



Today's Program



TODAY'S WEBINAR:

Arming your Advocacy: Leveraging LTCCC's Resources to Promote Resident-Centered Care

Tuesday, January 18, 2022 | 1-2PM ET

Register: bit.ly/ltccc-advocacy



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& Communications

+ While you're waiting...

Virtual Meeting Tips

- Put your **questions in the Q&A** at the bottom of your Zoom screen
- Use the chat feature at the bottom of your Zoom screen for **comments** and conversation
- If you are having technical issues, please let us know in the chat and we will do our best to assist you

New at NursingHome411

- Antipsychotic drugging rates (non-risk-adjusted) for US nursing homes in the second quarter of 2021.
- Elder Justice Newsletter 2021 Compilation
- An Oral History of the COVID-19 Pandemic in Nursing Homes
- No Harm, No Foul: NursingHome411 Podcast on nursing home enforcement and oversight.

+ 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



Rules, Requirement, and Resources for Resident Advocacy

+ 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 psychosocial **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 & meaningful 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**.





The Law



Facility Promotes/Enhances Quality of Life

A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

Dignity

Facility must promote care for residents in a manner that maintains or enhances each resident's dignity and respect in full recognition of his/her individuality.

Activity Program Meets Individual Needs

The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.

+ The Law

Medically Related Social Services

The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

Proficiency of Nurse Aides

The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

Services Meet Professional Standards of Quality

The services provided or arranged by the facility must meet professional standards of quality.

Sufficient Nursing Staff on 24-hour Basis

The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans.

+ Primer on Nursing Home Standards

Nursing Home Quality Standards **A Primer for Residents, Families, Ombudsmen, and Advocates**



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Descriptive
titles i.d.
subject
matter.



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LONG TERM CARE COMMUNITY COALITION

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Advancing Quality, Dignity, and Justice

LEARNING CENTER >

LONG TERM CARE COMMUNITY COALITION
Advancing Quality, Dignity & Justice

Our Mission

LTCCC is a nonprofit organization dedicated to advancing quality, dignity, and justice in long-term care.

Learning Center

Webinars, podcasts, fact sheets, and other free materials to inform your advocacy for nursing home residents.

LTC In Your State

Staffing data, five-star ratings, and other important information about nursing homes in your state.

www.nursinghome411.org

+ Learning Center

Select boxes below to access our latest materials and resources to support good care and resident-centered advocacy. Scroll to the bottom of this page for LTCCC's most recent Learning Center resources. For COVID-19, see [LTCCC's Coronavirus Resource Center](#).



Webinars

Learn about long-term care issues at LTCCC's monthly Zoom webinars. Attend programs live or watch recordings on YouTube.



Get the Facts

Fact sheets providing information on care standards to support better care and quality of life for long-term care residents.



Families & Ombudsmen

LTCCC's Family & Ombudsman Resource Center provides resources, tools, and information to support resident-centered advocacy.



Dementia Care & Antipsychotic Drugging

Resources for promoting good dementia care and reducing dangerous antipsychotic drugging.



Podcasts

Listen to interviews and conversations with a variety of leading experts in long-term care.



Abuse & Neglect

Information and resources to help identify and address nursing home resident abuse and neglect.



Resident Advocacy

Forms and printouts to help you advocate for residents in long-term care and promote resident rights.



Assisted Living

Guidebooks, reports, fact sheets, and other resources to advocate for residents in assisted living.

www.nursinghome411.org/learning-center/

+ Dementia Care Advocacy Toolkit

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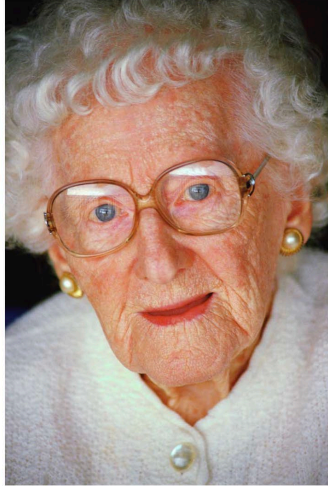
Home » Learning Center » Dementia Care Advocacy toolkit

Intro to the Dementia Care & Antipsychotic Drugging Advocacy Toolkit

Dementia care is a growing concern as our population ages and more people live longer with Alzheimer's and other forms of dementia, particularly in nursing homes. The widespread, inappropriate use of antipsychotic drugs on people with dementia compounds these concerns. Close to 20% of nursing home residents are given powerful and dangerous antipsychotics, despite a "Black-Box" warning that they are associated with increased risk of death in the elderly. Importantly, these drugs are not clinically indicated for "dementia-related psychosis."

This Toolkit was developed to help residents, families and those who work with them meet and overcome the challenges to accessing good care and life with dignity. **Each of the following Fact Sheets provides information that can be used to support resident-centered advocacy for better care.**

The Toolkit is the product of a two-year project, supported by a generous grant from The Fan Fox & Leslie R. Samuels Foundation, in which we worked with family councils and LTC ombudsmen to provide education and engagement on some of the issues most relevant to good dementia care and the reduction of inappropriate and dangerous antipsychotic drugging. We thank the Foundation and the residents, families and ombudsmen with whom we worked for making this Toolkit possible.



LTCCC Issue Alert: Antipsychotic Drugs

November 30th, 2017 | Categories: Dementia Care Advocacy Toolkit, Issue Alerts, Learning Center, News & Reports

[Read More >](#)

LTCCC Webinar: Antipsychotic Drugs, Psychotropic Drugs & Pharmacy Services

October 17th, 2017 | Categories: Dementia Care & Antipsychotic Drugging, Dementia Care Advocacy Toolkit, Learning Center, LTCCC Webinars

[Read More >](#)

