ERIE	10.7	11.9	12.8	-2.1
335056	ELDERWOOD AT AMHERST	ERIE	8.5	6.3	7.5	1.0
335752	ELDERWOOD AT CHEEKTOWAGA	ERIE	19.1	19	16.5	2.6
335391	ELDERWOOD AT GRAND ISLAND	ERIE	11.9	11.2	10.0	1.9
335679	ELDERWOOD AT HAMBURG	ERIE	9.9	14.9	13.5	-3.6
335577	ELDERWOOD AT LANCASTER	ERIE	11.4	17.9	12.8	-1.4
335790	ELDERWOOD AT WHEATFIELD	NIAGARA	7.5	5.6	2.3	5.2
335255	ELM MANOR NURSING HOME	ONTARIO	10.8	11	8.3	2.5

Figure 16. NYS Western Region AP Drugging Rates Page #1

335263	EPISCOPAL CHURCH HOME	MONROE	15.3	14.9	19.9	-4.6
335576	FAIRPORT BAPTIST HOMES	MONROE	10.9	12.6	12.4	-1.5
335777	FATHER BAKER MANOR	ERIE	5.9	8.9	10.7	-4.8
335457	FIDDLERS GREEN MANOR NURSING HOME	ERIE	38.3	33.3	25.0	13.3
335098	FINGER LAKES HEALTH	ONTARIO	26.1	27.5	17.7	8.4
335854	FOX RUN AT ORCHARD PARK	ERIE	7.5	6.3	8.5	-1.0
335634	GARDEN GATE HEALTH CARE FACILITY	ERIE	6.8	7.4	9.6	-2.8
335423	GENESEE COUNTY NURSING HOME	GENESEE	25.3	22.1	26.4	-1.1
335642	GOWANDA REHABILITATION AND NURSING CENTER	CATTARAUGUS	14.9	18.4	19.0	-4.1
335182	GREENFIELD HEALTH AND REHABILITATION CENTER	ERIE	9.7	12.3	10.7	-1.0
335615	HAMILTON MANOR NURSING HOME	MONROE	26.7	19.2	7.1	19.6
335640	HARBOUR HEALTH MULTICARE CTR FOR LIVING	ERIE	6.9	7.7	8.4	-1.5
335757	HARRIS HILL NURSING FACILITY L L C	ERIE	19.9	19.4	18.1	1.8
335593	HAWTHORN HEALTH MULTICARE CTR FOR LIVING	ERIE	15.3	13	23.9	-8.6
335721	HERITAGE GREEN NURSING HOME	CHAUTAUQUA	17.7	25.9	20.7	-3.0
335142	HERITAGE PARK HEALTH CARE CENTER	CHAUTAUQUA	12.4	20.5	13.4	-1.0
335353	HERITAGE VILLAGE REHAB AND SKILLED NURSING INC.	CHAUTAUQUA	25.7	33.6	25.4	0.3
335210	HIGHLAND PARK REHABILITATION AND NURSING CENTER	ALLEGANY	23.4	25.7	30.1	-6.7
335786	HIGHLANDS LIVING CENTER	MONROE	17.2	15.4	13.2	4.0
335834	HIGHPOINTE ON MICHIGAN HEALTH CARE FACILITY	ERIE	13	10	7.2	5.8
335247	HILL HAVEN NURSING HOME	MONROE	19.3	22.5	21.2	-1.9
335322	HORNELL GARDENS	STEUBEN	23.8	22	14.4	9.4
335706	IRA DAVENPORT MEMORIAL HOSPITAL S N F	STEUBEN	17.2	22	18.1	-0.9
335435	JENNIE B RICHMOND CHAFFEE NURSING HOME CO., INC.	ERIE	27.1	16.8	18.9	8.2
335105	JEWISH HOME OF ROCHESTER	MONROE	27.9	19.7	14.4	13.5
335669	KALEIDA HEALTH DEGRAFF MEMORIAL HOSPITAL S N F	ERIE	11.7	6.7	12.0	-0.3
335668	KIRKHAVEN	MONROE	25.1	25.4	22.3	2.8
335569	LAKESIDE BEIKIRCH CARE CTR	MONROE	27.6	28.2	24.2	3.4
335617	LATTA ROAD NURSING HOME	MONROE	27	17	11.8	15.2
335618	LATTA ROAD NURSING HOME A	MONROE	35.5	17.9	20.2	15.3
335635	LEROY VILLAGE GREEN R H C F INC	GENESEE	17.6	17.8	12.2	5.4
335562	LIVINGSTON COUNTY CENTER FOR NURSING AND REHAB	LIVINGSTON	25.9	24.5	20.1	5.8
335268	LUTHERAN RETIREMENT HOME	CHAUTAUQUA	16.6	14.3	17.9	-1.3
335345	M M EWING CONTINUING CARE CTR	ONTARIO	15.1	22	16.4	-1.3
335572	MAPLEWOOD NURSING HOME INC	MONROE	21.5	24.1	23.4	-1.9
335691	MCAULEY MANOR AT MERCYCARE	STEUBEN	20.1	19.9	17.4	2.7
335433	MCAULEY RESIDENCE	ERIE	9.2	7.8	5.6	3.6
335313	MEDINA MEMORIAL HOSPITAL S N F	ORLEANS	14.5	20.5	23.8	-9.3
335308	MERCY HOSPITAL SKILLED NURSING FACILITY	ERIE	22	18.5	16.6	5.4
335197	MONROE COMMUNITY HOSPITAL	MONROE	19.4	18.6	19.1	0.3
335219	NEWARK MANOR NURSING HOME	WAYNE	35.5	28	20.1	15.4
335481	NEWFANE REHAB AND HEALTH CARE CENTER CORP.	NIAGARA	17.9	19.9	24.0	-6.1
335164	NIAGARA LUTHERAN HOME & REHABILITATION CENTER, INC	ERIE	11	9.7	14.0	-3.0
335742	NIAGARA REHABILITATION AND NURSING CENTER	NIAGARA	19.3	16.9	6.7	12.6
335649	NORTH GATE HEALTH CARE FACILITY	NIAGARA	23.4	25.9	27.3	-3.9
335500	ODD FELLOW AND REBEKAH REHAB & HLTH CARE CTR INC	NIAGARA	2.5	3.8	4.4	-1.9

