Resources to Support Resident-Centered Advocacy

Presented by
Richard Mollot & Eric Goldwein
Long Term Care Community Coalition

www.nursinghome411.org
The Long Term Care Community Coalition

- **LTCCC**: Nonprofit organization dedicated to improving care & quality of life for the elderly & adult disabled in long-term care (LTC). Home to two local LTC Ombudsman Programs in NY.

- **Our focus**: People who live in nursing homes & assisted living.

- **What we do**:
  - Policy analysis and systems advocacy;
  - Education of consumers and families, LTC Ombudsmen and other stakeholders.

- **Eric Goldwein**: LTCCC’s Policy & Communications Director.

- **Richard Mollot**: LTCCC’s Executive Director.

- **Website**: [www.nursinghome411.org](http://www.nursinghome411.org).
What Will We Be Talking About Today?

Richard

- Brief background on the nursing home regulatory system and requirements for ensuring that residents are protected from abuse, crime, and neglect
- LTCCC resources to support resident-centered advocacy

Eric

Data Tools & Resources:

- Nursing home staffing
- Nursing home antipsychotic drugging rates
- Quality ratings and other relevant data

All resources are free to use and share!
Rules, Requirement, and Resources for Resident Advocacy
The Nursing Home System in a Nutshell

- Virtually all nursing homes participate in Medicaid and/or Medicare.

- In order to participate in Medicaid/Medicare, a facility agrees to meet the standards provided for in the federal Nursing Home Reform Law.

- States may have additional protections, but no state can have less protections.

- Federal protections are for all residents in a facility, whether their care is paid for by Medicare, Medicaid or private pay.

- The federal agency, CMS, contracts with the state DOH to ensure that residents are protected and receive the services they need and deserve.
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 nursing homes agree to provide.

This is what nursing homes are paid to provide.

This is what every resident deserves.
Federal rules lay 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.

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.
Federal Requirements for Protecting Residents from...

Abuse,
Neglect, &
Exploitation
Why Are We Talking About These Requirements?

A resident’s right to be free from abuse & neglect has not changed as a result of the pandemic.
Freedom from Abuse, Neglect, & Exploitation

FEDERAL REQUIREMENT: 42 CFR 483.12 [F600]

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation....
Freedom from Abuse, Neglect, & Exploitation

KEY ELEMENTS OF NONCOMPLIANCE FOR ABUSE AND NEGLECT

The facility...

• Failed to protect a resident’s right to be free from any type of abuse, including corporal punishment, and neglect, that results in, or has the likelihood to result in physical harm, pain, or mental anguish; or

• Failed to ensure that a resident was free from neglect when it failed to provide the required structures and processes in order to meet the needs of one or more residents.
**Freedom from Abuse, Neglect, & Exploitation**

**Abuse:** the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.

**Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.**

**Neglect:** the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.

**Sexual abuse:** non-consensual sexual contact of any type with a resident.

**Willful:** means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.
Freedom from Abuse, Neglect, & Exploitation

Selected Excerpts from the Federal Guidelines...

What is the Facility Responsible For? *The facility must provide a safe resident environment and protect residents from abuse.*

Facility Characteristics Associated With Increased Risk of Abuse.

*Identified facility characteristics, that could increase the risk for abuse include, but are not limited to:*

- Unsympathetic or negative attitudes toward residents;
- Chronic staffing problems;
- Lack of administrative oversight, staff burnout, and stressful working conditions;
- Poor or inadequate preparation or training for care giving responsibilities;
- Deficiencies of the physical environment; and
- Facility policies operate in the interests of the institution rather than the residents.
Freedom from Abuse, Neglect, & Exploitation

Staff to Resident Abuse of Any Type

When a nursing home accepts a resident for admission, the facility assumes the responsibility of ensuring the safety and well-being of the resident.

It is the facility’s responsibility to ensure that all staff are trained and are knowledgeable in how to react and respond appropriately to resident behavior. All staff are expected to be in control of their own behavior, are to behave professionally, and should appropriately understand how to work with the nursing home population.