<https://nursinghome411.org/learn/dementia-care-advocacy-toolkit/>

+ The Dementia Care Toolkit

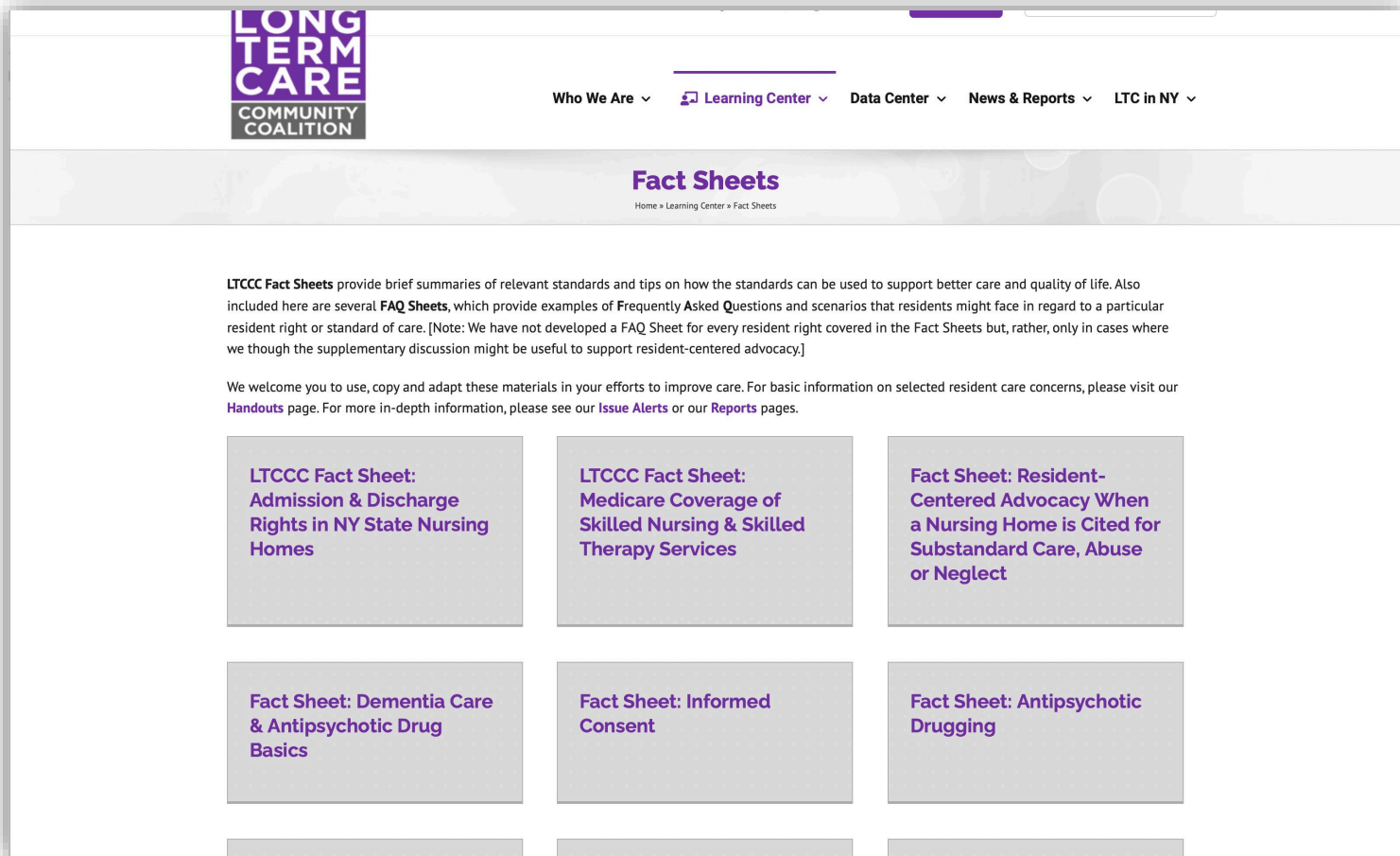
- Dementia Care Considerations
- Dementia Care Practices
- Dementia Care & Psychotropic Drugs
- Non-Pharmacological Approaches to Dementia Care
- Resident Dignity & Quality of Life
- Standards for a Safe Environment
- Resident Assessment & Care Planning
- Care Planning Requirements
- Informed Consent
- 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!

+ Fact Sheets

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<https://nursinghome411.org/learn/facts/>

+ Fact Sheet: Resident Care & Well-Being

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Consumer Factsheet: Resident Care and Well-Being

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.

Below are two important standards with information that can help you understand and use them to support your resident-centered advocacy. [Note: The brackets below provide the relevant federal regulation (CFR) and F-tag (designation used when a facility is cited for failing to meet the requirement).]

I. Quality of Care [483.25 F-685]

Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:

- **Vision and hearing** – *To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident— (1) In making appointments, and (2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.*
- **Skin Integrity - Pressure ulcers.** *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.*
- **Mobility.**
 - *The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and*
 - *A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.*
 - *A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable.*

- **Incontinence.** *The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.*

II. Activities of Daily Living [483.24(a) F-676]

- *Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:*
 - *A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living...*
- **Activities of daily living.** *The facility must provide care and services... for the following activities of daily living:*
 - *Hygiene—bathing, dressing, grooming, and oral care,*
 - *Mobility—transfer and ambulation, including walking,*
 - *Elimination—toileting,*
 - *Dining—eating, including meals and snacks,*
 - *Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems.*

MAINTAINING PHYSICAL & EMOTIONAL WELL-BEING: CHECKLIST

EVERY residents has the right to receive the care and services he or she needs to reach and maintain his or her highest possible level of functioning and well-being. Following are some relevant points to keep in mind:

- Bathing, dressing and grooming (in accordance with the resident's preferences & customs).
- Toileting (including assistance to get to and from the bathroom in a timely manner).
- Ability to walk (including with assistance from an aide or using an assistive device).
- No development of pressure ulcers unless unavoidable as a result of resident's clinical condition.
- Items in the resident assessment, care plan or that are important to you:
 - _____
 - _____
 - _____
 - _____

<https://nursinghome411.org/fact-sheet-standards-of-care-for-resident-well-being/>

+ Fact Sheet: Dignity & Respect

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Fact Sheet: The Fundamentals of Resident Rights – Dignity & Respect

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 and community.

Following are two important federal standards. They apply to every nursing home resident in licensed facilities in the U.S. On the following page are some examples that illustrate how these standards are to be realized by nursing homes. [Note: The brackets below provide, for reference, the citation to the federal requirement (42 CFR 483.10) and the F-tag number used when a facility is cited for failing to meet the requirement.]

STANDARD 1: RESIDENT RIGHTS [42 CFR 483.10(a) F-550]

- *The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility....*
- *A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality.*
- *The facility must protect and promote the rights of the resident.*
- *The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.*

STANDARD 2: EXERCISE OF RIGHTS [42 CFR 483.10(a) F-550]

- *The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.*
- *The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.*
- *The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.*

INTENT OF THIS REGULATION

- *Each resident has the right to be treated with dignity and respect. All staff activities and interactions with residents must focus on assisting the resident in maintaining and enhancing his or her self-esteem and self-worth and incorporating the resident's preferences and choices. Staff must respect each resident's individuality when providing care and services while honoring and valuing their input.*
- *All residents have rights guaranteed to them under Federal and State law and regulations. This regulation is intended to lay the foundation for the rights requirements. A resident must be allowed to exercise their rights based on his or her degree of capability.*

Examples From the Federal Guidelines to Support Your Advocacy

- **Grooming** residents as they wish to be groomed (e.g., hair combed and styled, beards shaved/trimmed, nails clean and clipped).
- **Dressing:** Encouraging and assisting residents to dress in their own clothes appropriate to the time of day and individual preferences rather than hospital-type gowns; Labeling each resident's clothing in a way that respects his or her dignity (e.g., placing labels on the inside of shoes and clothing).
- **Promoting Independence & Dignity in Dining:** Facility and staff should avoid:
 - Day-to-day use of plastic cutlery and paper/plastic dishware;
 - Bibs instead of napkins (except by resident choice);
 - Staff standing over residents while assisting them to eat; and
 - Staff interacting/conversing only with each other rather than with residents while assisting residents.
- **Respecting Residents' Private Space & Property** (e.g., not changing radio or television station without resident's permission, knocking on doors and requesting permission to enter, closing doors as requested by the resident, not moving or inspecting resident's personal possessions without permission).
- **Speaking Respectfully to (and About) Residents** by addressing the resident with a name of the resident's choice (not "Honey" or "Sweetie" unless that is what the resident wishes), avoiding use of labels for residents such as "feeders," not excluding residents from conversations or discussing residents in community settings in which others can overhear private information. Focusing on residents as individuals when they talk to them and addressing residents as individuals when providing care and services.
- **Maintaining Resident Privacy Of Body:** including keeping residents sufficiently covered, such as with a robe, while being taken to areas outside their room, such as the bathing area (one method of ensuring resident privacy and dignity is to transport residents while they are dressed and assist them to dress and undress in the bathing room).
- **Refraining from practices demeaning to residents** such as keeping urinary catheter bags uncovered, refusing to comply with a resident's request for toileting assistance during meal times, and restricting residents from use of common areas open to the general public such as lobbies and restrooms, unless they are on transmission-based isolation precautions or are restricted according to their care planned needs.