Figure 17. NYS Western Region AP Drugging Rates Page #2

335564	ONTARIO COUNTY HEALTH FACILITY	ONTARIO	15.1	18.6	16.8	-1.7
335397	ORCHARD MANOR REHABILITATION AND NURSING CENTER	ORLEANS	22.6	17.2	26.9	-4.3
335843	OUR LADY OF PEACE NURSING CARE RESIDENCE	NIAGARA	12	12.4	9.9	2.1
335369	PARK RIDGE NURSING HOME	MONROE	21.6	20.7	15.9	5.7
335407	PENFIELD PLACE	MONROE	33.1	33.6	18.1	15.0
335494	PENN YAN MANOR NURSING HOME IN	YATES	14.5	4.4	9.8	4.7
335663	RIDGE VIEW MANOR, L L C	ERIE	11.4	11.7	21.5	-10.1
335176	ROSA COPLON JEWISH HOME AND INFIRMARY	ERIE	3.3	4.3	6.5	-3.2
335376	SCHOELLKOPF HEALTH CENTER	NIAGARA	16.1	17.9	12.6	3.5
335603	SCHOFIELD RESIDENCE	ERIE	7.6	6.3	8.6	-1.0
335375	SCHUYLER HOSPITAL INC & LONG TERM CARE UNIT S N F	SCHUYLER	20.6	21.1	19.3	1.3
335504	SENECA HEALTH CARE CENTER	ERIE	10	13.1	13.6	-3.6
335400	SENECA NURSING AND REHABILITATION CENTER	SENECA	21.2	16.6	19.9	1.3
335180	SHERIDAN MANOR L L C	ERIE	15.1	16	17.7	-2.6
335289	SOLDIERS AND SAILORS MEMORIAL HOSPITAL E C U	YATES	40.6	46.1	33.9	6.7
335081	ST ANNS HOME FOR THE AGED	MONROE	12.4	9.5	10.0	2.4
335730	ST ANNS NURSING HOME CO INC (THE HERITAGE)	MONROE	3.6	3.3	6.3	-2.7
335419	ST CATHERINE LABOURE HEALTH CARE CENTER	ERIE	10.6	8.8	7.1	3.5
335172	ST FRANCIS HOME OF WILLIAMSVILLE	ERIE	7.8	7.6	9.7	-1.9
335008	ST JOHNS HEALTH CARE CORPORATION	MONROE	23	20.3	15.2	7.8
335072	ST JOSEPHS HOSP S N F	CHEMUNG	16	15.3	15.9	0.1
335309	STEBEN COUNTY INFIRMARY	STEBEN	25	17.7	22.1	2.9
335745	T L C HEALTH NETWORK LAKE SHORE HOSP NURSING FAC	CHAUTAUQUA	12.3	12.2	9.7	2.6
335650	TERRACE VIEW LONG TERM CARE FACILITY	ERIE	14.7	14.8	16.5	-1.8
335554	THE BRIGHTONIAN	MONROE	25.2	18.5	9.4	15.8
335476	THE FRIENDLY HOME	MONROE	14.2	14.4	14.7	-0.5
335778	THE HIGHLANDS AT BRIGHTON	MONROE	39.1	39.9	29.8	9.3
335341	THE HURLBUT	MONROE	18.8	16.7	13.6	5.2
335578	THE PINES HEALTHCARE & REHABILITATION CTR MACHIAS	CATTARAUGUS	25.7	20.8	19.5	6.2
335357	THE PINES HEALTHCARE & REHABILITATION CTR OLEAN	CATTARAUGUS	19.6	17	18.4	1.2
335082	THE SHORE WINDS	MONROE	23.3	26	25.0	-1.7
335212	THE VILLAGES OF ORLEANS HEALTH AND REHAB CTR	ORLEANS	16	15	18.0	-2.0
335620	UNITY LIVING CENTER	MONROE	26.1	20.1	25.0	1.1
335437	WATERFRONT CENTER FOR REHABILITATION & HEALTHCARE	ERIE	14.7	16.3	11.5	3.2
335406	WAYNE COUNTY NURSING HOME	WAYNE	17.7	17.6	14.7	3.0
335403	WAYNE HEALTH CARE	WAYNE	36.7	32.6	29.2	7.5
335408	WEDGEWOOD NURSING HOME	MONROE	17.1	17.4	13.4	3.7
335661	WELLSVILLE MANOR CARE CENTER	ALLEGANY	25.9	32.3	33.5	-7.6
335488	WESLEY GARDENS CORPORATION	MONROE	14.9	16.2	11.3	3.6
335788	WESTERN N Y S VETERANS HOME	GENESEE	13.7	11.9	10.0	3.7
335556	WESTGATE NURSING HOME	MONROE	16.1	16	20.7	-4.6
335647	WILLIAMSVILLE SUBURBAN L L C	ERIE	9.9	12.5	18.0	-8.1
335366	WOODSIDE MANOR NURSING HOME	MONROE	55.4	41.8	16.0	39.4
335034	WYOMING COUNTY COMMUNITY HOSP SNF	WYOMING	18.3	15.5	13.5	4.8
			18.25	17.64	16.2	2.1

Figure 18. NYS Western Region AP Drugging Rates Page #3

## 5. Enforcement of Drugging Standards in NY State Nursing Homes

As discussed in the earlier section on national enforcement, there are three principal F-tags that are used to cite nursing home deficiencies related to poor dementia care and inappropriate use of antipsychotic medications: F-329, F-309 and F-222. Given the persistence of high levels of inappropriate, off-label antipsychotic drugging in New York State nursing homes, one would expect to see an increase in both the number of citations and levels at which they are identified as causing harm to nursing home residents. This expectation is grounded in the fact that nursing home surveyors have received significant training over the past two years to help them: (1) better identify inappropriate dementia care and antipsychotic drugging practices; (2) better understand the significant harm that these inappropriate practices inflict on residents and (3) be more skilled at substantiating and citing poor care practices and resident harm.

