

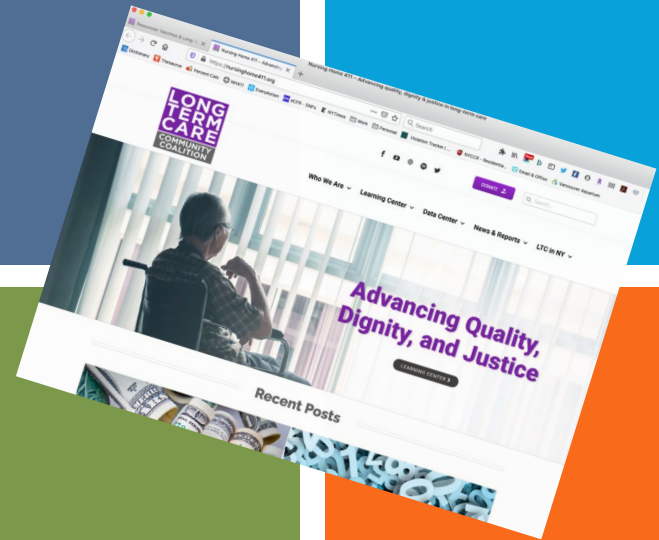
# + While you're waiting for LTCCC's 1pm program...

## Ask an Ombudsman!



- Point phone camera at the QR code to submit a question for LTCCC's "Best (om)Buds of Hudson Valley and Tri County" program on June 17 at 1pm.
- Prizes awarded at random!
- Register for the program at <https://nursinghome411.zoom.us/webinar/register/WN4-3xdBb4SLWKfyKmXKA0rQ>
- See Zoom chat for links.

QR code instructions: 1. Open camera app, 2. Focus camera on QR code (above), 3. Select popup link.



# Nursing Home Advocacy Priorities for 2021 & Beyond

Richard Mollot

The Long Term Care Community Coalition

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

## + The Long Term Care Community Coalition

- **LTCCC** is a nonprofit, nonpartisan organization dedicated to improving care & quality of life for the elderly & adult disabled in long-term care (LTC).
- **What we do:**
  - Policy research & analysis;
  - Systems advocacy;
  - Public education;
  - Home to two local LTC Ombudsman Programs.

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



## Today's Agenda

- **Brief Background** on the foundations of nursing home care & quality
- **Policy & Advocacy Priorities** to ensure better care, safety, and dignity now and in the future
- **Latest Resources** on [www.nursinghome411.org](http://www.nursinghome411.org) to support resident-centered advocacy on individual and policy levels



+

# Background

The Federal Nursing Home Reform Law

## + The Nursing Home Reform Law

- The law passed in 1987.
- **Every** nursing home that participates in Medicaid/Medicare agrees to meet or exceed the standards laid out in the Reform Law and its implementing regulations.
- Participation in Medicaid/Medicare is voluntary. Nursing homes that do not wish to meet these standards are free to run private facilities.



## + The Nursing Home Reform Law

- The federal law requires that every nursing home resident is provided the care and quality of life services sufficient to attain and maintain their **highest practicable physical, emotional, & psycho-social well-being**.
- The law emphasizes **individualized, patient-centered care**.
- Importantly, the law lays out specific resident rights, from **good care** and monitoring to a quality of life that maximizes **choice, dignity, & autonomy**.
- “Effective” infection control and sufficient staffing have been required since the beginning.



## + The Nursing Home Reform Law

**Question:** If the law and standards are so strong, why aren't nursing homes decent and safe places to live and work?

**Answer:** Laws and standards can only make a difference if they are enforced.





# + The Problem(s)

Federal data, our studies, and countless  
OIG and GAO  
 reports  
 indicate that  
 these  
 baseline  
 tenets are  
 largely  
 unrealized.






+

## Advocacy Step 1

Overcoming Provider Industry Myths  
that Perpetuate Low Staffing & Poor Care



*Long-term care continues to be understaffed, poorly regulated and vulnerable to predation by for-profit conglomerates and private-equity firms.*

E. Tammy Kim, “This Is Why Nursing Homes Failed So Badly,” The New York Times (Dec. 31, 2020)



+

Myth #1

Nursing homes are underpaid

- + **Myth:** Nursing home payment is insufficient to provide good care.
- Reality:** Most nursing homes are run for-profit and are seen as attractive investments.
- The industry's longstanding argument that it does not get paid enough to provide sufficient staffing, baseline infection control protocols, etc... is unsubstantiated.
- In fact, nursing homes are increasingly operated by for-profit entities.
- Private equity and REITs have increasing, substantial investment in the sector.
- There are virtually no limitations on the use of public funds to pay for administrative staff or siphon off into profits.
- In addition, operators commonly use related party transactions to hide profits (and perpetuate the myth of "razor-thin margins").

# + Medicaid Funding

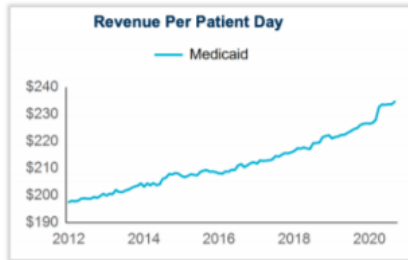
## LTCCC POLICY BRIEF

### NURSING HOME MEDICAID FUNDING: SEPARATING FACT FROM FICTION

**Background.** Medicaid is the primary funding source for the majority of nursing home services in the US. Managed by states using a mix of state and federal funding, Medicaid covers more than 60% of residents nationwide. Each state has broad flexibility to determine eligibility standards and payment methods and design reimbursement rates.