+ Fact Sheet: Resident & Family Record-Keeping

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

CONSUMER FACTSHEET: RESIDENT & FAMILY RECORD-KEEPING

There are many standards which nursing homes are required to follow in order to ensure that residents receive good care, have a good quality of life and treatment with dignity. The purpose of these factsheets is to help **YOU** use these standards as a basis for resident-centered advocacy. This fact sheet provides some information on why it is important to keep records, two kinds of records you might want to keep and easy forms (on second page) that you can use to get started.

Why Keep Records?

Going to a nursing home is difficult and stressful. Unfortunately, difficulties and stress can continue – or pop up again – when a resident living in the facility does not receive needed care or services, is treated poorly or is abused. These situations can be very tough to deal with. Typically, there is a problem, the resident or family brings the problem to the attention of a staff person and thinks that the problem will be addressed. All too often, that does not happen, or the “fix” doesn’t last and the problem happens again... and again.

Keeping records can help support your advocacy to overcome challenges and access better care and quality of life by providing a record, resource and reference on the resident, what he or she needs, and how those needs are – or are not – being met by the nursing home. This Fact Sheet describes two types of records that can be useful to support your advocacy.

What Kind of Records Should I Keep?

One or both of the following types of records may be useful to you, depending on your situation. On the back are two brief sample checklists that you can use or adapt. See Resources, below, for links to additional tools and resources that can be helpful.

1. **Resident Preferences.** Communication of a resident's needs or preferences can be difficult in any situation. This is especially true for residents with dementia (or other conditions which impede communication). A record of preferences can make a world of difference as a resource on what a resident prefers, finds enjoyable or comforting. It can be especially useful to provide positive reinforcement and comfort for a resident with dementia to address (or better, avoid) distress, upset or agitation.
2. **Overcoming Problems.** Keeping even a basic record when there is a problem you are trying to resolve can be a valuable tool to substantiate – and hopefully resolve – the problem. While we believe that it is not fair to expect the resident/family member to have to do all of the work to get what is rightfully theirs, often that is the only way to overcome problems.

RESOURCES

- WWW.NURSINGHOME411.ORG. LTCOC's website includes information on the relevant standards for nursing home care and resources to help consumers, LTC ombudsmen & caregivers improve care and address problems in their facilities.
- WWW.THECONSUMERVOICE.ORG. The Consumer Voice's website has a variety of materials and resources for residents, family members and LTC Ombudsmen.

Preferences of _____

Music: _____

Snacks: Cookies ___ Fruit ___ Chocolate ___ Juice ___ Other _____

Bathing: Bath ___ Shower ___ Sponge bath ___ Time of Day _____ Frequency _____

Animals: Dogs ___ Cats ___ Birds ___ Stuffed Animals ___ Other _____ None ___

Activities: Arts & Crafts _____ TV _____

Exercise _____ Other _____

Foods: I Enjoy: _____

I Do NOT Enjoy: _____

Time of Day:

In the morning I like _____

In the afternoon I like _____

At night I like _____

Other Important Preferences: _____

Record of Resident Preferences

Problem or Concern _____

1. Date: _____ Communication to: _____
Response/Outcome: _____

2. Date: _____ Communication to: _____
Response/Outcome: _____

3. Date: _____ Communication to: _____
Response/Outcome: _____

4. Date: _____ Communication to: _____
Response/Outcome: _____

5. Date: _____ Communication to: _____
Response/Outcome: _____

Record of a Problem – and Attempts to Address it

+ Family & Ombudsman Resource Center

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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.

You may also use LTCCC's Zoom video conference room to host family councils or family members meetings. [Click here to request an appointment.](#)

We would love to include you and support your efforts to improve care!



