



The Impacts of Staffing & Ownership on the Quality of Care in NY State Nursing Homes

Richard Mollot
The Long Term Care Community Coalition

www.nursinghome411.org

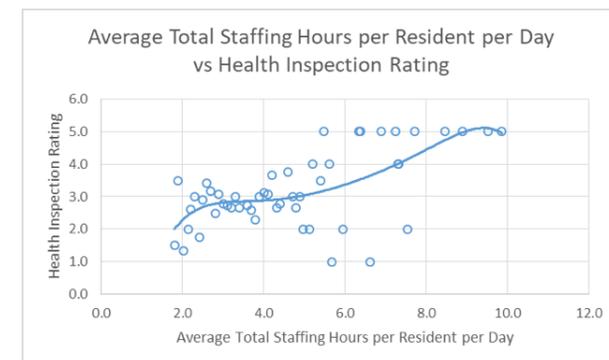
+ About the Long Term Care Community Coalition

- **LTCCC:** Nonprofit organization dedicated to improving care & quality of life for the elderly & adult disabled in long term care (LTC). [Home to the LTCOP for the Hudson Valley.](#)
- **Our focus:** People who live in nursing homes & assisted living.
- **What we do:**
 - Policy analysis and systems advocacy in NYS & nationally;
 - Education of consumers and families, LTC Ombudsmen and other stakeholders.
- **Coalition members** include several LTC Ombudsman Programs, the Center for Independence of the Disabled, AARP NY, several Alzheimer's Association Chapters, other senior and disabled organizations. Also individuals, including ombudsmen, who join in our mission to protect residents.
- **Richard Mollot:** Joined LTCCC in 2002. Executive director since 2005.



+ Today's Program:

- Brief background on the law and the standards
- Study Findings: The relationship of staffing to quality
- Study Findings: The relationship of ownership to quality
- Useful Resources





Background on the Laws & Standards

+ The Nursing Home System in a Nutshell

- The vast majority of nursing homes are licensed to participate in Medicaid and/or Medicare.
- In order to participate in Medicaid/Medicare, a facility agrees to meet the standards provided for in the federal 1987 Nursing Home Reform Law (and other federal laws, like the 2010 Affordable Care Act).
- States may have *additional* protections, but no state can have less protections.
- Federal *protections are for all the residents* in a facility, whether their care is paid for by Medicare, Medicaid or private pay.



+ Federal Requirements: **The Nursing Home Reform Law**

- The Nursing Home Reform Law (aka OBRA 87) requires that **every resident** is provided the care and quality of life services sufficient to attain and maintain his or her highest practicable **physical**, **emotional** and **social** well-being.
 - This is what we pay for.
 - This is what providers agree to provide.
 - This is what every resident deserves.
- Federal regulations and guidelines lay out the expectations for how the law is to be implemented in the lives of residents.



+ The Nursing Home Standards: **Past, Present, & Future**

- **1987:** Following a federal study that found widespread neglect and abuse in U.S. nursing homes, the Nursing Home Reform Law was passed.
- **1991:** Regulations came out specifying that residents are to receive the care and services they need to attain, and maintain, their highest practicable physical, emotional, and psycho-social well-being.
- **2010:** The Affordable Care Act was passed including important provisions of the Elder Justice Act & Nursing Home Transparency Act.
- **2016:** For the 1st time in 25 years, the federal nursing home standards were revised to reflect current understanding of care, dignity, and rights of people who are aging and people with disabilities.
- **2017-2019:** The Trump Administration makes changes to reduce enforcement of minimum standards and accountability for substandard care. Begins referring to the nursing home industry, rather than residents, as its “customers.”
- **July 2019:** The Administration proposes sweeping changes to federal nursing home standards, with the primary goal of reducing “burdens” on the nursing home industry.

+ Good Standards \neq Good Quality

- Despite strong standards, too many residents suffer abuse and neglect every day, in nursing homes across the country.
- Why? In the absence of enforcement of minimum standards, nursing homes can provide substandard care with impunity.
- In light of growing concerns about quality, ownership, and accountability, LTCCC conducted two studies reviewing and assessing the impact that care staffing levels and for-profit ownership have on important indicators of quality and safety in New York's nursing homes.





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**Study 1: An Assessment of the
Impact of Low Staffing Levels on
Quality of Nursing Home Care in
New York**

+ Staffing x Quality

**LONG TERM CARE
COMMUNITY COALITION**
Advancing Quality, Dignity & Justice

**An Assessment of the Impact of Low Staffing Levels on
Quality of Nursing Home Care in New York**



by
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This study was supported by a grant from the New York Community Trust.

- Staffing is one of the most essential factors in a nursing home’s quality and safety.
- Better staffing, in respect to both quantity and quality, has been shown to lead to higher quality of care for nursing home residents.
- Nursing homes with lower staffing, in particular registered nurses (RNs), tend to exhibit lower quality of nursing care.
- Nevertheless...
 - No minimum federal staffing standards;
 - NY is one of minority of states with no minimum staffing standards.

+ Staffing x Quality

- Because staffing is so important, in 2016 the federal Centers for Medicare and Medicaid Services (CMS), began requiring that facilities report their staffing to CMS for every day.
- To assure the accuracy of these data, facilities must report their staffing based on auditable payroll records.
- Facilities report RNs, LPNs, CNAs, and a range of other facility staff. They are required to indicate whether the nurses and aides are assigned to provide care or administrative duties.

The PBJ staffing data are reported quarterly. LTCCC publishes these data, in easy-to-use state files, for every nursing home in the country (in compliance with reporting requirements). This information is available on our website: www.nursinghome411.org.

+ Staffing x Quality: LTCCC Study

- With the advent of Payroll-Based Journal (PBJ) reporting of nursing home staffing, there is much greater confidence in the accuracy of the staffing levels reported by nursing homes, which, in turn, provides a stronger basis for assessing the impact of staffing levels on issues of concern to residents, families, communities, and policymakers.
- We reviewed data to determine the relationships, if any, between staffing levels and key indicators of nursing home quality and safety.