**Industry Claims vs. Facts.** Nursing home providers and trade associations claim that Medicaid rates are inadequate and less than the cost of actual care, which then leads providers to leverage other payor sources, such as Medicare and private pay. The industry also blames low Medicaid rates for substandard care. However, recent studies suggest that for-profit facilities have maximized profits for owners and investors while skimping on resident care.

- Medicaid rates have steadily increased in the past decade, rising 12.6% since 2012, according to the National Investment Center for Seniors Housing & Care (NIC)
- Nursing homes received an average of \$214 per resident per day in Medicaid funding in 2019, a 2.2% increase from 2018
- An NIC report with data through September 2020 shows a national average reimbursement rate of \$235, though this \$21 increase from 2019 is likely a COVID-related boost
- Although industry leaders claim that nursing homes are losing money on Medicaid residents and blame closures and financial struggles on low reimbursement rates, typical nursing home profits are in the 3 to 4 percent range, according to Bill Ulrich, a nursing home financial consultant
- In fact, most nursing homes "outsource a wide variety of goods and services" to companies in which they have a financial interest or that they control." This practice, called related-party transactions, can be used to "siphon off higher profits, which are not recorded on the nursing home's accounts," giving the false impression that a nursing home has low profits or is losing



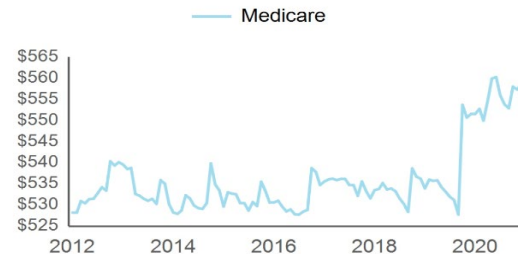
One Penn Plaza, Suite 6252, New York, NY 10119 | P: 212-385-0355 | E: info@ltccc.org  
[www.NursingHome411.org](http://www.NursingHome411.org)

*Medicaid rates have steadily increased in the past decade...*

*More financial accountability for facilities would decrease the likelihood of facilities funneling cash to owners and investors at the expense of better resident care.*

### National Trends

#### Revenue Per Patient Day



[nursinghome411.org/ltc-medicaid-funding/](http://nursinghome411.org/ltc-medicaid-funding/)

# + Medicare Funding

According to the Medicare Payment Advisory Commission...

- The marginal profit from Medicare nursing home patients in 2018 was about 10.3%.
- The average Medicare profit margin has been above 10% for over 19 years.
- For-profit facility profits averaged 13% profit margins, with one-quarter having margins of 19.7%.\*

Unfortunately, the focus of Medicare rate setting has been almost entirely on controlling costs rather than ensuring quality. Medicare prospective payments are based on estimated costs and not on actual expenditures. This system allows nursing homes to keep staffing and operating expenses low in order to maximize profits.

**NOTE:** These profit margins do not take into account profits hidden in administrative costs or related-party transactions.

\* Medicare Payment Advisory Commission. *Report to the Congress: Medicare Payment Policy*. Chapter 8. Washington, D.C. March 2020, p.219-244.

## + Funding is NOT the Problem

### **OIG: *Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries***

- OIG found that **one-third of residents who were in a nursing home for short-term care were harmed** w/in an average of 15.5 days.
- **Almost 60 percent of the injuries were preventable and attributable to poor care.**
- Much of the **preventable harm was due to substandard care**, inadequate resident monitoring, and failure or delay of necessary care.
- As a result, six percent of those who were harmed died, and more than half were rehospitalized.
- “Because many of the events that we identified were preventable, our study confirms the need and opportunity for SNFs to significantly reduce the incidence of resident harm events.”

Even when profits are high, nursing homes fail to provide adequate care, safety, or treat residents humanely.





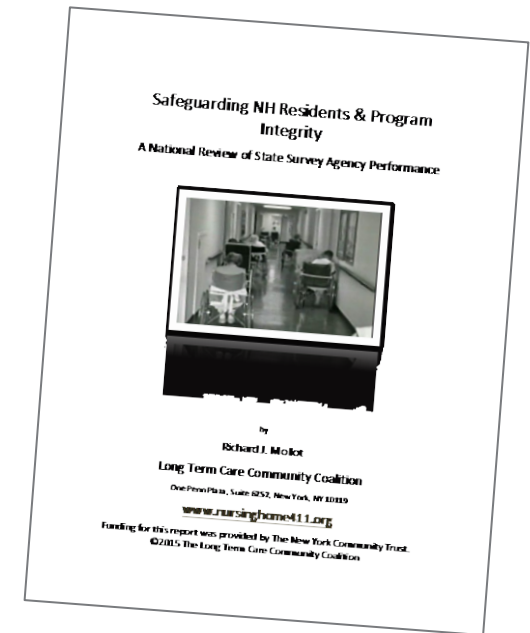
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Myth #2