FACT SHEETS ON CARE STANDARDS & RESIDENT RIGHTS

DEMENTIA CARE ADVOCACY TOOLKIT

SEARCH FOR THE STAFFING LEVELS IN YOUR NURSING HOME

HANDOUTS ON KEY NURSING HOME ISSUES

FAMILY COUNCIL ZOOM MEETING REQUEST

FORMS & TOOLS FOR RESIDENT-CENTERED ADVOCACY

TELL YOUR STORY

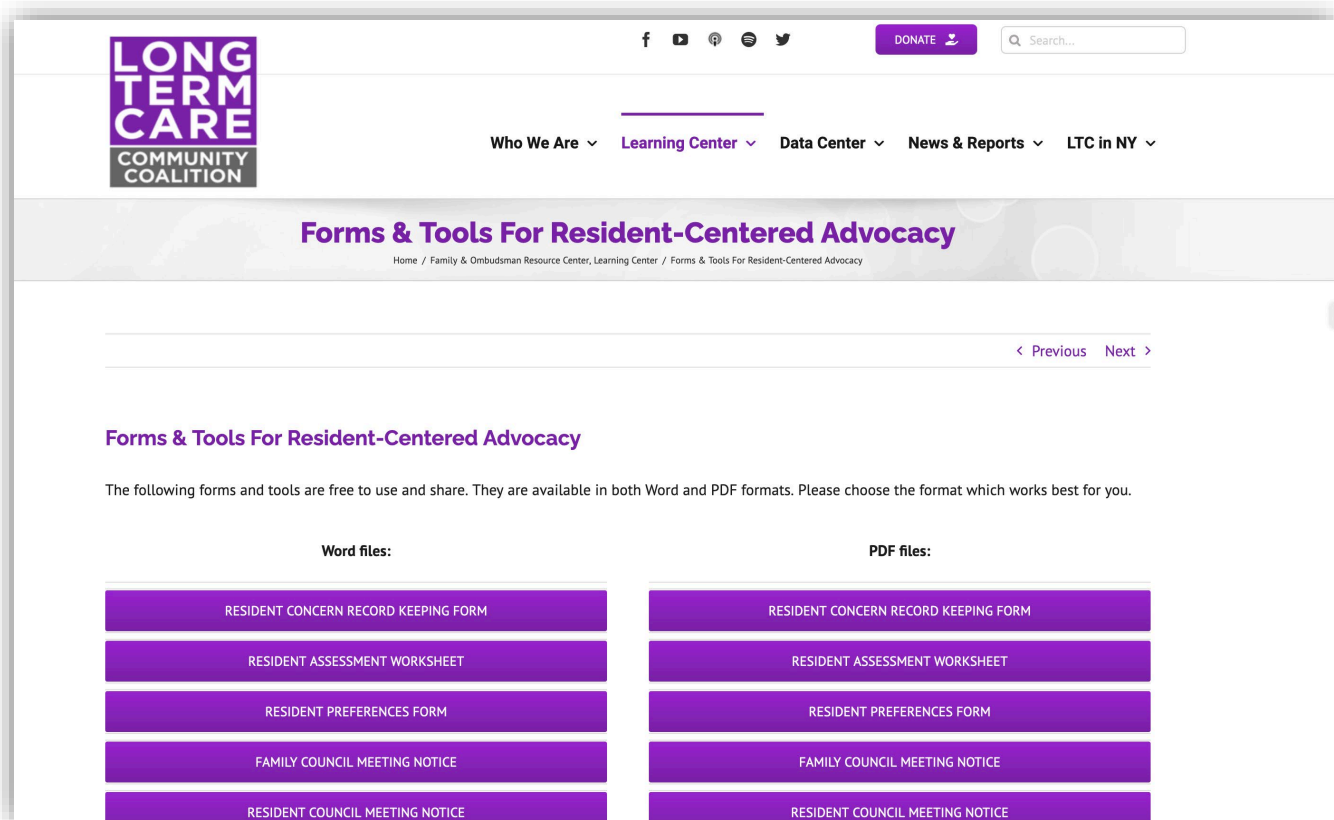
LTCCC WEBINARS

Sign up for
LTCCC's Family
Council Zoom
Meeting
Room!

www.nursinghome411.org/families-ombudsmen/

+ Forms & Tools for Resident-Centered Advocacy

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www.nursinghome411.org/forms-advocacy/

+ 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

23

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

+ Webinars

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The screenshot shows the YouTube channel page for the Long Term Care Community Coalition. The channel has 44 subscribers and a 'SUBSCRIBE' button. The video uploads are listed in a grid format, each featuring a thumbnail with the speaker, Richard Minkus, and a title. The videos cover various topics related to nursing home care, including pressure ulcers, dementia, staffing, and quality of life. Each video entry includes the title, view count, and upload date.

Video Title	Views	Upload Date
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

<https://www.youtube.com/c/LongTermCareCommunityCoalition/>



Using Nursing Home Data to Drive Your Advocacy

Why Numbers Matter

Staffing Data

Provider Info

Antipsychotic Drugging

Using Data to Drive Your
advocacy



Data-Driven Advocacy: Why Numbers Matter



- **The best advocate is an informed advocate.** Nursing home data can support your advocacy at the individual **AND** systemic level. Data can bolster your advocacy when talking to nursing home staff, legislators, and other family members.
- **How data can help you:**
 - Identify staffing levels: *Is this nursing home providing any activities staff?*
 - Assess survey data: *Does this nursing home have a history of deficiencies?*
 - Antipsychotic drugging dates: *How many residents at this nursing home are receiving dangerous antipsychotic drugs?*



+

Nursing Home Staffing Data



Nursing Home Staffing 101



- Nursing homes with higher staffing levels are better equipped to meet their residents' care needs.
- Federal nursing home requirements mandate that facilities have sufficient staff, with the appropriate competencies, to meet the **clinical, emotional, and psychosocial** needs of every resident.
- Most US nursing homes are understaffed and fail to meet the necessary threshold for total care staff (**4.10 HPRD**) as determined by a 2001 landmark federal study.

HPRD (Hours Per Resident Day) is a staffing metric calculated by dividing a nursing home's daily staff hours by its MDS census. For example, a nursing home averaging 300 total nurse staff hours and 100 residents per day would have a 3.0 Total Nurse Staff HPRD ($300/100 = 3.0$).

+ LTCCC Staffing Data (Q2 2021)

30

LTCCC's **Q2 2021 Staffing Report** provides user-friendly files for every state that contain facility-level data on: **1)** Nurse staff levels (RN, LPN, and CNA, including Admin & DON, NA in Training, Med Aide/Tech); **2)** Important non-nursing staff levels, including administrators and activities staff; **3)** Contract workers. **4)** Summary staffing data at the state, CMS region, and national levels. The report also features interactive Tableau maps and tables.

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 Q2 2021 summary findings and other information](#).

Q2 2021 Staffing Summary

Total Nurse Staff HPRD	3.75
Total Direct Care Staff HPRD	3.46
Total RN HPRD	0.66
RN Care Staff HPRD (excl. Admin/DON)	0.44
Total MDS Census (Daily Avg.)	1,106,502

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

SUMMARY DATA

TABLEAU MAPS &
TABLES

National Staffing Data:

- Nursing staff
- Non-nursing
- Contract
- State Comparisons
- Tableau

State
files

State	Total Census	Total Nurse Staff HPRD	Rank: Total Nurse Staff HPRD	RN Staff HPRD	Rank: RN Staff HPRD
ALASKA	519	5.92	1	1.66	1
ALABAMA	19,233	3.75	32	0.60	40
ARKANSAS	14,286	4.01	18	0.40	48
ARIZONA	10,117	4.06	13	0.69	31
CALIFORNIA	88,106	4.28	8	0.58	41
COLORADO	13,681	3.91	22	0.94	9
CONNECTICUT	18,069	3.68	37	0.69	32
D.C.	1,946	4.56	4	1.28	3

Methodology Note

Starting in Q1 2021, LTCCC's reporting of federal staffing data has been modified in two important ways. 1) Highlighting "Total Nurse Staff HPRD," a more expansive metric that includes all PBI nurse staffing categories; and 2) Expanding "Total Direct Care Staff HPRD" to include Med Aide/Tech and NA TR. Med Aide/Tech and NA TR were not included in previous LTCCC staffing reports.

[Read more on methodology >](#)


nursinghome411.org/staffing-q2-2021/

+ Find Your Facility's or Region's Staffing Data

Note: These instructions can also be used to identify 5-star ratings and other data.

