



Bringing it Together: Resources & Tools YOU Can Use to Improve Care

Presented by Richard Mollot, Long Term Care Community Coalition

www.nursinghome411.org

+ What Will We Be Talking About TODAY?

■ BRIEF RECAP

- The Federal Nursing Home Law and
- Residents' Rights

■ TOOLS & RESOURCES

- Essential Standards of Care
- Handy Reference Materials
- Useful Forms for Record-Keeping, Tracking, and Speaking Out About Concerns



+ The Nursing Home Reform Law

- The Nursing Home Reform Law (aka OBRA 87) requires that **every nursing home resident** is provided the care and quality of life services sufficient to attain and maintain his or her **highest practicable** physical, emotional, and psycho-social **well-being**.
- This is what we pay for.
- This is what providers agree to provide.
- This is what every resident deserves.



+ The Nursing Home Reform Law

- Emphasis on **individualized, resident-centered care** – to reduce problems, including abuse and neglect, and ensure that residents are treated with dignity and have a good quality of life.
- The law lays out specific **resident rights**, from good care and monitoring to a quality of life that maximizes choice, dignity and autonomy.



+ Persistent Problems

Unfortunately, too many residents are subjected to neglect, substandard care, abuse...

- The majority of nursing homes have less staffing than federal studies have indicated as necessary to meet residents' basic needs.
- Antipsychotic drugging, a major problem, continues to be pervasive.
- Unwanted discharges from nursing homes are a top complaint from residents and families.
- 2014 federal study found that 1/3 of short-term, rehab residents are harmed within about two weeks of entering the nursing home. 59% of that harm was avoidable.

+ Persistent Problems – Why?

While many facilities provide good care and life with dignity for their residents, in the absence of vigorous enforcement of minimum care standards, too many facilities will skimp on staffing and services to increase profits.

+ So, What Can WE Do?

1. **Know residents' rights.** We cannot advocate for our rights if we don't know what they are.
2. **Be equipped for advocacy.** Having good supports – people, information, tools – is essential for effective advocacy.



Improving Resident Care: Information, Tools, & Resources



[www.nursinghome411.org](https://nursinghome411.org)

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The screenshot shows a web browser window with the URL <https://nursinghome411.org/learning-center/>. The page features a purple sidebar on the left with the following menu items: Learning Center, Nursing Home Info & Data, Action Center, News & Reports, Assisted Living, LTC in NY State, HV Ombudsman Program, About LTCCC, Upcoming Events, and a search icon. The main content area has a header with the 'Learning Center' title and a breadcrumb 'Home / Learning Center'. Below the header, a welcome message states: 'Welcome to LTCCC's Learning Center. Below are our latest updates and materials. Click on the purple buttons to find fact sheets, webinars and other resources to support good care and resident-centered advocacy.' The main content area displays two featured items: 'LTCCC Webinar: Focus on Care: Pressure Ulcers & Infection Control' and 'Understanding Bodily Injury When Reporting Suspicion Of A Crime Against A Nursing Home Resident'. Each item has a 'Read More >' link. At the bottom of the main content area, there is a 'Fact Sheet: Pressure Ulcers' with a 'Read More >' link. On the right side of the page, there is a vertical column of purple buttons: 'SIGN-UP FOR LTC NEWS & UPDATES', 'FACT SHEETS', 'HANDOUTS', 'WEBINARS', 'FORMS & TOOLS FOR RESIDENT-CENTERED ADVOCACY', 'DEMENTIA CARE ADVOCACY TOOLKIT', 'VISIT THE FAMILY & OMBUDSMAN RESOURCE CENTER', and 'ABUSE, NEGLECT, AND CRIME REPORTING CENTER'.

LONG TERM CARE COMMUNITY COALITION
Advancing Quality, Dignity & Justice

Learning Center

Nursing Home Info & Data

Action Center

News & Reports

Assisted Living

LTC in NY State

HV Ombudsman Program

About LTCCC

Upcoming Events

Learning Center
Home / Learning Center

Welcome to LTCCC's Learning Center. Below are our latest updates and materials. Click on the purple buttons to find fact sheets, webinars and other resources to support good care and resident-centered advocacy.

LTCCC Webinar: Focus on Care: Pressure Ulcers & Infection Control

LTCCC Webinars [Read More >](#)

Understanding Bodily Injury When Reporting Suspicion Of A Crime Against A Nursing Home Resident

Addressing Abuse & Neglect, Learning Center [Read More >](#)

Fact Sheet: Pressure Ulcers

Fact Sheets [Read More >](#)

SIGN-UP FOR LTC NEWS & UPDATES

FACT SHEETS

HANDOUTS

WEBINARS

FORMS & TOOLS FOR RESIDENT-CENTERED ADVOCACY

DEMENTIA CARE ADVOCACY TOOLKIT

VISIT THE FAMILY & OMBUDSMAN RESOURCE CENTER

ABUSE, NEGLECT, AND CRIME REPORTING CENTER

RESIDENT CARE PLAN

There are many standards which nursing homes are required to follow in order to ensure that residents receive appropriate care, have a good quality of life and are treated with dignity. To meet these goals, nursing homes are required to develop an individualized care plan for each resident, based on careful assessment of each resident to understand his or her specific care needs.

Standards of Care

- **Provide individualized care plan.** Nursing homes must develop a person-centered baseline care plan for each nursing home resident within 48 hours of admission.
- **Resident assessment.** A facility must make an assessment of the resident's capacity, needs, and preferences. The assessment must include a wide range of resident needs and abilities, including customary routine, cognitive patterns, mood, ability to and methods of communication, and physical, dental, and nutritional status.
- **Assessment-based plan.** The care plan must be based on the assessment. In other words, it must come from the resident's needs and abilities, not the services or staffing levels which the nursing home decides to provide based on its financial (or other) priorities.

Resources

1. The Learning Center on LTCCC's website, www.nursinghome411.org, contains easy-to-use fact sheets on many of the nursing home standards of care most relevant to residents. See <http://nursinghome411.org/fact-sheet-resident-care-planning/>.
2. LTCCC's website has a section with free, easy-to-use forms for resident-centered advocacy, including a resident assessment worksheet. See <https://nursinghome411.org/forms-resources-for-resident-centered-advocacy/>.