Nursing homes are overregulated

## + LTCCC: *Safeguarding Residents & Program Integrity in US Nursing Homes*

- **Failure to identify resident harm.** States rarely classify violations of minimum health standards as causing harm or putting residents in immediate jeopardy. Because, generally speaking, only findings of harm result in a penalty against the nursing home, this means that **penalties for substandard care are exceedingly rare.**
- **Widespread use of antipsychotics** to chemically restrain residents persists, despite CMS's "Partnership to Improve Dementia Care in Nursing Homes."
- **Persistently high rates of pressure ulcers.** Though pressure ulcers are largely preventable, States cite nursing homes the equivalent of less than 3% of the time that a resident has a pressure ulcer. **Even when States *do* cite a facility for inadequate pressure ulcer care or prevention, they only identify this as harmful to residents about 25% of the time.**



<https://nursinghome411.org/national-report-safeguarding-nursing-home-residents-program-integrity/>

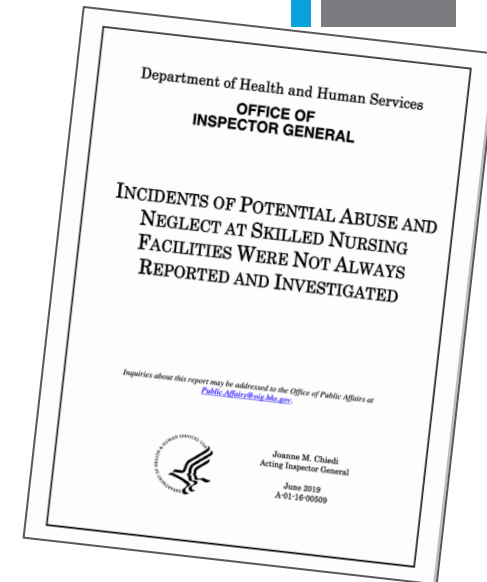
# + GAO: *Better Oversight Needed to Protect Residents from Abuse*

- *Nursing home residents often have physical or cognitive limitations that can leave them particularly vulnerable to abuse.*
- *Abuse of nursing home residents can occur in many forms—including physical, mental, verbal, and sexual—and can be committed by staff, residents, or others in the nursing home.*
- *Any incident of abuse is a serious occurrence and can result in potentially devastating consequences for residents, including lasting mental anguish, serious injury, or death.*
- **GAO Identified “Oversight Gaps”:**
  - *Information on abuse and perpetrator types is not readily available.*
  - *Facility-reported incidents lack key information.*
  - *Gaps exist in the CMS process for state survey agency referrals to law enforcement.*



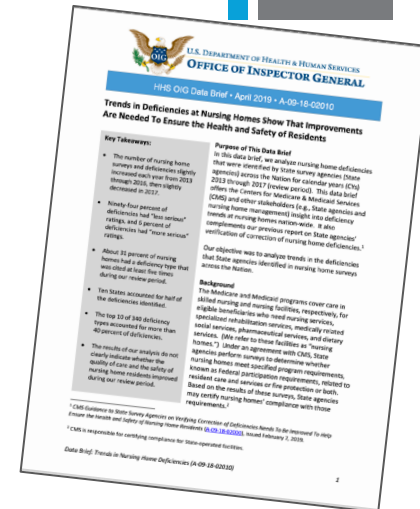
## + **OIG: *Incidents of Potential Abuse and Neglect at Skilled Nursing Facilities Were Not Always Reported and Investigated***

- *[A]n estimated one in five high-risk hospital ER Medicare claims for treatment provided in calendar year 2016 were the result of potential abuse or neglect, including injury of unknown source, of beneficiaries residing in a SNF [skilled nursing facility].*
- *SNFs failed to report many of these incidents to the Survey Agencies in accordance with applicable Federal requirements.*
- *[S]everal Survey Agencies failed to report some findings of substantiated abuse to local law enforcement.*
- **OIG Recommendations:**
  - Action is needed “to ensure that incidents of potential abuse or neglect... are identified and reported.”
  - Recommended actions include: (1) training of nursing home staff to i.d. abuse and neglect and (2) “requiring the Survey Agencies to record and track all incidents of potential abuse or neglect in SNFs and referrals made to local law enforcement and other agencies.”



## + **OIG: Trends in Deficiencies at Nursing Homes Show That Improvements Are Needed To Ensure the Health & Safety of Residents**

- **OIG analyzed nursing home deficiencies that were identified by State survey agencies (State agencies) across the Nation for calendar years 2013 through 2017.**
- **OIG Findings:**
  - The number of nursing home surveys and deficiencies slightly increased each year from 2013 through 2016, then slightly decreased in 2017.
  - Ninety-four percent of deficiencies had less serious ratings, and six percent of deficiencies had more serious ratings.
  - **About 31 percent of nursing homes had a repeat deficiency** (i.e., a deficiency type that was cited at least 5 times in separate surveys). Most of these (71%) were for:
    - 1) ensuring that nursing homes are free of accident hazards, provide adequate supervision of residents, and provide adequate assistance devices for residents and
    - 2) providing care & services for the highest well-being of residents.