We assessed citation data from the Nursing Home Compare datasets for F-329, F-309 and F-222 citations for New York State nursing homes, focusing on the three full years that are both included in Nursing Home Compare and relevant to the timeframe of the campaign to reduce inappropriate antipsychotic drugging: 2011, 2012 and 2013.<sup>20</sup>

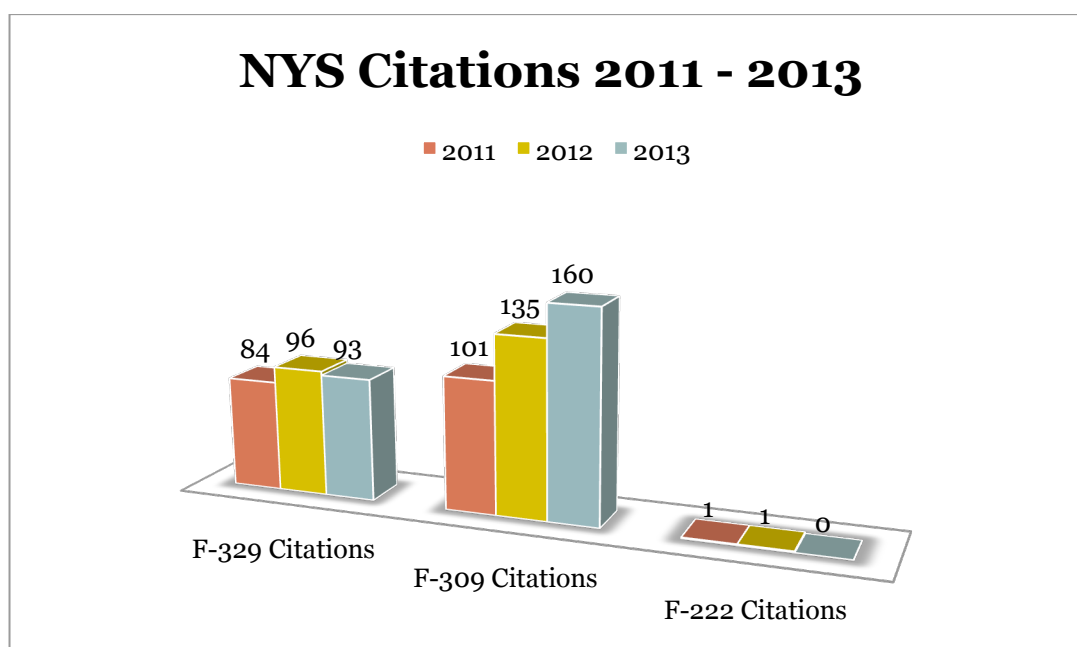


Figure 19. NY State Citations Relevant to Antipsychotic Drugging

With over 600 nursing homes, and over 100,000 nursing home residents, New York has by far the largest nursing home population in the country. Yet, despite marching orders to hold providers accountable for inappropriate drugging – and persistently high rates of drugging across the state – rates of citations for the three principal standards (F-tags) related to the

<sup>20</sup> The first year, 2011, serves as the baseline for the federal campaign and 2012 is the calendar year in which the initial campaign goal was supposed to have been met. Because the goal was not met the campaign continued, without a new goal, through 2013.

antipsychotic drugging campaign are relatively low and, overall, have not increased substantially over the course of the antipsychotic drugging campaign.

As a point of comparison, we reviewed New York’s F-222 citations on Nursing Home Compare in respect to those of California, the state with the second largest nursing home population in the country. Despite having a nursing home population that is seven percent (7%) smaller, California has almost 16 times as many F-222 citations on Nursing Home Compare: 31 for California and only two for New York. In 2013, the second year in which the antipsychotic drugging campaign was in full swing, California had six F-222 violation citations. New York State had none.

### NYS Enforcement of F-329 – Free From Unnecessary Drugs

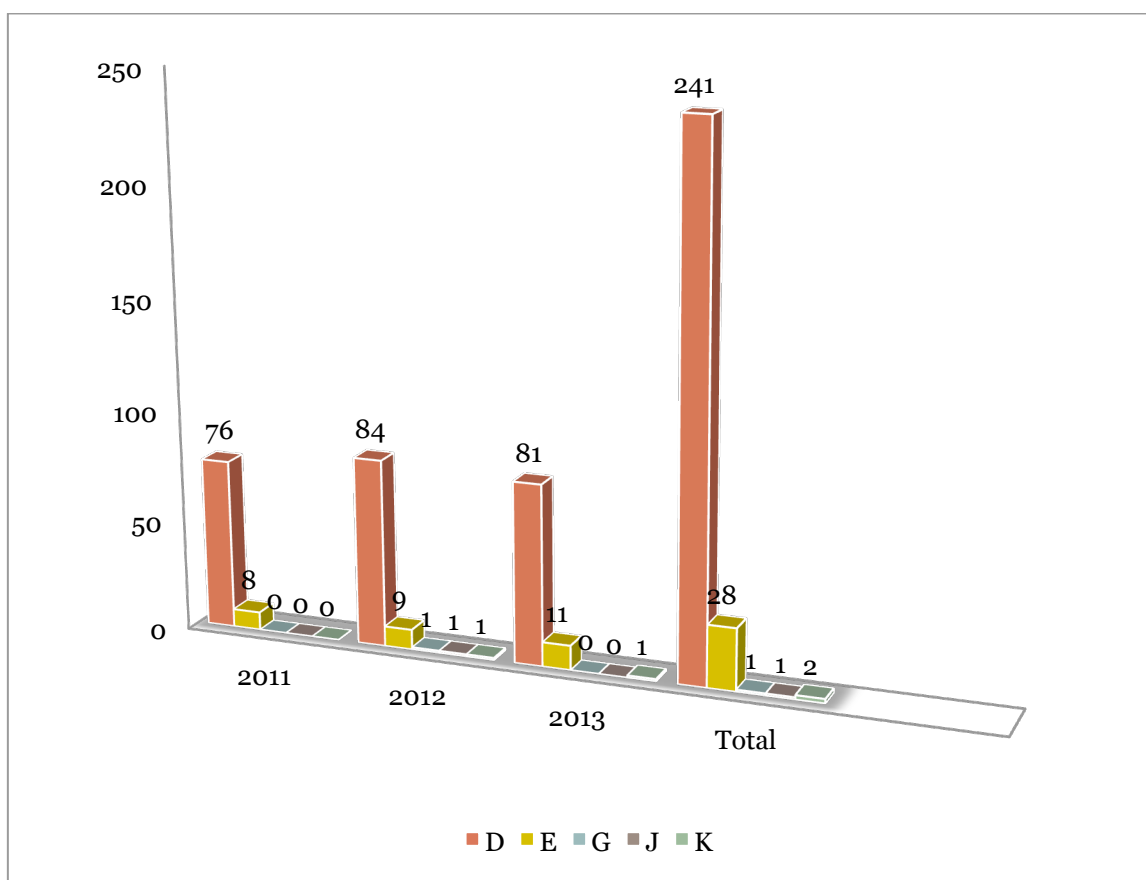


Figure 20. NYS Enforcement of F-329 - Free From Unnecessary Drugs

Figure 20 shows the range of New York State F-329 citations for 2011-2013. The vast majority of citations are at the “D” level, followed by “E” level citations. As the scope and severity grid in the Appendix indicates, however, these coding levels indicate that, according to the surveyor, the violation caused no harm to residents. Only “G” and higher level citations indicate a finding of harm. As Figure 20 shows, there were less than a handful of harm level F-329 citations over the entire three year period in all of New York State.