+ Staffing x Quality: Pressure Ulcers

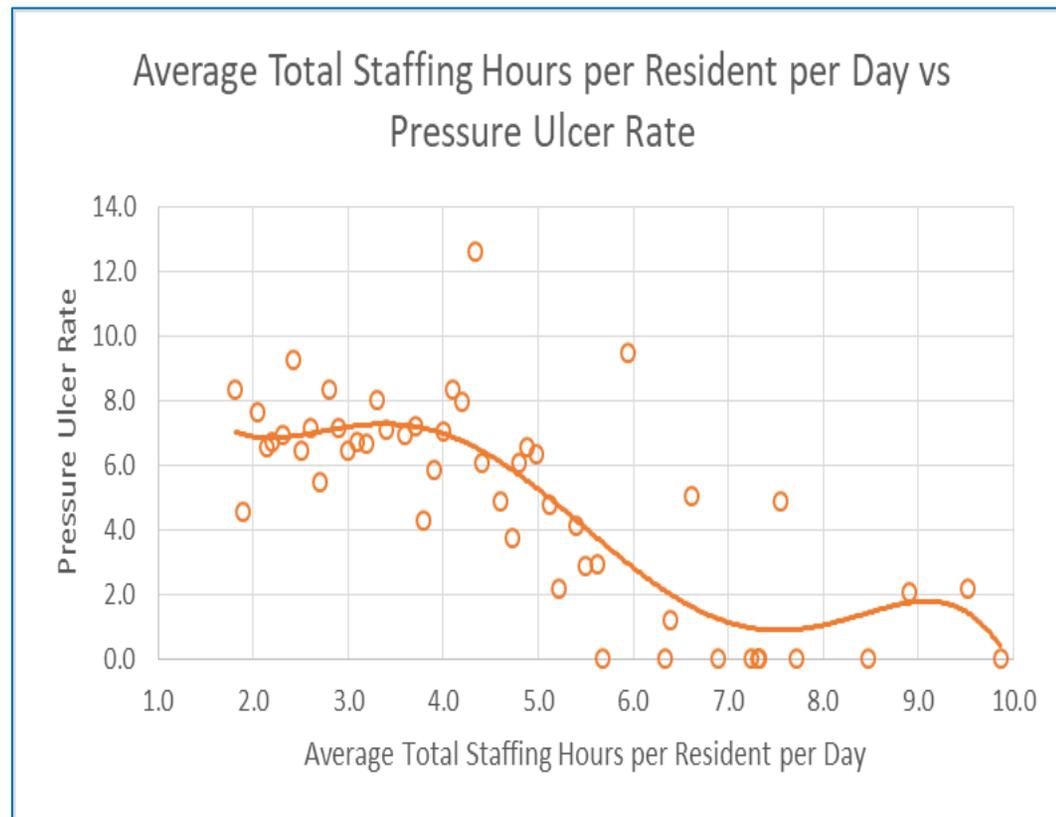
- According to the Centers for Disease Control and Prevention,

*Pressure ulcers, also known as bed sores, pressure sores, or decubitus ulcers, are wounds caused by unrelieved pressure on the skin. They usually develop over bony prominences, such as the elbow, heel, hip, shoulder, back, and back of the head. **Pressure ulcers are serious medical conditions and one of the important measures of the quality of clinical care in nursing homes.*** [Emphasis added.]

- **While some pressure ulcers are unavoidable, research and experience indicate that, “[i]n the vast majority of cases, appropriate identification and mitigation of risk factors can prevent or minimize pressure ulcer (PU) formation.”** [“Unavoidable Pressure Injury: State of the Science and Consensus Outcomes,” *Journal of Wound, Ostomy & Continence Nursing*: July/August 2014. Emphasis added.]
- Nevertheless, according to federal data, 8.62% of New York State nursing home residents have unhealed pressure ulcers. As a result, **New York is ranked among the worst states in the country (bottom ten) in respect to keeping residents free from pressure ulcers.**

+ Staffing x Quality: Pressure Ulcers

- As the total staffing rate increases, the pressure ulcer rate tends to decrease.
- Within the majority of facilities, pressure ulcer rates are high and remain high until staffing levels reach four hours per resident per day (HPRD).
- Between 4-6 hours HPRD, pressure ulcer rates decrease rapidly.
- **Implication:** Staffing at four HPRD or higher appears to significantly improve (reduce) pressure ulcer rates.