+ **GAO: *Infection Control Deficiencies Were Widespread and Persistent in Nursing Homes Prior to COVID-19 Pandemic***

- Infection prevention and control deficiencies were the most common type of deficiency cited in nursing homes.
- Most nursing homes had an infection prevention and control deficiency cited in one or more years from 2013 - 2017.
- Nearly all infection prevention and control deficiencies (about 99 percent in each year) were classified by surveyors as not severe. As a result, only about 1% resulted in any penalty whatsoever to the nursing homes.

**When there is no penalty, there is no reason for the nursing home to improve its practices.**

+ In sum...

1. We do *not* get value for the money spent on nursing home care.
2. Over credulity of the nursing home industry's arguments have served neither residents nor taxpayers well.
3. Perpetuation of the industry's myths has been particularly costly for residents and their families.





+

## Advocacy Step 2

### Policy Priorities & Recommendations

## + 1. Institute meaningful accountability when facilities fail to provide adequate and humane care:

- ✓ CMS must improve enforcement of regulatory violations by adopting more specific guidelines for identifying harm and imposing penalties;
- ✓ Congress must increase the budget for federal and state regulatory oversight;
- ✓ Survey frequency should be increased to a 6–12-month period to improve resident safety and quality assurance;
- ✓ Independence and professionalism among state and federal survey staff must be safeguarded/improved. This includes continuing prohibitions on providing consultation and training for the nursing home industry and increasing expertise in geriatrics, pharmacy, chronic care management, dementia, mental health, and disability management.

## + 2. Improve accountability for the funds allocated for resident care:

- ✓ A direct care ratio is necessary to limit funds diverted from resident care to administrative costs and profits;
- ✓ A combined financial and oversight system should be established by CMS to conduct annual joint Medicare and Medicaid audits, including related party payer audits;
- ✓ Congress must amend federal law to remove the provision that allows facilities to establish a distinct part of an institution for Medicaid;
- ✓ Efforts to implement so-called value-based payment programs should be discontinued;
- ✓ Congress should require a redesign of the Medicare and Medicaid rate setting system into a blended rate established at the federal level in order to eliminate the cost shifting from Medicare to Medicaid.

**“Care  
Suffers as  
More  
Nursing  
Homes Feed  
Money Into  
Corporate  
Webs”**  
- The NY Times

### + 3. **Improve transparency and accountability for nursing home ownership and management:**

- ✓ CMS and states should redesign regulatory and enforcement approach to focus more on nursing home chains;
- ✓ CMS must establish an effective national prior approval process and strong qualification criteria for changes in ownership or management;
- ✓ CMS should establish a national system to audit ownership reports;
- ✓ CMS must establish federal regulations to specify the minimum criteria for the purchase (or change of ownership) or management of any nursing home in order to receive approval to participate in Medicare and/or Medicaid.

The criteria should prevent individual or corporate owners from the purchase, operation or management of another facility if they have a history of owning or operating facilities with low staffing, poor quality care in any state.

## + 4. Ensure safe, sufficient, & humane staffing levels:

- ✓ CMS and states must enforce existing staffing standards, which require that facilities have sufficient staff to meet the care and dignity needs of the residents they admit to and retain in their facility;
- ✓ CMS must immediately adopt numerical minimum staffing standards to truly meet the requirement for “sufficient” staffing in the 1987 Reform Law (The minimum standard should be 0.75 RN hours per resident day (hprd), 0.55 LVN/LPN hprd, and 2.8 CNA hprd, for a total of at least 4.1 nursing hprd);
- ✓ Every nursing home should be required to provide RN staffing on a 24-hour a day basis;
- ✓ Nursing homes must be required to provide adequate wages and benefits to recruit and retain nursing staff.





## NursingHome411.org Resources

Support individual, community, and  
systemic advocacy with FREE data and  
educational materials

Keep up with LTCCC (Get an A+)

Nursing Home 411 state pages

Identify staffing levels & 5-star  
ratings

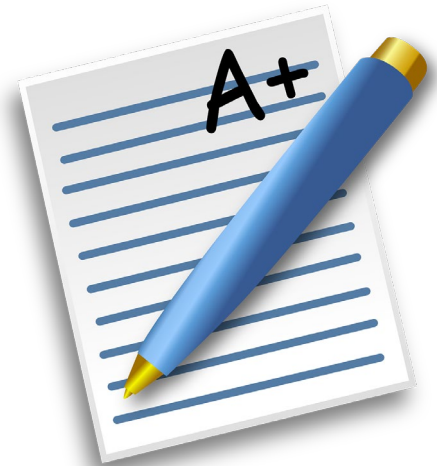
The Nursing Home 411 Podcast

Take action

Upcoming (can't miss!) programs

# + Keep up with LTCCC (get an A+!)

- Email alerts and updates
- YouTube (webinars and other programs)
- The Nursing Home 411 Podcast
- Facebook
- Twitter