INFECTION CONTROL AND PREVENTION

Infection prevention and control programs protect residents from preventable harm, injury, and death. Infections continue to be a leading cause of death, needless suffering, and expense among nursing home residents.

Standards of Care

- **Implement an infection prevention and control program.** Nursing homes must have a "system for preventing, identifying, reporting, investigating, and controlling infections."
- **Develop written policies and procedures.** Nursing homes are required to have policies to address infections, such as providing instructions on how to determine whether someone is infected.
- **Record incidents.** Nursing homes must implement a system for documenting incidents and corrective actions.
- **Practice the safe management of linens.** Nursing homes "must handle, store, process, and transport linens so as to prevent the spread of infection."
- **Conduct annual reviews of the program.** Nursing homes must review their infection control policies every year and update as necessary.

Resources

1. The Agency for Healthcare Research and Quality (AHRQ) advises staff to clean their hands. See <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/cauti-its/modules/resources/guides/infection-prevent.html>.
2. LTCCC issue alert describing federal requirements for infection control in nursing homes. See <https://nursinghome411.org/ltccc-issue-alert-infection-control-prevention/>.
3. LTCCC Report finds that infection control deficiencies were cited more than other deficiencies over a three year period, based on Nursing Home Compare data. See <http://nursinghome411.org/identification-of-resident-harm-in-nursing-home-citations/>.

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

CONSUMER FACT SHEET: PRESSURE ULCERS

There are many standards which nursing homes are required to follow in order to ensure that residents receive appropriate care, have a good quality of life, and are treated with dignity. **YOU** can use these standards to support better care in your nursing home.

Following is the standard and guidelines that we have identified as essential when it comes to pressure ulcers in nursing homes. The descriptions were taken directly from the federal regulations and guidelines (as indicated by text in italics). For more information about pressure ulcers, please see LTCCC's [issue alert](#).

THE LAW

Skin Integrity [42 C.F.R. § 483.25(b)(1)] [F-686]

Based on the comprehensive assessment of a resident, the facility must ensure that—

- ☐ *A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and*
- ☐ *A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.*

WHAT IS A PRESSURE ULCER?

Pressure ulcers occur when there is damage to a resident's skin or underlying tissue. Pressure ulcers are generally localized to areas of the body with bony prominences that absorb pressure from prolonged immobility (such as elbows, hips, heels, and shoulders). Pressure ulcers are classified into stages, based on the severity of the injury.

WHAT DOES "UNAVOIDABLE" MEAN?

According to CMS's Interpretative Guidance, "unavoidable" means that a pressure ulcer formed *even though the facility had evaluated the resident's clinical condition and risk factors; defined and implemented interventions that are consistent with resident needs, goals, and professional standards of practice; monitored and evaluated the impact of the interventions; and revised the approaches as appropriate.*

For additional information and resources, please visit
www.nursinghome411.org.

HOW CAN PRESSURE ULCERS BE PREVENTED AND TREATED?

CMS's Guidance states that *[e]ffective prevention and treatment are based upon consistently providing routine and individualized interventions*, including:

- ☐ Redistributing pressure, such as through repositioning, protecting and/or offloading heels, etc.;
- ☐ Minimizing the resident's exposure to moisture and keeping the resident's skin clean;
- ☐ Providing support and non-irritating surfaces; and
- ☐ Maintaining or improving the resident's nutrition and hydration status, including addressing adverse drug reactions which may worsen risk factors for development of, or for non-healing PU/PIs [pressure ulcers] . . .

CAN RESIDENTS PARTICIPATE IN THEIR CARE PLANNING?

Yes! The resident's care plan should establish relevant goals, approaches, and interventions for addressing the resident's risk of developing a pressure ulcer. CMS's Guidance notes that, *[i]n order for the resident to exercise his or her right appropriately to make informed choices about care and treatment or to decline treatment, the facility and the resident (or if applicable, the resident representative) must discuss the resident's condition, treatment options, expected outcomes, and consequences of refusing treatment.* If a resident determines not to undertake one form of prevention or treatment, *[t]he facility is expected to address the resident's concerns and offer relevant alternatives . . .*

For more information, please see LTCCC's [fact sheet on resident assessment](#) and care planning at www.nursinghome411.org.

A BRIEF NOTE ABOUT ABUSE AND NEGLECT

Pressure ulcers may be a sign of resident abuse and/or neglect. **Under the federal Nursing Home Reform Law, every nursing home resident has the right to be free from abuse and neglect.** CMS's Interpretative Guidance for this requirement notes that abuse may include the *deprivation by staff of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.* Similarly, CMS states that neglect may occur, *[i]f the facility is aware of, or should have been aware of, goods or services that a resident(s) requires but the facility fails to provide them to the resident(s).* Federal law and regulations require nursing homes to report all alleged violations of abuse and neglect to the facility administrator and the state survey agency *immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.* For more information about resident abuse and neglect, please see LTCCC's [Abuse, Neglect, and Crime Reporting Center](#) at www.nursinghome411.org.

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Issue Alert: Infection Prevention and Control

I. Why are Infection Control Requirements Important to Residents?

Infection prevention and control programs protect residents from preventable harm, injury, and death. Sadly, despite strong regulatory requirements to protect residents, infections continue to be a leading cause of death, needless suffering, and expense among nursing home residents.¹ According to the Office of Disease Prevention and Health Promotion, 380,000 nursing home residents die each year due to health care-associated infections.² Preventable reasons for the spread of infection include deficient nursing home practices, such as staff not washing their hands or sterilizing equipment before providing resident care.

II. What are the Infection Control Requirements?

The federal Nursing Home Reform Law requires each nursing home to “establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment in which residents reside and to help prevent the development and transmission of disease and infection.” The infection control program must “be designed, constructed, equipped, and maintained in a manner to protect the health and safety of residents, personnel, and the general public.”³ In order to be certified under Medicare and Medicaid, nursing homes must adhere to the following minimum standards of care in regards to infection prevention and control:

- **Implement an infection prevention and control program.** Nursing homes must have a “system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment . . . following accepted national standards.”⁴
- **Develop written policies and procedures.** Nursing homes must have: “[w]ritten standards, policies, and procedures for the program, which must include, but are not limited to:
 - A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;

Note to Readers:

LTCCC Issue Alerts provide basic information about an issue of concern to nursing home residents.

