The LTC Journal

Spring 2018 The Long Term Care Community Coalition

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CMS ANNOUNCES TRANSITION TO PAYROLL-BASED JOURNAL STAFFING DATA ON NURSING HOME COMPARE

Current CMS Action

The Centers for Medicare & Medicaid Services (CMS) announced in an April 2018 memorandum that it will begin using Payroll-Based Journal (PBJ) staffing data to determine each facility's staffing rating on Nursing Home Compare. Previously, CMS collected data annually and these data focused on the total nursing home staff hours "worked over the most recent two-week period prior to their standard survey." Those data were long subject to criticism because they were self-reported by facilities and unaudited by either states or the federal government. The PBJ data are expected to greatly improve the information provided to the public. According to CMS, use of these data in Nursing Home Compare and the Five-Star nursing home rating system will help "improve the accuracy of public reporting and provide greater insight into how facility staffing relates to quality and outcomes."

The public can now find out exactly who is being paid to work in their nursing homes for any specific day, including weekends and holidays.

PBJ data are published on a quarterly basis for every day in the quarter. Thus, the public can now find out exactly who is being paid to work in their nursing homes for any specific day, including weekends and holidays. The data reported in the underlying database, data.cms.gov, include: resident census, numbers of RNs, LPNs, CNAs, nurse aides in training, and medication aides/technicians. Licensed nurses (RNs and LPNs) with administrative duties are reported separately from nurses assigned to provide resident care. This is important, since it enables the public to now see who nursing homes are paying to provide resident care, a fundamental concern to all who have a stake in ensuring good care for residents and an appropriate use of tax-payer funds.

The April transition to PBJ data on Nursing Home Compare is also accompanied by staffing data audits to verify that "the staffing hours submitted by facilities are aligned with the hours staff were paid to work over the same timeframe." When facilities are found to have significant inaccuracies or incomplete data, CMS will lower their staffing rating to one-star. The same drop in ranking occurs when facilities fail to have a registered nurse (RN) on duty eight hours a day over the course of any seven days during the reporting period (beginning July 2018).

LTCCC'S Position

According to the CMS memo, based on PBJ data from the third quarter of 2017, about six percent of nursing homes had seven or more days without a reported RN and 80 percent of those days were on weekends. However, the federal Nursing Home Reform Law requires every nursing home to have a RN on duty eight hours a day, seven days a week. Numerous studies over the years have shown a strong correlation between staffing levels and resident outcomes.

RN care staffing has been identified as particularly important. That is why some states, including New York, require an RN 24 hours per day seven days a week.

Thus, we are pleased to see CMS take steps to address clearly inadequate staffing levels, such as when a facility does not employ an RN in the building for an entire day (or longer). However, we are disappointed by CMS's decision not to take further action when a facility's violation of minimum staffing requirements is this severe. Substandard RN hours should be met with immediate action, ranging from immediate inspections to financial penalties, to ensure that resident care needs are being met.

We are also concerned and perplexed by CMS's use of all staffing in computing facility ratings on Nursing Home Compare, rather than staff who are assigned to provide resident care. From our perspective, the point of the PBJ system was to give residents, families, and the public better information on who is providing care in their nursing homes. Resident and families don't necessarily care if the administrator is an RN or the individuals handling insurance claims are LPNs. They want to know who is "on the floor," providing services and ensuring resident safety, well-being, and dignity. CMS's inclusion of administrative nurses in a facility's staffing star rating significantly undermines its stated goal: to provide "*information about the different types of nursing home staff and* ***the average amount of time per resident that they spend providing care***." [Emphasis added.]

- To read LTCCC's Issue Alert on nursing home staffing, please see: http://nursinghome411.org/ltccc-issue-alert-nursing-home-staffing-requirements/.
- Staffing Information for U.S. Nursing Homes: LTCCC's nursing home staffing page, http://nursinghome411.org/nursing-home-data-information/staffing/, provides tables for every state that include, for each facility in the state (that has reported), the facility's resident population; its RN, LPN, and CNA care staffing levels; and the amount of care staff hours per resident day (HPRD) for both all-care staff and for RNs specifically. To facilitate ease of use, the individual state files can be downloaded and are easily sortable. For example, a state file can be sorted to identify which facilities have the highest reported levels of RN care and which have the lowest. As of May 2018, **the** 2017Q4 data **are the most up-to-date, verifiable information available on nursing home care staff.**

CMS ANNOUNCES ONLINE NURSING HOME STAFF TRAINING COURSE FOR INFECTION PREVENTION AND CONTROL

Current CMS Action

In a March 2018 memorandum, the Centers for Medicare & Medicaid Services (CMS) notes that healthcare-associated infections can result in resident harm or death, and can increase costs throughout the healthcare continuum. As a result, CMS and the Centers for Disease Control and Prevention (CDC) are developing a "free on-line training course in infection prevention and control for nursing home staff in the long-term care setting."