## NYS Enforcement of F-309 – Necessary Care for Highest Practicable Well-Being

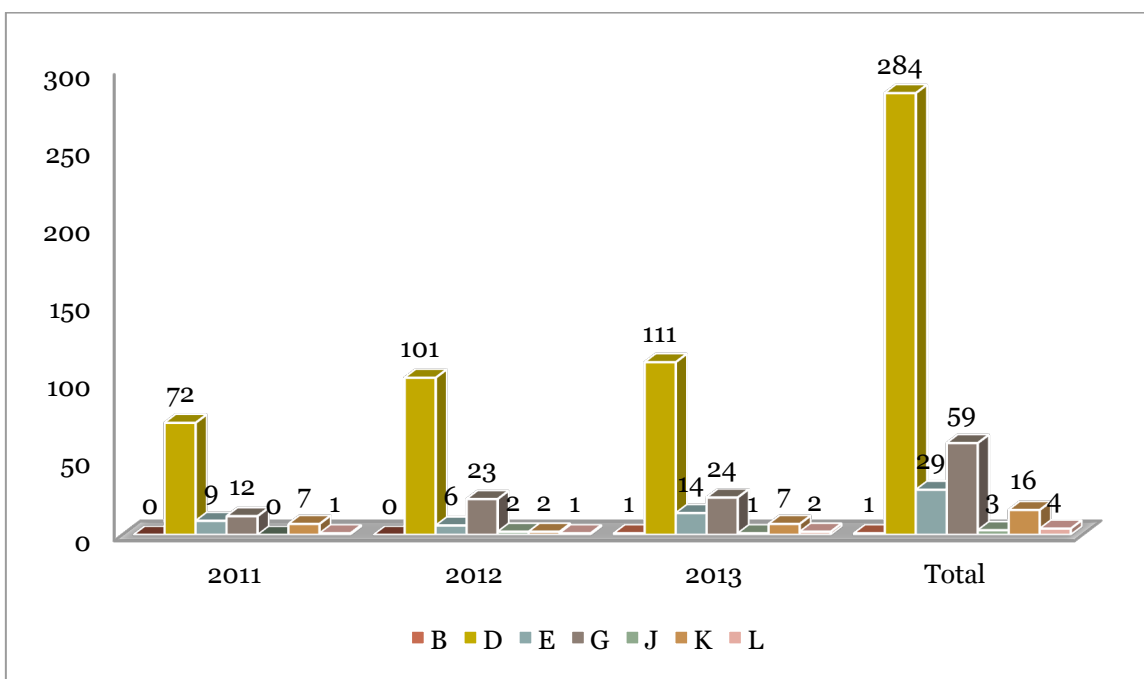


Figure 21. NYS Enforcement of 309 - Necessary Care for Highest Practicable Well-Being

As discussed earlier, F-309 been a significant focus of the CMS campaign to identify and cite improper dementia care and inappropriate antipsychotic drug use, though it is applicable to a range of nursing home problems. Nevertheless, between 2011 and 2013 there was only a moderate increase in F309 citations in New York State (particularly between 2012 and 2013). As compared to F-329, it is encouraging to see more F-309 violations identified as causing resident harm, though harm-level citations still comprise a small minority (approximately 25%).

## NYS Enforcement of F-222 – Right to Be Free From Chemical Restraints

As previously noted, New York has only two F-222 citations on Nursing Home Compare, one in 2011 and one in 2012. Both are level “D” – “no actual harm.” There were no (zero) citations for F-222 in all of 2013. As Figure 4 on page 20 shows, of all of the states that cited for F-222 between 2011-2013, New York ranked last in terms of citations per number of residents.

## 6. New York State Drugging Rates & Enforcement: Regional Overview

As mentioned earlier, for the purposes of New York State Department of Health (DOH) oversight of nursing homes, DOH maintains four regional offices: Capital area, Central New York, Metropolitan area and Western New York. Care in nursing homes in each region is, essentially, overseen by the regional office which in turn operates under the direction of the state office. Our past research indicated that there are significant disparities in the abilities of the different regions to protect their nursing home residents by adequately enforcing minimum standards of care (including identifying violations thereof).<sup>21</sup>

### NYS Regional Data

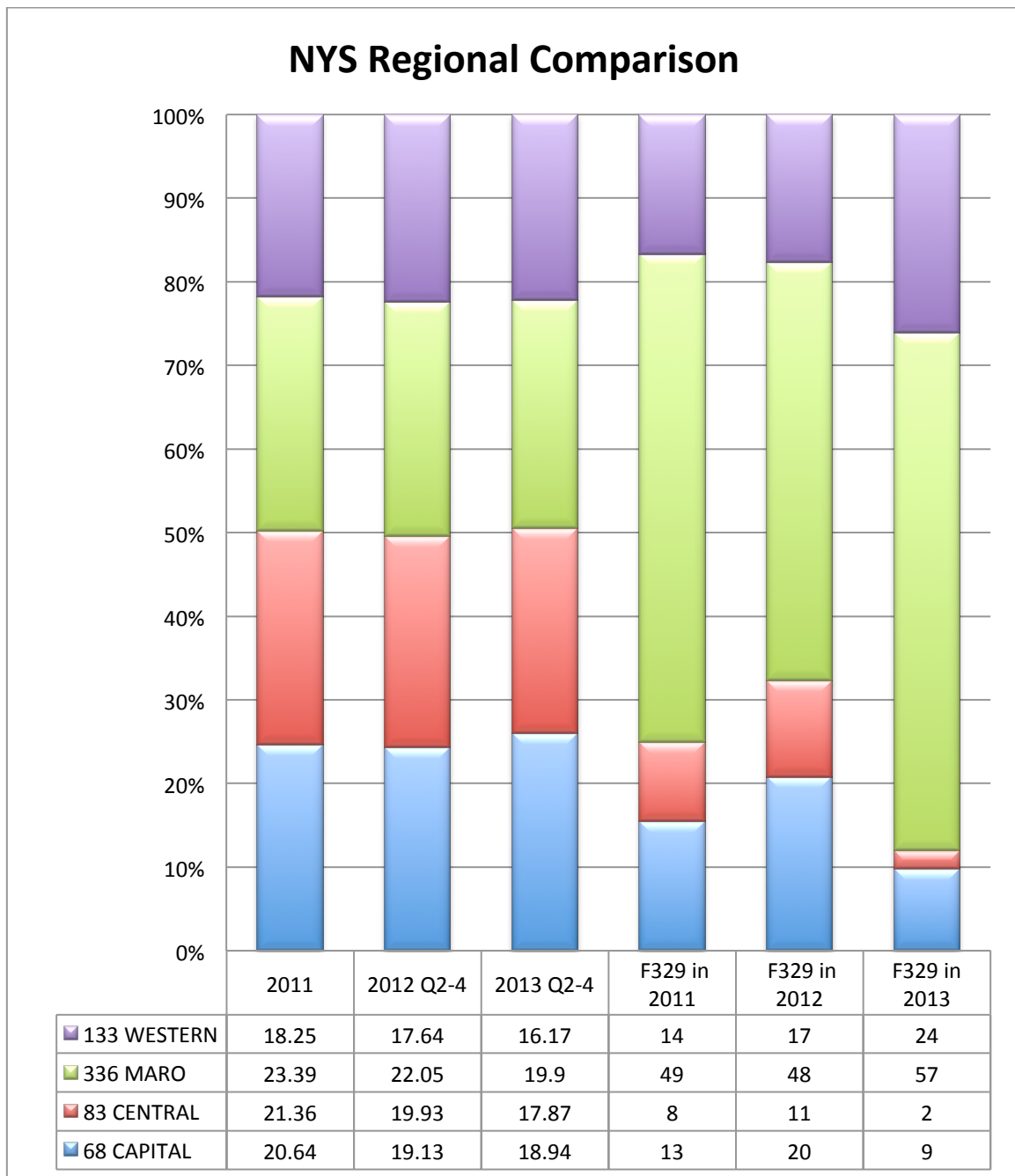
The following chart presents an overview of drugging rates (columns 1 - 3) and imposition of F-329 citations (columns 4 - 6) for the four regions. The grid at the bottom of the graph includes the numbers of nursing homes in each region; it is important to note that the MARO region is by far the largest in terms of numbers of nursing homes (336), more than all of the other regions combined.