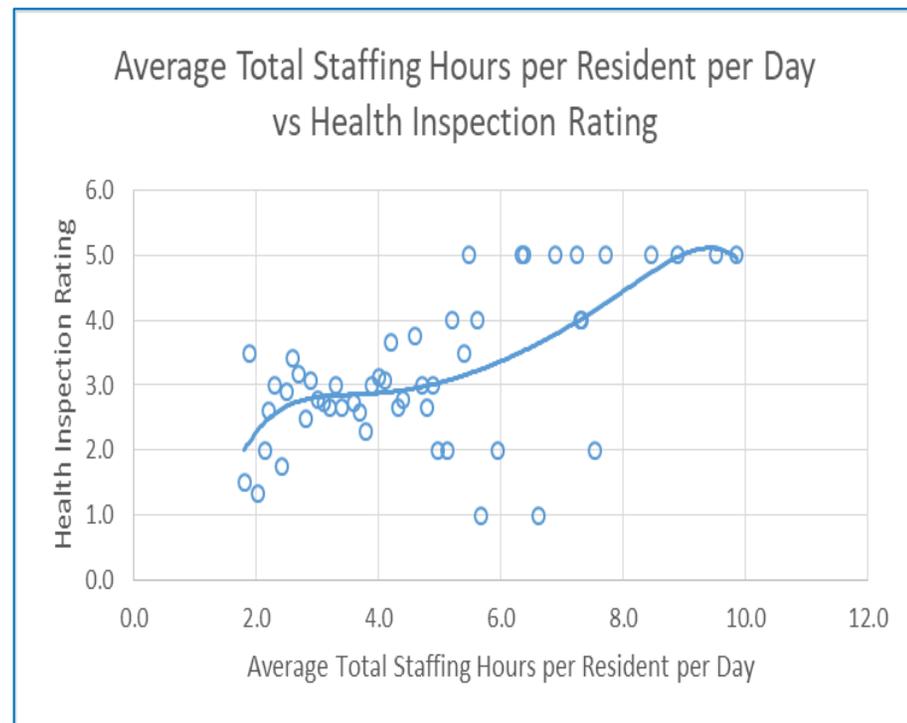


+ Staffing x Quality: Health Inspection Results

- State survey agencies inspect (survey) nursing homes to determine whether facilities are complying with federal and state standards for care, quality of life, and dignity. In New York, the state agency is the New York Department of Health (DOH).
- Like all state agencies, CMS expects DOH to inspect nursing homes, on average, once every 12 months, with every nursing home inspected within a 9-15 month timeframe.
- According to Nursing Home Compare, nursing homes are evaluated on a number of different areas, including the following:
 - ▶ Hiring enough quality staff to provide adequate care;
 - ▶ Managing medications properly;
 - ▶ Protecting residents from physical and mental abuse; and
 - ▶ Storing and preparing food properly.
- Based on the survey team's findings, facilities are assigned a rating of between 1-5 stars on Nursing Home Compare, with 1 being the lowest and 5 being the highest. CMS uses the "results from the three most recent standard health inspections and 36 months of complaint inspections are used to calculate the health inspection score and determine the health inspection rating."

+ Staffing x Quality: Health Inspection Results

- There is a **strong overall correlation between total staffing hours and health inspection ratings.**
- **The results imply that higher staffing correlates with higher quality** (to the extent that the inspection ratings are a reliable indicator of a nursing home's quality).
- Since nursing homes are only likely to be subject to fines and other penalties when their inspection results are poor, the correlation between staffing levels and health inspection ratings may support the financial case for putting more resources into staffing.



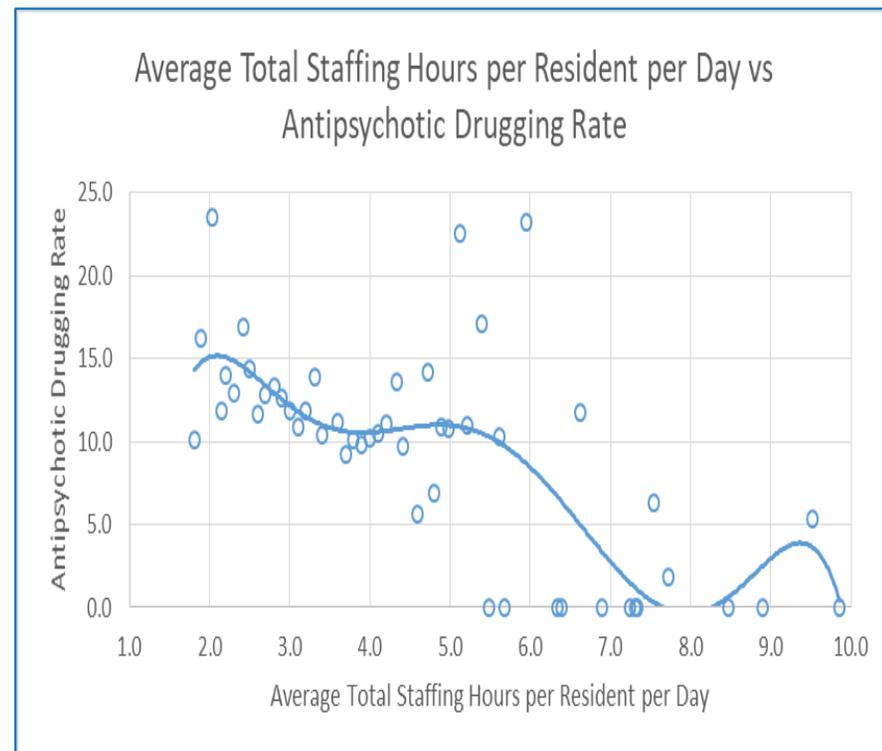
Note on the data: When average total staffing rates exceed five hours per resident day (HPRD), the ratings show a wider range in variation (as indicated by the diffusion of dots in the chart). However, only four percent of NY State facilities have over five HPRD.

+ Staffing x Quality: Antipsychotic Drugging

- Inappropriate antipsychotic drugging is a serious and widespread problem for nursing homes in New York and across the United States.
- Too often, residents are given antipsychotics to make them easier to care for or for other reasons for which there are not clinical indications.
- Too often, they are administered to people with dementia as a form of chemical restraint, to quell the so-called behavioral and psychological symptoms of dementia (BPSDs).
- In fact, **antipsychotics are not clinically indicated for treatment of the symptoms of dementia.**
- They carry a **FDA “black box” warning *against* use on elderly people with dementia** due to significant risks of falls, heart attack, stroke, Parkinsonism, and other negative outcomes.

+ Staffing x Quality: Antipsychotic Drugging

- As with pressure ulcers, the data indicate a negative relationship between average total staffing HPRD and antipsychotic drugging.
- In other words, **as total staffing goes up, antipsychotic drugging goes down**. This is particularly true among the majority of nursing homes with between 2-6 total care staff HPRD.
- Implication: Increasing the average total staffing hours per resident per day (such as by the implementation of safe staffing standards in New York) would likely have a positive impact in reducing antipsychotic drugging rates.
- A reduction of 1% in the state's antipsychotic drugging rate would result in 1,000 fewer residents on these dangerous drugs.