CMS states that the online training, which becomes available in spring 2019, will only take nursing staff 16-20 hours to complete. The training will cover the following topics:

- Infection prevention and control program overview,
- Infection preventionist responsibilities,

- Quality assessment and assurance committee,
- Infection surveillance,
- Outbreaks,
- Hand hygiene,
- Principles of standard and transmission-based precautions,
- Medication and sharps safety,
- Respiratory etiquette,
- Device and wound management,
- Environmental cleaning, disinfection, and sterilization,
- Vaccine-preventable respiratory infections and tuberculosis,
- Employee and occupational health considerations,
- Linen management,
- Water management,
- Antibiotic stewardship program, and
- Infection prevention and antibiotic stewardship considerations during care transitions.

"Given that nursing homes have been paid to adhere to infection control standards, in some form or another, for the last several decades, nursing home staff should not need additional training, at public expense, in how to wash their hands, clean bed linens, or on proper "respiratory etiquette."

LTCCC'S Position

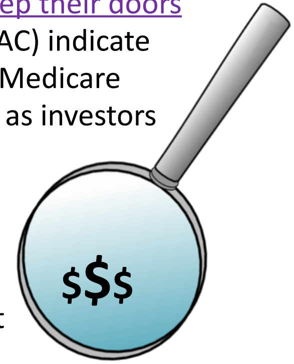
The infection prevention and control program was promulgated as part of the revision to the nursing home Requirements of Participation in 2016. With the exception of some provisions, such as the antibiotic stewardship program, which CMS placed an 18-month enforcement moratorium on last year, the majority of the infection prevention and control requirements took effect in 2016 because they were a continuation of the previous standards of care. In other words, nursing homes have always had a duty to protect residents from infections and to use medications appropriately. Given that nursing homes have been paid to adhere to infection control standards, in some form or another, for the last several decades, nursing home staff should not need additional training, at public expense, in how to wash their hands, clean bed linens, or on proper "respiratory etiquette."

CMS PROPOSES TO GIVE THE NURSING HOME INDUSTRY A BONUS WHILE PUSHING FOR LESS QUALITY ASSURANCE

On April 27, 2018, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule to update the skilled nursing facility (SNF) prospective payment system and to update the resident classification system. As CMS notes, the total impact of the changes will result in an $850 million increase in payments to nursing homes in fiscal year 2019 and, in addition, two billion dollars in expected savings for nursing homes over the next ten years. CMS provides that this proposal is part of the agency's "Patients over Paperwork" initiative, which "is aimed at evaluating and streamlining regulations with a goal to reduce unnecessary cost and burden, increase efficiencies, and improve beneficiary experience."

For decades, the nursing home industry has argued that profit-margins are too slim, necessitating so-called burden reduction. In fact, one industry leader notes that "[t]his rate

increase is critical for providers who are struggling to make ends meet and keep their doors open." However, data by the Medicare Payment Advisory Commission (MedPAC) indicate that the industry has experienced 17 years of profits above ten percent from Medicare payments. In addition, the for-profit sector of the industry continues to grow, as investors buy up more and more not-for-profit and government-owned nursing homes. Presumably, they are not doing this in order to lose money.



Most disturbing is the fact that, while CMS is giving providers bonuses for meeting their federally mandated duties under the Nursing Home Reform Law, the agency is also rolling back important resident protections in an effort to further reduce provider "burdens." To date, and most notably, CMS has placed an 18-month moratorium on the complete enforcement of eight standards of care and has issued a notice indicating that further regulatory changes to resident rights are to follow in the near future.