Please note that the chart and discussion are based upon Nursing Home Compare data, which we “cleaned up” as discussed in the beginning of this report, removing facilities that we identified as being transitional care units, pediatric units or which closed (and therefore had incomplete data on Nursing Home Compare).

Visit <http://www.nursinghome411.org/articles/?category=antipsychoticdrugs> for our interactive chart of all NY State nursing homes.

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<sup>21</sup> See LTCCC’s report *Nursing Home Oversight in New York State: A Regional Assessment*, June 2006. Available at <http://www.ltccc.org/publications/>.



**Figure 22. NYS Regional Drugging Rates & Citations**

The first three columns put into perspective the regional differences in antipsychotic drugging rates discussed earlier in this report. For instance, it shows how the MARO region started off with the highest level of antipsychotic drug use in 2011 (23.39%), reducing to 19.9% in 2013. This represents a 16.7% reduction rate from 2011-2013.<sup>22</sup> The Central region had a 16.3% reduction, the Western region had an 11.4% reduction, and the Capital region had an 8.2%

<sup>22</sup> Though, as discussed earlier in the report, this is a somewhat artificial way of viewing progress in reducing inappropriate and dangerous antipsychotic drugging.

reduction. Though it did not have the highest percentage reduction, the Western region started and ended with the lowest drugging rates, which is (of course) important.

The last three columns show, for each region, the number of times that F-329 (the federal designation for a finding of inappropriate drugging) was cited. The columns indicate percentages for each region (100% equals New York State as a whole) and the numbers underneath each column are the actual number of citations, by region, for each calendar year.

### **Analysis of Regional Enforcement**

The Central and Capital regions both had sharp reductions in their annual F-329 citations between 2011 and 2012. While F-329 citations are not a dispositive indication of antipsychotic drugging enforcement (since they include all inappropriate drugging) one would expect to see more (rather than less) robust enforcement for this F-tag, given the federal government's emphasis on enforcement of this standard in the antipsychotic drugging campaign. This is especially true given the persistently high rates of antipsychotic drugging in all of the regions. Interesting, both the Central and Capital regions had an increase in citations in 2012, the first year of the federal campaign to reduce antipsychotic drugging, followed by a sharp decrease for 2013: over 50% for Capital region surveyors and an astounding 550% reduction for the Central region. Given the national roll-out of mandatory surveyor training on citing inappropriate antipsychotic drug use, improved surveyor guidance tools and the ongoing federal efforts to engage state enforcement agencies on these issues, it is especially disappointing.

The Western region of New York showed the greatest and most consistent increase in F-329 citations. It had a slight increase in the first year of the campaign, and an overall increase in citations of 58% by the end of the second year (2013).

The MARO region, on the other hand, actually had a slight decrease in F-329 citations in the first year of the campaign and an increase of almost 20% in 2013. This is a good step in the right direction. However, given the persistently high antipsychotic drugging rates in the NYC Metropolitan Area nursing homes that comprise the MARO region, much more needs to be done.

## Recommendations

### Recommendations for New York State

- (7) New York State (including the state government and/or providers) should follow California's example and set its own goal for reduction of antipsychotic (AP) drugging beyond the federal goal and take substantive steps to make it happen.
- (8) The NYS Department of Health should:
  - a. Ensure that all surveyors are knowledgeable about the standards of care required by the Nursing Home Reform Law, particularly appropriate practices for addressing "Behavioral and Psychological Symptoms of Dementia" (BPSDs);
  - b. Ensure that all surveyors are knowledgeable about current standards of practice related to AP drugging and the use of non-pharmacological interventions;
  - c. Ensure that all surveyors have the skills and knowledge necessary to appropriately identify, rate and substantiate inappropriate practices and resident harm;
  - d. Review, on at least a quarterly basis, AP drugging rates and enforcement trends for both the state and regions and address, on a quarterly basis, performance (in terms of drugging rates and enforcement activities) with regional office leadership. This review should be predicated on an understanding of the following:
    - i. Longstanding practice standards require the use of non-pharmacological approaches and gradual dose reduction;
    - ii. Antipsychotics are not indicated for elderly people with dementia, or as a treatment for dementia-related psychosis; and
    - iii. Stupefying a resident, and putting him or her at significantly increased risk of falls, heart attack, stroke, etc... is unquestionably harmful and should be so classified when identified and cited by surveyors;
  - e. Volunteer to be a state participant in the CMS pilot of an improved dementia care survey process;
  - f. Not allocate CMP (civil money penalty) funds to facilities to meet the standards of dementia care for which they are already being paid; and
  - g. Include input from consumers and consumer representatives in all decisions re. CMP use (for dementia related as well as other activities).