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**Study 2: An Assessment of the
Impact of Ownership on Quality of
Nursing Home Care in New York**

+ Ownership x Quality

**LONG TERM CARE
COMMUNITY COALITION**
Advancing Quality, Dignity & Justice

Patients vs. Profits:
**An Assessment of the Impact of For-Profit Ownership
on Nursing Home Staffing and Safety in New York**



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- Numerous studies over the years have sought to address the differences in quality and staffing between non-profit nursing homes and those run for-profit.
- While there are “good” and “bad” facilities across ownership types, **overall, non-profit nursing homes, including those that are government owned, tend to have higher staffing levels and put more resources into resident care.**
- **Despite persistent complaints by nursing home industry lobbyists that nursing homes lose money or operate on “razor thin” margins, the for-profit sector of the industry has steadily grown over time, with non-profit organizations and municipalities selling out to private, for-profit firms across New York and the rest of the country.**

+ Ownership x Quality: LTCCC Study

- The growth of for-profit nursing homes, as well as the persistence of serious problems within the industry, has raised concerns about how these nursing homes are operating.
- **Key concern:** Whether for-profit nursing homes are providing sufficient staffing and other resources necessary to ensure that residents receive the quality of care and quality of life services to which they are entitled under federal and state law.
- **Purpose of LTCCC Study:** In light of growing concerns about quality, accountability, and ownership, the purpose of the study was to provide insights into the extent to which nursing home ownership impacts performance on key criteria related to the quality and safety of nursing homes in New York.
- Following are highlights of our findings.

**“At Many Homes,
More Profit and
Less Nursing.”**

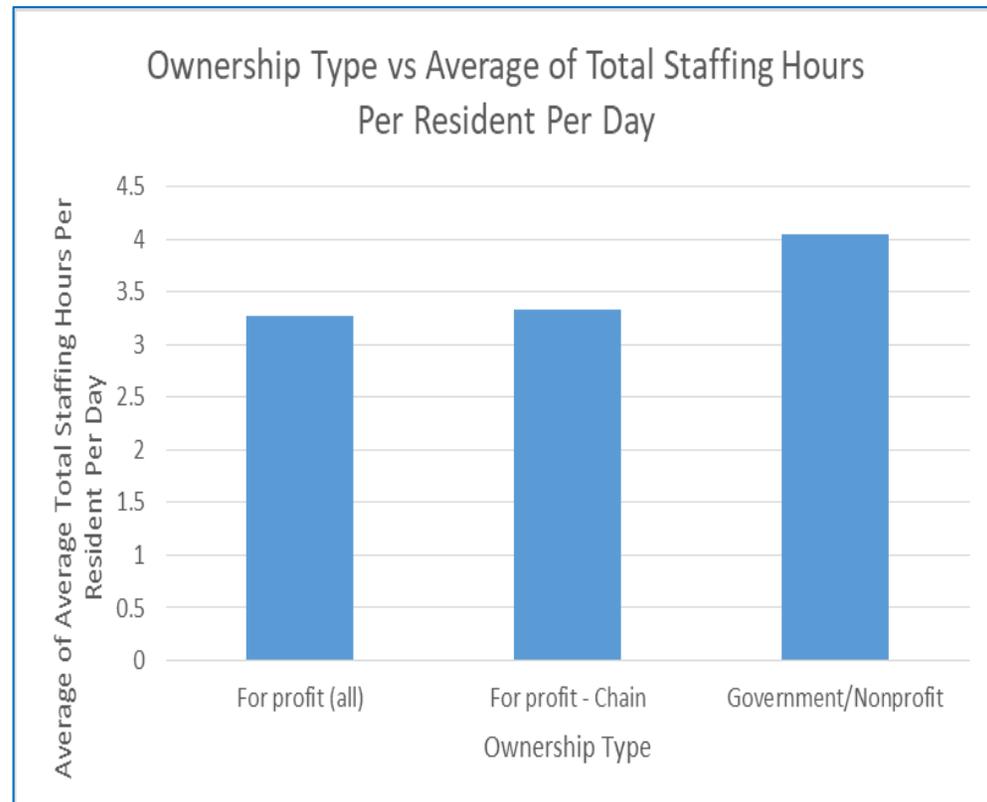
- *The New York Times*,
September 23, 2007.

**“Care Suffers As
More Nursing
Homes Feed
Money Into
Corporate Webs.”**

- *Kaiser Health News*, December
31, 2017.

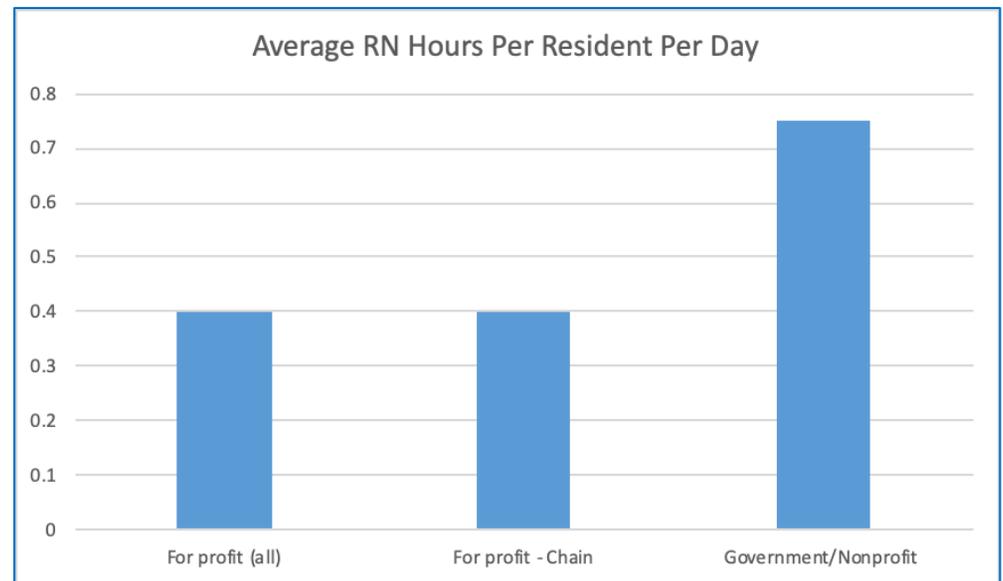
+ Ownership x Quality: Total Care Staffing