A facility cannot disown the acts of staff....

CMS does not consider striking a combative resident an appropriate response in any situation. It is also not acceptable for an employee to claim his/her action was “reflexive” or a “knee-jerk reaction” and was not intended to cause harm. Retaliation by staff is abuse, regardless of whether harm was intended, and must be cited.
Resident to Resident Abuse of Any Type

A resident to resident altercation should be reviewed as a potential situation of abuse. When investigating an allegation of abuse between residents, the surveyor should not automatically assume that abuse did not occur, especially in cases where either or both residents have a cognitive impairment or mental disorder. Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions.

If it is determined that the action was not willful (a deliberate action), the surveyor must investigate whether the facility is in compliance with the requirement to maintain an environment as free of accident hazards as possible, and that each resident receives adequate supervision.
Cracking Down on Crimes Against Nursing Home Residents

For too many nursing home residents, the rights we all have as people living in the United States go out the door the moment they enter the door of a nursing home.

The Affordable Care Act includes important provisions to change this:

- **Duty**: Must report any "reasonable suspicion" that a crime has been committed against a resident of the facility.

- **For Whom?**: Any and all of a nursing home’s employees, owners, operators, managers, agents and contract workers.

- **When?** Immediately! Must be within 2-hours if the act or incident suspected to be a crime resulted in physical injury to a resident; otherwise, within 24-hours.

- **To Whom?**: Local law enforcement and the state agency (Dept. of Health).

- **Penalty**: Failure to report carries penalty of up to $225,000 (approx.). If the failure exacerbates resident harm, the fine can be $340,000 (approx.).
### Requirements for Reporting Abuse, Neglect & Suspicion of a Crime Against a Resident

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#### What
- Any reasonable suspicion of a crime against a resident
- 1) All alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property
- 2) The results of all investigations of alleged violations

#### Who is required to report?
- Any covered individual, including the owner, operator, employee, manager, agent or contractor of the facility
- The facility

#### To whom
- State Survey Agency (SA) and one or more law enforcement entities for the political subdivision in which the facility is located (i.e., police, sheriffs, detectives, public safety officers; corrections personnel; prosecutors; medical examiners; investigators; and coroners)
- The facility administrator and to other officials in accordance with State law, including to the SA and the adult protective services where state law provides for jurisdiction in long term care facilities

#### When
- Serious bodily injury- Immediately but not later than 2 hours after forming the suspicion. No serious bodily injury- not later than 24 hours. [Note: "Reporting requirements under this regulation are based on real (clock) time, not business hours"]
- All alleged violations- Immediately but not later than (1) 2 hours- if the alleged violation involves abuse or results in serious bodily injury or (2) 24 hours- if the alleged violation does not involve abuse and does not result in serious bodily injury.
FACT SHEET: REQUIREMENTS FOR NURSING HOMES TO PROTECT RESIDENTS FROM ABUSE, NEGLECT & EXPLOITATION

Following are several standards and guidelines that we have identified as important when it comes to protecting residents from abuse, neglect and exploitation. The descriptions are taken directly from the federal regulations and guidelines (as indicated by text in italics). The excerpts are formatted into bulleted lists to make it easier to identify the points that we believe are most relevant. For more detailed information, see the webinar program & other resources on our website, www.nursinghome411.org.

I. Freedom from Abuse, Neglect & Exploitation [42 CFR 483.30(a) F-710]
The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation... This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident’s medical symptoms.

II. Key Elements Of Noncompliance With This Standard

the facility...

- Failed to protect a resident’s right to be free from any type of abuse, including corporal punishment, neglect, that results in, or has the likelihood to result in physical harm, pain, or mental anguish; or
- Failed to ensure that a resident was free from neglect when it failed to provide the required structures and processes in order to meet the needs of one or more residents.

III. Key Definitions

- Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.

  Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

- Neglect: The failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.

- Sexual abuse: non-consensual sexual contact of any type with a resident.

- Willful: means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.