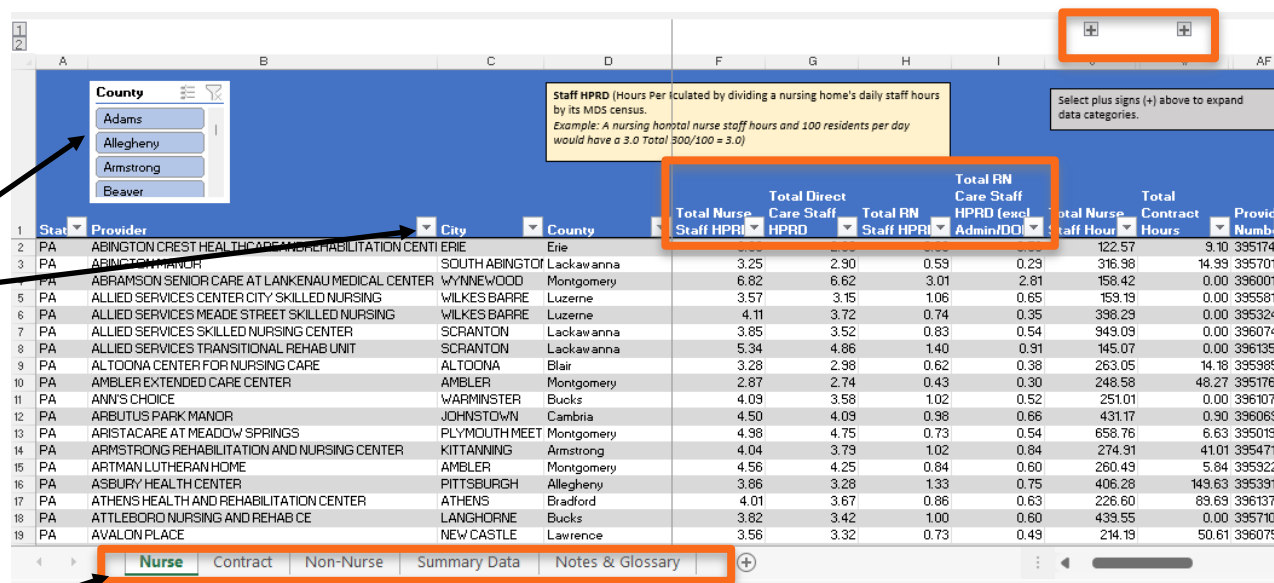
Finding Your Facility

1. Go to state page or staffing reports and identify your state. Download spreadsheet.

2. Sort by County using "slider." Sort by any category using filters. 

3. Expand to see more staffing data using the "+" symbols.

4. See tabs on bottom of spreadsheet to identify nurse, contract, non-nurse staff (i.e. dietician, admin, physical therapist, etc.), summary data, charts, and notes.



State	Provider	City	County	Total Nurse Staff HPRD	Total Direct Care Staff HPRD	Total RN Care Staff HPRD	Total RN Care Staff Admin/DO	Total Nurse Staff Hour	Total Contract Hours	Provider Number
PA	ABINGTON CREST HEALTHCARE AND REHABILITATION CENTER	ERIE	Erie	3.25	2.90	0.59	0.29	316.96	14.99	395174
PA	ABINGTON MANOR	WYNNWOOD	Montgomery	6.82	6.62	3.01	2.81	158.42	0.00	396001
PA	ABRAMSON SENIOR CARE AT LANCKENAU MEDICAL CENTER	WILKES BARRE	Luzerne	3.57	3.15	1.06	0.65	153.19	0.00	395581
PA	ALLIED SERVICES MEADE STREET SKILLED NURSING	SCRANTON	Lackawanna	4.11	3.72	0.74	0.35	398.29	0.00	395324
PA	ALLIED SERVICES SKILLED NURSING CENTER	ALTOONA	Blair	3.85	3.52	0.83	0.54	949.09	0.00	396074
PA	ALLIED SERVICES TRANSITIONAL REHAB UNIT	AMBLER	Montgomery	5.34	4.86	1.40	0.91	145.07	0.00	396135
PA	ALTOONA CENTER FOR NURSING CARE	WARMINSTER	Bucks	3.28	2.98	0.62	0.38	263.05	14.18	395985
PA	AMBLER EXTENDED CARE CENTER	JOHNSTOWN	Cambria	2.87	2.74	0.43	0.30	248.58	48.27	395176
PA	ANN'S CHOICE	PLYMOUTH MEET	Montgomery	4.09	3.58	1.02	0.52	251.01	0.00	396107
PA	ARBITUS PARK MANOR	KITTANNING	Armstrong	4.50	4.09	0.98	0.66	431.17	0.90	396069
PA	ARISTACARE AT MEADOW SPRINGS	AMBLER	Montgomery	4.98	4.75	0.73	0.54	658.76	6.63	395019
PA	ARMSTRONG REHABILITATION AND NURSING CENTER	PITTSBURGH	Allegheny	4.04	3.79	1.02	0.84	274.91	41.01	395471
PA	ARTMAN LUTHERAN HOME	ATHENS	Bradford	4.56	4.25	0.84	0.60	260.43	5.84	395922
PA	ASBURY HEALTH CENTER	LANGHORNE	Bucks	3.86	3.28	1.33	0.75	406.28	149.63	395391
PA	ATHENS HEALTH AND REHABILITATION CENTER	NEW CASTLE	Lawrence	4.01	3.67	0.86	0.63	226.60	89.69	396137
PA	ATTLEBORO NURSING AND REHAB CE			3.82	3.42	1.00	0.60	439.55	0.00	395710
PA	AVALON PLACE			3.56	3.32	0.73	0.49	214.19	50.61	396075

nursinghome411.org/staffing-q2-2021/



What can I do with this data?

- Get the facts:
 - Is your nursing home's staffing HPRD above 4.1?
 - How dependent is your nursing home on contract staff?
 - Is the nursing home providing activities staff? Dietician?
- What to do:
 - Ask nursing home staff what they're doing to address these issues.
 - Talk to your legislators.
 - Raise these issues at your family council meetings.

nursinghome411.org/staffing-q2-2021/



Pop Quiz

- Nursing homes are required to have sufficient staff, with the appropriate competencies, to meet every resident's:
 - A. Clinical needs
 - B. Emotional needs
 - C. Psychosocial needs
 - D. All of the above
- The necessary threshold for total care staff as determined by a 2001 federal study is:
 - A. 4.1 hours per resident day (HPRD)
 - B. 2.0 hours per resident day
 - C. Nursing homes don't need staff time.





Provider Info

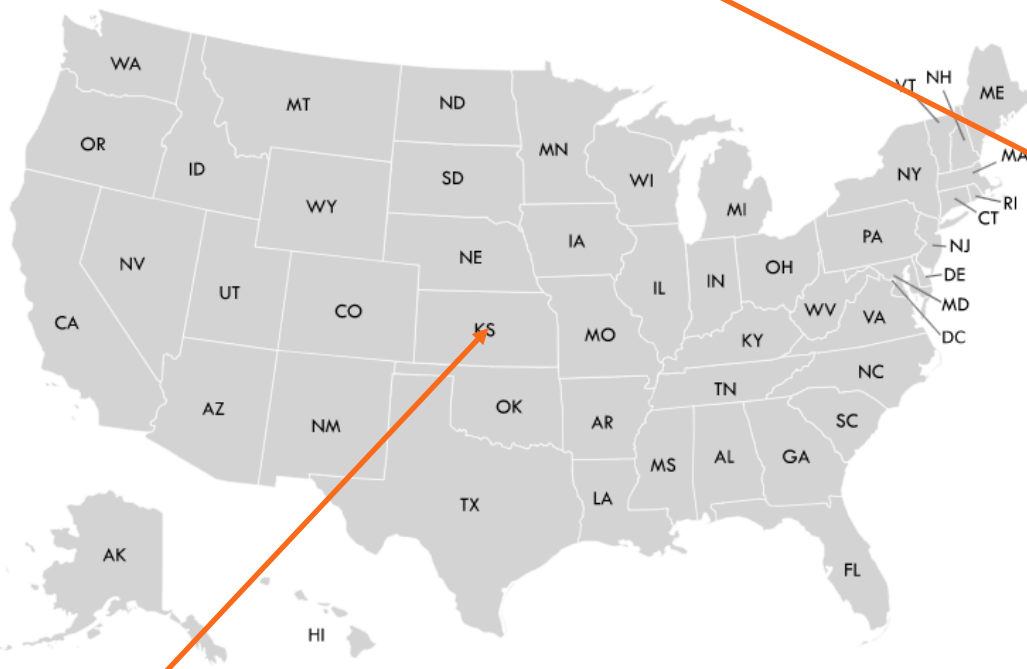
Ratings, ownership type, staffing, and more



Provider Info Data

This page contains facility-level data on all U.S. nursing homes including five-star ratings, ownership status, health inspection outcomes, and more. Download individual state files by clicking the state on the map or list below. [Download nationwide data here](#). Data obtained from CMS (<https://data.cms.gov/provider-data/dataset/4pq5-n9py>) 9/10/21 based on data updated 9/3/21.