- For-profit nursing homes have twenty percent lower total care staffing hours per resident per day than government/non-profit facilities.
- Within the for-profit sector, chains having a slightly higher average than the sector as a whole.
- **Implication:** Given the importance of staffing to quality of care and quality of life, the fact that for-profit nursing homes have, on average, markedly less total staffing hours per resident per day, implies that **it is likely that these facilities are providing a lower quality of care and poorer conditions.**



+ Ownership x Quality: RN Care Staffing

- Government/non-profit nursing homes provide, on average, close to twice as much RN care staffing as for-profit facilities.
- For-profit-chain nursing homes have the same average as all for-profit facilities.
- **Implications:**
 - Given the critical role that RNs play in resident care and safety, the significantly lower RN staffing levels (on average) in for-profit facilities implies that safety and care are likely to be lower in those facilities as well.
 - While New York's nursing homes, as a whole, tend to be among the lowest in the nation (bottom quintile) in terms of staffing, **these data indicate that the staffing for for-profit facilities in particular is significantly below that which federal studies have identified as necessary to meet just the basic clinical needs of residents.**

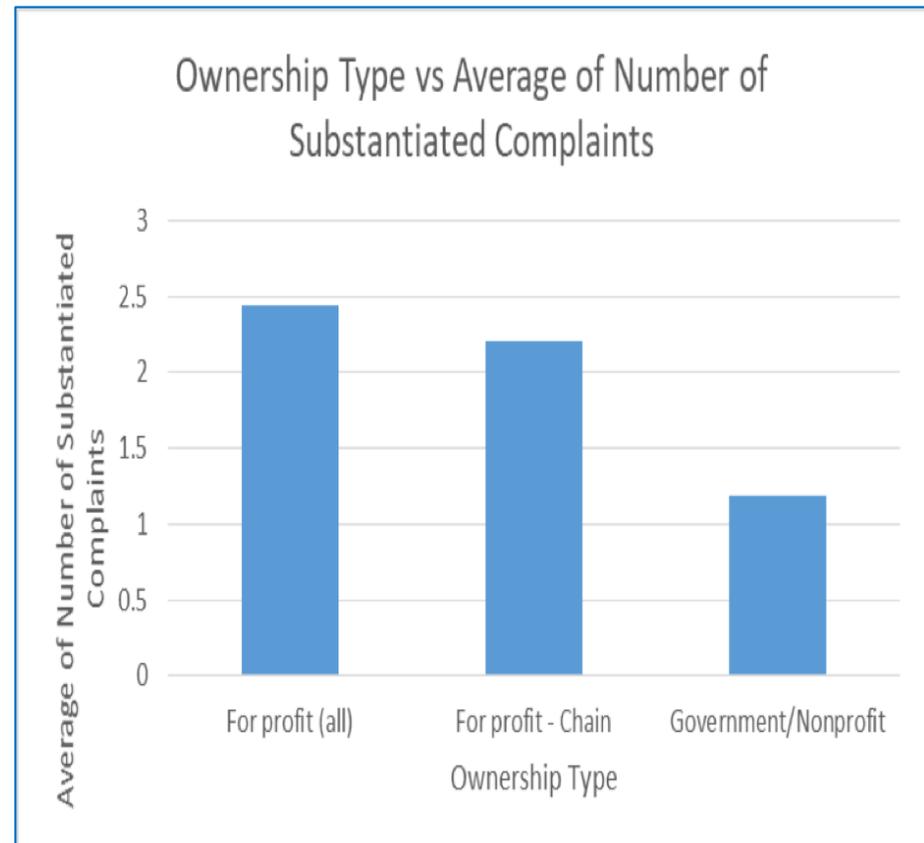


+ Ownership x Quality: **Substantiated Complaints**

- Nursing home residents and families—or anyone else who becomes aware of abuse, neglect, unsafe conditions, or substandard resident care—can file a complaint with the state survey agency. In New York, that agency is the **NY State Department of Health (DOH)**.
- Survey agencies are **required to investigate every complaint** that they receive. Federal requirements provide for different protocols depending on the urgency and danger to residents of the alleged problem.
- **Since state surveys (inspections) typically only take place once a year, a vigorous response to complaints is necessary to ensure that residents are safe—and public funds are used appropriately—the other 51 weeks of the year.**
- **Despite these requirements, the vast majority of complaints are not substantiated by states.**
- **The failure to substantiate complaints about abuse, neglect, and other serious problems is a matter of great concern** to residents, their families, and the communities which nursing homes serve.

