

# THE LTC JOURNAL

Summer 2018

The Long Term Care Community Coalition

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## Government Standards & Quality Assurance

### CMS FINALIZES NEW FEDERAL ENFORCEMENT POLICIES, MAKING IT EASIER FOR FACILITIES TO AVOID PENALTIES

On October 27, 2017, the Centers for Medicare & Medicaid Services (CMS) issued proposed changes to Chapter 7 of the State Operations Manual, which covers the survey and enforcement process for nursing homes. With the exception of some minor adjustments to the language in the proposed revisions, CMS finalized the changes on June 15, 2018 ([QSO 18-18-NH](#)). These changes reverse [surveyor guidance](#) issued by the Obama Administration in 2016.

**LTCCC and the Center for Medicare Advocacy are concerned that these changes will lead to a greater risk of resident harm and a further weakening of the enforcement system.**

Most notably, CMS will now make a distinction in enforcement policy among facilities that have been identified as putting their residents in immediate jeopardy, the most serious deficiency category. [According to CMS](#), immediate jeopardy is “a situation in which 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.” Under the new policy, CMS will distinguish between these deficiencies generally and those in which surveyors identified “serious injury, harm, impairment or death.” Now, the CMS Regional Offices (ROs) will only be required to impose a civil money penalty when, in addition to identifying immediate jeopardy, surveyors have also found and substantiated “serious injury, harm, impairment or death.” In immediate jeopardy cases where serious harm has not been substantiated, ROs will be given discretion to choose a lesser penalty. Additional changes also include giving ROs discretion in regard to the immediate imposition of federal remedies for past noncompliance and advising ROs to consider “the extent to which the noncompliance is the result of a one-time mistake . . . .”

LTCCC and the Center for Medicare Advocacy submitted joint comments on CMS’s proposed changes on November 22, 2017. As stated in our comments, our organizations believe these changes will lead to a greater risk of resident harm and a further weakening of the enforcement system. Numerous studies have indicated that, too often, surveyors fail to identify violations of minimum standards and to appropriately determine their severity. Currently, less than two percent (2%) of nursing home deficiencies are cited as placing the resident in immediate jeopardy. Thus, CMS’s decision to create a distinction between different types of immediate jeopardy means that even fewer nursing homes will be financially penalized when cited for the most serious and threatening violations of minimum safety standards.

- To read our comments, please visit: <https://nursinghome411.org/joint-consumer-comments-revised-policies-regarding-imposition-of-federal-remedies/>.

### HHS OFFICE OF THE INSPECTOR GENERAL REPORTS NEW YORK STATE IMPROPERLY CLAIMED FEDERAL REIMBURSEMENT FOR CDPAP SERVICES

The United States Health and Human Services (HHS) Office of the Inspector General (OIG) reviewed New York State’s consumer-directed personal assistance program (CDPAP) after previous reports

indicated that New York is “vulnerable to waste, fraud, and abuse.” The objective of the report was to determine whether the New York State Department of Health (NYSDOH) submitted claims for federal Medicaid reimbursement services in accordance with federal and state requirements.

CDPAP is a Medicaid service that allows beneficiaries to choose their own personal care, home health, and nursing services providers. In order to participate in the program, a beneficiary’s social services district needs to “authorize services based on a physician’s order, a social assessment, and a nursing assessment.” Additionally, the services must be provided at home and follow a plan of care. For personal care services, authorizations must be before services begin.

Based on a random sample of 120 claims between 2012 and 2016, the OIG found that NYSDOH improperly claimed reimbursement for 27 claims (22.5% of the claims examined). Specifically, the OIG’s report—[\*New York Claimed Federal Reimbursement for Consumer-Directed Personal Assistance Services That Did Not Meet Medicaid Requirements\*](#)—found the following:

- Fourteen claims were deficient because documentation was not provided;
- Seven claims were deficient because services were not authorized or supported;
- Four claims were deficient because the documentation was not completed in a timely manner; and
- Three claims were deficient because services were provided outside of the authorization period.

