

THE LTC JOURNAL

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The Long Term Care Coalition

Note to Our Readers

The LTC Coalition is committed to providing news and information on the issues effecting residents in nursing homes, assisted living and other facilities. In addition to *The LTC Journal*, we invite you to keep up-to-date by connecting with us on **Facebook** (<http://www.facebook.com/ltccc>) & **Twitter** (twitter.com/LTCconsumer). Visit us on the Web at www.ltccc.org, www.nursinghome411.org and www.assisted-living411.org for all of our resources and reports.

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Nursing Home Compare: New Federal Efforts to Improve Accuracy

Background

It is widely acknowledged that nursing home staffing levels are one of the most important (if not the most important) indicators of quality of care and quality of life in nursing homes. Though nursing homes have been required, for almost 25 years, to have sufficient staff to ensure that residents are safe, receive decent care and live with dignity 24-hours a day, the failure to enforce these standards has resulted in widespread insufficient staffing and far too much resident harm, neglect and abuse in nursing homes across the United States.

Staffing levels for all licensed nursing homes, along with other relevant information (see box at right), are posted on the federal Nursing Home Compare website (<http://www.medicare.gov/nursinghomecompare>). Though the staffing and other information on Nursing Home Compare can be very valuable, problems with the data collected undermine its accuracy and, hence, its usefulness to people who want to find out about a nursing home's quality or compare facilities in their community.

For example, both staffing levels and official quality of care indicators are self-reported by facilities and, currently, unaudited by the government. As a result, there are significant opportunities for facilities to inflate both their numbers of direct care staff and the quality of care provided to their residents. In addition, inspection ratings on Nursing Home Compare are based on state surveys (inspections).

However, studies have shown that nursing home problems are, too often, not properly identified by state surveyors.

To address these problems, CMS is undertaking two initiatives, described below, to improve the integrity of the information provided to the public. [Editor's Note: It will likely take many

What Is Nursing Home Compare?

To help the public make better, more informed choices about nursing home care, the federal government provides information on all licensed facilities on the Nursing Home Compare website. This information includes:

- **Five-star quality ratings**, including an overall rating for each facility and individual star ratings for health inspections, quality measures and staffing.
- **Health and fire-safety inspections** with detailed and summary information about deficiencies found during the three most recent comprehensive inspections (conducted annually) and the last three years of complaint investigations.
- **Staffing** information, including the number of registered nurses, licensed practical or vocational nurses and certified nurse aides in each nursing home.
- **Quality measures** that describe the quality of care in nursing homes including % of residents with a pressure sore, % of residents with urinary incontinence and more.
- **Federal penalties** against a nursing home.
- **Ownership** information.

months for the new data to be integrated into the system. Thus, improvements may not be noticeable until the end of 2016 or next year.]

New Requirements for Reporting Nursing Home Staffing Levels

The information reported on staffing levels for each nursing home on Nursing Home Compare has, historically, been self-reported by nursing homes based on their staffing just before their annual survey. This information has not been audited by either the states or CMS.

To address problems with the accuracy of information on direct care staffing levels on Nursing Home Compare, the 2010 Affordable Care Act (aka Obamacare) requires that facilities electronically submit direct care staffing information (including agency and contract staff) based on payroll and other auditable data. Though the law passed six years ago, CMS did not prioritize implementation for several years. Rules for facility reporting were finally developed in 2015. Starting July 1, 2016, all licensed facilities are required to electronically report their staffing through a payroll based journal system.

According to the [CMS memo](#) to the state agencies and nursing homes (S&C: 16-13-NH),

- “LTC facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.”
- “Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping).”
- Facilities must provide their resident census.
- Facilities must distinguish employees vs. agency or contract staff in the reporting.
- Reporting must take place at least quarterly.
- “CMS maintains authority to issue enforcement remedies, such as the imposition of civil money penalties (CMPs), for noncompliance with this requirement.”