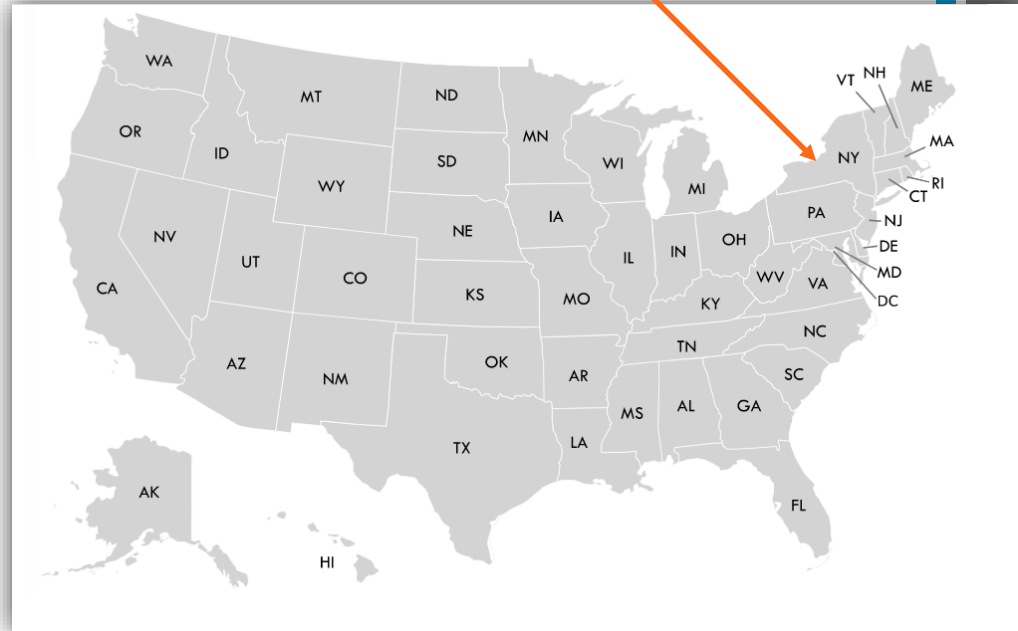


Go to [nursinghome411.org/social](https://nursinghome411.org/social) for links!

# + LTCCC's state pages

- Use clickable map to find your state
- State pages contain state-specific
  - Staffing
  - Ratings
  - Ombudsman resources
  - And more...

Click New York or go to  
[nursinghome411.org/ny](https://nursinghome411.org/ny)



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



# + State page example: New York

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## State News & Reports

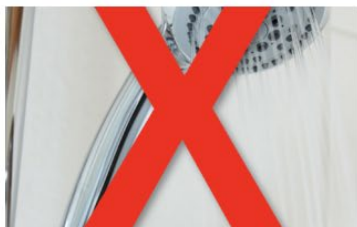


### LTCCC Alert: Three in Four U.S. Nursing Homes Understaffed in Second Wave

The following is an alert for the Q4 2020 [...]

April 29th, 2021

[Read More >](#)



### Weeks Without a Shower: Elder Justice "No Harm" Newsletter (Volume 3 Issue 6)

In the Elder Justice Newsletter, we highlight citations, including [...]

 DOWNLOAD NEW YORK'S MOST RECENT STAFFING DATA.

NURSING HOME INFO & RATINGS

ONE-STAR & SPECIAL FOCUS FACILITIES

NYS ENFORCEMENT ACTIONS

NYS LEGISLATIVE MEMOS

NYS ASSISTED LIVING/ADULT HOME DATA

2019 ASSESSMENT OF NYS NURSING HOME STAFFING & QUALITY

STATE LONG-TERM CARE OMBUDSMAN WEBSITE

Staffing

Ratings

One-star/SFFs

Ombudsman

NY news and reports

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

# + LTCCC Staffing Report: Q4 2020

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## Nursing Home Staffing 2020 Q4

LTCCC's **Q4 2020 Staffing Report** provides user-friendly files for every state that include facility-level data on: **1**) Care staff levels (RN, LPN, and CNA); **2**) Important non-nursing staff levels, including administrators and activities staff; **3**) Contract workers. The report also includes data on state and national quarterly staffing levels, state and national quarterly resident census averages, and daily national census counts.

Download your state's file by clicking the state in the first column of the table below. Files can be modified to isolate locations and identify variables of interest. For example, a state file can be filtered and sorted to identify nursing homes in a selected county (or counties) with the highest or lowest RN staffing levels. See [LTCCC's staffing alert for Q4 2020 summary findings and other information](#).

### Q4 2020 Staffing Summary

Total Care Staff HPRD	3.47
RN HPRD	0.47
Avg. MDS Census	74.30

[Edit](#)

Summary Data

ALL U.S. NURSING  
HOME NURSE STAFF

ALL U.S. NURSING  
HOME NON-NURSE  
STAFFING

ALL U.S. NURSING  
HOME USE OF  
CONTRACT STAFF

COMPARE AVERAGE  
STAFFING LEVELS  
FOR EACH STATE

DAILY STAFFING &  
WEEKEND/HOLIDAY  
DATA

National Staffing Data:

- Nursing staff
- Non-nursing
- Contract
- State Comparisons
- Weekend/Holiday Trends

State  
files

Search:

State	Abbreviation	Avg Census	Avg Total Care Staff HPRD	Total Care Rank	Avg RN Care Staff HPRD	RN Care Rank
<a href="#">ALASKA</a>	AK	50.16	5.80	1	1.36	1
<a href="#">ALABAMA</a>	AL	86.55	3.58	23	0.38	42
<a href="#">ARKANSAS</a>	AR	66.60	3.83	12	0.21	50
<a href="#">ARIZONA</a>	AZ	70.34	3.84	11	0.53	26
<a href="#">CALIFORNIA</a>	CA	75.91	4.05	5	0.46	34

1 Download state files by selecting  
state links in first column.

### National Staffing Data Summary

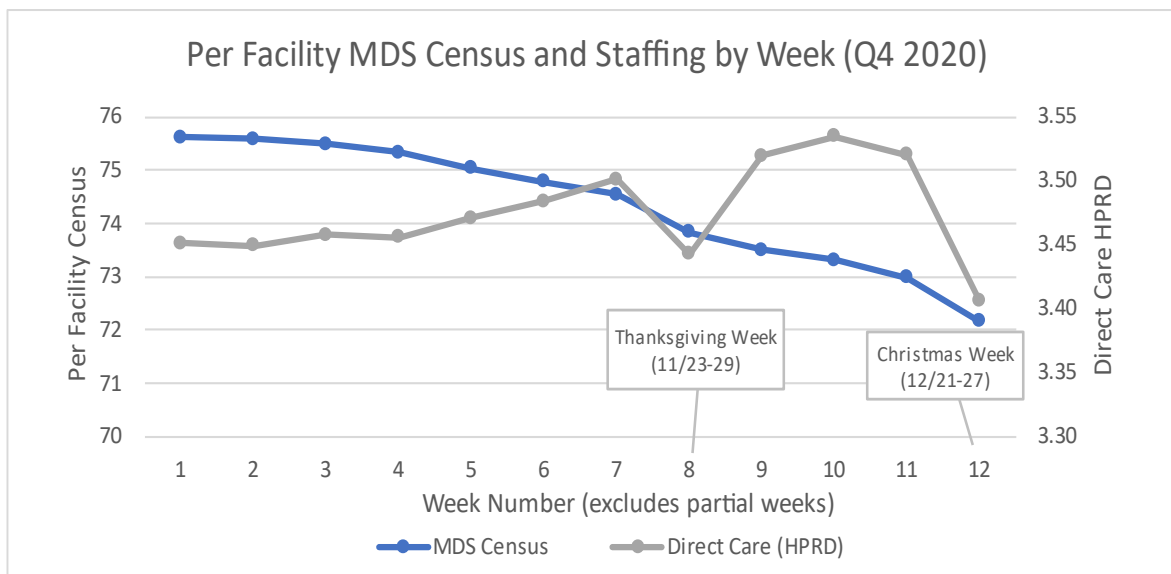
The national staffing averages for Q4 2020 are **3.47 total care staff HPRD**, **0.47 RN care staff HPRD**. This falls short of the amount of time needed to ensure that residents receive clinical care (**4.10 hours total care staff HPRD** and **0.75 RN HPRD**), according to a landmark 2001 federal study.

[nursinghome411.org/staffing-q4-2020/](https://nursinghome411.org/staffing-q4-2020/)



# Highlights (or... lowlights) for Q4 2020 Staffing Report

- Less than a quarter (22%) of U.S. nursing homes met the total care staff threshold (4.10 HPRD).
- Moderate increase in staff HPRD (3.47 HPRD) from 3Q 2020 due to steep population decline, NOT increase in staff hours.
- Staff HPRD declined sharply on weekends and holidays, dipping as low as 3.17 on Christmas.
- Daily average facility resident census fell 4.8% from Oct. 1 (75.8) to Dec. 31 (72.2). Q4 2020 average facility census (74.3) is 14.2% below pre-pandemic Q4 2019 average (86.6).



[nursinghome411.org/staffing-q4-2020/](https://nursinghome411.org/staffing-q4-2020/)

# + Find your facility's or region's staffing data

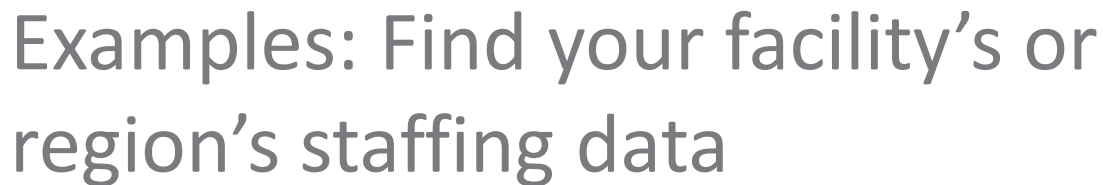
## Finding Your Facility

1. Go to state page or staffing reports and identify your state.
2. Download spreadsheet.
3. Filter, sort, or search to identify your facility or region of interest.
4. See tabs on bottom of spreadsheet to identify nurse, contract, or non-nurse staff (i.e. dietician, admin, physical therapist, etc.)

The screenshot shows an Excel spreadsheet titled "NY-Staffing-2020-Q4.xlsx". The spreadsheet lists various nursing facilities in New York. The columns include State, Provider, City, County, Census, RN Hours, LPN Hours, CNA Hours, Total Care Staff Hours, Total Care Staff HPRD, and Total Staff IPRD (incl. Admin & DON). A search filter is applied to the Provider column, showing results for "Montrose". The bottom of the spreadsheet has tabs for "Nurse Staff", "Contract Staff", "Non-Nurse Staff", "Notes & State Averages", and "Glossary".

