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

Richard Mollot
LTCCC, Executive Director

Eric Goldwein,
LTCCC, Director of Policy & Communications
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](http://www.nursinghome411.org)
Rules, Requirement, and Resources for Resident Advocacy
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.
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

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.

Services Meet Professional Standards of Quality

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

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.

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

By
Richard J. Mollot

Edited & Updated by
Charles Gourgey
Dara Valenejad

The Long Term Care Community Coalition
One Penn Plaza, Suite 6252, New York, NY 10119
www.nursinghome411.org

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Descriptive titles i.d. subject matter.

PDF file has hyperlinks: Click on the topic to go to the page.
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 LTCC’s most recent Learning Center resources. For COVID-19, see LTCC’s Coronavirus Resource Center.

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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.

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

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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

LTCCC Fact Sheets provide brief summaries of relevant standards and tips on how the standards can be used to support better care and quality of life. Also included here are several FAQ Sheets, which provide examples of Frequently Asked Questions and scenarios that residents might face in regard to a particular resident right or standard of care. [Note: We have not developed a FAQ Sheet for every resident right covered in the Fact Sheets but, rather, only in cases where we thought the supplementary discussion might be useful to support resident-centered advocacy.]

We welcome you to use, copy and adapt these materials in your efforts to improve care. For basic information on selected resident care concerns, please visit our Handouts page. For more in-depth information, please see our Issue Alerts or our Reports pages.

- LTCCC Fact Sheet: Admission & Discharge Rights in NY State Nursing Homes
- LTCCC Fact Sheet: Medicare Coverage of Skilled Nursing & Skilled Therapy Services
- Fact Sheet: Resident-Centered Advocacy When a Nursing Home is Cited for Substandard Care, Abuse or Neglect
- Fact Sheet: Dementia Care & Antipsychotic Drug Basics
- Fact Sheet: Informed Consent
- Fact Sheet: Antipsychotic Drugging

https://nursinghome411.org/learn/facts/
Fact Sheet: Resident Care & 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:
  - ________________
  - ________________
  - ________________
  - ________________
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 facility need noted when a facility is cited for failing to meet the requirement.]

STANDARD 1. RESIDENT RIGHTS [42 CFR 483.10(a) F.555]
- 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 481.10(a) F.558]
- 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 dishes;
  - 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 “feeder,” 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.

www.nursinghome411.org/fact-dignity-respect/
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 the residents 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 impair communication. A record of preferences can make a world of difference as a resource on what a resident prefers, finds reassuring or comforting. It can be especially useful to provide positive reinforcement and comfort for a resident with dementia to address (or forget, avoid) distress, agitated 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 validate and helpfully resolve the problem. While we believe that it is not fair to expect the 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

[1] WWW.NURSINGHOME411.ORG. NHC’s website includes information on the resident standards for nursing home care and resources to help consumers, LTC advocates & caregivers improve care and address problems in their facilities.

[2] WWW.THECONSUMERVOICE.ORG. The Consumer Voice’s website has a variety of materials and resources for residents, family members and LTC Advocates.

https://nursinghome411.org/fact-sheet-resident-family-record-keeping/
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 LTCC’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
- LTCC WEBINARS

www.nursinghome411.org/families-ombudsmen/
Forms & Tools for Resident-Centered Advocacy

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

**Word files:**
- Resident Concern Record Keeping Form
- Resident Assessment Worksheet
- Resident Preferences Form
- Family Council Meeting Notice
- Resident Council Meeting Notice

**PDF files:**
- Resident Concern Record Keeping Form
- Resident Assessment Worksheet
- Resident Preferences Form
- Family Council Meeting Notice
- Resident Council Meeting Notice

[www.nursinghome411.org/forms-advocacy/](http://www.nursinghome411.org/forms-advocacy/)
Resident Preferences Form

My Personal Preferences

Like everyone else, residents have preferences in respect to how they live their lives. Federal law requires that every resident’s 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 meat 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 SUBSTITUTE PLANS OF CARE OR MEDICAL RECORDS.