New Quality Measures Added to Nursing Home Compare

In March 2016, CMS announced the introduction of six new quality measures (QMs) for nursing homes, which they began posting on Nursing Home Compare in April 2016:

1. Percentage of short-stay residents who were successfully discharged to the community (Claims-based)
2. Percentage of short-stay residents who have had an outpatient emergency department visit (Claims-based)
3. Percentage of short-stay residents who were re-hospitalized after a nursing home admission (Claims-based)
4. Percentage of short-stay residents who made improvements in function (MDS-based)
5. Percentage of long-stay residents whose ability to move independently worsened (MDS-based)

6. Percentage of long-stay residents who received an antianxiety or hypnotic medication (MDS-based)

Five of the six new measures will be phased in to the Five-Star Quality Ratings systems over a nine-month period, beginning July 2016. The measure on anti-anxiety and hypnotic medication use will be left out of the Five-Star rating system due to (according to CMS) concerns about specificity and appropriate thresholds for star ratings.

Importantly, as noted above, three of the QMs are based on actual claims data and three are based on the MDS (Minimum Data Set). The MDS is a federally-mandated review instrument which provides assessment data on a broad range of resident care needs and treatments, such as skin condition, incontinence, decline in activities of daily living (ADL), medication use and weight loss. It is believed that the inclusion of claims data will improve the integrity of the QMs overall and, thus, the Five Star Quality Rating system.

CMS Issues “Action Plan” to Improve Nursing Home Quality

In May, the federal Centers for Medicare and Medicaid Services (CMS) released its 2016/2017 “Action Plan” to improve safety and quality in US nursing homes.

The Action Plan is focused on five action areas. Following are excerpts from the Action Plan’s statement of principles which describe these action areas, accompanied by LTCCC’s comments or key concerns in **bold italics**. [Note: The “DNH” referred to below is the nursing home division of CMS, which is responsible for ensuring that nursing homes meet federal requirements for resident safety, quality of care and quality of life.]

1. **Enhance Consumer Awareness and Assistance.** Consumers are essential participants in ensuring the quality of care in any health care system. The availability of relevant, timely information can significantly assist consumers with actively managing their own care. Additionally, this information can enable individuals to hold the health care system accountable for the quality of services and support that should be provided. To that end, the DNH seeks to provide an increasing array of understandable information that can be readily accessed by the public. ***LTCCC: (1) Providing consumers with accurate information on the quality of nursing homes in their communities is very important. We welcome and support plans to improve the accuracy of both reported staffing and quality measures, and call on CMS to monitor implementation of these efforts and hold providers accountable for providing accurate information. In addition, much needed improvements to enforcement of federal standards would make the third component of the Five Star system, Inspections, more accurate and useful for the public. (2) While providing consumers with good information is important, it is not a substitute for adequate enforcement of government standards. Consumers have increasingly limited opportunities to make choices about their nursing***

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home care. And, in any case, federal law mandates that all residents receive the care and services they need to attain and maintain their highest practicable well-being. This is what the public pays for and what we all deserve. Attaining decent services in federally licensed facilities should not be dependent on a combination of good research skills and good luck.

2. **Strengthen Survey Processes, Standards and Training.** The DNH is engaged in several ongoing initiatives to improve the effectiveness of annual nursing home surveys (standard surveys), as well as the investigations that are prompted by complaints (complaint surveys) from consumers or family members about nursing homes. The DNH also has improved the way that data are captured from oversight of state surveys. By strengthening the survey processes, the DNH believes that State Agencies will drive improvement at the population level in nursing homes.

LTCCC: As the Action Plan notes, the State Performance Standards System (SPSS) was implemented in 2001. The persistence of widespread neglect and abuse make clear that more needs to be done. Just as nursing homes are paid to meet (or exceed) minimum standards, states are paid to ensure that residents are safe, and receive appropriate care and services, 24 hours a day, every day of the year. With millions of lives (and many billions in public funds) at stake, CMS must do more to ensure that the states are enforcing the law. When a state cannot (or will not) provide meaningful enforcement, CMS must either penalize that state or rescind its contract to provide oversight.

3. **Improve Enforcement Activities.** The DNH is dedicated to maintaining an enforcement system that is centered on promoting quality resident-centered health and safety to nursing home residents and compliance with federal requirements. To improve our current enforcement efforts, we will continue to work in partnership with Regional Offices, States, consumer advocates, national associations, and others.