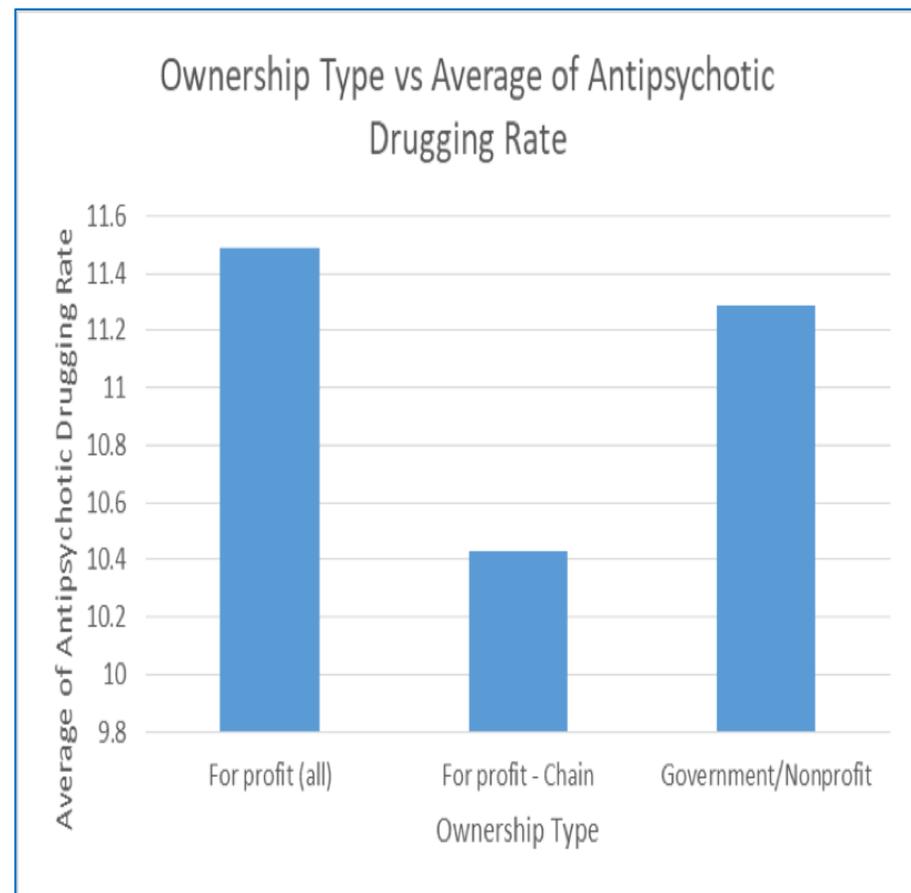
+ Ownership x Quality: Substantiated Complaints

- For-profit nursing homes have, on average, twice as many substantiated complaints as government-owned and non-profit nursing homes.
- The profound difference in substantiated complaints implies that, overall, for-profit nursing homes provide poorer care than do non-profit and government-owned facilities.



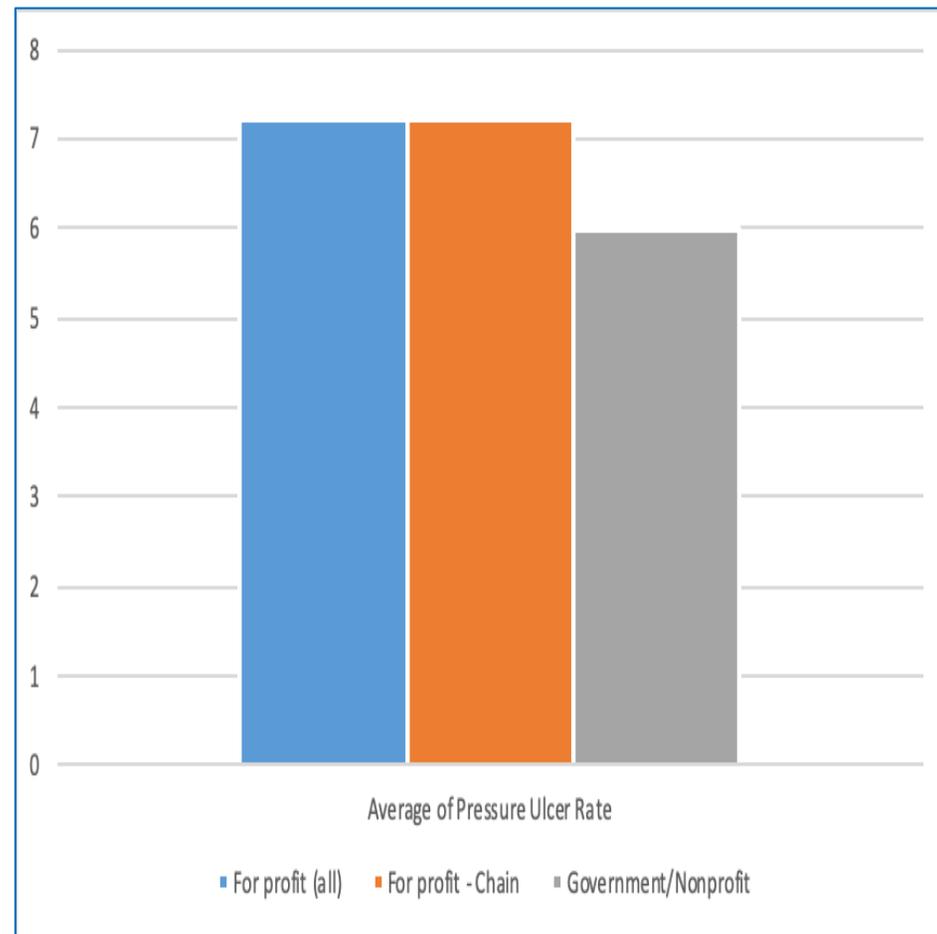
+ Ownership x Quality: Antipsychotic Drugging

- Overall, **for-profit nursing homes have a slightly higher average of antipsychotic drugging rates** compared to government/non-profit facilities.
- However, **for-profit chains have a lower rate** than both all for-profit and government/nonprofit nursing homes.
- **Implication:** The fact that the drugging rates are similar for for-profit and government/non-profit owned facilities indicates that **inappropriate antipsychotic drugging is a problem across the industry and not necessarily specific to an ownership type.**



+ Ownership x Quality: Pressure Ulcers

- As noted earlier, **New York is ranked among the worst states in the country (bottom ten) in respect to keeping nursing home residents free from pressure ulcers.**
- On average, **for-profit nursing homes have approximately a twenty percent higher rate of pressure ulcers than government/non-profit facilities.**
- **Implication:** As expected from our total staffing and RN staffing observations, **for-profit nursing homes have higher rates of pressure ulcers, indicating lower quality care.**



+ LTCCC Study: **Conclusions & Recommendations**

- **Nursing home ownership matters.** For the majority of criteria included in our assessment, non-profit/government-owned providers performed better, as a whole, than did for-profit providers.
- We encourage local and state policy-makers in New York, as well as mission-driven providers, to consider the value of the services that nursing homes offer to the communities in which they are situated and the important role that government-owned and mission-driven providers have played – and should continue to play – in our state.
- **Chain ownership itself does not appear to be as relevant as is the for-profit vs non-profit divide.** While, as noted above, our findings indicate that there are some significant differences between for-profits and non-profit/government-owned nursing homes, we did not find many meaningful differences between for-profit chains and for-profits as a whole. Thus, in respect to longstanding and growing concerns about for-profit chains buying up government-owned and non-profit nursing homes, the issue may be more about the conversion to a for-profit operation than the fact that the for-profit is part of a chain.
- We strongly recommend further study on this issue, since the industry is undergoing significant change and new data are becoming available that will enable further analysis of staffing trends, etc....