(9) The NYS Legislature should:

- a. Hold a hearing on antipsychotic drug use in NYS nursing homes and the state's progress, to date, on reducing inappropriate use;
- b. Promulgate legislation requiring written and verbal informed consent when AP drugs are used, such consent to be predicated on receipt (both verbally and in writing) of information on the FDA "black box warning" against use of these drugs on elderly patients with dementia;
- c. Tie all future nursing home pay-for-performance and other quality incentives to demonstrably lower AP drugging rates.

(10) The NYS Medicaid Inspector General should:

- a. Conduct an analysis of nursing homes' antipsychotic drug use rates to identify inappropriate – or potentially inappropriate – prescribing practices and patterns;
- b. Conduct an assessment of rates of diagnoses of a psychotic condition to identify providers who are inappropriately diagnosing residents with a psychotic condition as a cover to improperly give AP drugs;
- c. Release its long-awaited "white paper" on antipsychotic drugs.

(11) The NYS Comptroller's Office should conduct an audit of DOH's monitoring of nursing homes' compliance with standards of care and antipsychotic drug use.

(12) The NYS LTC Ombudsman Program should:

- a. Educate ombudsman coordinators and volunteers on the antipsychotic drugging problem, how widespread it is and residents' rights regarding dementia care and AP drug use and
- b. Monitor ombudsman case handling and reporting trends to identify and address obstacles or challenges that local ombudsman might be facing in identifying and working on these problems. [For more information see LTCCC's recent report on the challenges that LTC ombudsmen face working on these and other issues at <http://www.nursinghome411.org/?articleid=10080>.]

## **Recommendations for the Centers for Medicare & Medicaid Services (CMS)**

CMS should directly and through its regional offices hold states accountable for substantially reducing inappropriate antipsychotic drugging in nursing homes and ensuring that residents are receiving appropriate care and services as required by the Nursing Home Reform Law. In addition to the stakeholder trainings and engagement activities that have been utilized to launch the national initiative, CMS should:

- (8) Now that the initial goal for 2012 has finally been achieved, set a new and more robust goal for AP drugging reduction. All stakeholders, including providers, consumers and survey agencies, have now been fully informed on the standards of practice and enforcement protocols. We believe it is time to commence serious, substantive progress on this issue.
- (9) Monitor state drugging rates and enforcement activities and provide user-friendly information, on at least a quarterly basis, to state agencies and the public on drugging and enforcement performance trends.
- (10) Re-institute a separate F-tag for antipsychotic drugging.
- (11) Ensure that regional office (RO) personnel are:
  - a. Aware of AP drugging and dementia care requirements;
  - b. Monitoring their states' enforcement activities and directly engaging states to improve these activities;
  - c. Holding their states accountable for appropriate enforcement by taking (or recommending to CMS central office, as appropriate) meaningful steps with a state's regulatory and political leadership to ensure the state's compliance with the letter and spirit of the State Operations Manual;
  - d. Aware of requirements around the use of CMPs and are not approving inappropriate CMP funding requests from states. As regards AP drugging, this entails, minimally, that they are ensuring that these funds are not going to providers to simply help them achieve minimum standards of dementia care.
- (12) Require nursing homes, hospitals and Medicaid assisted living facilities to post information on AP drugging, including the FDA's black box warning.
- (13) Post actual (non-risk-adjusted) rates of antipsychotic drug use for all nursing homes on Nursing Home Compare.
- (14) Direct Quality Improvement Organizations (QIOs) to conduct substantive nursing home improvement activities, and monitoring thereof. These activities should be independently reviewed to ensure that they are both substantive and effective.

## Appendix 1. Description of “F-tag” Federal Nursing Home Enforcement Standards

F-tags are used by state and federal surveyors (inspectors) to code a finding of a violation of nursing home minimum standards. Following is a listing of all F-tags, including brief descriptions.

As noted throughout the report, the principal F-tags focused on in the campaign to reduce antipsychotic drugging are F-329, F-309 and F-222. However, there are numerous F-tags that may be relevant when a resident is given antipsychotic drugs inappropriately and/or receives poor dementia care. LTCCC’s report, *Federal Requirements & Regulatory Provisions Relevant to Dementia Care & The Use Of Antipsychotic Drugs*, provides useful information on these requirements, including how each standard may be relevant in a situation in which antipsychotics are given or dementia care is poor. It is available at <http://www.nursinghome411.org/?articleid=10066>.

Please note that the F-Tag list continues on the next page.