Based on the findings, the OIG recommended that NYSDOH “refund \$74,871,349 to the federal government.” The OIG also indicated that the state needs to reinforce the guidance provided to the social services districts and providers regarding documentation and billing requirements, as well as improve monitoring of the program.

### **CMS FINALIZES PATIENT DRIVEN PAYMENT MODEL (PDPM) RULE**

As previously reported, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule to update the nursing home payment system and to update the resident classification system. CMS noted in the proposed rule for the new Patient Driven Payment Model (PDMP) that these changes would result in an \$850 million increase in payments to facilities in fiscal year 2019, as well as save the industry two billion dollars over ten years. With some minor changes, such as \$820 million instead of \$850 million in increased payments, CMS finalized the new rule on July 31, 2018.

**“New York improperly claimed at least \$74.8 million in Federal Medicaid reimbursement during our audit period. New York’s lack of effective monitoring of the CDPAP leaves the program vulnerable to misuse of Federal funds and could potentially place beneficiaries at risk of harm.”**

- Daniel R. Levinson, Inspector General

### **A Windfall for the Nursing Home Industry**

New federal payment model for nursing homes will result in an \$820 million increase in payments for 2019, *PLUS* an anticipated \$2 billion in savings for nursing homes over the next ten years.

- For more information about the Final Rule, please see CMS’s fact sheet: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-07-31-3.html>.
- To read LTCCC’s analysis of the proposed rule, please see our previous newsletter: <https://nursinghome411.org/spring-2018-ltc-journal/>.

## LTC News & Briefs

### THE NEW YORK TIMES: NURSING HOMES HAVE BEEN OVERSTATING STAFFING LEVELS

Below is the [joint statement](#) released by LTCCC and the Center for Medicare Advocacy regarding *The New York Times*’ report on nursing home staffing.

The front page of *The New York Times* last Sunday—July 8, 2018—featured an article on nursing home staffing. “‘It’s Almost Like a Ghost Town.’ Most Nursing Homes Overstated Staffing for Years,” by Jordan Rau, reveals that a new reporting system based on payroll-based data indicates facilities have less staffing, especially on weekends, than previously reported to the government under the old self-reported system. According to *The Times*, staff at an average facility had to care for about twice as many residents on those poorly staffed days.

The newly implemented payroll-based journal (PBJ) system shows that seven out of ten nursing homes had “lower staffing . . . with a 12 percent average decrease.” The data further highlight that, for at least one day in the last quarter of 2017, 25 percent of facilities “reported no registered nurses at work.” All licensed facilities are required to have an RN in the facility every day and, as the article explains, numerous studies show that lower staffing is tied to higher health violations. In fact, a landmark federal study in 2001 identified that at least 4.1 hours of direct care staff time is typically needed to meet a resident’s clinical needs. The increased care needs of residents over the past 17 years suggest that even higher levels of staffing may be necessary today.

Staffing is one of the most important indicators of quality and safety and, thus, the increase in transparency provided by these PBJ data is valuable and important. However, as *The Times* article suggests, the way in which these data are used in the Nursing

Home Compare Five-Star Rating System may still mislead consumers. Consumers often rely on Medicare’s Nursing Home Compare website when determining the quality of a potential nursing home; however, Medicare still bases a nursing home’s staffing star-rating on comparisons to other facilities, “essentially grading on a curve.” The article notes that, as a result, “many homes have kept their rating even though their payroll records showed lower staffing than before.”

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A senior vice president at the American Health Care Association, a nursing home industry group, said that there are legitimate reasons for why staffing varies between weekdays and weekends, noting that “there are fewer activities for residents and more family members around.” Unfortunately, some residents may not have families or loved ones willing or able to make sure their care needs are being met on weekends when facilities are not meeting their federally-mandated responsibilities. Some people, like Jay Vandemark, a resident at Beechtree Center for Rehabilitation & Nursing in Ithaca, New York, may all too often find that facilities become “almost like a ghost town” on weekends. As Mr. Vandemark told *The Times*, he “often roams the halls looking for an aide not already swamped with work when he needs help putting on his shirt.”