Identified facility characteristics that could increase the risk for abuse include, but are not limited to:

- Unsympathetic or negative attitudes toward residents;
- Chronic staffing problems;
- Lack of administrative oversight, staff burnout, and stressful working conditions;
- Poor or inadequate preparation or training for care giving responsibilities;
- Deficiencies of the physical environment, and
- Facility policies operate in the interests of the institution rather than the residents.

V. Reporting Requirements for Abuse, Neglect & Suspicion of a Crime Against a Nursing Home Resident

There are both state and federal requirements for reporting abuse or neglect. Nevertheless, far too much resident abuse, neglect, theft of personal property, etc., goes unreported. To help address this problem, the Affordable Care Act established important requirements for reporting any reasonable suspicion of a crime against a nursing home resident.

Requirements for reporting all alleged abuse, neglect, exploitation or mistreatment:

- Duty: Must report all alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property.
- For Whom?: The nursing home.
- When? All alleged violations immediately but not later than (1) 2 hours if the alleged violation involves abuse or results in serious bodily injury; (2) 24 hours if the alleged violation does not result in serious bodily injury.
- To Whom?: The facility administrator and to other officials in accordance with State law, including the SA [survey agency], i.e., Department of Health and the adult protective services where state law provides for jurisdiction in long term care facilities.

Requirements for reporting suspicion of a crime against a nursing home resident include:

- Duty: Must report any “reasonable suspicion” that a crime has been committed against a resident of the facility.
- For Whom?: Any and all nursing home’s employees, owners, operators, managers, agents and contact workers.
- When? Immediately! Must be within 2 hours if the act or incident suspected to be a crime resulted in physical injury to a resident; otherwise, within 24 hours.
- To Whom?: Local law enforcement and the state survey agency (Dept. of Health).
- Penalty: Failure to report carries a fine of up to $221,000, if the failure results in increased harm to the original victim, or harm to another resident, the fine can be up to $331,572.

RESOURCES

WWW.NURSINGHOME411.ORG. LTCF’s website includes materials on the relevant standards for nursing home care and a variety of resources on specific issues, such as dementia care, resident assessment and care planning, dignity and quality of life.
### What’s in the Guide?

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**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 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/](http://www.nursinghome411.org/learning-center/)
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/
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!
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.

- Abuse, Neglect & Exploitation
- Abuse & Neglect in Assisted Living
- Admission & Discharge Rights in NY State Nursing Homes
- Antipsychotic Drugging
- Bed Rails
- Dementia Care & Antipsychotic Drug Basics
- Dementia Care & Psychotropic Drugs
- Dementia Care Considerations
- Dementia Care Practices
- Foundations of Resident Rights
- Immediate Access to Nursing Home Residents
- Infection Prevention and Control
- Informed Consent
- Introduction to the Dementia Care Toolkit
- Requirements for Nursing Home Care Staff & Administration
- Requirements for Nursing Home Physician, Rehab & Dental Services
- Resident & Family Councils
- Resident & Family Record-Keeping
- Resident Assessment & Care Planning
- Resident Care Planning
- Resident Dignity & Quality of Life Standards
- Resident Grievances & Complaints
- Resident-Centered Advocacy When a Nursing Home is Cited for Substandard Care, Abuse or Neglect
- Resident Rights to Dignity & Respect
- Safe Environment
- Staffing Ratios in Assisted Living

https://nursinghome411.org/learn/facts/
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 impairments 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.
  - 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 resident 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

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.
LTCCC Factsheet: 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 standards is to help ensure these standards are used. 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 impair 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 consider for a resident with dementia in address (or better, avoid) disputes, agitation or confusion.

2. Overcoming Problems: Keeping even a basic record when there is a problem you are trying to resolve can be a valuable tool to make a case for and hopefully resolve the problem. While we believe that it is not fair to expect the resident or 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. LTCCC's website includes information on the relevant standards for nursing home care and resources to help consumers, LTC advocates & caregivers improve care and address problems in their facilities.