### F-Tag List and Regulatory Groups for Nursing Homes

<b>Resident Rights</b> F150 Definition of SNF & NF, Resident Rights F151 Exercise Rights/Vote/Free of Coercion F152 Rights Exercised by Surrogate F153 Access and/or Copy Clinical Records F154 Informed of Health Status/Med Condition F155 Right to Refuse Treatment/Research F156 Inform of Services/Charges/Lgl Rights/Etc F157 Notify of Accidents/Sig Chnges/Trnsfer/Etc F158 Resident Manage Own Financial Affairs F159 Facility Management of Resident Funds F160 Conveyance Upon Death F161 Surety Bond or Other Assurance F162 Limitation on Charges to Personal Funds F163 Free Choice of Personal Physician F164 Privacy and Confidentiality F165 Voice Grievances without Reprisal F166 Facility Resolves Resident Grievances F167 Survey Results Readily Accessible F168 Receipt of Info/Contact Resident Advocates F169 Right to Work/Refuse to Work for Facility F170 Send/Receive Unopened Mail F171 Access to Stationery, Etc F172 Access and Visitation F173 Ombudsman Access to Clinical Records F174 Access to Telephone with Privacy F175 Right to Share a Room – Married couple F176 Self-administration of Drugs F177 Refusal of Certain Transfers	<b>Resident Behavior and Facility Practices</b> F221 Right to be Free from Physical Restraints F222 Right to be Free from Chemical Restraints F223 Right to be Free from Abuse F224 Staff Treatment of Residents F225 Not Employ Persons Guilty of Abuse F226 Facility Policies Prohibit Abuse, Neglect  <b>Quality of Life</b> F240 Fac Promotes/Enhances Quality of Life F241 Dignity F242 Self-determination – Res Makes Choices F243 Res Participation in Res/Fam Groups F244 Fac Listens/Responds to Res/Fam Groups F245 Res Participation in Activities F246 Accommodation of Needs & Preferences F247 Notice Before Room/Roommate Change F248 Activity Program Meets Individual Needs F249 Qualifications of Activity Director F250 Medically Related Social Services F251 Qualifications of Social Worker F252 Safe/Clean/Comfortable/Homelike Env F253 Housekeeping & Maintenance Services F254 Clean Linens in Good Condition F256 Adequate & Comfortable Lighting Levels F257 Comfortable & Safe Temperature Levels F258 Comfortable Sound Levels	<b>Resident Assessment</b> F271 Phys Orders at Admission F272 Comprehensive Assessments F273 Assessment Freq – No Later than 14 Days F274 Assessment After Sig Change F275 Assessment Every 12 Months F276 Qtrly Review of Assessments F277 Data Format F278 Accuracy of Assess/Coord w/Professionals F279 Develop Comprehensive Care Plans F280 Develop/Prep/Review of Comp Care Plan F281 Servs Provided Meet Prof Standards F282 Qualified Servs in Accord w/Care Plan F283 Discharge Summary F284 Req for Post-discharge Plan of Care F285 PASRR Requirements for MI & MR F286 Access to 15 months of MDS records F287 MDS Transmission Requirement  <b>Quality of Care</b> F309 Nec Care for Highest Prac Well Being F310 ADLs Do Not Decline Unless Unavoidable F311 Res Treatment to Improve/Maintain ADLs F312 ADL Care for Dependent Residents F313 Treatment to Maintain Hearing/Vision F314 Treatment to Prevent/Heal Pressure Sores F315 Res Not Catheterized Unless Unavoidable F317 No Reduction in ROM Unless Unavoidable F318 Range of Motion Treatment & Services F319 Mental/Psychosocial Treatment F320 No Development of Mental Problems F321 No Feeding Tube Unless Unavoidable F322 Proper Care & Services - Feeding Tube F323 Fac Free of Accident Hazards F325 Maintain Nutrit Status/Therapeutic Diet F327 Fac Provides Sufficient Fluid Intake F328 Treatment/Care for Special Care Needs F329 Free From Unnecessary Drugs F332 Medication Error Rates of 5% or More F333 Res Free From Sig Medication Errors F334 Influenza and Pneumococcal Immunization
<b>Admission, Transfer and Discharge Rights</b> F201 Reasons for Transfer/Discharge F202 Documentation for Transfer/Discharge F203 Proper Notice Before Transfer/Discharge F204 Orientation For Transfer/Discharge F205 Notice of Bed-hold Policy Upon Transfer F206 Return of Res After Bed-hold Days Expire F207 Fac Establish Equal Access Policies F208 Admission Policies – Cannot Waive 18/19		

01/15/2010

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Figure 23. F-Tag List & Regulatory Groups for Nursing Homes



## F-Tag List and Regulatory Groups for Nursing Homes

### Nursing Services

F353 Sufficient Nursing Staff on 24-hour Basis  
F354 Use of Charge Nurse & Registered Nurse  
F355 Waiver of 24 Hr Nurse Staffing  
F356 Nurse Staffing Data Posted

### Dietary Services

F360 Appropriate Diet  
F361 Employment of Qualified Dietitian  
F362 Sufficient Support Personnel  
F363 Menus Meet Needs & Are Followed  
F364 Food Preparation/Palatable/Temperature  
F365 Food Form Meets Individual Needs  
F366 Substitutes of Similar Nutritive Value  
F367 Therapeutic Diets Prescribed by Phys  
F368 Frequency of Meals – 14 hours  
F369 Adaptive Eating Equipment/Utensils  
F371 Sanitary Food Procure/Prep/Dist/Storage  
F372 Proper Disposal of Garbage & Refuse  
F373 Paid Feeding Assistants

### Physician Services

F385 Residents' Care Supervised by Physician  
F386 Physician Responsibilities During Visits  
F387 Frequency/Timeliness of Physician Visits  
F388 Visits by Physician/Phys Assistant/Etc  
F389 Emergency Physician Services 24 Hr/Day  
F390 Phys Delegation of Tasks in SNFs/NFs

### Specialized Rehab Services

F406 Fac Provides Specialized Rehab Services  
F407 Qualifications For Providing Rehab Svcs

### Dental Services

F411 Dental Services in SNFs  
F412 Dental Services in NFs

### Pharmacy Services

F425 Facility Provides Drugs & Biologicals  
F428 Drug Regimen Reviewed Monthly  
F431 Proper Labeling of Drugs & Biologicals

### Infection Control

F441 Infection Control Program  
Isolation Available When Appropriate  
Empl w/Comm Disease - No Res Contact  
Hand Washing  
Linen Handling to Prevent Infection

### Physical Environment

F454 Fac Designed to Protect Health/Safety  
F455 Emergency Electrical Power  
F456 Essential Equipment in Safe Condition  
F457 No More than Four Residents per Room  
F458 Rms Sq Ft - > 80/res or 100 in private rm  
F459 Rooms - Access to Exit Corridor  
F460 Rooms - Assure Visual Privacy  
F461 Rooms - At least one window to outside  
F462 Rooms – Toilet and Bathing Facilities  
F463 Resident Call System  
F464 Requirements for Dining & Activities  
F465 Env is Safe/Functional/Sanitary/Comfort  
F466 Emergency Water Availability  
F467 Adequate Outside Ventilation  
F468 Corridors Have Firmly Secured Handrails  
F469 Maintain Effective Pest Control Program

### Administration

F490 Facility Administered Effectively  
F491 Licensure Under State / Local Laws  
F492 Fed/State/Local Laws/Prof Standards  
F493 Gov Body / Nurse Aides  
F494 Comp Nurse Aides Worked < 4 Mo  
F495 Nurse Aide Competency  
F496 Nurse Aide Registry Verification  
F497 Regular Inservice Education  
F498 Proficiency of Nurse Aides  
F499 Facility Employ Qualified Prof Staff  
F500 Use of Outside Professional Resources  
F501 Responsibilities of Medical Director  
F502 Fac Obtains/Provides Lab Services  
F503 Laboratory Services Provided by Fac  
F504 Laboratory Services Only When Ordered  
F505 Phys Promptly Notified of Lab Results  
F506 Fac Assists Res in Transport to Lab  
F507 Lab Reports Filed in Clinical Record  
F508 Fac Provides/Obtains Radiology Svcs  
F509 Radiology Services Meet Requirements  
F510 Radiology/Diag Svcs When Ordered  
F511 Prmptly Notify Phys of Rad/Oth Findings  
F512 Assist Res in Transport for Radiology  
F513 Reports of Xrays/Diag Svcs Filed in Rec  
F514 Clinical Records Meet Prof Standards  
F515 Retention of Clinical Records  
F516 Fac Safeguards Clinical Records  
F517 Plans to Meet Emergencies/Disasters  
F518 Train Employees, Emergency Proc/Drills  
F519 Transfer Agreement w/Hospital  
F520 Fac Maintains QA Committee  
F522 Disclosure of Ownership Requirements