**If you or a loved one are a resident at an understaffed nursing home, please know that you have rights.** Every nursing home resident is entitled to services that attain or maintain his or her “highest practicable physical, mental, and psychosocial well-being.” Under the federal Nursing Home Reform Law, this standard means that each nursing home must have sufficient staff with the competencies and skills necessary to meet resident care needs, including having a registered nurse on duty for eight hours a day, seven days a week, as well as having 24-hour licensed nursing service. Our organizations encourage residents and families to educate themselves about residents’ rights and to continue advocating for the care that residents are entitled to by law.

### **LTCCC PUBLISHES LATEST STAFFING DATA FOR EVERY U.S. NURSING HOME**

Since the Centers for Medicare & Medicaid Services (CMS) began publicly reporting the daily payroll-based data on nursing home staffing on a quarterly basis in 2017, LTCCC has published this information in a user-friendly format for every nursing home in the country (that is in compliance with the federal reporting requirement) on our website, [www.nursinghome411.org](http://www.nursinghome411.org). In August, LTCCC released the latest data, in individual state files, for the first quarter of 2018. The files are searchable and sortable by facility name, highest (or lowest) care staffing levels, and more.

**Important additions to this update.** As of this update, the data now include:

1. City and county information (to facilitate searching and comparing facilities in a community).
2. Non-nursing staff.
3. Contract staff. The CMS website, [www.data.cms.gov](http://www.data.cms.gov), now includes daily use of contract and employee staff. LTCCC is posting a **separate national file** with each facility’s average use of contract registered nurse (RN), licensed practical nurse (LPN), and certified nursing assistant (CNA) staff for the quarter. This information is important because consistent assignment of caregivers and reducing the use of contract or agency staff are recommended to improve quality of care and life.

- For more information, please see our August staffing alert at <https://nursinghome411.org/ltccc-news-alert-august-2018-new-data-on-nursing-home-staffing/>.

- To find and search individual state files, please visit <https://nursinghome411.org/nursing-home-staffing-2018-q1/>.
- To send a free message about staffing or other nursing home concerns, please visit our newly updated **Action Center** at <https://nursinghome411.org/action-center/>.

### **NEW YORK ATTORNEY GENERAL FILES COMPLAINT AGAINST FORMER NURSING HOME OWNERS, ALLEGING MULTIPLE FELONIES**

The New York State Attorney General’s Office has filed a complaint against Joseph Zupnik, Daniel Herman, and CCRN Operator LLC, alleging multiple felony counts. Zupnik owned 99 percent of CCRN, and Herman was a high-level manager at the limited liability corporation, which owned Focus Rehabilitation and Nursing Center at Otsego.

According to the complaint, the defendants bought the facility from Otsego County for \$18.5 million in 2014. After taking control, and despite warnings from the facility’s senior staff, the defendants began cutting staffing, payroll, and “other necessary services and supplies needed to provide safe and adequate care to more than 200 individual residents . . .” Zupnik and Herman are alleged to have “also diverted state Medicaid Program funds to benefit residents and paid such monies for their own benefit through companies they owned or controlled.”

**“The Attorney General’s Office alleged that to cut payroll, staffing and other expenditures, Zupnik and Herman prohibited the administrators and directors of nursing to assign adequate staff to each shift. As a result, there weren’t enough workers to provide adequate care and services to residents or sufficient supervision to ensure that the nursing staff provided adequate care.”**

- Denise Richardson, [The Daily Star](#), (Jun. 7, 2018).