2. www.theconservoice.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/
Fact Sheet: Resident Assessment & Care Planning

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 | 1-636]

- 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.
  - Cognitive routine.
  - Communication.
  - Vision.
  - Mental and behavioral patterns.
  - Psychosocial well-being.
  - Physical functioning and structural problems.
  - Continuities.
  - 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.

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 time frames 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 "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.
  - 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.PERSONALCAREALLGS. 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.):

Contiency 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. For additional information and resources, please visit www.nursinghome411.org.
Families can sign-up for LTCCC’s Family Council Zoom Meeting Room!

www.nursinghome411.org/families-ombudsmen/
Family Council Resources

When families and friends of nursing home residents join together, they can be a powerful force for improving care and dignity. LTCCC, a nonprofit organization dedicated to improving nursing home care, provides a range of resources and tools to support resident-centered advocacy. This page includes a family council toolkit and other resources for residents, families, and those who work with them. All of our materials are free to use and share.

A Note to Families

Family councils can make a real difference in the lives of nursing home residents. Here’s how.

Read more

Free Meeting Rooms

Host free online family council meetings (unlimited time) for in the NursingHome411 Zoom Room.

Sign up

Get In Touch

Set up a meeting with our family council liaison: 212-385-0355, families@ltccc.org.

Resources for Families

- Family & Ombudsman Resource Center
- LTCCC Data Center
- Fact Sheet Center
- Forms & Tools for Advocacy
- Long-Term Care in New York
- LTCCC Learning Center
- LTCCC Webinars
- NursingHome411 Podcast
- Find Your Legislators

https://nursinghome411.org/families/
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 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

Record-Keeping Form For Resident Concerns

Today's Date: _________

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:

Issue (Update):

Staff Person(s) Spoken To:

Response/Plan of Action from Staff:

Actions Taken:

For additional information and resources, please visit www.nursinghome113.org.
Webinars

https://www.youtube.com/c/LongTermCareCommunityCoalition/
Podcasts

NursingHome411 Podcast
How Colorblind Policies Fail Nursing Home Residents

Subscribe: Apple Podcasts | Spotify

How Colorblind Policies Fail Nursing Home Residents

U.S. health care is plagued by racism, and nowhere is that more evident than in the nation's 15,000 nursing homes. Whether it's COVID, care quality, or inappropriate drugging, research consistently shows significant disparities that impact Black nursing home residents.

On this episode, Dr. Shekinah Fashaw-Walters – Assistant Professor at the University of Minnesota and Fesler-Lampert Chair […]

https://nursinghome411.org/podcast/
Using Nursing Home Data to Drive Your Advocacy

Eric Goldwein, MPH
Directory of Policy & Communications, LTCCC
NursingHome411.org

Why Numbers Matter
Staffing Data
Provider Info
Antipsychotic Drugging
Citations
Presentation aims...

- Importance (and limitations) of nursing home data
- Show how to *find* data on NursingHome411 and CMS
  - Staffing
  - Ratings
  - Antipsychotic drugging
  - Citations
- Show how to *use* data
But first...
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. It can help you whether you're talking to nurses, administrators, legislators, residents, family members, or ombudsmen.

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 citations/deficiencies?
- Explore antipsychotic drugging trends: How many residents at this nursing home are receiving dangerous antipsychotic drugs?
- Review citation history: Does the nursing home have a history of infection control citations?

Data limitations

- Unreliable source data (i.e. The 80-bed nursing home with 794 COVID cases)
- Misleading messengers, omitted context.
- Bad sources
- Failing the ‘Look, Listen, & Smell Test’
NursingHome411’s Data Center

- About LTCCC
- Learning Center
- State Pages
- Data

nursinghome411.org/data
NursingHome411’s Data Center

- Staffing
- Ratings / Info
- Problem Facilities (SFF / One-Star)
- Antipsychotic Drugging
- Enforcement
- COVID

nursinghome411.org/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).
What you’ll learn from staffing data:

- Cold hard numbers (mostly!)
  - Is the nursing home’s staffing HPRD above 4.1?
  - Does the nursing home have high turnover?
  - Is staffing lower on weekends?
  - How dependent is the nursing home on contract staff?
  - Is the nursing home providing activities staff? Dietician?