- To read the proposed rule, please visit: https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-09015.pdf

HOUSE REPUBLICANS SEND LETTER TO CMS ADMINISTRATOR, QUESTIONING CMS'S OVERSIGHT OF NURSING HOMES

House Republicans on the Energy and Commerce Committee sent a letter to CMS Administrator Seema Verma on April 2, 2018. The letter notes that recent reports of resident abuse, neglect, and harm raise "serious questions about the degree to which the Centers for Medicare & Medicaid Services (CMS) is fulling its responsibility to ensure federal quality of care standards are being met, as well as its duty to protect vulnerable seniors from elder abuse and harm in facilities participating in the Medicare and Medicaid programs." The ranking Committee Members have asked CMS to send information regarding CMS's oversight of all skilled nursing facilities and nursing facilities.

Below is an excerpt from the Members' letter to the CMS Administrator.

> Over the past year, there have been several deeply troubling press articles describing instances of nursing home residents being abused and neglected and, in some instances, the nursing homes subsequently failing to adequately detect and investigate the abuse and neglect. These articles include horrific examples of elderly individuals being beaten by fellow residents and staff, being sexually assaulted by fellow residents and staff, and being neglected by staff during medical emergencies. The articles also detail how, in some instances, a facility had a history of violations and sanctions before being shut down while others did not incur any financial penalty even after being cited for not protecting residents after a case of sexual abuse was substantiated. According to one report, even once a facility is shut down due to instances of abuse and neglect, the residents are not necessarily moved to a safer location.
>
> Unfortunately, these do not appear to be isolated incidents. Analysis conducted by one news outlet found that between 2013 and 2016, the federal government cited more than 1,000 nursing homes for either mishandling cases related to, or failing to protect residents against, rape, sexual abuse or sexual assault, with

nearly 100 facilities incurring multiple citations. The timeliness of nursing home complaint investigations also raises concerns as well. A September 2017 data brief issued by the HHS OIG found that in 2015, 764 immediate jeopardy nursing home complaints were not investigated by state agencies within two working days, as required by CMS, with 473 complaints not being investigated within 15 days. Immediate jeopardy is described by CMS as being instances where "the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident." The OIG also found that 4,743 high priority nursing home complaints were not investigated in 2015 within the required 10 working day period.

For over a decade, HHS OIG has identified improving care for vulnerable populations, including the care provided to individuals who receive nursing home care, as a top management challenge for HHS and has continuously expressed concerns about residents being at risk of abuse and neglect.

LTC News & Briefs

STUDY FINDS INCREASED USE OF MOOD STABILIZERS AMONG NURSING HOME RESIDENTS AFTER THE CREATION OF NATIONAL CAMPAIGN TO REDUCE ANTIPSYCHOTIC DRUGGING

In 2012, CMS established the National Partnership to Improve Dementia Care in Nursing Homes. The primary goal of the Partnership is to reduce the use of antipsychotic drugs in nursing homes and to educate providers on the non-pharmacological approaches to treating residents with dementia. The initial goal of the Partnership was to reduce the rate of inappropriate antipsychotic use by 15 percent by the end of the 2012 calendar year. Unfortunately, the Partnership failed to meet this goal for an additional 12 months. CMS subsequently announced an additional goal of only a five percent reduction in both 2015 and 2016. In 2017, CMS declared that the Partnership had achieved its goal of reducing inappropriate antipsychotic use by 30 percent, describing the Partnership as a success. However, not only did the Partnership fail to achieve its original goal, recent studies now indicate that the Partnership may not even have been as successful as CMS and the nursing home industry have characterized it to be.

"[T]he overall decline in the use of antipsychotic drugs among nursing home residents has been met by an increase in the use of mood stabilizers…."

According to an *"Association of the Centers for Medicare & Medicaid Services' National Partnership to Improve Dementia Care With the Use of Antipsychotics and Other Psychotropics in Long-term Care in the United States From 2009 to 2014,"* a March 2018 study published in the *Journal of the American Medical Association (JAMA) Internal Medicine*, the overall decline in the use of antipsychotic drugs among nursing home residents has been met by an increase in the use of mood stabilizers, which are typically used to treat diagnosed cases of bipolar disorder. The authors of the study state that "[r]ather than increasing the use of nonpharmacological treatments, prescribers may have shifted prescribing from antipsychotics to mood stabilizers even though mood stabilizers have less evidence of benefit for the behavioral and psychological symptoms of dementia."