The complaint further alleges that the defendants disregarded warnings about deficient care, including survey findings of immediate jeopardy (the highest level of deficient care), as well as internal reports of resident abuse and neglect. In one case, a 91 year-old man, who was not properly assessed for falls, died after sustaining a subdural hematoma.

Focus Rehabilitation and Nursing Center at Otsego was designated a Special Focus Facility (SFF) in 2016. The SFF Program is a federally-mandated program in which nursing homes that have been identified as among the nation’s worst are subjected to greater oversight. In January, the facility was taken over by Centers Health Care and its name was changed to Cooperstown Center for Rehabilitation and Nursing.

- For more information about New York State’s Special Focus Facilities, please see LTCCC’s alert on Special Focus & One-Star Nursing Homes in NY: <https://nursinghome411.org/alert-poorly-performing-nursing-homes-ny-march-2018/>.
- For additional information about the Attorney General’s Complaint, please see: [http://www.thedailystar.com/news/local\\_news/ex-owners-of-nursing-home-face-felony-charges/article\\_1142ec0b-fee0-5ea1-b5df-b3fa37ac8f9b.html](http://www.thedailystar.com/news/local_news/ex-owners-of-nursing-home-face-felony-charges/article_1142ec0b-fee0-5ea1-b5df-b3fa37ac8f9b.html).

## PENNSYLVANIA’S TAKE OVER OF NURSING HOMES SHOW HIDDEN COSTS OF POOR OVERSIGHT

In *“Pennsylvania to pay \$475,000 for temporary nursing home manager,”* the *Reading Eagle* highlighted the financial impact that can befall states when they allow questionable operators to take over nursing homes and assisted living facilities. The article explains that the Pennsylvania Department of Health had to step in with a temporary manager after the health and safety of at least 800 residents became endangered under Skyline Healthcare’s management of nine facilities in the state.

According to the article, the state brought in Complete HealthCare Resources to temporarily manage the facilities until a new buyer could be found. The temporary management, between May 14<sup>th</sup> and June 9<sup>th</sup> of this year, cost the state \$475,000. The original contract called for \$250,000 but it was later amended to include resident care costs, such as food and medicine. As the article notes, the state has “stepped in more than a dozen times with temporary managers for poor performing nursing homes, at a cost of more than \$4.2 million.”

Sadly for residents and taxpayers, at least four other states have had to step in with temporary managers to take over failing Skyline facilities. The article notes that Skyline had operations in ten states and many of its facilities were purchased from another nursing home chain, Golden Living. The article adds that Golden Living “divest[ed] its interest in all its Pennsylvania homes last year following a lawsuit by the state attorney general’s office . . . [which] claimed the chain had collected millions in Medicare and Medicaid payments, but failed to provide routine care in two-thirds of its homes.” While the Pennsylvania health department approved the sale of Golden Living’s facilities to Skyline just last year, the state is already dealing with the consequences of that sale.

- For additional information about Skyline Healthcare, please read *“Failing Nursing Home Chains Raise Concerns about Ownership and Accountability”* in the spring 2018 issue of *The LTC Journal*. See <https://nursinghome411.org/spring-2018-ltc-journal/>.

## CALIFORNIA NURSING HOME TO PAY \$450,000 TO SETTLE CARE & INAPPROPRIATE DISCHARGE ALLEGATIONS

Los Angeles City Attorney Mike Feuer secured a \$450,000 settlement against Avalon Villa Care Center, based on allegations that the facility improperly discharged some residents to homeless shelters and failed to meet certain quality standards in resident care. In one [\*Los Angeles Times\*](#) article, Ronald Anderson, a previous resident at the facility, explained that he was discharged to a homeless shelter after being told that the facility could no longer provide him care. Mr. Anderson, an amputee and diabetic, stated that “[t]hey dropped my bags at the door and took off like a thief in the night.”