For further information, please see the Resources and references at the end of the Alert, as well as our website, www.nursinghome411.org.

LTCCC Issue Alert: Infection Prevention and Control Program

- When and to whom possible incidents of communicable disease or infections should be reported;
- Standard and transmission-based precautions to be followed to prevent spread of infections;
- When and how isolation should be used for a resident; including but not limited to:
 - The type and duration of the isolation, depending upon the infectious agent or organism involved, and
 - A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
- The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
- The hand hygiene procedures to be followed by staff involved in direct resident contact.”⁵
- **Implement a system for documenting incidents and corrective actions.** Nursing homes must have a “system for recording incidents identified under the facility’s IPCP and the corrective actions taken by the facility.”⁶
- **Practice the safe management of linens.** Nursing home staff “must handle, store, process, and transport linens so as to prevent the spread of infection.”⁷
- **Conduct annual reviews of the program.** Nursing homes must “conduct an annual review of its IPCP and update their program, as necessary.”⁸

III. How Prevalent are Infection Control Deficiencies?

A 2014 report by the U.S. Department of Health and Human Services’ Office of the Inspector General (OIG) found that an astounding 20 percent of Medicare nursing home residents experienced an “Adverse Event” within the first month of admission to a nursing home, with the harm occurring, on average, within 15 days after admission.⁹ Infections accounted for 26 percent of these adverse events; the OIG classified the majority of these harmful events—52 percent—as “preventable.”¹⁰

Data from Nursing Home Compare show that state surveyors have cited 20,190 infection control deficiencies over the last three inspection cycles (years). In total, infection control deficiencies account for nearly seven percent of all nursing home deficiencies on Nursing Home Compare over the last three inspection cycles (as of February 2018).

“Basic steps to prevent infections — such as washing hands, isolating contagious patients and keeping ill nurses and aides from coming to work — are routinely ignored in the nation’s nursing homes, endangering residents and spreading hazardous germs.”

—Jordan Rau, *Los Angeles Times* (Dec. 2017)

+ Webinars

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The screenshot shows the YouTube channel for the Long Term Care Community Coalition. The channel has 44 subscribers and a 'SUBSCRIBE' button. The video uploads are listed in two rows. The first row includes videos on pressure ulcers, nursing home abuse, dementia care, assisted living policies, and nursing home staffing. The second row includes videos on making voices heard, nursing home quality of life, a nursing home primer, a new SNF survey, and accessing information on the web. Each video thumbnail features a woman in a blue jacket and a hand holding a pen.

Video Title	Views	Time Ago
LTCCC Webinar: Focus on Care: Pressure Ulcers &...	16 views	3 weeks ago
LTCCC Program Addressing Nursing Home Abuse Negle...	57 views	1 month ago
LTCCC Webinar Advocacy Issues Dementia Care	35 views	2 months ago
LTCCC Webinar Assisted Living Promising Policies...	32 views	3 months ago
LTCCC Webinar Nursing Home Staffing Info 2018	101 views	4 months ago
LTCCC Webinar Making Your Voice Heard In the Nursing...	29 views	5 months ago
LTCCC Webinar Nursing Home Care Quality of Life...	71 views	6 months ago
LTCCC Webinar Nursing Home Primer1	90 views	11 months ago
LTCCC Webinar New SNF Survey 2018	992 views	1 year ago
LTCCC Webinar Accessing Info on the Web NH Compar...	31 views	1 year ago

Email SARA@LTCCC.ORG to receive invites or click on the YouTube icon on our website to visit our library of past programs.



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**Improving Care for Residents
With Dementia:**
Information, Tools, & Resources

+ Important to keep in mind...

The focus of our discussion – and of the federal standards in general – is on nursing home care.

HOWEVER, this is a serious problem for people in assisted living, adult homes and home care too.

A recent study found that:

- 76% of assisted living residents have a documented diagnosis of dementia.
- 37% of those individuals were being given antipsychotic drugs.
- Residents in an assisted living that had a “memory care unit” were more likely to be treated with both dementia medications and antipsychotic drugs.



Good
Dementia
Care No
Matter
Where



Dementia
“Behaviors”

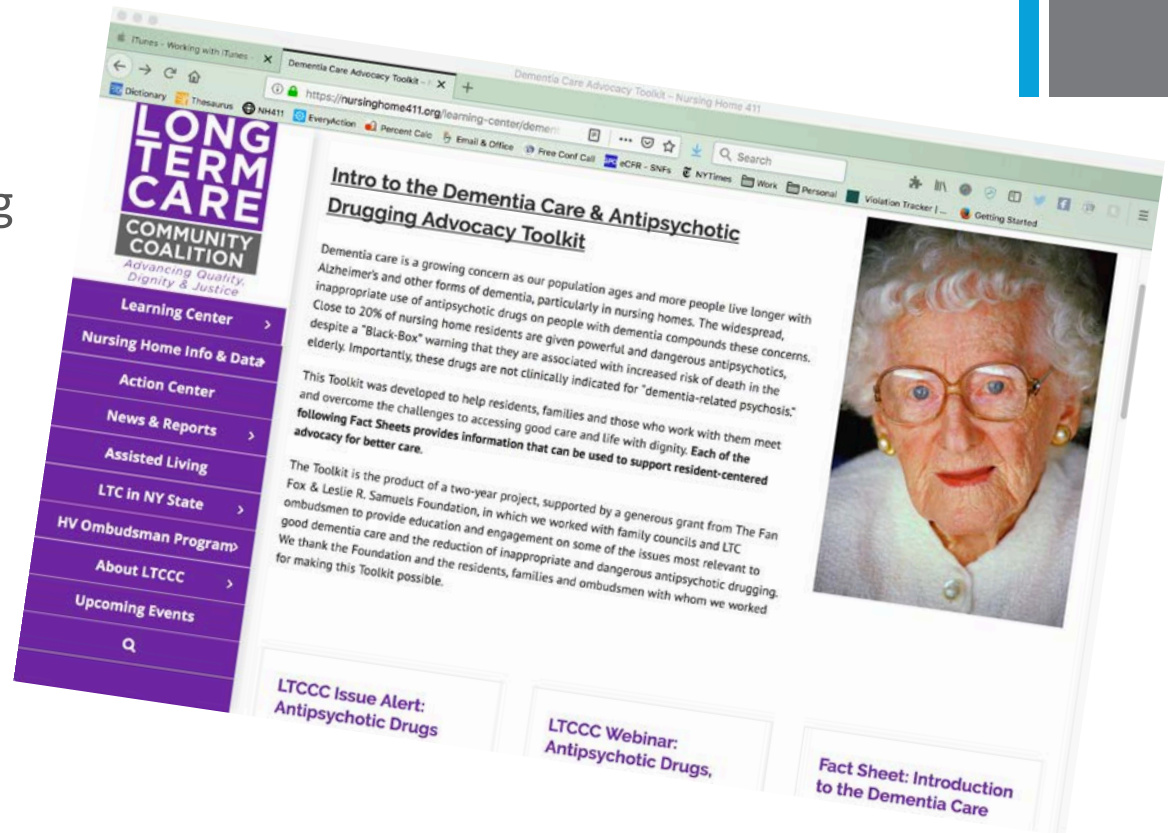
The diagram consists of two large circles, one orange on the left and one blue on the right, connected by an equals sign. The orange circle contains the text 'Dementia Behaviors' and the blue circle contains the text 'Communication'.