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Information & Resources

The screenshot shows a web browser window with the URL <https://nursinghome411.org/ltc-in-ny-state/>. The page title is "LTC in NY State - Nursing Home 411".

Navigation Menu (Left):

- Learning Center >
- Nursing Home Info & Data
- Action Center
- News & Reports >
- Assisted Living
- LTC in NY State >** (highlighted with an orange arrow)
- HV Ombudsman Program >
- About LTCCC >
- Upcoming Events
- Search icon

Main Content Area:

LTC in NY State

Home / LTC in NY State

Alert: New York Poorly Performing Nursing Homes (September 2019)

The following alert provides information on the most poorly performing nursing homes in New York, as determined by their status as a Special Focus Facility, Special Focus Facility Candidate, or One-Star Facility. The alert [...]

September 6th, 2019 | Enforcement, Enforcement Actions NYS, LTC In NYS, News & Reports, Nursing Home Information, NYS Nursing Home Data [Read More >](#)

2019 Assessment of NYS Nursing Home Staffing & Quality

Nursing home staffing, quality, and safety continue to be serious concerns for seniors and their families across New York. To help address these issues, LTCCC, with funding from the New York Community Trust, conducted [...]

June 26th, 2019 | LTC In NYS, LTCCC Reports, News & Reports, NYS Nursing Home Data [Read More >](#)

LTCCC Alert: New Policy Briefs on Nursing Home Ownership, Staffing, and Quality in New York

- 2019 ASSESSMENT OF NYS NURSING HOME STAFFING & QUALITY (highlighted with an orange arrow)
- NYS NURSING HOME DATA
- NYS ASSISTED LIVING/ADULT HOME DATA
- NYS ENFORCEMENT ACTIONS
- NYS LEGISLATIVE MEMOS

+ Searchable File on all NYS Nursing Homes

1	Provider Name	Provider	County Name	Provider	Ownership Type	Average Number of Residents Per Day	Health Inspection Rating	Number of Substantiated Complaints	Total Number of Penalties	Fines	Total Amount of Dollars	Avg Total Staffing Hours Per Resident Per Day	Avg RN Hours Per Resident	Antipsyc	
2	A HOLLY PATTERSON EXTENDED CARE FACILITY	875 JERUSA	Nassau	UNIONDAL	Government	438.8		3	0	0	0			7.6	
3	AARON MANOR REHABILITATION AND NURSING CENTER	100 ST CAM	Monroe	FAIRPORT	For profit-Non chain	133.1		4	0	0	0			11.5	
4	ABSOLUT CTR FOR NURSING & REHAB ALLEGANY L L C	2178 NORTI	Cattaraugus	ALLEGANY	For profit-Chain	35.8		4	0	0	0	3.1	0.5	0.9	
5	ABSOLUT CTR FOR NURSING & REHAB AURORA PARK L L C	292 MAIN S	Erie	EAST AURO	For profit-Chain	277.4		2	2	0	0	3.1	0.3	19.4	
6	ABSOLUT CTR FOR NURSING & REHAB ENDICOTT L L C	301 NANTU	Broome	ENDICOTT	For profit-Chain	138.6		1	7	0	0	3.4	0.3	15.3	
7	ABSOLUT CTR FOR NURSING & REHAB GASPORT L L C	4540 LINCO	Niagara	GASPORT	For profit-Chain	76.6		3	0	0	0	3.3	0.3	8.6	
8	ABSOLUT CTR FOR NURSING & REHAB ORCHARD PARK L L C	6060 ARMC	Erie	ORCHARD F	For profit-Chain	183.3		1	17	0	0	3.5	0.5	20.9	
9	ABSOLUT CTR FOR NURSING & REHAB THREE RIVERS L L C	101 CREEKS	Steuben	PAINTED PC	For profit-Chain	118.2		2	0	0	0	3.3	0.3	15.9	
10	ABSOLUT CTR FOR NURSING & REHAB WESTFIELD L L C	26 CASS STR	Chautauqua	WESTFIELD	For profit-Chain	99.7		1	3	0	0	3.4	0.4	11.7	
11	ACADIA CENTER FOR NURSING AND REHABILITATION	1146 WOOD	Suffolk	RIVERHEAD	For profit-Non chain	145.4		3	0	0	0	3.1	0.4	5.9	
12	ACHIEVE REHAB AND NURSING FACILITY	170 LAKE ST	Sullivan	LIBERTY	For profit-Non chain	131.9		3	0	0	0	3.5	0.3	17.3	
13	ADIRA AT RIVERSIDE REHABILITATION AND NURSING	120 ODELL	Westchester	YONKERS	For profit-Non chain	103.4		3	1	0	0	4.1	1.0	6.3	
14	AFFINITY SKILLED LIVING AND REHABILITATION CENTER	305 LOCUST	Suffolk	OAKDALE	For profit-Non chain	265.1		2	0	0	0	2.6	0.2	6.7	
15	ALBANY COUNTY NURSING HOME	780 ALBAN	Albany	ALBANY	Government	201.2		1	7	0	0	2.8	0.6	6.8	
16	ALICE HYDE MEDICAL CENTER	45 SIXTH ST	Franklin	MALONE	Non profit	128.5		1	2	0	0	3.9	0.5	14.5	
17	ALPINE REHABILITATION AND NURSING CENTER	755 E MONI	Herkimer	LITTLE FALL	For profit-Non chain	79.3		2	1	0	0	3.4	0.5	11.8	
18	AMSTERDAM NURSING HOME CORP (1992)	1060 AMSTI	New York	NEW YORK	Non profit	391.9		3	1	1	1	3,250.00	3.9	0.7	6.9
19	ANDRUS ON HUDSON	185 OLD BR	Westchester	HASTINGS C	Non profit	189.3		4	0	0	0	2.9	0.4	12.2	
20	APEX REHABILITATION & CARE CENTER	78 BIRCHW	Suffolk	HUNTINGT	For profit-Non chain	182.5		2	0	0	0	2.8	0.2	9.9	
21	ATRIUM CENTER FOR REHABILITATION AND NURSING	630 E 104TH	Kings	BROOKLYN	For profit-Chain	367.3		5	1	0	0	2.6	0.0	3.9	
22	AUBURN REHABILITATION & NURSING CENTER	85 THORNT	Cayuga	AUBURN	For profit-Non chain	81.3		1	3	0	0	3.0	0.4	14.7	
23	AURELIA OSBORN FOX MEMORIAL HOSPITAL	ONE NORTC	Otsego	ONEONTA	Non profit	127.4		1	0	0	0	3.6	0.3	12.1	
24	AUTUMN VIEW HEALTH CARE FACILITY L L C	5 4650 SOU	Erie	HAMBURG	For profit-Chain	219.4		4	0	0	0	4.0	0.4	10.2	
25	AVON NURSING HOME L L C	215 CLINTO	Livingston	AVON	For profit-Chain	34.7		2	0	0	0	3.1	0.3	3.8	
26	BAINBRIDGE NURSING & REHABILITATION CENTER	3518 BAINB	Bronx	BRONX	For profit-Chain	195.5		4	0	0	0	3.0	0.4	7.3	
27	BAIRD NURSING HOME L L C	2150 ST PAL	Monroe	ROCHESTER	For profit-Non chain	26		2	1	0	0	3.8	0.5	21.2	
28	BAPTIST HEALTH NURSING AND REHABILITATION CENTER	297 N RAII	Schenectady	SCOTIA	Non profit	276		1	2	1	1	3.5	0.1	17.9	