LTCCC: As with improving the survey process, the need for concrete action to improve enforcement activities is evident. We believe that language in this regard is important; enforcement activities should not be focused on “promoting” quality care (as the CMS Action Plan states) but, rather, ensuring it. The continued reliance on “partnerships” and discussion of “consistency in application...” of enforcement mechanisms in the Action Plan are troubling. They reflect industry priorities and preferences, not those of the public which relies on, and pays for the majority of, nursing home care.

“...licensure to provide skilled nursing home services should, without question, be awarded only to providers who are able – and willing – to meet longstanding minimum standards of care.”

4. **Promote Quality Improvement.** We continue to promote comprehensive quality improvement programs in a number of key areas, including reductions in the use of physical restraints, the prevalence of preventable pressure ulcers and reduction in use of unnecessary antipsychotic medication. In an effort to achieve these quality improvement goals, the Agency’s participation in the Advancing Excellence in America’s

Nursing Homes Campaign as well as support of the national “culture change” movement continues to grow. The principles behind culture change echo the Omnibus Budget Reconciliation Act of 1987 (OBRA ’87) principles of person-centered care – embracing individualized approaches to care.

LTCCC: We appreciate, and strongly agree with, CMS’s acknowledgement that “culture change” and other resident-centered activities reflect the requirements in OBRA ’87 (aka the Nursing Home Reform Law). In 2009, CMS promised to take substantive action to ensure that important standards in the 1987 Reform Law for resident choice, dignity and autonomy were effectively enforced. Unfortunately, that promise to enforce standards that had been in place (as CMS recognized) for 17 years in 2009 remains unfulfilled in 2016.

Fundamentally, the nursing home industry is paid to provide quality care and is entrusted to do so for individuals who are, often, frail and vulnerable. It is the nursing home’s responsibility to provide quality services when it contracts to do so with the federal government. In addition, there are numerous resources available to the industry to help it improve. This includes a variety of private resources as well as the Quality Improvement Organizations which the public, through CMS, pays to help nursing homes provide better care.

Given the persistence of widespread and serious problems in US nursing homes (despite decades spent partnering with the industry), we call on CMS to reevaluate its activities focused on partnerships and “promoting” quality improvement and, instead, reinvigorate its role as an enforcement agency.

5. **Create Strategic Approaches through Partnerships.** No single approach or individual can fully assure better health care. Rather, we must combine, coordinate, and mobilize many people and techniques through a partnership approach. State survey agencies and others are committed to such a common endeavor. The differences in their responsibilities remain, but their distinct roles can be coordinated in a number of appropriate ways to achieve better results than can be achieved by any one actor alone. ***LTCCC: As discussed above, licensure to provide skilled nursing home services should, without question, be awarded only to providers who are able – and willing – to meet longstanding minimum standards of care. CMS, and the state agencies that work for it, are the only entities with the authority to hold providers accountable for safeguarding residents and providing decent care and quality of life. In the absence of vigorous enforcement of these standards, forming “partnerships” (and other collaborations) with the industry undermines the very laws which CMS and the states are charged with enforcing and is, essentially, symptomatic of a profound betrayal of the public trust.***

Report: OIG to tackle adverse events, therapy payments in nursing homes

In April the US Office of Inspector General (Department of Health and Human Services) issued its *Compendium of Unimplemented Recommendations* which provides “the top 25



unimplemented recommendations that... would most positively impact HHS programs in terms of cost savings and/or quality improvements and should, therefore, be prioritized for implementation.” In addition to the top 25, the “Appendix of the *Compendium* includes a comprehensive list of significant unimplemented recommendations from OIG.”

Top recommendations include:

- CMS should enhance efforts to identify adverse events to ensure quality of care and safety. [Editor’s Note: In 2014, the OIG conducted a study which found that 1/3 of people who go to a nursing home for short-term Medicare rehab are harmed. The majority of the time, that harm was preventable. See <http://www.nursinghome411.org/?articleid=10079> for more information.]
- CMS should reform payments to reduce the incentive for hospices to target beneficiaries with certain diagnoses and those likely to have long stays.
- CMS should reevaluate and reform the way Medicare pays skilled nursing facilities for therapy services.
- CMS should provide States with definitive guidance for calculating the Medicaid upper payment limit (UPL), which should include using facility-specific UPLs that are based on actual cost report data.
- CMS should promulgate regulations to reduce significant variation in States’ personal care services laws and regulations by creating or expanding Federal requirements and issuing operational guidance for claims documentation, beneficiary assessments, plans of care, and supervision of attendants.