=

Communication

+ The Dementia Care Toolkit

- What should I look for when assessing a facility?
- What should I see going on in my facility?
- What do we have a right to expect **before** drugs are given to a resident?
- What do we have a right to expect **after** drugs are given?
- And more!



+ The Dementia Care Toolkit

- Dementia Care Considerations
- Dementia Care Practices
- Dementia Care & Psychotropic Drugs
- Non-Pharmacological Approaches to Dementia Care
- Resident Dignity & Quality of Life
- Standards for a Safe Environment
- Resident Assessment & Care Planning
- Care Planning Requirements
- Informed Consent
- Resident & Family Recordkeeping
- Standards for People Providing Care
- Standards for Nursing Home Services
- Standard of Care to Ensure Resident Wellbeing



Thank you to the Fan Fox & Leslie R. Samuels Foundation for supporting the development of this toolkit, and to the family councils who welcomed us to their meetings!



Making Your Voice Heard... In the Nursing Home

+ A Few Pointers....

- **Be polite.** Most people want to do a good job. Nobody likes to be attacked, or feel badly about the job they are doing. Though it is upsetting to be receiving poor care, or to see a loved one suffer, it is important to remember our goal: to improve care or conditions for the resident.
- **Know your rights.** See LTCCC's Learning Center for helpful fact sheets and other resources.
- **Work together (whenever possible).**
 1. Facility staff. Try to work cooperatively with staff. "These are my rights... how can we make it happen?"
 2. Join the resident or family council.
- **Keep good records.** It can be very hard to keep track of a concern or complaint, especially in a confusing or stressful situation. To help, LTCCC is putting together free, easy-to-use tools.

+ Who to Speak to....

- **Care staff.** Start with those working closest to resident and work out from there. If a problem can be resolved with the cooperation of caregivers, great!
- **Grievance officer.** Every nursing home is now required to have a grievance officer who is responsible for taking complaints, leading any necessary investigations, and tracking them through to conclusion. Residents and their representatives have a right to a written decision.
- **LTC ombudsman.** The LTC ombudsman can help you to navigate and resolve problems. If your facility does not have a regular ombudsman visiting, you can contact the LTC Ombudsman office.
- **Resident & family councils.** As noted above (and throughout our resources) participating in a resident or family council can be a very effective vehicle for raising concerns about care or quality of life in your facility in a constructive way.

Important Note:
These are some general suggestions. It is important, however, to always act in the best interest of the safety of residents, staff, and visitors.

+ Tools: Family & Ombudsman Resource Center

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The screenshot shows a web browser window with the title "Family & Ombudsman Resource Center – Nursing Home 411". The address bar displays "https://nursinghome411.org/families-ombudsmen/". The browser's toolbar includes various icons and a search bar. The website's header features the "LONG TERM CARE COMMUNITY COALITION" logo with the tagline "Advancing Quality, Dignity & Justice". The main content area is titled "Family & Ombudsman Resource Center" and includes a welcome message, a sign-up link, and a photo of two women. A sidebar on the left contains navigation links, and a grid of buttons provides access to various resources.

LONG TERM CARE COMMUNITY COALITION
Advancing Quality, Dignity & Justice


Family & Ombudsman Resource Center
Home / Uncategorized / Family & Ombudsman Resource Center

< Previous Next >

Family & Ombudsman Resource Center

Welcome to our dedicated Family & LTC Ombudsman page. We will be updating it frequently with resources and tools that you can use to support your resident-centered advocacy.

You can sign-up for updates by emailing info@ltccc.org or calling 212-385-0355. We would love to include you and support your efforts to improve care!



Forms & Resources For Resident-Centered Advocacy

The following forms and tools are free to use [...]

- FACT SHEETS ON CARE STANDARDS & RESIDENT RIGHTS
- DEMENTIA CARE ADVOCACY TOOLKIT
- SEARCH FOR THE STAFFING LEVELS IN YOUR NURSING HOME
- FORMS & RESOURCES FOR RESIDENT-CENTERED ADVOCACY
- TELL YOUR STORY
- UPCOMING WEBINAR PROGRAMS
- WATCH PAST WEBINAR PROGRAMS

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Action Center

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LTC in NY State >

HV Ombudsman Program

About LTCCC >

Support Our Mission

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+ Tools: Forms & Resources Page

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The screenshot displays a web browser window with the address bar showing <https://nursinghome411.org/forms-resources-for-resi>. The page title is "Forms & Resources For Resident-Centered Advocacy – Nursing Home 411".