Alaska
Alabama
Arkansas
Arizona
California
Colorado
Connecticut
District of Columbia
Delaware
Florida
Georgia
Hawaii
Iowa



Click here for
US file

Click map or state list
for state file

<https://nursinghome411.org/data/ratings-info/>



Provider Info Data

Filter by County		City		Overall Rating		See "Notes" tab below for more info on ratings, staffing, data categories, and footnotes.										Select "4" above for more ratings		Select "4" above for more staffing data (reported, case-mix, adjusted)		Select "4" above for more ratings	
Adams		AKRON		1																	
Allegheny		ALBUQUERQUE		2																	
Armstrong		ALBUQUERQUE		3																	
Beaver		ALBUQUERQUE		4																	
Bedford		ALBUQUERQUE		5																	
Berks		ALBUQUERQUE																			

State	CMS Region	Provider Name	City	County	Ownership	Average Number of Residents	Special Focus	Abuse Inc.	With a Resident and Family Council	Overall Rating	Staffing Rating	Health Inspection Rating	Reported Total Nurse Staffing Hours per Resident per Day	Reported RN Staffing Hours per Resident per Day	Number of Substantiated Complaints	Number of Fines	Total Amount of Fines in Dollars	Number of Payment Denials
PA	3	PASSAVANT RETIREMENT AND HEAL	ZELIENOPLE	Butler	Non profit -	93.9		N	Both	5	5	5	4.73	1.46	0	0	\$0	0
PA	3	QUALITY LIFE SERVICES - NEW CASTLE	NEW CASTLE	Lawrence	For profit - i	93.3		N	Resident	3	3	3	3.61	0.72	1	0	\$0	0
PA	3	ST JOSEPH'S MANOR (DBA ENTITY OF HRHS)	MEADOWB	Montgomer	Non profit -	205.8		N	Resident	4	5	3	4.77	1.34	1	1	\$9,168	0
PA	3	NESHAMINY MANOR HOME	WARRINGT	Bucks	Government	317.6		N	Resident	5	4	5	3.88	0.80	0	0	\$0	0
PA	3	PLATINUM RIDGE CTR FOR REHAB & HEALING	BRACKENRI	Allegheny	For profit - i	81		N	Resident	2	3	2	2.78	0.67	4	2	\$1,625	0
PA	3	BROOKVIEW HEALTH CARE CENTER	CHAMBERS	Franklin	Non profit -	47.1		N	Resident	5	4	3	5.49	0.87	1	0	\$0	0
PA	3	ELDERCREST HEALTHCARE AND REHABILITATION CENTER	MUNHALL	Allegheny	For profit - i	40.5		N	Resident	5	4	4	3.45	1.18	0	2	\$1,638	0
PA	3	BRIGHTON REHABILITATION AND WELLNESS CENTER	BEAVER	Beaver	For profit - i	319	SFF	N	Resident				3.26	0.52	41	6	\$363,732	0
PA	3	HANOVER HALL	HANOVER	York	For profit - i	113.1		N	Resident	3	2	3	3.46	0.52	0	0	\$0	0
PA	3	GOOD SHEPHERD HOME RAKER CENTER	ALLENTOWN	Lehigh	Non profit -	98.2		N	Resident	5	4	5	4.31	1.69	0	0	\$0	0
PA	3	ARISTACARE AT MEADOW SPRINGS	PLYMOUTH	Montgomer	For profit - i	135.3	One-Star	N	Both	1	1	3	4.85	0.78	3	0	\$0	0
PA	3	BAPTIST HOMES OF WESTERN PENNSYLVANIA	PITTSBURGH	Allegheny	Non profit -	72.8		N	Resident	5	5	4	5.11	1.56	1	0	\$0	0
PA	3	PHOEBE RICHLAND HCC	RICHLANDT	Bucks	Non profit -	114.3		N	Resident	4	3	4	3.80	0.70	1	0	\$0	0
PA	3	SQUIRREL HILL WELLNESS AND REHABILITATION CENTER	PITTSBURGH	Allegheny	For profit - i	92.1	SFF Candidate	N	Resident	1	2	1	2.83	0.58	35	1	\$33,775	0
PA	3	HAVEN PLACE	LOCK HAVEN	Clinton	Non profit -	70.7		N	Both	5	4	3	4.57	0.97	0	1	\$650	0
PA	3	MCMURRAY HILLS MANOR	MCMURRAY	Washington	Non profit -	96.2		N	Resident	4	3	4	3.54	0.66	0	1	\$650	0
PA	3	VINCENTIAN HOME	PITTSBURGH	Allegheny	Non profit -	149.6		N	Resident	5	5	4	5.02	1.33	0	0	\$0	0

- Ratings: Overall, Staffing, Health Inspection
- Resident and/or family council?
- Fines and Penalties
- Abuse

<https://nursinghome411.org/data/ratings-info/>



What can I do with this data?



- Residents/families: Learn about nursing home before admissions in transfer
 - History of abuse
 - Staffing levels
 - Fines and penalties
- Advocates and Ombudsmen
 - Assess nursing home(s) in your area
 - Back up your advocacy with information and data.
 - Talk to your legislators.

<https://nursinghome411.org/data/ratings-info/>



+

Antipsychotic Drugging Rates



Sedated to Death

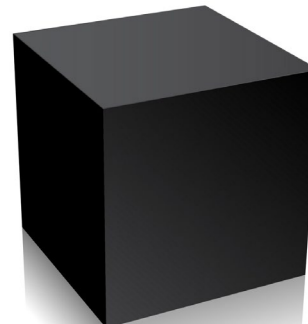
- David Blakeney, a 63-year-old resident at a South Carolina nursing home, was restless and agitated.
- The doctor wanted him on an antipsychotic medication called Haldol, **a powerful sedative**. “Add Dx of schizophrenia for use of Haldol.”
- **No evidence** that Mr. Blakeney actually had schizophrenia.
- Eight months after admission with a long list of ailments (round-the-clock sedation, weight loss, pneumonia, severe bedsores requiring foot amputation) **Mr. Blakeney was dead.**



Source: *New York Times*, “Phony Diagnoses Hide High Rates of Drugging at Nursing Homes”
<https://www.nytimes.com/2021/09/11/health/nursing-homes-schizophrenia-antipsychotics.html>

+ Antipsychotic Drugging 101

- **What are antipsychotic medications?**
 - **Highly potent drugs** that are indicated to treat specific conditions and diagnoses, such as schizophrenia.
- AP drugs carry FDA “Black-box” warning due to increased risks of:
 - Stroke, heart attack, diabetes, Parkinsonism.
 - Serious fall-related bone fracture.
 - Diminished social and emotional well-being.
- AP drugs are **NOT** clinically indicated for the treatment of the so-called behavioral and psychological symptoms of dementia.