Sadly, this study is not alone in questioning the putative success of the Partnership. A December 2017 report similarly concludes that the reduction in antipsychotic drug use is correlated to an increase in individuals receiving diagnoses of Huntington's disease, Tourette's syndrome, and schizophrenia—the three conditions excluded by CMS when it publishes each nursing home's antipsychotic drugging rate. Likewise, a February 2018 report by Human Rights Watch focused on the often devastating impact of inappropriate antipsychotic drugging on the 179,000 nursing home residents who are still being given off-label antipsychotic drugs every week.

- To access LTCCC's dementia care toolkit, please see http://nursinghome411.org/learning-center/dementia-care-advocacy-toolkit/.
- To read LTCCC's Issue Alert on antipsychotic drugs, please visit: http://nursinghome411.org/issue-alert-antipsychotic-drugs/.
- To see LTCCC's database on nursing home antipsychotic drugging rates, please see http://nursinghome411.org/us-nursing-home-antipsychotic-drugging-rates-2017q3/.
- To see LTCCC's database on citations for unnecessary drug use, please see http://nursinghome411.org/us-nursing-home-inappropriate-drugging-citationsnovember-2017/.

ANTIPSYCHOTIC DRUG EARNS BILLIONS, DESPITE DANGEROUS OFF-LABEL USES

The Washington Post published *"One of America's most popular drugs—first aimed at schizophrenia—reveals the issues of 'off-label' use"* on March 30, 2018, examining Seroquel. Seroquel is a leading antipsychotic drug that is manufactured by AstraZeneca. According to *The Post*, even with competition from generic brands and ongoing lawsuits, Seroquel earned $3.6 billion in sales between 2014 and 2016.

The reporters note that the antipsychotic drug is often used off-label for a host of illnesses, ranging from insomnia to dementia. Unfortunately, use of the drug has been linked to life-threatening side effects, such as diabetes, heart arrhythmia, and irreversible movement disorders.

"Many of the doctors who turn to it [Seroquel] for off-label uses are physicians with minimal training in psychiatry and, medical experts say, too little understanding of the potential downsides."

An analysis of four years of data by *The Post* found that Seroquel or its generic competitor, quetiapine, was the primary or secondary suspect in 20,000 cases of adverse events. Based on the findings, this included "1,754 deaths in which they were the primary suspect plus 2,309 deaths in which they were a secondary suspect." The reporters note that "93 percent were apparently the result of off-label prescribing of the drug."

Even with all of the known side-effects, the article finds that physicians wrote nine million prescriptions for Seroquel and its generics in 2015 (the latest year for which data from the Medical Expenditure Panel Survey exists). Shockingly, this figure does not even include uses by military personnel or those in institutional settings, such as nursing homes.

Note: See the bulleted list above for LTCCC's resources on antipsychotic drugging.

FAILING NURSING HOME CHAINS RAISE CONCERNS ABOUT OWNERSHIP AND ACCOUNTABILITY

Skyline Healthcare is a nursing home and assisted living operator with facilities in Kansas, Nebraska, Massachusetts, Florida, Arkansas, Tennessee, and South Dakota, with associated facilities in New Jersey. Since 2015, Skyline has taken over at least 100 nursing homes. However, most of these facilities have recently been "taken over through receivership or rapid-fire sale" due to company practices that have placed thousands of residents at risk. For instance, in South Dakota, residents were placed at risk of "running out of food and medication . . . ." In Nebraska and Kansas, Skyline was unable to meet the payroll needs of 36 facilities.

According to one news report, the primary owner of Skyline took over facilities from another chain, Golden Living, which was sued in 2015 for providing poor care. The news report adds that "[r]arely do industries want more regulations, but Skyline's struggles have even the nursing home industry itself saying that Kansas officials should require more information from people who apply for [nursing home] licenses."

"Analysts and industry insiders say state regulators should have known Skyline was biting off more than it could chew and never should have let the out-of-state contractor — whose headquarters are above a pizza parlor in New Jersey — into Kansas in the first place."

- The Kansas City Star (Apr. 15, 2018).