- What to do with this info:
  - Target specific areas of concern (ie. RN shortage, turnover).
  - Ask nursing home staff how they are addressing staffing issues.
  - Relay findings to other ombudsmen, legislators, consumers.

nursinghome411.org/staffing-q1-2022/
Finding Staffing Data on NursingHome411

- Download state files

National Staffing Data:
- Nursing staff
- Non-nursing
- Contract
- State Rankings
- Turnover/Weekends

nursinghome411.org/staffing-q1-2022/
### Finding 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.

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**Staff HIPO (Hours Per Resident Day)** is calculated by dividing the nursing home’s daily staff hours by its ADRS census. Example: A nursing home averaging 100 total nurse staff hours and 150 residents per day would have a 3.0 Total Nurse HIPO (300/100 = 3.0)

Total Hours: the nursing home’s average daily staff hours in a given category for the quarter. Example: A nursing home with 22.5 RN core staff hours provides 22.5 RN core staff hour per day.

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**nursinghome411.org/staffing-q1-2022/**
Finding Turnover Data on NursingHome411 or CMS data file

- Via staffing report (https://nursinghome411.org/staffing-q1-2022/), select “Turnover & Weekends”

- Via Provider Info (https://nursinghome411.org/ratings-info/), select state of interest

- Source dataset: https://data.cms.gov/provider-data/dataset/4pq5-n9py
Example: Turnover/Weekend Data

- Total nursing staff turnover (higher = worse)
  - What it means: At Holly Patterson, 28.8% of the nursing staff was turnover within 12 months.

- Also included:
  - RN staff turnover
  - Number of administrators who have left
  - Weekend staffing data
Finding Turnover and Weekend Data on Care Compare

- Search for nursing home of interest at https://www.medicare.gov/care-compare

- Scroll down and select “View Staffing Information”

- View staff turnover data
  - Lower numbers are better, higher numbers are worse
  - Compare with state and national averages.

- View weekend data
  - Tends to be lower even though residents require same care.
Turnover continues to be a major problem for many of the nation’s 15,000-plus facilities.

The average nursing home turns over more than half (53.3%) of its nursing staff within a year (51.9% for RN staff), according to the latest federal data (Q1 2022).

Note: 17.7% of nursing homes either submitted data that did not meet the criteria required to calculate nurse staff turnover or did not submit staffing data.

Why is this a problem? Because turnover is associated with several indicators of concern...

- More infection control violations after turnover
- Lower overall rating
- Lower staffing rating

Note: Turnover is also associated with high Medicaid utilization, low income, and for-profit, chain owned NHs.

Source: Ashvin Gandhi at LTCCC’s April webinar, https://nursinghome411.org/webinar-admissions-discrimination/

Note: Above TO metric is fraction of care-hours that turn over during a year. CMS uses staff persons.
NY Staffing Data Q1 2022

- **NY ranks 44 in total staff hprd (3.41) and 34 in total RN hprd (.62)**

- **NY contract staff accounted for 12.7% of all nurse staff hours in Q1 2022.** (11.6% in Q4 2021, 10.6% in Q3, 9.8% in Q2, 9.1% in Q1)

- Nationwide, contract employees accounted for 9.7% of all nurse staff hours in Q1 2022, nearly double the rate from Q1 2021 (5.0%).

- Staffing levels are significantly lower on weekends. The median nursing home provided 3.06 total nurse staff HPRD on weekends, about 15% lower than the overall staffing level.

- Roughly one in four (26.8%) nursing homes met the essential total care staff threshold (4.10 HPRD), as determined by a landmark 2001 federal study.

- Though recent studies have found that adequate RN staffing is essential, only 30.5% of nursing homes met the RN staff threshold (0.75 HPRD) indicated by the study.

**Note:** HPRD (Hours Per Resident Day) is calculated by dividing a nursing home's daily staff hours by its MDS census.

**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)

[nursinghome411.org/staffing-q1-2022/]
Pop Quiz

Which of the following is true about nursing home turnover?