Pop Quiz 2



- AP drugs should be used to sedate residents with behavioral and psychological symptoms of dementia.
 - A. True
 - B. False
- AP drugs carry a black-box warning because:
 - A. They must be prescribed to **all** residents.
 - B. They increase risk of stroke, heart attack, diabetes, Parkinsonism, and falls.
 - C. None of the above.





LTCCC's Antipsychotic Drugging Data (Q2 2021)



■ Methodology

- **Source:** Centers for Medicare & Medicaid Services (CMS) via FOIA request.
- **Non-risk adjusted:** includes *all* residents receiving antipsychotic drugs (APs).
- **AP Drugging Rate:** Share of residents receiving APs in 7 days since assessment or since admission/entry or reentry if less than 7 days.

■ Key Findings:

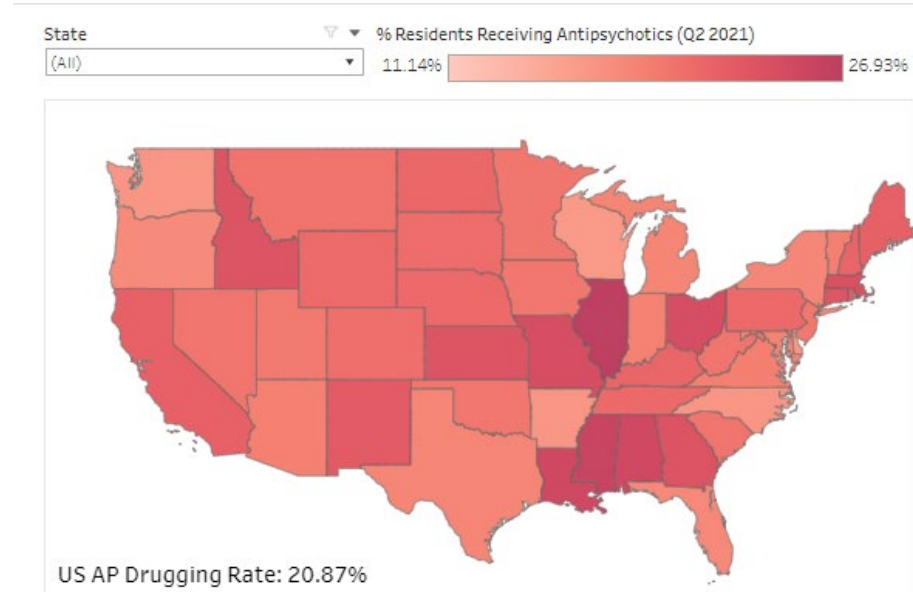
- More than 1 in 5 (20.87%) of residents received AP drugs in Q2 2021
- For-profit nursing homes have higher AP drugging rates (22.1%) than non-profit (16.5%) and government (20.4%) nursing homes.
- 26.5% of residents in 1-star nursing homes received APs compared to 16.2% in 5-star NHs.

<https://nursinghome411.org/data/ap-drugs/ap-drug-q2-2021/>



Antipsychotic Drugging by State

- Rates varied by state and CMS Regional Location.
 - Highest: Illinois (26.9%), Mississippi (25.9%), Louisiana (25.1%), and Alabama (25.1%); CMS Region 1 (23.2%).
 - Lowest: Hawaii (11.1%), Alaska (14.0%), Wisconsin (16.6%), and Delaware (16.6%) had the lowest rates of AP drugging; CMS Region 10 (18.1%).



<https://public.tableau.com/views/AntipsychoticDrugginginUSNursingHomesQ22021/APStateDataQ22021>

+ Diving into the Data...

The inappropriate antipsychotic (AP) drugging of nursing home residents is a widespread and serious problem. Use the map below to find antipsychotic drugging rates (non-risk-adjusted) for all licensed nursing homes, by state, for the second quarter of 2021. User-friendly files contain information on AP drugging rates, star ratings, staffing, and more. [Click here for antipsychotic drugging rates for all US nursing homes](#). For interactive state-level data, see [our interactive Tableau visualization](#) or view "Summary Data" tabs on excel files.

Click here for
US file

Alaska
Alabama
Arkansas
Arizona
California
Colorado
Connecticut
District of Columbia
Delaware
Florida
Georgia
Hawaii
Iowa



Click map or state list
for state file

+ Diving into the Data...

1

2

3

Filter by County

Albany

Allegany

Bronx

Broome

Antipsychotic Drugging Rates (Q2 2021)

Columns W & X based on Provider Info data released September 2021

Columns Y-AO based on Q2 2021 PBJ Staffing Data (Nurse and Non-Nurse)

Total RN Care Staff HPRD (excl. Admin/DQ NJ)

Total Direct Care Staff HPRD

Total RN Staff HPRD (excl. Admin/DQ NJ)