State	Provider	City	County	Census	RN Hours	LPN Hours	CNA Hours	Total Care Staff Hours	Total Care Staff HPRD	Total Staff IPRD (incl. Admin & DON)
NY	A HOLLY PATTERSON E	MONROD	Nassau	400.6	221.9	155.6	608.4	985.9	2.5	3.2
NY	AARON MANOR REHAB	FAIRPORT	Monroe	120.0	27.4	89.5	233.6	350.5	2.9	3.2
NY	ABSOLUT CTR FOR NUI	ALLEGANY	Cattaraugus	28.5	17.1	21.7	52.5	91.3	3.2	3.7
NY	ABSOLUT CTR FOR NUI	EAST AURORA	Erie	231.7	55.5	238.3	394.3	688.1	3.0	3.2
NY	ABSOLUT CTR FOR NUI	ENDICOTT	Broome	138.3	42.1	125.2	227.8	395.2	2.9	3.1
NY	ABSOLUT CTR FOR NUI	GASPORT	Niagara	60.6	23.2	63.2	122.1	208.5	3.4	3.9
NY	ABSOLUT CTR FOR NUI	PAINTED POST	Steuben	96.2	26.4	109.6	154.7	290.7	3.0	3.3
NY	ADIRONDACK RIVERSIDE R	WESTFIELD	Chautauqua	105.2	34.1	86.1	161.8	281.9	2.7	3.0
NY	AFFINITY SKILLED LIV	RIVERHEAD	Suffolk	97.4	21.9	125.2	206.0	353.2	3.6	3.9
NY	ACHIEVE REHAB AND M	LIBERTY	Sullivan	123.0	44.1	105.2	224.8	374.1	3.0	3.3
NY	ADIRONDACK RIVERSIDE R	ONKERS	Westchester	107.6	91.7	71.5	217.8	381.0	3.5	3.6
NY	AFFINITY SKILLED LIV	AKDALE	Suffolk	207.6	163.8	199.9	432.1	795.7	3.8	3.9
NY	ALICE HYDE MEDICAL C	ALONE	Franklin	114.4	50.9	116.1	232.6	399.6	3.5	3.7
NY	ALPINE REHABILITATION	LITTLE FALLS	Herkimer	74.2	33.5	63.8	138.4	235.7	3.2	3.3
NY	AMSTERDAM NURSING	NEW YORK	New York	323.1	198.6	118.3	789.4	1106.3	3.4	3.7
NY	ANDRUS ON HUDSON	ASTINGS ON I	Westchester	189.2	60.9	152.5	398.1	611.4	3.2	3.4
NY	APEX REHABILITATION	UNTINGTON	Suffolk	171.3	77.3	65.8	356.1	499.2	2.9	3.1
NY	ATRIUM CENTER FOR I	ROOKLYN	Kings	305.0	10.4	245.1	638.3	893.9	2.9	3.3
NY	AUBURN REHABILITATION	UBURN	Cayuga	81.2	37.7	68.4	148.4	254.5	3.1	3.2
NY	AURELIA OSBORN FOX	INEONTA	Otsego	126.9	45.8	84.3	268.2	398.2	3.1	3.3
NY	AUTUMN VIEW HEALTH	AMBURG	Erie	185.6	84.2	236.1	366.1	686.3	3.7	4.0
NY	AVON NURSING HOME	VON	Livingston	31.0	7.8	29.3	67.8	104.8	3.4	3.8
NY	BAINBRIDGE NURSING	BRONX	Bronx	186.7	78.8	111.4	385.9	576.1	3.1	3.1

[nursinghome411.org/staffing-q4-2020/](https://nursinghome411.org/staffing-q4-2020/)