A. Nursing homes with high turnover tend to have lower ratings.
B. Nursing homes with high turnover tend to have more infection control violations
C. The average nursing home turns over more than half (53.3%) of its nursing staff
D. All of the above

How can I find data on turnover and weekend staffing levels?

A. Go to nursinghome411.org/ratings-info and select state of interest
B. Go to nursinghome411.org/staffing and select “turnover and weekends”
C. Search for nursing home of interest at https://www.medicare.gov/care-compare
D. A, B, or C are all good options!
E. Banana
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/4pq3-99px) 3/30/22 based on data processed 3/1/22.

https://nursinghome411.org/data/ratings-info/
Provider Info Data

- Ratings: Overall, Staffing, Health Inspection
- Turnover and weekend staffing (you already know this!)
- Resident and/or family council?
- Fines and Penalties
- Abuse

https://nursinghome411.org/data/ratings-info/
What can I do with this data?

- Advocates and Ombudsmen
  - Evaluate nursing home(s) in your area
    - Look up staffing levels
    - See if nursing home has history of abuse
  - Fines
- When talking to administrators or staff, back up your advocacy with information and data
- Relay findings to residents and families
- 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 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.
Schizophrenia diagnoses on the rise

- CMS data are **risk-adjusted**. Those data **exclude** individuals with Schizophrenia, Tourrette’s Syndrome and Huntington's Disease.
  - Nationwide, phony Schizophrenia diagnoses (NY Times).
  - **Note**: Schizophrenia diagnoses higher in black residents (JAGS/NY Times).
- Rise in schizophrenia diagnoses driving discrepancy in risk-adjusted and non-risk-adjusted data.
Risk-Adjustments on the Rise

- **Risk-adjustment**: Patients diagnosed with schizophrenia, Huntington’s Disease, or Tourette’s Syndrome excluded from risk-adjusted AP drug rates.
- In 2012, less than 10% of residents receiving APs were excluded by risk-adjustment.
- In 2021, nearly a third (32.6%) of residents receiving APs were excluded by risk-adjustment.
- Put differently: Nearly 1 in 3 residents receiving APs are excluded from risk-adjusted data. It used to be 1 in 10...

Methodology: Exclusion percentage = (non-risk adjusted % — risk-adjusted %) / (non-risk adjusted %). Example, 2021 Q2: 21.4% - 14.4% / 21.4% = 32.6%
Overprescribed, Underenforced

- F758 (Free from Unnecessary Psychotropic Meds)
  - Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record.
- Only 6,157 AP citations recorded from 2018-20.
  - 8.1 AP citations per year for every 1,000 residents reported to be receiving APs.
  - NY reported 200 total AP citations – that’s 3.9 citations for every 1,000 residents receiving APs (ranks 43rd and is less than half US average).
  - 31 total AP citations (0.5%) categorized as harm (G+). In other words, even when surveyors substantiate inappropriate resident drugging, **99.5% of the time they find no resident harm.**
- Despite years of training for both state surveyors and nursing home staff on the dangers of AP drugs...
  - Widespread AP drugging persists.
  - State surveyors are disinclined to hold nursing home accountable for it.

LTCCC’s AP Drugging Dataset

- Includes important information on antipsychotic drugging rates.
- Ownership type, federal rating, and staffing levels for *most* NY nursing homes.
- AP drugging data for all states (clickable map)
- National datasets for previous quarters.

https://nursinghome411.org/data/ap-drugs/ap-drug-q2-2021/
NY Antipsychotic Drugging

- In Q2 2021, AP drugs were administered to 18.4% of NY’s nursing homes residents.

- AP drugging rates are higher in 1-star nursing homes (24.8%) compared to 5-star nursing homes (13.4%).

- AP drugging rates are higher in for-profit nursing homes (19.9%) than non-profit (15.3%) and government (16.2%) nursing homes.