Significant recommendations include:

- CMS should:
 - Strengthen regulations on care planning and discharge planning.
 - Provide guidance to SNFs to improve care planning and discharge planning.
 - Increase surveyor efforts to identify SNFs that do not meet care planning and discharge planning requirements and to hold these SNFs accountable.
 - Link payments to meeting quality-of-care requirements.

[OIG Report: *Skilled Nursing Facilities Often Fail To Meet Care Planning and Discharge Planning Requirements* [OEI-02-09-00201](#) (Feb. 2013)]
- CMS should ensure that nursing facilities:
 - Maintain policies related to reporting allegations of abuse or neglect.
 - Comply with their responsibilities under section 1150B of the Social Security Act.
 - Report allegations of abuse or neglect and investigation results in a timely manner and to the appropriate individuals, as required

[OIG Report: *Nursing Facilities' Compliance With Federal Requirements for Reporting Allegations of Abuse or Neglect* OEI-07-13 00010 (Aug. 2014)]

NM Atty General Connects Low Nursing Home Staffing to Fraud

On March 31, NPR reported that New Mexico Attorney General Hector Balderas is suing a chain of nursing homes for not having sufficient staff to care for its residents. According to the NPR report,

One of the keys to providing good care in nursing homes is simply having enough staff. The federal government says about a quarter of all nursing home complaints can be traced back to low staffing levels. And studies have connected low staff levels to lousy treatment. The state of New Mexico connects it to fraud.

The state's Attorney General is suing a chain of nursing homes, alleging that the facilities were so severely under-staffed, they couldn't possibly have provided the care they charged for. Now New Mexico wants its money back.

As numerous studies over the years have indicated, and as residents and families too often know first hand, inadequate staffing is a pervasive problem in US nursing homes. Though widely acknowledged, state and federal survey agencies systematically fail to hold providers accountable for insufficient care staff. Thus, as advocates for decent resident care, LTCCC applauds this initiative by the New Mexico Attorney General and urges other state attorneys general to consider similar action. We also encourage residents, families, advocates and LTC Ombudsman to speak out in their states for similar action. [To find out who your Attorney General is, go to <http://www.naag.org/naag/attorneys-general/whos-my-ag.php>.]

“...studies have connected low staff levels to lousy treatment. The state of New Mexico connects it to fraud.”

LTC NEWS & BRIEFS

US nursing homes to receive \$800M pay increase in 2017

CMS announced in April a proposed rule to give nursing homes Medicare payment increases of \$800 million in 2017. Medicare payments for hospices will rise by \$330 million. The proposed payment and policy changes for 2017 also include the creation of a nursing home value-based purchasing program, which would give facilities value- and performance-based incentive payments beginning in 2019. [Editor's Note: The Winter edition of the LTC Journal included a discussion of a news alert from the Center for Medicare Advocacy: “Yet Again, Value-Based Purchasing Did Not Improve Quality.”]

US Department of Justice launches national initiative “to pursue nursing homes that provide grossly substandard care”

In March, the US Department of Justice (DOJ) announced the creation of ten regional Elder Justice Task Forces. The purpose of these task forces, according to the DOJ [press release](#), is to “bring together federal, state and local prosecutors, law enforcement, and agencies that provide services to the elderly, to coordinate and enhance efforts to pursue nursing homes that provide grossly substandard care to their residents.”

ProPublica: Weak Oversight Lets Dangerous Nurses Work in New York

[ProPublica](#), with [WNYC](#) and the [Albany Times Union](#), published a report in April which found that “New York lags behind other states in vetting nurses and moving to discipline those who are incompetent or commit crimes. Often, even those disciplined by other states or New York agencies hold clear licenses.”

Study finds more than 15% of seniors took potentially fatal combinations of medications & supplements in 2011

McKnight’s reported on a University of Illinois study released in March which found that “more than 15% of seniors took potentially fatal combinations of prescription medications, over-the-counter drugs and supplements in 2011....” This was approximately double the number found at the beginning of the study, in 2005. According to the [McKnight’s article](#)

Many of the dangerous interactions involved heart drugs and dietary supplements, like omega-3 fish oil, which are more widely used today than they were five years ago.... Other drugs, including some blood thinners, heart drugs and tranquilizers, may be negatively impacted by supplements like St. John's wort, which is often taken for depression.