The file includes all of the information we discussed today and more. It is searchable by facility name, city, and county and can be sorted by highest or lowest scores.

+ Special NY Edition of the *Elder Justice “No Harm” Newsletter*

- The purpose of this newsletter is to provide the public with examples of “no harm” deficiencies in NYS, taken from Statements of Deficiencies (SoDs) on Nursing Home Compare (note that facility star ratings are current as of June 2019).
- NYS surveyors classified all of these deficiencies as “no harm,” meaning that they determined that residents were neither harmed nor put into immediate jeopardy for their health or well-being.
- We encourage our readers to read these residents’ stories and determine for themselves whether or not they agree with the “no harm” determination.

 	
Elder Justice What “No Harm” Really Means for Residents New York State Special Issue	
<u>In This Issue:</u>	
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Teresian House Nursing Home Co. (Albany County)	2
Two-star facility failed to follow federal standards and its own policy, resulting in a resident being physically restrained.....	2
Mountainside Residential Care (Delaware County)	3
Five-star facility failed to secure the resident in her wheelchair, resulting in a hematoma, lack of oxygen, bodily pain, and bruising.....	3
The Commons on St. Anthony Street (Cayuga County)	3
Two-star facility failed to follow proper procedures when administering medications to a resident through his gastrostomy tube.....	3
Fordham Nursing and Rehabilitation Center (Bronx County)	4
Five-star facility failed to care for the resident in a manner that enhanced his dignity, causing the resident to spend nearly two weeks without adequate clothing.....	4
Promenade Rehab and Health Care Center (Queens County)	5
Three-star facility failed to follow proper infection control policies and procedures, exposing a resident to potential wound infection.	5
Staten Island Care Center (Richmond County)	5
Three-star facility gave a resident an antipsychotic drug without psychiatric follow-up and behavioral evidence to support continued use.	5
The Riverside (New York County)	6
Two-star facility failed to develop a care plan for addressing the resident’s loss of teeth. The assistant director of nursing noted that a review of care plans “must have been missed.” ..	6
Center for Nursing and Rehabilitation (Kings County)	6
Five-star facility failed to adequately meet multiple standards of care, contributing to a resident’s death.	6
The Hamptons Center for Rehabilitation and Nursing (Suffolk County)	7
Four-star facility failed to give resident the correct antiarrhythmic medication for ten days. Five different nurses were responsible.	7
Glengariff Health Care Center (Nassau County)	8
One-star facility failed to assess resident’s decline in health, as resident went from “frequently” to “always” incontinent of urine.....	8
Humboldt House Rehabilitation and Nursing Center (Buffalo Office)	8
One-star facility failed to maintain a resident’s nutritional status within “acceptable parameters,” leading to significant weight loss.	8
Latta Road Nursing Home West (Monroe County)	9
Four-star facility gave a resident an antipsychotic drug after attempts to leave the facility. Surveyor noted lack of proper documentation and non-pharmacological interventions.	9
Further Reading from LTCCC & the Center:	9

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+ Coming Up

The New Federal Nursing Home Payment System: Patient Driven Payment Model (PDPM)

Starting in October 2019, the federal government is changing how nursing homes are paid for Medicare services. This webinar will discuss the changes, focusing on potential concerns for residents and families.

October 15 at 1pm Eastern

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1) To join the online meeting, about five minutes before the scheduled time of the meeting, go to the link below and follow the prompts to join the meeting.

Online Meeting Link: <https://join.freeconferencecall.com/richardmollot>.

2) To participate by phone, call (712) 770-4010. When prompted, enter the Access Code, 878277#. Press *6 to mute or unmute your phone line.

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