

## Introduction

Nearly 1.3 million older adults and people with disabilities live in nursing homes in the United States.<sup>1</sup> While some facilities provide good care and treatment with dignity, the vast majority are poorly staffed, highly institutional settings. Degrading conditions and substandard care are widespread and persistent problems in the industry.

The COVID-19 pandemic exposed longstanding issues such as understaffing, poor infection control, and substandard care that have plagued the sector since well before March 2020.<sup>2</sup> As we (hopefully) emerge from the depths of the pandemic, consumers are hungry for long-term care reform. In respect to nursing homes, there has been reignited interest in so-called “**culture change**”: **a transition to nursing home models that promote a good quality of life for both residents and care staff, including dignity and choice for residents, person-centered care, and an emphasis on fostering an empowered and engaged direct care workforce.**

We hope that this brief will serve as a guide to foster support for true improvement. Current and future residents, as well as the taxpaying public, deserve no less.

The purpose of this brief is to provide insights for policymakers on culture change from a consumer perspective to ensure that nursing homes are reformed in a way that benefits residents, care staff, and the public. There are a variety of culture change models and companies, each with different strengths and weaknesses. However, far too often, facilities claim to follow a model of culture change when, in fact, they have done little to substantively improve the environment for residents and care staff.

Nursing homes have wide latitude to advertise a level of quality, services, and respect for potential residents that they too often fail to deliver. We believe **funding and public support for culture change should be allocated *only* to providers who are making meaningful, systemic, and lasting improvements** to the culture of care and life in their facilities. We hope that this brief will serve as a guide to foster support for true improvement. Current and future residents, as well as the taxpaying public, deserve no less.

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<sup>1</sup> Kaiser Family Foundation, “Total Number of Residents in Certified Nursing Facilities: Timeframe: 2020 (United States).” <https://www.kff.org/other/state-indicator/number-of-nursing-facility-residents/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

<sup>2</sup> Charlene Harrington et al., “Nurse Staffing and Coronavirus Infections in California Nursing Homes,” *Policy, Politics & Nursing Practice* 4, no. 3 (July 2020): 178-181, <https://journals.sagepub.com/doi/10.1177/1527154420938707>; Yue Li et al., “COVID-19 Infections and Deaths Among Connecticut Nursing Home Residents: Facility Correlates,” *Journal American Geriatric Society* 68, no. 9 (2020): 1902-1904, <https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.16689>; Christianna S. Williams et al., “The Association of Nursing Home Quality Ratings and Spread of COVID-19,” *Journal American Geriatrics Society* (2021): 405, <https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.17309>; U.S. Government Accountability Office, Report to the Honorable Ron Wyden, Committee on Finance, U.S. Senate, “Infection Control Deficiencies Were Widespread and Persistent in Nursing Homes Prior to COVID-19 Pandemic,” May 20, 2020, <https://www.gao.gov/assets/gao-20-576r.pdf>.

## What is “Culture Change”?

Culture change is a movement that seeks to transform nursing homes from large institutional settings based upon a hierarchical, medical model<sup>3</sup> to ones that center on the quality of life and the ability to make individual choices in a homelike environment. In typical, traditional nursing homes, residents are often compelled to adhere to strict schedules and regimens while attended by staff who are stretched thin. But in the ideal culture change setting, residents receive person-centered care. They engage with each other, with staff, and with the outside community. They are treated with dignity, autonomy, and respect.

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Culture change models seek to reform the very structures of nursing homes – physical and organizational – to achieve a person-centered, homelike environment that is comfortable and socially engaging.

The tenets of “culture change” are, in fact, strongly supported in longstanding federal nursing home laws and rules. Since the 1980s, federal policymakers — beginning with Congress under the Nursing Home Reform Act,<sup>4</sup> and with Centers for Medicare & Medicaid Services (CMS) through resident rights regulations<sup>5</sup> and survey (inspection) standards<sup>6</sup> — have sought to shift toward person-centered care and promoting resident choice in activities and schedules.

As a result, longstanding federal nursing home regulations require nursing homes to honor and support each resident’s preferences, choices, and values. They require the provision of services and care that enable each resident to attain their highest practicable clinical and psychosocial

**Note:** Examples of culture change are provided in light green boxes throughout this brief.<sup>1</sup>

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<sup>3</sup> Catherine Hawes and Charles Philips, “The Changing Structure of the Nursing Home Industry and the Impact of Ownership on Quality, Cost and Access,” in *For-Profit Enterprise in Healthcare*, ed. Bradford H. Gray, Institute of Medicine Committee on Implications of For-Profit Enterprise in Health Care (Washington, D.C.: National Academy Press, 1986), 495-498, [https://www.ncbi.nlm.nih.gov/books/NBK217906/pdf/Bookshelf\\_NBK217906.pdf](https://www.ncbi.nlm.nih.gov/books/NBK217906/pdf/Bookshelf_NBK217906.pdf); Atul Gawande, *Being Mortal: Medicine and What Matters In the End*, (New York: Picador, 2017), 68-72.

<sup>4</sup> The Nursing Home Reform Act requires nursing homes to provide care in such a manner that “will promote maintenance or enhancement of the quality of life of each resident,” 42 U.S.C. § 1395i-3(b)(1)(A), and provide services to “attain or maintain the highest practicable physical, mental and psychosocial well-being.” 42 U.S.C. § 1395i-3(b)(2).

<sup>5</sup> 42 CFR § 483.10.

<sup>6</sup> CMS, State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17), [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf). The State Operations Manual provides guidance on surveying compliance with CMS regulations, including residents’ rights, quality of life, and comprehensive person-centered care plans.

well-being. **The federal rules specifically state that “quality of life is a fundamental principle that applies to all care and services provided to facility residents.”<sup>7</sup>**

Quality of life standards are robust, but they are not effectively enforced.<sup>8</sup> For many traditional nursing homes, the hierarchical and profit-driven structures (which squeeze staffing and lead to high turnover rates) greatly limit the potential for meaningful and lasting quality of life improvements. Thus, to limit fraud and a waste of public resources, it is critical that additional funding for culture change must be limited to activities that are truly transformative and go beyond the longstanding federal requirements.

**Culture Change Case: It’s Five O’clock Somewhere**

Staff stocked the fridge with beer and wine so residents can have a drink when they choose. Staff know their residents and the managers trust the staff to exercise their knowledge to ensure that no one drinks too much, and they can engage in team decision-making around the safety of resident choices.

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<sup>7</sup> 42 CFR § 483.24.

<sup>8</sup> Long Term Care Community Coalition, “Broken Promises: An Assessment of Nursing Home Oversight,” <https://nursinghome411.org/news-reports/reports/survey-enforcement/survey-data-report/>.