Left Sidebar:

- LONG TERM CARE COMMUNITY COALITION**
Advancing Quality, Dignity & Justice
- Learning Center >
- Nursing Home Info & Data
- Action Center
- News & Reports >
- Assisted Living
- LTC in NY State >
- HV Ombudsman Program >
- About LTCCC >
- Support Our Mission
- Search icon

Main Content Area:

Forms & Resources For Resident-Centered Advocacy

Home / Family & Ombudsman Resource Center, Learning Center, Uncategorized / Forms & Resources For Resident-Centered Advocacy

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Forms & Resources For Resident-Centered Advocacy

The following forms and tools are free to use and share. They are available in both Word and PDF formats. Please choose the format which works best for you.

Word files:	PDF files:
RESIDENT CONCERN RECORD KEEPING FORM	RESIDENT CONCERN RECORD KEEPING FORM
RESIDENT ASSESSMENT WORKSHEET	RESIDENT ASSESSMENT WORKSHEET
RESIDENT PREFERENCES FORM	RESIDENT PREFERENCES FORM

Family & Ombudsman Resource Center, Learning Center, Uncategorized

Share This Story, Choose Your Platform!

Facebook Twitter LinkedIn YouTube Tumblr Google+ Pinterest VK Email

+ Resident Preferences Form

Name: _____

1

My Personal Preferences

Like everyone else, residents have preferences in respect to how they live their lives. Federal law requires that every residents' preferences are recognized, respected, and reflected in the care and services they receive. While living with other people inevitably results in some compromises, the facility must take meaningful steps to meet each resident's needs and preferences as an individual.

For example, Sam likes to eat meat. This does not mean that the facility must feed Sam filet mignon. However, it is required to provide tasty, appealing, and nutritious food at every meal, and should endeavor to regularly offer dishes that Sam enjoys. Offering Sam a cheese sandwich as a meal substitute on a regular basis is not appropriate.

Residents and families are encouraged to use this form to document preferences which can be shared with staff to foster person-centered care. This page provides basic information. The following pages provide more specifics.

PLEASE NOTE THAT THIS FORM IS TO PROVIDE INFORMATION ON PERSONAL PREFERENCES ONLY. IT IS NOT TO BE USED TO IDENTIFY A RESIDENT'S CLINICAL OR MEDICAL NEEDS, NOR DOES IT SUPPLANT PLANS OF CARE OR MEDICAL RECORDS.

A Little Bit About Me	
I prefer to be called:	
I like to wake up:	Naturally Around _____ o'clock
My preferred morning routine:	Is important to me Includes: _____
My bathing preferences: (check all that apply)	Bath Shower Sponge bath _____ (other or special notes)
My music/tv preferences:	TV _____ Music _____ I generally prefer quiet time in my room
Some things that I enjoy or find comforting:	

For additional information and resources, please visit www.nursinghome411.org.

Additional topics covered:

- Personal background
- Sleeping
- Dressing
- Grooming
- Activities
- TV & Music
- Social interactions
- Religious/spiritual

Form is available in both PDF & Word formats. Add as little or as much information as you like.

+ Resident Concern or Complaint Form

Today's Date: _____

Record-Keeping Form For Resident Concerns

This form can be used to keep personal records of a problem or concern and how it is addressed by the facility. Keeping track of who you spoke to and when, what the response was, and what actions were taken to resolve the problem can strengthen your advocacy, both in the facility and beyond. This form can be used to facilitate conversations and follow-up with staff and administration, raise issues at resident or family council meetings, or support a complaint to a government agency.

Date When Issue Occurred or Was Discovered: _____

Issue:

Staff Person(s) Spoken To:

Response/Plan of Action from Staff:

Actions Taken:

Today's Date: _____

--- Make as Many Copies of This Page as Necessary to Track Your Concern ---

Issue (Update):

Staff Person(s) Spoken To:

Response/Plan of Action from Staff:

Actions Taken:

Today's Date: _____

Issue (Update):

Staff Person(s) Spoken To:

Response/Plan of Action from Staff:

Actions Taken:

For additional information and resources, please visit
www.nursinghome411.org.

+ Fact Sheet: Resident Assessment & Care Planning

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LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

CONSUMER FACTSHEET: RESIDENT ASSESSMENT & CARE PLANNING

There are many standards which nursing homes are required to follow in order to ensure that residents receive appropriate care, have a good quality of life and are treated with dignity. YOU can use these standards as a basis for advocating in your nursing home. Following are two important standards for residents assessment and care planning with information that can help you understand and use them to advocate for your resident. [Note: The brackets provide the relevant federal regulation (CFR) and F-tag (category of deficiency).]

I. RESIDENT ASSESSMENT [42 CFR 483.20 F-636]

- The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.
- A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS.
- The assessment must include at least the following:
 - ✓ Identification and demographic information.
 - ✓ Customary routine.
 - ✓ Cognitive patterns.
 - ✓ Communication.
 - ✓ Vision.
 - ✓ Mood and behavior patterns.
 - ✓ Psychosocial well-being.
 - ✓ Physical functioning and structural problems.
 - ✓ Continence.
 - ✓ Disease diagnoses and health conditions.
 - ✓ Dental and nutritional status.
 - ✓ Skin condition.
 - ✓ Activity pursuit.
 - ✓ Medications.
 - ✓ Special treatments and procedures.
 - ✓ Discharge planning.
 - ✓ Documentation of summary information regarding the additional assessment performed through the resident assessment protocols.
- Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.

Use this checklist to identify what is important to YOU when you have a resident assessment!

II. COMPREHENSIVE PERSON-CENTERED CARE PLANNING [42 CFR 483.21]

The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with... resident rights..., that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following:

- The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being...
- Any services that would otherwise be required... but are not provided due to the resident's exercise of rights..., including the right to refuse treatment...
- In consultation with the resident and the resident's representative(s) –
 - The resident's goals for admission and desired outcomes.
 - The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
 - Discharge plans in the comprehensive care plan, as appropriate...

A comprehensive care plan must be... Developed within 7 days after completion of the comprehensive assessment.

IMPORTANT NOTE: The new federal nursing home standards greatly expanded expectations for care planning. See the "LTCCC Factsheet Care Planning Requirements" for important details on how care plans must be developed and carried out.