Similarly, Avante Group, a nursing home and assisted living operator based in Florida, is exiting the North Carolina market and reducing its presence in Virginia. The company plans to sell its holdings to the New York-based SentosaCare. Sentosa was previously featured in ProPublica's *"How N.Y.'s Biggest For-Profit Nursing Home Group Flourishes Despite a Record of Patient Harm."* ProPublica reported that, despite a record "of repeat fines, violations and complaints for deficient care in recent years . . . SentosaCare founder Benjamin Landa, partner Bent Philipson and family members have been able to expand their nursing home ownerships in New York, easily clearing regulatory reviews meant to be a check on repeat offenders." According to the article, New York's Public Health and Health Planning Council has "substantial leverage to press nursing home applicants to improve quality, but an examination of dozens of transactions in recent years show that power is seldom used."

Unfortunately, many states continue to place few restrictions on who may operate nursing homes or assisted living facilities. LTCCC believes that states should exclude companies, or individual owners, from taking over ownership or management of facilities when past actions raise serious questions about their ability to properly manage health care facilities. Additionally, our organization believes that enforcement actions implemented to remedy a deficiency in one facility should be applied across all of a operator's facilities when appropriate.

As the recent Human Rights Watch report on antipsychotic drugging in nursing homes points out, the focus of the current enforcement system is on individual facilities, which is "a notable shortcoming because in many cases, fundamental decisions—about management, operations, revenue allocation, compliance with state and federal quality of care standards, staffing levels, and government reporting—are not made by the administrators of individual facilities but by upper level managers in the corporate structure that owns them." LTCCC agrees with Human

Rights Watch report's conclusion that CMS must "conduct enforcement based on ownership-level data to the greatest degree of its authority."

MEDPAC WEIGHS OPTIONS FOR FACTORING IN QUALITY DURING HOSPITAL DISCHARGE PLANNING

During a public meeting of the Medicare Payment Advisory Commission (MedPAC), Commissioners listened to staff proposals for driving Medicare beneficiaries to higher quality post-acute care (PAC) providers. As Patrick Connole wrote in *"MedPac Considers Steps to Drive Medicare Beneficiaries to Quality PAC,"* the focus of the presentation centered on hospital discharge planning.

MedPAC staff highlighted that the skilled nursing facility (SNF) rate of hospitalization for higher-quality and lower-quality SNFs ranged from 12.8 percent to 19.5 percent, respectively. Staff noted that [b]beneficiaries served by lower-quality provers may experience more hospitalizations and worse outcomes . . . And, Medicare gets less value and incurs higher program costs."

Under the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014, hospitals are to use PAC quality as a factor in patient discharge planning. Although the Act was passed in 2014, the corresponding regulations dealing with the quality requirement have still not been finalized. Staff presented the Commissioners with three possible avenues for factoring quality into hospital discharge planning.

First, staff presented an option that would allow hospitals to develop their own quality measures and performance for the facilities that hospitals present to patients as possible settings for post-acute care. Second, staff outlined an approach that would have hospitals rely on "Medicare-defined quality measures and performance levels." Lastly, the third approach would allow Medicare to measure quality based on geographic location.

Some Commissioners appeared to favor the third option, while others questioned how the data could be reliable. While MedPAC did not set any future action for these proposals, it may in the body's annual report to Congress. LTCCC urges caution regarding the use of CMS's quality measures, as these measures tend to be self-reported by facilities and may be subject to manipulation.

KAISER FAMILY FOUNDATION STUDY PROVIDES NEW INSIGHTS INTO NURSING HOME AND RESIDENT CHARACTERISTICS

"Nursing Facilities, Staffing, Residents and Facility Deficiencies, 2009 Through 2016," a study published by the Kaiser Family Foundation, examines recent trends in nursing homes across the United States. The study provides information "on nursing facility characteristics, resident characteristics, facility staffing, and deficiencies by state from 2009 through 2016." Key findings from the study include the following:

- The occupancy rate of nursing homes in the United States fell to 81 percent in 2016, a drop of three percent since 2009;
- The number of for-profit nursing homes increased to 69 percent, an increase of two percent;

- Medicaid is the primary payer of nursing home care for 62 percent of residents (832,000 people);
- Over 65 percent of residents have mobility impairments, requiring the assistance of wheelchairs or constant support from others;
- Almost half of residents (45 percent) had a dementia diagnosis, 32 percent had psychiatric conditions (such as schizophrenia), and 63 percent of residents received psychoactive medications;
- Total nursing hours averaged 4.1 hours per resident per day in 2016, but there were wide variations across states and many of these hours consisted of non-licensed nursing care; and
- The most common cited deficiencies in 2016 were for "failures in infection control, accident environment, food sanitation, quality of care, and pharmacy consultation."