**Ronald Anderson, a previous resident at the facility, explained that he was discharged to a homeless shelter after being told that the facility could no longer provide him care. Mr. Anderson, an amputee and diabetic, stated that “[t]hey dropped my bags at the door and took off like a thief in the night.”**

As part of the settlement agreement, Avalon Villa is required to pay \$75,000 in civil penalties, as well as \$325,000 for the hiring and training of staff dedicated to discharge planning for the homeless and quality of care issues. Additionally, Avalon Villa agreed to pay \$50,000 for housing residents who are homeless at the time of discharge. The facility will also have to meet several conditions, including identifying residents who are homeless at the time of admission and “connecting those residents with appropriate government, private and non-profit agencies and services at the earliest possible time following admission.”

### **NY GOVERNOR CUOMO PROPOSES TO INTRODUCE LEGISLATION ON SAFE STAFFING LEVELS**

On June 22, 2018, Governor Andrew Cuomo indicated that he plans to promulgate safe staffing requirements for nursing homes and hospitals. LTCCC welcomes this news and hopes that it will result in meaningful staffing standards. For far too long, too many nursing homes in New York have failed to provide the basic staffing necessary to ensure that residents are safe and able to live with dignity. New York nursing homes are consistently among the lowest staffed in the nation. This record is simply inexcusable.

*Below is Governor Cuomo’s full statement:*

One of the issues that has not been addressed this year is the level of care provided in our hospitals and nursing homes and the staffing levels of nurses and health professionals. We know that quality of care is directly linked to appropriate staffing levels.

Next session I will introduce legislation allowing the Department of Health to set safe staffing levels by regulation as legislative solutions have not been forthcoming.

In the meantime, I have directed the Department of Labor to vigorously enforce workforce protections. Reports of nurses being forced to work through lunch breaks, additional hours and without fair compensation, are not only unwise, as it diminishes the quality of care, but they violate state law which will result in penalty-pay to each nurse, and which I am directing the Department of Labor to aggressively pursue.

- To learn about current federal staffing standards, please see LTCCC’s Issue Alert on Nursing Home Staffing Requirements: <https://nursinghome411.org/lccc-issue-alert-nursing-home-staffing-requirements/>.
- To find out the staffing levels in your nursing home, or those in your community, please see <https://nursinghome411.org/nursing-home-staffing-2018-q1/>.

### **MEDPAC’S REPORT TO CONGRESS HIGHLIGHTS THAT MANY PEOPLE CHOOSE LOWER QUALITY NURSING HOMES, DESPITE BETTER ALTERNATIVES**

According to the Medicare Payment Advisory Commission’s (MedPAC) report to Congress, nursing home residents continue to miss higher quality providers in their areas when selecting nursing homes. In its June report to Congress, MedPAC noted that “over 94% of beneficiaries who used HHA [home health agency] or SNF [skilled nursing facility] services had at least one provider within a 15-mile radius that had higher performance on a composite quality indicator than the provider they selected.” Furthermore, MedPAC found that nearly half of nursing home residents had “5 or more options with better quality.”



MedPAC noted that assisting residents in finding higher quality providers needs to be one of the goals of hospital discharge planning moving forward under the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014. However, MedPAC stated that there first needs to be a consistent approach to identifying better quality providers and those quality standards need to be transparent for providers and beneficiaries, avoiding conflict of interests and accounting for geographic location.

MedPAC provided three approaches to reforming hospital discharge planning. A flexible approach 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. A prescriptive approach would have hospitals rely on quality measures and performance levels that have been defined by the Centers for Medicare & Medicaid Services (CMS). The third approach would be a variation of the perspective approach but would allow for variations across locations. While MedPAC acknowledges that residents may choose lower quality providers based on concerns that would not be reflected in these measures, such as proximity to family, better quality information would allow residents “to better understand the nature of their options and any trade-offs.”