Long-Term Care Living column warns of deficiencies in dementia care

The March Issue of *Enforcement* from [The Center for Medicare Advocacy](#) reported on a [Long-Term Care Living article](#) on oversight of dementia care in nursing homes. According to the article in *Enforcement*,

Describing the findings from the Centers for Medicare & Medicaid Services’s 2014 Focused Dementia Care Survey Pilot, Linda Elizaitis, President of CMS Compliance Group, told participants at a Memory Care Forum in Texas that more than 80% of deficiencies cited in the pilot surveys were F309 (care of a resident with dementia) or F329 (unnecessary use of medications) and that more than half the pilot surveys cited both F-tags. Pamela Tabar, “F-Tag 309 and the compliance domino effect,” *Long-Term Living* (March 3, 2016).

Elizaitis, a former Director of Nursing, told participants that staff training is most important and that staff need to be trained in documentation. She urged participants to use the surveyors' checklist for F-309 to train staff.

[Emphasis added.]

Nursing homes & rehab centers' failure to accept transgender people a national problem

McKnight's Long-Term Care News reported on an article in the Des Moines Register which described the challenges faced by transgender individuals in residential long term care. According to the McKnight's report, "A recent report from the Atlantic found many elder care facilities to be ill-equipped to address the needs of transgender seniors. In July, the Centers for Medicare & Medicaid Services released a tool to help providers handle the needs of older LGBT adults."

U.S. Senator asks regulators to stop abuse of nursing home residents on social media

In light of a ProPublica report in December on nursing home and assisted living workers photographing residents – often naked – without their permission and "sharing" such photos on social media, Senator Tom Carper (DE) asked the Office for Civil Rights of the U.S. Department of Health and Human Services what, if anything, it is doing to address this problem. According to subsequent a ProPublica report published in March

Carper asked the office how many complaints it has received related to social media use in nursing homes. He asked how many have resulted in civil penalties or a referral to the Department of Justice. And he wanted to know if the office planned to issue guidance to nursing homes on the use of social media and HIPAA, more formally the Health Insurance Portability and Accountability Act.

Deven McGraw, the office's deputy director for health information privacy, said in an email Tuesday that the office would reply to the senator's letter but that "there is nothing I can release to you at this point."

Multiple studies indicate significant link between antipsychotic drugs & heart attack risk

A review of nine studies published in the *British Journal of Clinical Pharmacology* found "that antipsychotic drug users were nearly twice as likely to experience a heart attack than non-users. Patients with schizophrenia and those who took the drugs for less than 30 days had even higher risks." [Press release, May 16, 2016.]

Antipsychotic drugs linked to increased mortality among Parkinson's disease patients

In March, MedicalXPress reported on a study to be published in JAMA Neurology. Following is excerpted from the MedicalXPress article.

At least half of Parkinson's disease patients experience psychosis at some point during the course of their illness, and physicians commonly prescribe antipsychotic drugs, such as quetiapine, to treat the condition. However, a new study... suggests that these drugs may do significantly more harm in a subset of patients.

. . .

The researchers' analysis of about 15,000 patient records in a VA database found **that Parkinson's patients who began using antipsychotic drugs were more than twice as likely to die during the following six months**, compared to a matched set of Parkinson's patients who did not use such drugs.

"I think that antipsychotic drugs should not be prescribed to Parkinson's patients without careful consideration," said senior author Daniel Weintraub, MD....

These findings are not the first to link antipsychotic drugs to increased mortality. Studies dating back to the early 2000s have found increased mortality with antipsychotic use among patients who have dementia in the general population. Since 2005 the FDA has mandated "black box" warnings on antipsychotic **drug** packaging, noting the apparently increased risk of death when these drugs are used in **dementia patients**.

Although most dementia cases are accounted for by Alzheimer's disease, there are other forms of dementia, including one that eventually emerges in about 80 percent of Parkinson's patients, usually many years after their Parkinson's diagnosis. However, **a study by Weintraub and colleagues in 2011 found that the FDA warnings had done little to curb antipsychotic prescriptions for Parkinson's dementia patients.**

[Emphases added.]