STUDY FINDS LINK BETWEEN NURSING HOME QUALITY AND A RESIDENT'S TRANSITION TO LONG TERM CARE

In *"Difference Between Skilled Nursing Facilities in Risk of Subsequent Long-Term Care Placement,"* researchers examined the link between the characteristics of skilled nursing facilities (SNFs) and the risk of residents moving into long-term care (LTC). The study finds that there is a clear relationship between a resident moving to long-term care and the nursing home's quality ratings. According to the report, residents at nursing homes "with excellent ratings had 22% lower odds than SNF residents with over overall poor ratings." Additionally, the study finds that staffing ratios and inspections are "strongly related to LTC placement rates, with quality measures less strongly related."

These findings are consistent with recent alerts published by LTCCC, which highlight how CMS's use of nursing home quality measures mischaracterizes the overall quality of a nursing home. Quality measures are mostly self-reported and may be subject to manipulation by some nursing homes. As a result, and as our alerts demonstrate, some of the worst facilities in any given state (in respect to such important criteria as inspection results and staffing levels) still have average or very high ratings in quality measures. LTCCC encourages consumers to focus on a nursing home's staffing and inspection results when selecting nursing homes.

- To read our alerts on poorly performing nursing homes in New York, New Jersey, Michigan, Illinois, Pennsylvania, California, Iowa, Florida, Texas, Connecticut, Ohio, and Indiana, please visit the Enforcement page of our website at http://nursinghome411.org/enforcement/.
- See the end of this newsletter for links to more resources, including a searchable list of all one-star nursing homes in the US (April 2018).

STUDY FINDS BARRIERS TO HIGHER QUALITY CARE FOR THOSE WITH BEHAVIORAL HEALTH DISORDERS

In *"Are Post-Acute Patients with Behavioral Health Disorders Admitted to Lower-Quality Nursing Homes?"* a February 2018 study, the authors find that the answer is yes. The authors examined patients with schizophrenia/psychosis, bipolar, depression/anxiety, personality disorder, and substance abuse.

According to the study, newly admitted residents with behavioral health disorders "are more likely to enter low quality facilities compared to patients without such disorders." The study further found that "[d]isparity in access to high quality nursing homes affects not only patients with serious mental illness but also patients with substance abuse and with depression/anxiety." The authors conclude that the findings "demonstrate persistence of disparities in access to high quality facilities over time and for patients with a broad range of behavioral health conditions."

LTCCC'S EXECUTIVE DIRECTOR FEATURED GUEST ON NURSING HOME ABUSE PODCASTS

Richard Mollot, LTCCC's executive director, was a guest on the Nursing Home Abuse Podcast twice in February 2018. In Podcast #63, entitled "CMS Regulations and Monitoring Long Term Care Facilities," and Podcast #64, entitled "More on CMS Guidelines and Monitoring Nursing Homes," Richard provided an overview of the federal Nursing Home Reform Law and changes to the law's implementing regulations over the last three decades. Richard emphasized that, while CMS has made regulatory changes over that time, the basic standards and promises of the federal law have not changed. He also discussed several standards of care that each nursing home resident is entitled to, such as standards dealing with antipsychotic drugs and pressure ulcers.

Hosts Rob Schenk and Will Smith, of Schenk Smith LLC, also spoke with Richard about pressing issues affecting nursing home residents, families, and advocates. Topics included the enforcement system, the nursing home industry, the Trump Administration, the Centers for Medicare & Medicaid Services (CMS), and assisted living facilities.

- To access Podcast #63, please visit: https://www.youtube.com/watch?v=-7IG-zAMPe0
- To access Podcast #64, please visit: https://www.youtube.com/watch?v=YJ2JFa9Xco0&index=58&list=PLCUYhiNUfTwQviP6-NgGY_CgKAa7r5bct

Please Support LTCCC's Mission: Donate Today

Your generous donations enable us to be a strong voice for vulnerable people in nursing homes and assisted living, and their families. While we are a small organization, we endeavor to have as big of an impact as possible in improving care, quality of life and dignity.

Your support, in any amount, would be helpful and appreciated. To make a tax-deductible donation, please visit our website, www.nursinghome411.org, and click on the purple "Make a Donation" button on the right-hand side of the page. It will take you to our secure, Network for Good donation page.