BASIC CONSIDERATION TO KEEP IN MIND

- ☐ A facility must make an assessment of the resident's capacity, needs and preferences.
- ☐ The assessment must include a wide range of resident needs and abilities, including customary routine, cognitive patterns, mood, ability to and methods of communication, physical, dental and nutritional status.
- ☐ A facility is expected to primarily rely on direct observation and communication with the resident in order to assess his or her functional capacity.
- ☐ In addition to direct observation and communication with the resident, the facility must use a variety of other sources, including communication with care staff on all shifts.
- ☐ A resident's care plan "must describe... the services to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being...."
- ☐ The care plan must be based on the assessment. In other words, it must come from the resident's needs and abilities, not the services or staffing levels which the nursing home decides to provide based on its financial (or other) priorities.

RESOURCES

WWW.NURSINGHOME411.ORG. LTCCC's website includes materials on the relevant standards for nursing home care, training materials and other resources.

+ Resident Assessment Planning Form

Resident Assessment Planning Form

Nursing homes are required to conduct initially and periodically a comprehensive and accurate assessment of each resident's functional capacity. Federal law requires that it identify and respond to "a resident's needs, strengths, goals, life history and preferences." It is very important because it forms the basis for a resident's care plan, which outlines the services the facility promises to provide.

Federal standards also state "that the assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts." The purpose of this form is to assist residents, families, and those working with them to prepare for and participate effectively in the assessment process. It can be used to identify areas of concern related to the required components of the assessment.

Identification & Demographic Background:

Customary Routine:

Cognitive Patterns or Issues (e.g., memory loss, dementia, Alzheimer's, etc.):

Communication Challenges or Problems:

Vision Problems (e.g., blurry vision, floaters, flashes, etc.):

Mood or Behavioral Concerns (e.g., depression, anxiety, anger, etc.):

Concerns with Psychosocial Well-being (e.g., appropriate activities, social environment, etc.):

Physical Functioning and Structural Problems (e.g., trouble walking, backaches, arthritis, etc.):

For additional information and resources, please visit
www.nursinghome411.org

Continence Issues (e.g., bladder or bowel function, constipation, relying on assistance to go to the bathroom, etc.):

Disease diagnoses and health conditions:

Dental Problems or Concerns (e.g., toothaches, dental hygiene concerns, dentures, etc.):

Nutritional Concerns (e.g., weight loss, lack of interest in eating, difficulty eating, etc.):

Skin Conditions (e.g., pressure ulcer concerns, itching, bruises, abnormal lumps, sore areas, etc.):

Activities (e.g., are activities engaging for resident, tailored to mental and physical abilities, etc.):

Medication Issues or Concerns (e.g., receiving antipsychotic drugs off-label, not receiving medications to relieve pain or anxiety, etc.):

Special Treatments and Procedure Concerns (e.g., staff members are not mindful of resident's food allergies, facility does not provide vegetarian options for meals, etc.):

If you have any further issues or concerns not described earlier, please write them below:

For additional information and resources, please visit
www.nursinghome411.org



+

Making Your Voice Heard... Beyond the Nursing Home

+ Tell Your Story

29

Tell Your Story About Nursing Home or Assisted Living Care

A few background questions.

Thank you for taking the time to tell your story. Hearing from you helps us to provide a strong voice for better care and life with dignity for residents. Please note that we will never divulge any resident's name, or the name or location of a facility, unless you give us specific permission to do so.

* 1. Are you a:

☐ Resident ☐ Staff Person

☐ Family Member ☐ Ombudsman

☐ Other (please specify)

* 2. Type of facility.

☐ Nursing Home ☐ Assisted Living/Adult Home

☐ Other (please specify)

* 3. Is the experience you are writing about positive or negative?

☐ Positive ☐ Negative

* 4. Did the situation involve abuse, neglect, or other problem? Please select all that apply:

☐ Neglect ☐ Unwanted Discharge From the Facility ☐ Medication

☐ Emotional Abuse ☐ Food or Dining Issue ☐ Communication Problem

☐ Physical Abuse ☐ Sexual Abuse ☐ Theft or Loss

Other (please specify)

5. Did the situation raise concerns about the care the resident was receiving?

☐ Yes ☐ No

6. Did the situation raise concerns about the safety of the resident?

☐ Yes ☐ No

1

Tell Your Story About Nursing Home or Assisted Living Care

Please tell your story here.