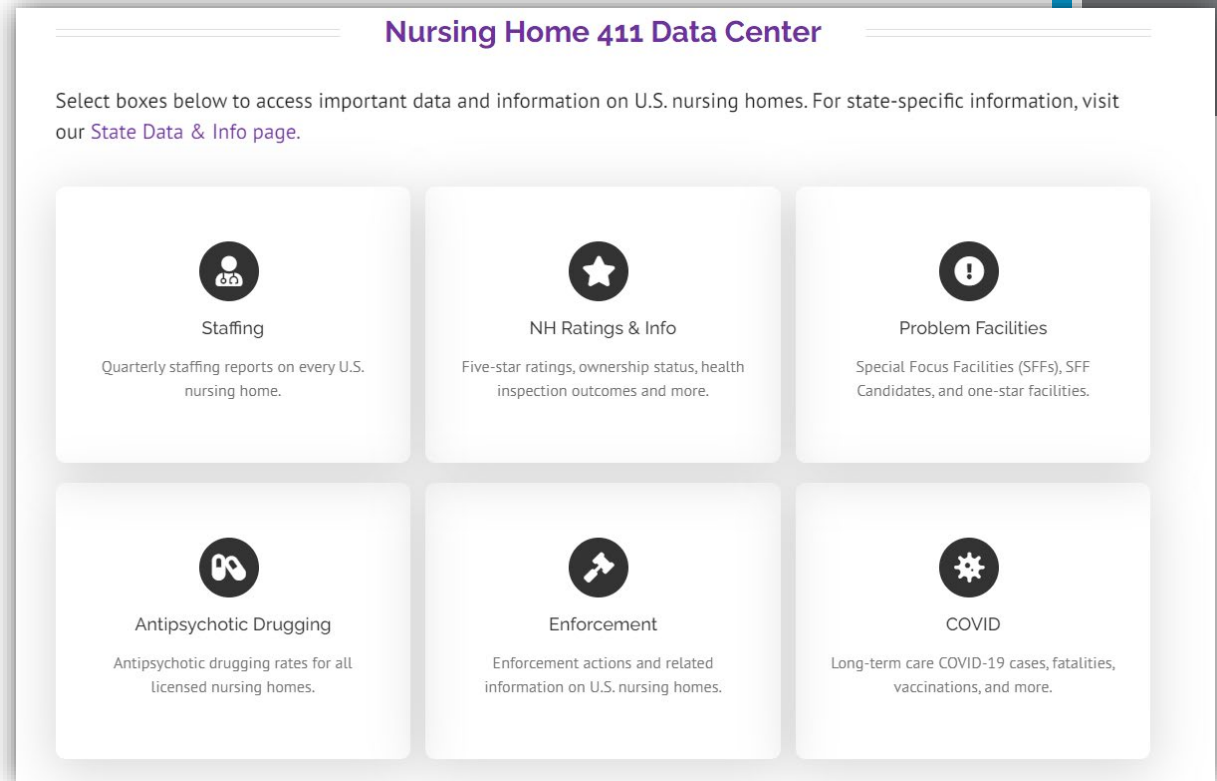
### Montrose Nursing Staff (Use Provider filter)

## Westchester Non-Nursing Staff (Use County filter)

[illegible]

# + The Nursing Home 411 Data Center

- Staffing
- Ratings
- Problem Facilities
- Antipsychotic Drugging
- Enforcement
- COVID



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

# + The Nursing Home 411 Podcast

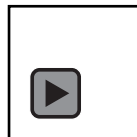


Nursing Home 411  
Podcast

39

- Interviews on all things nursing homes
  - Film directors
  - Attorneys
  - Data experts
  - Academics
  - Nursing home residents
  - Staff

- Please subscribe/rate/review!  
(Links on Zoom chat)



Andres “Jay” Molina, NH resident and director of Fire Through Dry Grass

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



# + Taking Action

- Tell Your Story
- Write your legislators on key issues
  - Strengthen enforcement
  - Safe Staffing
- New York and national

## New York State Action Alerts



TELL YOUR STORY

STRENGTHEN ENFORCEMENT OF NEW YORK'S ADULT HOME REGULATIONS

INCREASE LONG TERM CARE OMBUDSMAN PROGRAM FUNDING IN NYS

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

## National Action Alerts



TELL YOUR STORY

SPEAK OUT AGAINST EFFORTS TO WEAKEN OVERSIGHT OF NURSING HOMES

SPEAK OUT IN SUPPORT OF ASSISTED LIVING RESIDENTS

SPEAK OUT AGAINST WASTEFUL SPENDING IN NURSING HOMES

STAND UP FOR SAFE STAFFING

SPEAK OUT IN SUPPORT OF NURSING HOME RESIDENTS

SPEAK OUT IN SUPPORT OF MEANINGFUL SAFEGUARDS FOR NURSING HOME OWNERSHIP

## Advocacy News & Resources



SIGN UP FOR LTC NEWS & UPDATES

VISIT THE FAMILY & OMBUDSMAN RESOURCE CENTER

DEMENTIA CARE ADVOCACY TOOLKIT

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





# SPECIAL LTCCC OMBUDSMAN PROGRAM

## Thursday, June 17 at 1pm EST

(Submit a question for a chance at a prize!)



### The Best (om)Buds of Hudson Valley & Tri County

Join LTCCC ombudsman program directors  
Gloria Murray and Judy Farrell on Thursday,  
June 17 at 1pm EST for a discussion on the  
key (and free!) ombudsman resources and  
to learn about the benefits of volunteering.

[nursinghome411.org/ask-ombudsman/](https://nursinghome411.org/ask-ombudsman/)

# + Upcoming Programs

- Why Comfort Matters: Reducing Reliance on Antipsychotics
  - June 15, 1pm EST
  - Tena Alonzo
  - <https://nursinghome411.org/event/drug-dementia/>
- NYSBA: Moving Beyond Institutional Nursing Home Care
  - May 27, 1pm
  - Co-sponsored by LTCCC
  - Register:  
<https://nysba.org/events/moving-beyond-institutional-nursing-home-care-part-2/>



[nursinghome411.org/webinars-events](https://nursinghome411.org/webinars-events)

# + Thank You For Joining Us Today!

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For updates & invites to future programs: [www.nursinghome411.org/join/](http://www.nursinghome411.org/join/).

LTC Ombudsmen: If your program supervisor allows credit for attending this training program, please take the quick survey at:

<https://www.surveymonkey.com/r/ltccc-ltcop1>.



Questions?

Comments?