LTC Ombudsman Program Seeks Volunteers Across NY State

The LTC Ombudsman Program (LTCOP) is dedicated to ensuring that residents in long term care facilities have good care and are treated with dignity. As reported in the last issue of the LTC Journal, New York State recently regionalized the local programs. LTCCC was awarded the contract to operate the LTCOP in the Hudson Valley.

Being an Ombudsman volunteer is both challenging and rewarding. Volunteers receive extensive training to advocate for, educate and empower family members and residents living in nursing homes, assisted living, and family type homes. They can make a big difference in the lives of some of the most vulnerable people in our communities.

The LTCOP is seeking volunteers who can contribute a minimum of two hours a week to help residents in facilities in their communities. The Hudson Valley LTCOP currently has volunteer opportunities in Dutchess, Ulster, Orange, Sullivan, Columbia and Greene counties.

To volunteer in the Hudson Valley, please call 845-229-4680 or email Gloria@hudsonvalleyltpop.org. To volunteer in another area of New York State, please go to the “Who is My Ombudsman” page on the NYS LTC Ombudsman Program’s website: <http://www.ltcombudsman.ny.gov/whois/index.cfm>.

NY State Nursing Home Enforcement Actions

Where to Find the Latest NYS Nursing Home Enforcements & Penalties

LTCCC is now posting all available enforcement actions from the state and federal governments on our dedicated website page, [New York State Nursing Home Enforcements](http://www.ltccc.org/enforcements/archives.shtml) (<http://www.ltccc.org/enforcements/archives.shtml>). While in the past we have posted quarterly data on our website and in our newsletter, these data will now be provided in files that cover each calendar year in its entirety. This way, visitors can look in one file to see any fine issued in 2015, rather than having to view four different files separately. For the current year, we will update the file for the year on a quarterly basis (or when we receive the information).

In addition, we are now posting, on a semi-annual basis, [all of the NY State nursing home deficiencies that are currently on the federal website](#), Nursing Home Compare. Nursing Home Compare provides information on nursing home staffing, inspections and quality for the last three years. We believe that this information will be useful to consumers, families and LTC Ombudsmen now and in the future since it will enable them to access current and historical information on nursing homes in their communities.

OMIG Imposes Corporate Integrity Agreement Against Nursing Home Chain

In March, the NY State Medicaid Inspector General (OMIG) imposed a [Corporate Integrity Agreement \(CIA\) with Elant](#), a nursing home chain with facilities in Orange, Dutchess and Westchester counties. This follows a \$600 million settlement with the chain announced by the NYS Attorney General (AG) in December 2015. According to the [AG’s press release](#),

Elant admitted that senior managers directed nursing home administrators to limit the number of planned discharges of short-term residents to two or three residents per week. Most short-term residents at nursing homes receive physical or occupational therapy following events such as strokes or broken hips. Elant admitted that the purpose of the delays was financial and that the practices were primarily directed at residents with Medicare or Medicaid coverage. Elant also admitted that it prolonged short-term stays by giving residents additional services that were not clinically necessary, avoiding residents who were actively seeking discharge, and delaying the completion of discharge paperwork.

The investigation revealed that administrators and staff openly discussed efforts to delay discharges and thereby keep daily resident counts for each home... as high as possible.

In emails, Elant personnel acknowledged that they were holding residents to help Elant's census. For example, one nursing home administrator began an update on discharges by noting, "We have held these discharges off in a number of cases due to low census." Similarly, in another email thread about census in one facility, an Elant administrator acknowledged, "we are really holding these people against their will."

According to information provided to LTCC by the OMIG in April 2016,

The CIA was imposed on the following entities: Elant, Inc., Elant at Brandywine, Inc., Elant at Fishkill, Inc., Glen Arden, Inc., Elant at Goshen, Inc., and Elant at Newburgh, Inc. d/b/a Elant at Meadow Hill (collectively "Elant").

Between 2008 and 2012, the chain delayed or postponed discharges of short-term residents who were ready to leave the facility. The nursing home also engaged in improper transfer of long-term residents with Medicaid coverage to its Brandywine facility.

View OMIG's CIA here: <http://on.ny.gov/24V9CgQ>.

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