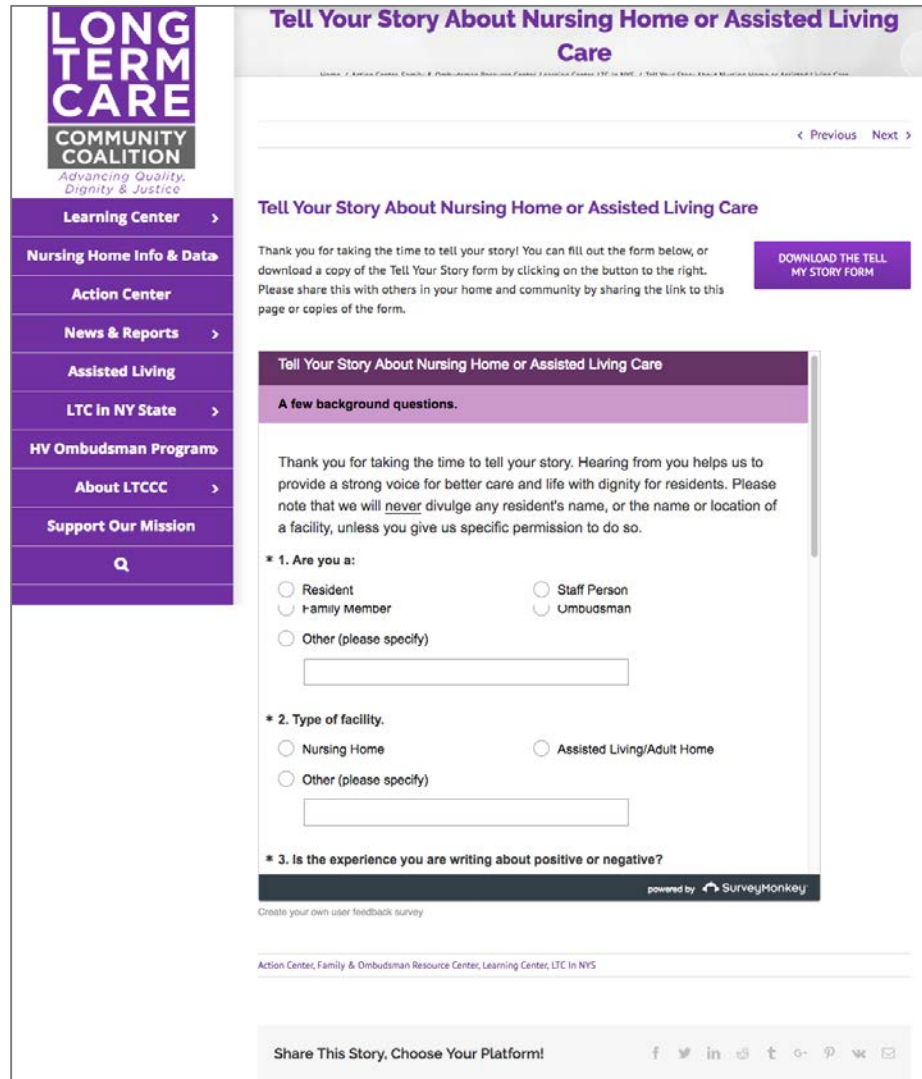
*

at matters to you, whether it is about a good experience or bad experience.

2

Visit www.nursinghome411.org to fill out or download copies of the form.

+ Tell Your Story



This is a screenshot of a web browser displaying the 'Tell Your Story' form. On the left is a purple sidebar with the 'LONG TERM CARE COMMUNITY COALITION' logo and a navigation menu including 'Learning Center', 'Nursing Home Info & Data', 'Action Center', 'News & Reports', 'Assisted Living', 'LTC in NY State', 'HV Ombudsman Programs', 'About LTCCLC', and 'Support Our Mission'. The main content area has a title 'Tell Your Story About Nursing Home or Assisted Living Care' and a 'Previous' button. Below the title is a paragraph explaining the purpose of the form and a 'DOWNLOAD THE TELL MY STORY FORM' button. The form itself is titled 'Tell Your Story About Nursing Home or Assisted Living Care' and includes a section 'A few background questions.' with three numbered questions. Question 1 asks 'Are you a:' with radio button options for Resident, Family Member, Staff Person, and Ombudsman, plus an 'Other (please specify)' field. Question 2 asks 'Type of facility.' with radio button options for Nursing Home and Assisted Living/Adult Home, plus an 'Other (please specify)' field. Question 3 asks 'Is the experience you are writing about positive or negative?'. The form is powered by SurveyMonkey. At the bottom, there is a 'Share This Story, Choose Your Platform!' section with social media icons.

LONG TERM CARE COMMUNITY COALITION
Advancing Quality, Dignity & Justice

Learning Center >

Nursing Home Info & Data

Action Center

News & Reports >

Assisted Living

LTC in NY State >

HV Ombudsman Programs

About LTCCLC >

Support Our Mission

Q

Tell Your Story About Nursing Home or Assisted Living Care

< Previous Next >

Tell Your Story About Nursing Home or Assisted Living Care

Thank you for taking the time to tell your story! You can fill out the form below, or download a copy of the Tell Your Story form by clicking on the button to the right. Please share this with others in your home and community by sharing the link to this page or copies of the form.

[DOWNLOAD THE TELL MY STORY FORM](#)

Tell Your Story About Nursing Home or Assisted Living Care

A few background questions.

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☐ Family Member ☐ Ombudsman

☐ Other (please specify)

* 2. Type of facility.

☐ Nursing Home ☐ Assisted Living/Adult Home

☐ Other (please specify)

* 3. Is the experience you are writing about positive or negative?

powered by SurveyMonkey

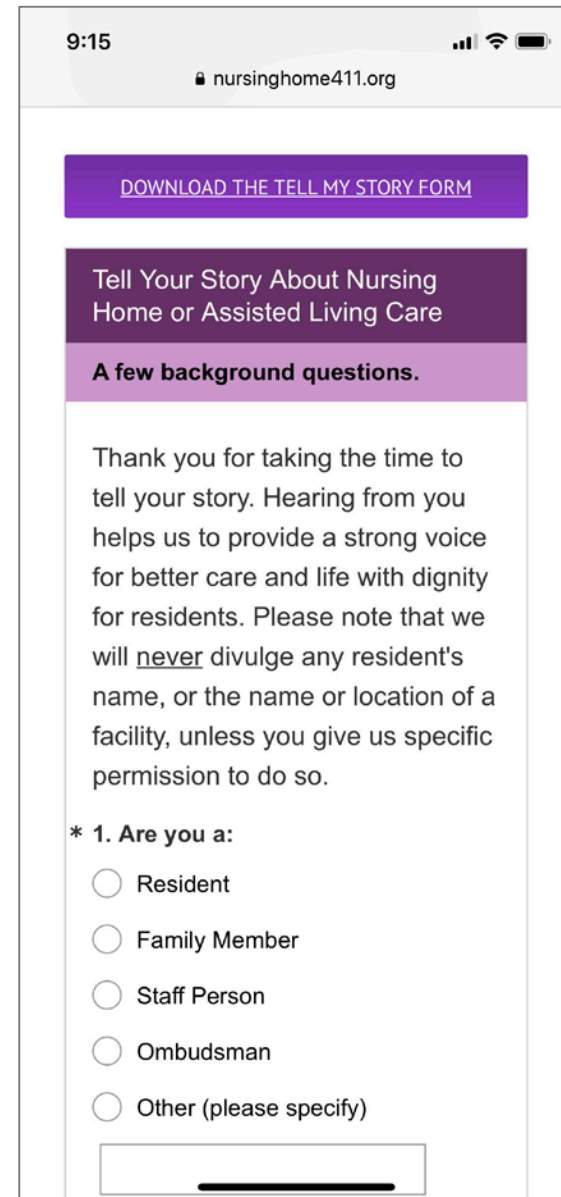
Create your own user feedback survey

Action Center, Family & Ombudsman Resource Center, Learning Center, LTC in NYS

Share This Story, Choose Your Platform!

f t in s t G+ p w e

Computer Screenshot



This is a screenshot of the 'Tell Your Story' form on an iPhone. The top status bar shows the time as 9:15, signal strength, Wi-Fi, and battery. The browser address bar shows 'nursinghome411.org'. The form layout is similar to the computer version but adapted for a mobile screen. It features a purple header with the title 'Tell Your Story About Nursing Home or Assisted Living Care' and a 'DOWNLOAD THE TELL MY STORY FORM' button. Below this is a section 'A few background questions.' with a paragraph explaining the purpose of the form. The first question, '* 1. Are you a:', has radio button options for Resident, Family Member, Staff Person, and Ombudsman, plus an 'Other (please specify)' field. The second question, '* 2. Type of facility.', has radio button options for Nursing Home and Assisted Living/Adult Home, plus an 'Other (please specify)' field. The third question, '* 3. Is the experience you are writing about positive or negative?', is partially visible. The form is powered by SurveyMonkey. At the bottom, there is a 'Share This Story, Choose Your Platform!' section with social media icons.