You can also support LTCCC at no cost by shopping online via our secure iGive page. iGive provides access to over 1,800 sites, from JC Penney to Neiman-Marcus for shopping to Expedia and Orbitz for travel. LTCCC is also an Amazon affiliate. Simply go to smile.amazon.com and choose Long Term Care Community Coalition to support LTCCC when you make a purchase on Amazon.

Free LTCCC Resources

ELDER JUSTICE "NO HARM" NEWSLETTER

Federal data indicate that state surveyors cite nursing home health deficiencies as having caused "no harm" to residents more than 95% of the time. Unfortunately, this has a profound impact on a nursing home resident's quality of care and quality of life. Deficient care cited in Statements of Deficiencies (SoDs), the written record of a facility's violations, too often indicate that residents are actually being harmed by these deficiencies, despite the misleading "no harm" label.

Elder Justice: What "No Harm" Really Means for Residents, is published jointly by the Center for Medicare Advocacy and the Long Term Care Community Coalition. The purpose of the newsletter is to provide our readers information on what a "no harm" deficiency is and how it impacts residents across the country every day. Our organizations hope this information will educate residents, families, friends, and advocates on the state of nursing home enforcement and encourage them to remain vigilant in advocating for a resident's rights under federal law.

LTCCC ISSUE ALERTS

LTCCC publishes monthly issue alerts on the rights of nursing home residents. These issue alerts focus on specific standards of care that nursing homes must follow as a requirement of participating in Medicare and Medicaid. The goal of this project is to provide residents, families, and advocates with information on why a standard of care is important to residents, what the nursing home requirements for that standard are, how prevalent deficiencies in meeting that standard are, what resident harm looks like when nursing homes fail to meet that minimum standard of care, and where readers can go for additional information.

- To date, LTCCC has published issue alerts on the following standards:
    - Pressure ulcers
    - Antipsychotic drugs
    - Staffing
    - Infection control
    - Transfer and discharge
    - Bed rails

LTCCC ALERTS ON ONE-STAR AND SPECIAL FOCUS FACILITY NURSING HOMES

The fact that a nursing home is licensed does not necessarily mean that it is providing good care or decent living conditions. To help the public assess the quality of a nursing home's care, CMS has developed a Five Star Quality Rating System which ranks nursing homes from one (worst) to five (best) stars. Following is information that LTCCC has compiled for the public on nursing homes which CMS has identified as amongst the worst in each state.

- One-Star Nursing Homes – This file, available at http://nursinghome411.org/one-star-nursing-homesapril-2018/, provides a list of all U.S. nursing homes with a one-star rating on Nursing Home Compare as of April 2018 (data processed by CMS in March 2018). A one-star rating is the lowest possible rating in the federal Five-Star Quality Rating

System. The file is searchable and sortable by state, facility name, location, and ratings for Health Inspections, Quality Measures, and Staffing.

- Poorly Performing Nursing Homes – In addition to the file with all one-star nursing homes in the US, we have compiled briefs for several states with information on facilities that have a very poor record of care, as identified by the US government through the Special Focus Facility Program and the Five-Star System. These states are: New York, Indiana, Pennsylvania, Ohio, Illinois, Michigan, California, Iowa, Connecticut, Florida, New Jersey, Texas, Maryland, Kansas, and Massachusetts.

LTCCC WEBINARS

LTCCC regular conducts webinars on a variety of timely nursing home topics, ranging from the survey process to resident rights. These webinars are available on LTCCC's YouTube page. For information on future webinars, please visit our homepage www.nursinghome411.org.

LEARNING CENTER: FREE RESOURCES ON RESIDENT RIGHTS & ADVOCACY

The Learning Center on LTCCC's homepage, www.nursinghome411.org, has a variety of materials on nursing home care, resident rights, and dementia care standards. All materials are free to use and share. We thank the Fan Fox & Leslie R. Samuels Foundation and The New York State Health Foundation for supporting development of these resources.

The LTC Journal

Spring 2018 Volume 4, Number 2. **©2018 The Long Term Care Community Coalition.**

The LTC Journal is published quarterly by the Long Term Care Community Coalition, One Penn Plaza, Suite 6252, New York, NY 10119. Visit us on the Web at **www.nursinghome411.org**.

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Benefactors: This newsletter is made possible through the generous donations of our supporters, including FJC – Foundation of Philanthropic Funds.