01/15/2010

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## Appendix 2. Scope & Severity Matrix

Scope and Severity Matrix

<http://www.in.gov/isdh/reports/QAMIS/rptcrd/matrlink.htm>

### Scope and Severity

Scope and Severity is a system of rating the seriousness of deficiencies. A "deficiency" is a regulatory requirement that a survey finds is not being met. Scope and Severity is a national system used by all state survey agencies and the Health Care Financing Administration when conducting nursing home Medicare and Medicaid certification surveys. For each deficiency, the surveyor determines the level of harm to the resident or resident(s) involved and the scope of the problem within the nursing home. The surveyor then assigns an alphabetical scope and severity value, A through L, to the deficiency. "A" is the least serious and "L" is the most serious rating. The scope and severity matrix is an integral part of how nursing home scores are calculated in the scoring system.

	<i>Scope of the Deficiency</i>		
<i>Severity of the Deficiency</i>	<u>Isolated</u>	<u>Pattern</u>	<u>Widespread</u>
<b>Immediate jeopardy to resident health or safety</b>	<b><u>J</u></b>	<b><u>K</u></b>	<b><u>L</u></b>
<b>Actual harm that is not immediate jeopardy</b>	<b><u>G</u></b>	<b><u>H</u></b>	<b><u>I</u></b>
<b>No actual harm with potential for more than minimal harm that is not immediate jeopardy</b>	<b><u>D</u></b>	<b><u>E</u></b>	<b><u>F</u></b>
<b>No actual harm with potential for minimal harm</b>	<b><u>A</u></b>	<b><u>B</u></b>	<b><u>C</u></b>

Shaded boxes within the grid denote deficiency ratings which constitute Substandard Quality of Care *if* the requirement which is not met is one that falls under the following federal regulations:

- 42 CFR 483.13 Resident behavior and facility practices
- 42 CFR 483.15 Quality of life
- 42 CFR 483.25 Quality of care

Figure 24. Scope & Severity Matrix

## Appendix 3. MDS “Frequency Report” Data for Antipsychotic Drugging 2011-13

State	2011	2012	2013	Total Reduction
Alabama	70.65%	73.28%	74.74%	4.1%
Alaska	84.49%	85.31%	85.74%	1.3%
Arizona	74.99%	76.55%	77.49%	2.5%
Arkansas	71.96%	72.36%	74.66%	2.7%
California	74.74%	76.01%	77.89%	3.2%
Colorado	76.91%	77.86%	79.61%	2.7%
Connecticut	71.55%	73.55%	75.90%	4.4%
Delaware	76.54%	77.51%	81.48%	4.9%
District of Columbia	75.04%	77.03%	79.94%	4.9%
Florida	74.41%	75.70%	76.73%	2.3%
Georgia	69.15%	72.80%	75.48%	6.3%
Hawaii	86.86%	87.36%	89.12%	2.3%
Idaho	73.97%	76.27%	79.04%	5.1%
Illinois	67.07%	67.65%	68.90%	1.8%
Indiana	74.97%	76.84%	78.19%	3.2%
Iowa	76.99%	78.41%	79.12%	2.1%
Kansas	71.43%	72.23%	74.47%	3.0%
Kentucky	72.83%	74.84%	76.41%	3.6%
Louisiana	65.59%	66.59%	68.24%	2.7%
Maine	72.50%	75.31%	78.72%	6.2%
Maryland	78.72%	79.77%	81.19%	2.5%
Massachusetts	71.54%	73.08%	75.44%	3.9%
Michigan	81.62%	82.33%	83.45%	1.8%
Minnesota	78.20%	79.05%	80.76%	2.6%
Mississippi	70.08%	71.42%	72.60%	2.5%
Missouri	70.71%	71.47%	73.05%	2.3%
Montana	76.91%	78.55%	80.46%	3.6%
Nebraska	75.71%	75.47%	75.82%	0.1%
Nevada	78.08%	77.74%	78.24%	0.2%
New Hampshire	72.90%	74.23%	77.26%	4.4%
New Jersey	77.71%	78.04%	79.59%	1.9%
New Mexico	75.85%	77.39%	78.50%	2.7%
New York	75.23%	76.85%	78.07%	2.8%
North Carolina	77.12%	79.80%	82.07%	5.0%
North Dakota	78.06%	78.52%	80.20%	2.1%
Ohio	71.49%	72.08%	73.90%	2.4%
Oklahoma	70.91%	72.29%	74.53%	3.6%
Oregon	77.54%	79.55%	79.14%	1.6%
Pennsylvania	75.37%	76.65%	78.44%	3.1%
Rhode Island	75.23%	77.68%	80.11%	4.9%
South Carolina	76.52%	79.39%	80.98%	4.5%
South Dakota	77.95%	78.28%	80.55%	2.6%
Tennessee	69.03%	71.81%	74.59%	5.6%
Texas	70.70%	70.94%	71.91%	1.2%
Utah	72.53%	72.65%	74.99%	2.5%
Vermont	73.75%	75.68%	79.20%	5.5%
Virginia	75.14%	76.08%	77.86%	2.7%
Washington	76.78%	77.69%	79.60%	2.8%
West Virginia	76.67%	76.70%	79.47%	2.8%
Wisconsin	80.04%	80.78%	82.66%	2.6%
Wyoming	81.31%	81.21%	81.06%	-0.3%
NATIONAL TOTAL	73.80%	75.02%	76.66%	2.9%

Figure 25. MDS Frequency Data AP Drugs

The Minimum Data Set (MDS) is part of the federally mandated process for clinical assessment of residents in all nursing homes certified under Medicare and/or Medicaid. This process is meant to provide a comprehensive assessment of each resident's functional capabilities and helps nursing home staff identify health problems.

As noted on the CMS website, “[t]he MDS 3.0 Frequency Report summarizes information for active residents currently in nursing homes. The source of these counts is the resident's MDS assessment record. The MDS assessment information for each active nursing home resident is consolidated to create a profile of the most recent standard information for the resident.”

**This chart shows MDS Frequency Report Data for the last quarter of each year indicated for the percent of individuals who did *not* receive an antipsychotic medication. Therefore, higher numbers are better.**

These data are included in the present report to provide an additional, non-risk-adjusted view of state and national drugging rates since the federal campaign began.