- Note: NY reported 200 total AP citations from 2018-20. New York’s RAP Citation Rate (citations per 1k residents receiving APs) is 3.9, which ranks 43rd, is less than half of the national average.

https://nursinghome411.org/ny-ap-drugs-2021/
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. The pill container is a black box.
   D. None of the above.
LTCCC’s Antipsychotic Drugging Data (Q2 2021)

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.

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.

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.
### Diving into the Data...

- See column “E” for % drug rates
- Other info:
  - Overall rating
  - Ownership Type
  - Staffing

---

**Antipsychotic Drugging Rates (Q2 2021)**

<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>County</th>
<th>% Residents Receiving Antipsychotics</th>
<th>Overall Rating</th>
<th>Overall Staffing</th>
<th>MDS Census</th>
<th>Total Nurse Staff</th>
<th>Total Direct Care Staff</th>
<th>Total RN Care Staff</th>
<th>Total Staffing</th>
<th>Staffing Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>NY</td>
<td>Albany</td>
<td>Saratoga</td>
<td>13.52%</td>
<td>3</td>
<td>2.83</td>
<td>302</td>
<td>2</td>
<td>1.77</td>
<td>1.06</td>
<td>2</td>
<td>Non-Profit</td>
</tr>
<tr>
<td>NY</td>
<td>Allegany</td>
<td>Saratoga</td>
<td>17.67%</td>
<td>3</td>
<td>2.83</td>
<td>302</td>
<td>2</td>
<td>1.77</td>
<td>1.06</td>
<td>2</td>
<td>Non-Profit</td>
</tr>
<tr>
<td>NY</td>
<td>Broome</td>
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<td>1.06</td>
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**Columns W & X** based on data released September 2021.

https://nursinghome411.org/data/ap-drugs/ap-drug-q2-2021/
What can I do with AP drugging data?

- Identify the AP drug rate at a nursing home(s).
- Assess whether individual resident’s AP drugging is part of pattern.
- Investigate schizophrenia diagnoses.
- Relay data to ombudsmen, family members, residents, advocates, legislators, etc.
Nursing Home Citation Data

- Health citations in the last three years, including:
  - Nursing home cited
  - Associated inspection date
  - Citation tag number (eg. F758: freedom from unnecessary psychotropics)
  - Description
  - Scope and severity (G or above is harm)
  - Current status of citation
  - Correction date
  - Data are presented as one citation per row

Figure 1. Scope and Severity Grid for Rating Nursing Home Deficiencies. (Purple shaded boxes indicate harm, Gray shaded boxes indicate no harm)
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
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<th>J</th>
<th>K</th>
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<td>State</td>
<td>Type</td>
<td>Date</td>
<td>Issue</td>
<td>Tag</td>
<td>Description</td>
<td>Severity</td>
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<td>Date</td>
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“Harm” Citations are RARE

- Annually, surveyors substantiated one violation for every 13 nursing home residents in the three-year period from 2018 to 2020 (0.07 citations per resident per year).

- Of the 290,289 total citations over three years, 95% were identified as causing neither harm nor immediate jeopardy to any resident in the facility (5% were categorized as Harm (G or above), including 1.8% of citations that were Immediate Jeopardy (J or above)).

- Infection Prevention & Control (F880) citations accounted for 7.8% of all deficiencies.

- Antipsychotics (F758), Pressure Ulcers (F686), and Resident Rights (F550) accounted for roughly 2% of citations (each)

Example of a Citation Deficiency

- A Michigan nursing home failed to “provide enough nursing staff every day to meet the needs of residents.”
  - Slow call light responses.
  - Staffing shortages worse at nights and weekends.
  - “For the last couple weeks there has only been two people at night,” a resident told the surveyor. “I have had a [medical condition]. It can be frightening.”

- This deficiency was cited as F725 (Sufficient Nursing Staff) and “E” severity (A through F is no harm).
A nursing home with no citations in the last year is **definitely** following all standards and regulations all the time.

A. True  
B. False

Most citations are categorized as:

A. G or above (Harm)  
B. L or above (Immediate Jeopardy)  
C. B through G (No actual harm)
Questions?

Anybody got any questions?