<table>
<thead>
<tr>
<th>A Little Bit About Me</th>
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<tbody>
<tr>
<td>I prefer to be called:</td>
</tr>
<tr>
<td>I like to wake up:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>My preferred morning</td>
</tr>
<tr>
<td>routine:</td>
</tr>
<tr>
<td>My bathing preferences:</td>
</tr>
<tr>
<td>(check all that apply)</td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>My music/tv preferences:</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

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:

For additional information and resources, please visit www.nursinghome411.org.
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 the resident’s needs, strengths, goals, life history and preferences. This includes measurable objectives and timeframes to meet the 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.

- The 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 situations where the resident does not have a representative(s), the resident’s preferences 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 others for this purpose.

- Discharge plans in the comprehensive care plan, as appropriate...

A comprehensive care plan must be developed within 15 days after completion of the comprehensive assessment.

IMPORTANT NOTE: The new federal nursing home standards greatly expanded expectations for care planning. See the “LTCC 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.
- The 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.merriam-webster.com allene, LTCC’s website includes materials on the relevant standards for nursing home care, training materials, and other resources.
# 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 to 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.):

- [ ]

## Continenence 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](http://www.nursinghome411.org).
Webinars

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
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 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).
Summary Data

National Staffing Data:
- Nursing staff
- Non-nursing
- Contract
- State Comparisons
- Tableau

nursinghome411.org/staffing-q2-2021/
Find Your Facility’s or Region’s Staffing Data

Finding Your Facility

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


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.

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/](nursinghome411.org/staffing-q2-2021/)
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
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-n9oy) 9/10/21 based on data updated 9/3/21.

Click map or state list for state file

https://nursinghome411.org/data/ratings-info/
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
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”
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.
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.

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
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 map or state list for state file

Click here for US file
## Diving into the Data...

### Antipsychotic Drugging Rates (Q2 2021)

<table>
<thead>
<tr>
<th>County</th>
<th>% Residents Receiving Antipsychotic Drug</th>
<th>Ownership Type</th>
<th>Overall Rating</th>
<th>MDS Score</th>
<th>Total Nurse Staff</th>
<th>Total Staff</th>
<th>Total RN Care Staff</th>
<th>Total Staff (Non-RN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany</td>
<td>20.52%</td>
<td>Non-profit</td>
<td>3</td>
<td>125.67</td>
<td>55.94</td>
<td></td>
<td>12.97</td>
<td>0.77</td>
</tr>
<tr>
<td>Allegany</td>
<td>25.02%</td>
<td>Non-profit</td>
<td>3</td>
<td>115.22</td>
<td>55.94</td>
<td></td>
<td>12.97</td>
<td>0.77</td>
</tr>
<tr>
<td>Bronx</td>
<td>20.52%</td>
<td>Non-profit</td>
<td>3</td>
<td>125.67</td>
<td>55.94</td>
<td></td>
<td>12.97</td>
<td>0.77</td>
</tr>
</tbody>
</table>

### Other info:
- **Overall rating**
- **Ownership Type**
- **Staffing**

### See column “E” for % drug rates
### Diving into the Summary Data

#### Antipsychotic Dosing Data Notes (Q2 2023)

- **AP Data**: Data from the Centers for Medicare & Medicaid Services (CMS) w/drug use reports.
- **Staffing Data**: Data from Q2 2023 Staffing Report.

### State and National AP Drug Rates
- Drug rates by ownership type.
- Drug rates by five-star rating.

### Table

<table>
<thead>
<tr>
<th>State</th>
<th>AP Data</th>
<th>Staffing Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>3.12%</td>
<td>3.23%</td>
</tr>
<tr>
<td>TX</td>
<td>4.56%</td>
<td>4.67%</td>
</tr>
<tr>
<td>NY</td>
<td>2.98%</td>
<td>3.09%</td>
</tr>
<tr>
<td>FL</td>
<td>3.74%</td>
<td>3.85%</td>
</tr>
<tr>
<td>OH</td>
<td>2.35%</td>
<td>2.46%</td>
</tr>
</tbody>
</table>

### Footnotes
- Percentages are based on the number of residents who received an AP drug and the number of residents who received an AP drug on the last seven days.
- Percentages may not add up to 100 due to rounding.

---

**Note:** The data may not be comparable across different sources due to variations in measurement and reporting methods.
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.
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.
Thank You For Joining Us Today!

For updates & invites to future programs: 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?