- For additional information about MedPAC’s June report, please see: <https://skillednursingnews.com/2018/06/data-drives-skilled-nursing-referral-partnerships-residents-ignore/>.
- To access MedPAC’s report, please visit: [https://3b6ds31l4e7i9efidz7829x2-wpengine.netdna-ssl.com/wp-content/uploads/2018/06/jun18\\_medpacreporttocongress\\_sec.pdf](https://3b6ds31l4e7i9efidz7829x2-wpengine.netdna-ssl.com/wp-content/uploads/2018/06/jun18_medpacreporttocongress_sec.pdf).

### **SPECIAL FOCUS FACILITIES: POOR CARE FOR RESIDENTS, LIMITED ENFORCEMENT CONSEQUENCES FOR FACILITIES**

On July 27, 2018, the [Center for Medicare Advocacy](#) published a report on Special Focus Facilities (SFFs). SFFs are nursing homes that have been identified by the Centers for Medicare & Medicaid Services (CMS) as persistently providing very poor quality of care to their residents and as needing greater oversight. Nursing homes that have been designated as SFFs are expected to either significantly improve their everyday practices within 18-24 months, and graduate from the program, or be terminated from participating in the Medicare and Medicaid programs. Termination typically results in a facility’s closure.

CMS identifies new SFFs and updates the list of SFFs every month. Looking at a selection of 18 SFFs in June and July of 2018, the Center examined these facilities to determine “how many jeopardy-level and harm-level deficiencies the 18 SFFs had in the current and prior survey cycles, whether any [civil money penalties] CMPs or [denial of payment for new admissions] DPNAs were imposed in the prior three years, whether the SFFs lacked mandated RN coverage or had other problems in staffing data, and their quality measure ratings.” The Center found that 12 of the 18 SFFs were cited for jeopardy-level deficiencies, four SFFs were cited only for harm-level deficiencies, and two SFFs were cited for neither jeopardy nor harm-level deficiencies. The Center also found that, in total, the 18 SFFs had \$992,325 in CMPs and 12 DPNAs over a three-year period. For staffing, the report found that three “SFFs did not submit

staffing data, reported large numbers of days with no RN coverage, or submitted data that could not be verified.” Finally, the report also found that six SFFs had four stars in quality measures and one SFF had five stars.

Based on the findings, the Center concluded that though care in SFFs is exceptionally poor, as expected, enforcement actions against these facilities are “relatively minor.” The report notes that these SFFs had a high number of jeopardy and harm-level deficiencies; however, the average CMP for each of the 12 SFFs that had a CMP imposed was only \$27,562 per year. The report adds that “CMS needs to strengthen the SFF program to take more effective action against facilities that provide poor care. It also needs to revise Nursing Home Compare to more accurately reflect nurse staffing levels at all nursing facilities nationwide and to discontinue using the quality measure domain in rating facilities.”

**“Facilities that are identified as among the most poorly performing facilities in the country provide extremely poor care and may fail to have sufficient numbers of RNs, but they face limited, if any, fines. Going forward, nursing facilities are likely to have even lower fines.”**

- Toby Edelman, [Center for Medicare Advocacy](#).

- To read the report, please visit <http://www.medicareadvocacy.org/special-focus-facilities-poor-care-for-residents-limited-enforcement-consequences-for-facilities/>.
- For more information about Special Focus Facilities, please see LTCCC’s alerts on one-star and Special Focus Facility nursing homes. They are available on our Enforcements page, <https://nursinghome411.org/enforcement/>.

### **PREVIOUSLY SECRET DOCUMENTS SHOW VA NURSING HOMES FAILING TO PROVIDE ADEQUATE CARE**

The Department of Veteran Affairs (VA) operates 133 nursing homes across the country. These nursing homes serve about 46,000 residents every year. Unfortunately, new data now indicate that these veterans face worse outcomes than residents in private facilities. One analysis by [USA Today and The Boston Globe](#) shows that “two-thirds of Department of Veterans Affairs nursing homes last year were more likely to have dangerous bed sores and to suffer serious pain than their counterparts in private nursing homes across the country.” Finding further that more than a hundred VA nursing homes had lower scores than private nursing homes on quality indicators, such as infections.