9:15

nursinghome411.org

[DOWNLOAD THE TELL MY STORY FORM](#)

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powered by SurveyMonkey

Create your own user feedback survey

Action Center, Family & Ombudsman Resource Center, Learning Center, LTC in NYS

Share This Story, Choose Your Platform!

f t in s t G+ p w e

iPhone Screenshot

+ Speak Out to Policymakers

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The screenshot shows a web browser window with the URL <https://nursinghome411.org/action-center/>. The page features a purple sidebar on the left with the following navigation links: Learning Center, Nursing Home Info & Data, Action Center (highlighted), News & Reports, Assisted Living, LTC in NY State, HV Ombudsman Program, About LTCCC, and Support Our Mission. The main content area is divided into three columns: New York State Action Alerts, National Action Alerts, and Advocacy News & Resources. Each column contains a header image and a list of action items in purple buttons. The New York State column includes buttons for 'TELL YOUR STORY', 'SAFE STAFFING FOR QUALITY CARE IN NYS', 'PROTECT ASSISTED LIVING RESIDENTS IN NYS', 'ENSURE INFORMED CONSENT IN NURSING HOMES AND ADULT CARE FACILITIES IN NYS', and 'ELIMINATE DISCRIMINATORY ADMISSION & RETENTION REGULATIONS IN NYS ADULT CARE FACILITIES'. The National Action Alerts column includes buttons for 'TELL YOUR STORY', 'SPEAK OUT AGAINST WASTEFUL SPENDING IN NURSING HOMES', 'STAND UP FOR SAFE STAFFING', and 'SPEAK OUT IN SUPPORT OF NURSING HOME RESIDENTS'. The Advocacy News & Resources column includes buttons for 'VISIT THE FAMILY & OMBUDSMAN RESOURCE CENTER' and 'DEMENTIA CARE ADVOCACY'.

LONG TERM CARE COMMUNITY COALITION
Advancing Quality, Dignity & Justice

New York State Action Alerts

- TELL YOUR STORY
- SAFE STAFFING FOR QUALITY CARE IN NYS
- PROTECT ASSISTED LIVING RESIDENTS IN NYS
- ENSURE INFORMED CONSENT IN NURSING HOMES AND ADULT CARE FACILITIES IN NYS
- ELIMINATE DISCRIMINATORY ADMISSION & RETENTION REGULATIONS IN NYS ADULT CARE FACILITIES

National Action Alerts

- TELL YOUR STORY
- SPEAK OUT AGAINST WASTEFUL SPENDING IN NURSING HOMES
- STAND UP FOR SAFE STAFFING
- SPEAK OUT IN SUPPORT OF NURSING HOME RESIDENTS

Advocacy News & Resources

- VISIT THE FAMILY & OMBUDSMAN RESOURCE CENTER
- DEMENTIA CARE ADVOCACY

"Nothing will happen unless legislators hear from their constituents that this is important."

STAND UP FOR SAFE STAFFING










Staffing is critical to quality care and dignity for nursing home residents. Yet numerous studies have shown that the majority of nursing homes fail to have sufficient staff to meet a typical resident's needs. We wouldn't allow a nursing home to admit 100 residents if it only had 60 beds. Why do we allow nursing homes to admit as many residents as they want, with no minimum staffing requirements, even when the facility has a history of substandard care?

Please send a quick message now to let your political leaders know that the time has come for safe staffing standards in nursing homes.

Not Richard Mollot? [Click here to logout.](#)

fastAction 

Contact Information

Prefix (Optional) Mr. 	First Name Richard 	Last Name Mollot 
Street Address 1 Pennsylvania Plaza, Suite 6252 		
Postal Code 10119 	City New York 	State/Province NY 
Email richard@ltccc.org 		Home Phone (Optional) 212-385-0355 

☒ Update my FastAction profile with this information. 

Personalize your subject

I am writing to you today regarding a very important issue, Safe Staffing for Nursing Home Residents.

Dear [elected official],

Personalize your message

I am writing to you in regard to nursing home staffing, one of the most important factors in the quality of care that nursing home residents receive and the quality of life that they enjoy. Sadly, I have learned that nursing homes all too often fail to provide the adequate staffing that is necessary to meet the needs of their residents. As a result, vulnerable residents suffer.

Recently, The New York Times found that nursing homes actually have less staffing than they were previously reporting to the Centers for Medicare & Medicaid Services (CMS). A new reporting system based on payroll-based data, rather than the previously used self-reported data, has shown that seven out of ten nursing homes have lower staffing than previously reported to the public. The new, verifiable data indicate that some nursing homes are even failing to provide any registered nurse care at times. I hope you will agree that this is a significant betrayal of the public trust.

Every nursing home is paid, and required by law, to have sufficient staff with the competencies and skills needed to meet the care needs of each resident. However, these minimum standards are often undermined by poor enforcement or manipulation, as The New York Times article suggests. Given this reality, nursing home residents need the protection of more robust staffing and enforcement requirements.

Years of research and the experiences of millions of nursing home residents and their families point to the need for safe staffing

Sincerely,

[Your information here]

Submit



Thank You!

- Visit www.nursinghome411.org for all resources and tools. Everything is free to use and share!
- Sign-up for news and alerts by visiting <https://nursinghome411.org/join/> or email SARA@LTCCC.ORG.
- Join the Alliance of NY Family Councils. Visit WWW.ANYFC.ORG for more information.