Select "+" for more AP data

Select "+" for more Q2 2021 staffing data

	A	B	C	D	E	G	W	X	Y	Z	AA	AB	AC	AD	AP	AQ
	Stat	Provider	City	County	% Residents Receiving Antipsychotic	Ownership Type	Overall Rating	MDS Census	Total Nurse Staff HPRD	Total Direct Care Staff HPRD	Total RN Staff HPRD (excl. Admin/DQ NJ)	Provider Number	CMS Region Number			
2	NY	A HOLLY PATTERSON EXTENDED CARE FACILIT	UNIONDALE	Nassau	19.95%	Government	5	435.47	3.14	3.11	0.77	0.75	335023	2		
3	NY	AARON MANOR REHABILITATION AND NURS	FAIRPORT	Monroe	7.55%	For profit	5	113.22	3.11	2.70	0.43	0.20	335532	2		
4	NY	ABSOLUT CTR FOR NURSING & REHAB ALLEG	ALLEGANY	Cattaraugus	11.11%	For profit	5	36.70	3.15	2.85	0.96	0.66	335610	2		
5	NY	ABSOLUT CTR FOR NURSING & REHAB AURO	EAST AURORA	Erie	23.70%	For profit	2	211.52	3.13	2.87	0.60	0.38	335281	2		
6	NY	ABSOLUT CTR FOR NURSING & REHAB ENDICOTT	ENDICOTT	Broome	22.79%	For profit	2	137.38	2.27	2.08	0.54	0.35	335371	2		
7	NY	ABSOLUT CTR FOR NURSING & REHAB GASPO	GASPORT	Niagara	5.26%	For profit	4	62.24	3.87	3.49	0.81	0.43	335533	2		
8	NY	ABSOLUT CTR FOR NURSING & REHAB THREE PAINTED POST	STEUBEN	Steuben	15.00%	For profit	2	98.78	3.62	3.23	0.57	0.29	335652	2		
9	NY	ABSOLUT CTR FOR NURSING & REHAB WESTF	WESTFIELD	Chautauqua	19.51%	For profit	3	86.66	3.02	2.62	0.77	0.38	335683	2		
10	NY	ACADIA CENTER FOR NURSING AND REHABIL	RIVERHEAD	Suffolk	18.68%	For profit	4	93.95	3.85	3.54	0.49	0.28	335254	2		
11	NY	ACHIEVE REHAB AND NURSING FACILITY	LIBERTY	Sullivan	16.07%	For profit	3	125.97	3.16	2.93	0.53	0.31	335449	2		
12	NY	ADIRA AT RIVERSIDE REHABILITATION AND	YONKERS	Westchester	11.54%	For profit	5	107.67	3.33	3.30	0.85	0.82	335829	2		
13	NY	AFFINITY SKILLED LIVING AND REHABILITAT	OAKDALE	Suffolk	21.62%	For profit	2	200.42	3.74	3.69	0.80	0.74	335839	2		
14	NY	ALICE HYDE MEDICAL CENTER	MALONE	Franklin	25.98%	Non profit	2	126.38	2.52	2.38	0.49	0.35	335127	2		
15	NY	ALPINE REHABILITATION AND NURSING CENT	LITTLE FALLS	Herkimer	12.50%	For profit	3	67.38	3.43	3.34	0.72	0.62	335586	2		
16	NY	AMSTERDAM NURSING HOME CORP (1992)	NEW YORK	New York	8.74%	Non profit	3	367.47	3.10	3.08	0.61	0.59	335570	2		
17	NY	ANDRUS ON HUDSON	HASTINGS ON HI	Westchester	9.09%	Non profit	3	191.04	3.05	2.93	0.43	0.31	335795	2		
18	NY	APEX REHABILITATION & CARE CENTER	HUNTINGTON ST	Suffolk	34.02%	For profit	5	176.75	3.26	2.96	0.75	0.62	335067	2		
19	NY	ATRIUM CENTER FOR REHABILITATION AND	BROOKLYN	Kings	12.82%	For profit	5	337.53	2.93	2.62	0.31	0.01	335720	2		
20	NY	AUBURN REHABILITATION & NURSING CENT	AUBURN	Cayuga	32.10%	For profit	1	81.90	3.20	3.14	0.50	0.44	335004	2		
21	NY	AURELIA OSBORN FOX MEMORIAL HOSPITAL	ONEONTA	Otsego	11.11%	Non profit	2	93.42	3.98	3.74	0.58	0.35	335204	2		
22	NY	AUTUMN VIEW HEALTH CARE FACILITY L L C	HAMBURG	Erie	9.09%	For profit	5	195.02	3.91	3.64	0.71	0.46	335662	2		
23	NY	AVON NURSING HOME L L C	AVON	Livingston	2.94%	For profit	3	32.43	3.44	2.25	0.61	0.28	335216	2		
24	NY	BAINBRIDGE NURSING & REHABILITATION CE	BRONX	Bronx	21.47%	For profit	5	192.15	2.96	2.93	0.45	0.42	335373	2		
25	NY	BAPTIST HEALTH NURSING AND REHABILITAT	SCOTIA	Schenectady	17.44%	Non profit	1	187.29	3.29	2.80	0.49	0.06	335612	2		
26	NY	BAYBERRY NURSING HOME	NEW ROCHELLE	Westchester	14.89%	For profit	5	50.37	4.07	3.74	0.81	0.48	335614	2		
27	NY	BEACH GARDENS REHAB AND NURSING CENT	FAR ROCKAWAY	Queens	15.63%	For profit	5	135.76	2.87	2.70	0.53	0.41	335687	2		

- See column “E” for % drug rates

- Other info:

- Overall rating
- Ownership Type
- Staffing



Diving into the *Summary* Data

STATE AND NATIONAL				STATE				STATE				STATE				STATE				STATE				STATE			
AP Drug Data - Q2 2021				Ownership				Overall Rating				Total Residents				Rank				CMS				Total			
Total Residents (Assessed + No Response)				For profit				1				AK				50				1				70,195			
94,032				Non profit				2				AL				4				2				131,415			
17,337				Government				3				AR				47				3				123,891			
18.44%								4				AZ				37				4				216,065			
15.65%								5				CA				15				5				210,630			
20.87%												CO				24				6				113,034			
17.84%												CT				11				7				61,622			
												DC				25				8				30,952			
												DE				48				9				106,493			
												FL				43				10				21,917			
												GA				8											
												HI				51											
												IA				31											
												ID				10											
												IL				3											
												IN				38											
												KS				9											
												KY				17											
												LA				3											
												MA				7											
												MD				39											
												ME				14											
												MI				40											
												MN				30											
												MO				6											
												MS				2											
												MT				26											
												NC				45											
												ND				34											
												NE				19											
												NH				16											
												NJ				33											
												NM				12											
												NV				28											
												NY				42											
												OH				5											
												OK				32											

Antipsychotic Drugging Data Notes (Q2 2021)

AP Data obtained from Centers for Medicare & Medicaid Services (CMS) via FOIA request.

Note: This dataset includes AP data for 12,652 of the 15,000+ US nursing homes. It excludes nursing homes whose AP data was not provided by CMS (CMS provided AP data for 15,531 nursing homes) and nursing homes whose provider numbers did not match provider numbers found in other CMS databases. To access raw AP data provided by CMS via FOIA request, visit <https://nursinghome411.org/wp-content/uploads/2022/01/SourceAP-Q2-2021.xlsx>.

Staffing Data obtained from LTCOC's Q2 2021 Staffing Report: <https://nursinghome411.org/staffing-q2-2021/>.

Data on Overall Ratings and Ownership Type obtained from LTCOC's Provider Info report: <https://nursinghome411.org/provider-info> (based on data released September 2021).

These data are non-risk-adjusted. Non-risk-adjusted rates include all residents receiving antipsychotic drugs (APs). Risk-adjusted data exclude individuals with the following diagnoses: Schizophrenia, Tourette's Syndrome and Huntington's Disease.

Residents receiving antipsychotics include residents that received APs during the last seven days since assessment or since admission/entry or reentry if less than 7 days.

% Residents Receiving APs is based on total number of residents assessed.

**Residents Receiving APs is an estimate based on total number of residents assessed and no response (see column Q in AP Drug Rates tab). This LTCOC metric assumes "assessed" and "no response" residents have same AP rate.

% Residents Receiving Daily APs include residents that received APs seven of the last seven days preceding assessment.

Total Residents include residents "assessed" and "no response."

Black-Box. Antipsychotic drugs carry a FDA black-box warning against use on elderly people with dementia. This is due to significantly increased risks of serious problems, including death.

Less than two percent (2%) of the population will ever have a diagnosis for one of the conditions CMS recognizes when it risk-adjusts for potentially inappropriate use. Yet these data show that approximately 20-30% of nursing home residents are receiving these drugs.

- State and national AP drug rates
- Drug rates by ownership type.
- Drug rates by five-star rating

+

What can I do? Using Data to Drive Your Advocacy

- Identify the AP drug rate at a nursing home or nursing homes.
- Ask administrators about the nursing home's DP drug rate.
- Voice your concerns about the AP drug rates in their areas.



+ LTCCC's Next Webinar....



UPCOMING WEBINAR:

Assisted Living: Identifying Policy to Promote Quality Assurance, Safety, and Quality of Life

Tuesday, February 15, 2022 | 1-2PM ET

Register: bit.ly/webinar-assisted-living



Paula Carder, Ph.D. (presenter) is a professor with the OHSU-PSU School of Public Health and director of the Institute of Aging at Portland State University. Dr. Carder's research explores the relationship between state regulatory requirements and daily practices associated with medication administration and staffing in assisted living facilities.

Register: <https://bit.ly/webinar-assisted-living>

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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>.



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