A previous [report](#) shows that 60 VA nursing homes received one out of five stars, the agency’s lowest ranking, last year. Although the VA previously kept data on its nursing homes private, the agency made some information public in June 2018 after concerns about the secrecy. The data provide that VA residents reported higher rates of pain, antipsychotic drug use, decreased ability to perform the activities of daily living, catheter misuse, and pressure ulcers.

**“The agency has tracked detailed quality statistics on its nursing homes for years but has kept them from public view, depriving veterans of potentially crucial health care information.”**

- Donovan Slack & Andrea Estes, [“Secret VA nursing home ratings hide poor quality care from the public,” USA TODAY](#) (June 17, 2018).

- For additional information, please see “Secret VA nursing home ratings hide poor quality care from the public,” available at <https://www.usatoday.com/story/news/politics/2018/06/17/secret-va-nursing-home-ratings-hide-poor-quality-care/674829002/>.
- To access the Department of Veterans Affairs nursing home ratings, please visit <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=4072>.

## SAVE THE DATE: LTCCC’S TENTH ANNUAL RECEPTION & PANEL DISCUSSION

Please Join Us In Support of Our Mission to Improve Long Term Care, Quality of Life, & Dignity

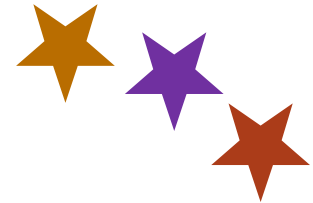
Wednesday, October 10<sup>th</sup>

**6-7 pm - Reception**

**7-8 pm - Panel Discussion on Assisted Living: Achieving the Promise**

Panelists include:

- Honorable Richard N. Gottfried, Chair, NYS Assembly Committee on Health
- Annette Horvath, Administrator, Bronxwood Assisted Living
- Richard Mollot, Executive Director, LTCCC
- Barbara Murray, Assisted Living Resident



For more information, visit <https://nursinghome411.org/save-the-date-ltccc-cocktail-party/> or contact Sara Rosenberg at [sara@ltccc.org](mailto:sara@ltccc.org) or 212-385-0355.

## 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 click here](#) or visit our website, [www.nursinghome411.org](http://www.nursinghome411.org), and click on the purple “[Support Our Mission](#)” button at the bottom of the 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](http://smile.amazon.com) and choose Long Term Care Community Coalition to support our mission 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 record has a profound impact on a nursing home resident’s quality of care and quality of life. Resident

experiences cited in a given facility’s Statement of Deficiencies (SoDs) 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 to encourage them to remain vigilant in advocating for a resident’s rights under federal law.

- **New this month!** Please see our [Searchable Issue Guide: Elder Justice “No Harm” Deficiencies](#). The Issue Guide allows individuals to view and search by state, deficiency information (i.e., “pressure ulcer”), and more.

### LTCCC ISSUE ALERTS

LTCCC publishes [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. This project’s goal 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](#)
  - [Baseline care plans](#)

### 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 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 identified as amongst the worst in each state.

One-Star Nursing Homes – This file, available at <https://nursinghome411.org/one-star-nursing-homes-april-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 creating 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 ACTION CENTER

[LTCCC's Action Center](#) provides residents, families, and advocates with letters that can be sent directly to their Congressional and state representatives. These letters focus on issues that are essential to residents' quality of care and quality of life in nursing homes across the country and in New York State. Individuals using LTCCC's Action Center can revise our letters or send them as written.

### LTCCC WEBINARS

LTCCC regularly 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](http://www.nursinghome411.org).

### LEARNING CENTER: FREE RESOURCES ON RESIDENT RIGHTS & ADVOCACY

The Learning Center on LTCCC's homepage, [www.nursinghome411.org](http://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*

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