

Back to Basics: What You Need to Know about Nursing Home Care

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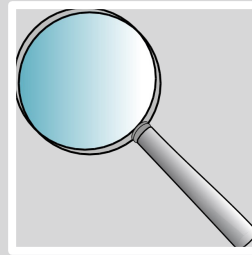
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Outline of today's discussion



**Essential Nursing Home
Care Requirements**



**Expectations for
Nursing Home
Surveys (Inspections)**



**Resources to
Support Resident-
Centered Advocacy**



The Nursing Home System

The Law & Regulatory Requirements

Nursing Home vs. Assisted Living

Nursing Homes

- Regulated by federal government & states.
- Many strong federal rules on...
 - Who can provide care,
 - Who qualifies for nursing home placement,
 - How care is paid for,
 - Resident rights, and more.
- Strong mechanisms to enforce rules (though they are not well-implemented).
- Lots of information on residents, care staff, and (to a lesser extent) owners.

Assisted Living

- Only state regulations.
- No federal rules re. staffing, professionalism, resident protections, resident rights, etc...
- State rules tend to be weak. Therefore, protections for residents tend to be minimal.
- State enforcement tends to be weak.
- Very little information on what happens to residents (such as abuse, drugging, financial exploitation).

+ 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

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



+ The Nursing Home Reform Law

- The federal law requires that every nursing home resident is provided the care and quality of life services sufficient to attain and maintain her **highest practicable physical, emotional & social well-being**.
- The law emphasizes **individualized, patient-centered care**.
- The law passed in 1987. Regulatory standards came out in 1991.

+ The Nursing Home Reform Law

- The emphasis on **individualized, patient-centered care** was intended to reduce widespread problems in long-term care facilities, including abuse and neglect, and improve quality of life.
- Importantly, the law lays out **specific resident rights**, from good care and monitoring to a quality of life that maximizes choice, dignity, and autonomy.
- Examples:
 1. If I can go to the toilet with assistance, I should not be placed in a diaper because there are not enough staff.
 2. If I have dementia and exhibit behavioral “symptoms,” I should not be medicated to make my care easier for staff.

+ Selected nursing home standards...



Staffing
and
beyond

The Federal Nursing Home Requirements: Standards for Care Staff

Why Are These Standards Important To Us?

Staffing is widely considered to be the most important factor when it comes to quality and safety in a nursing home.

Yet, too many nursing homes persistently fail to have sufficient staff.

Too many use staff that don't have the necessary competencies to meet the needs of the residents.

Too many expect residents & families to accept inadequate staffing.

This is dangerous for both residents & staff.

Note:

This program focuses on the federal requirements. States can provide additional standards and protections, but no state can provide less protections. Examples of possible additional state protections include:

1. Safe Staffing Ratios
2. 24/7 Registered Nurse
3. Increased Certified Nurse Aide Training Requirements

Sufficient Staff [42 CFR 483.35(a) F-725]

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:

(i) ...licensed nurses; and

*(ii) Other nursing personnel, **including but not limited to nurse aides.***

Note: There are limited circumstances under which the licensed nurse requirement may be waived.

+ Federal Requirements for Care Staff

Nursing Services [42 CFR 483.35 F-725]

Every nursing home must have:

- *Sufficient staffing with*
- *Appropriate competencies & skills to*
 - ➡ *Ensure resident safety and*
 - ➡ *Attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident*
 - *As determined by resident assessments and*
 - *Individual plans of care and*
 - *Considering the number, acuity and diagnoses of the facility's resident population....*

+ Federal Guidance for RNs

*The facility **must** designate a registered nurse (RN) to serve as the DON on a full-time basis. The facility can only be waived from this requirement if it has a [limited, state-approved] waiver....*

*The roles and responsibilities for each individual serving as the DON must be clearly defined and **all** facility staff must understand **how these responsibilities are shared among the individuals functioning as the DON.***

+ Nurse Aide Competency [42 CFR 483.35(d) F-728]

General rule. A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless—

- *That individual is competent to provide nursing and nursing related services; and*
- *That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State...; or*
- *That individual has been deemed or determined competent [based on long-term experience and other federal requirements]....*

*Non-permanent employees. **A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the [above] requirements....***

CMS Statement on Competency: “A measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.”

[From CMS Surveyor Training.]

+ Performance Review & Training of Nurse Aides

I. **Regular in-service education.** [42 CFR 483.35(d)(7) F-730]

The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g).

II. **Required in-service training for nurse aides.** [42 CFR 483.95(g) F-947]

In-service training must—

- (1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year.
- (2) Include dementia management training and resident abuse prevention training.
- (3) Address areas of weakness as determined in nurse aides' performance reviews *and facility assessment...* and may address the special needs of residents as determined by the facility staff.
- (4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.



Requirement to Post Staff Working in the Nursing Home

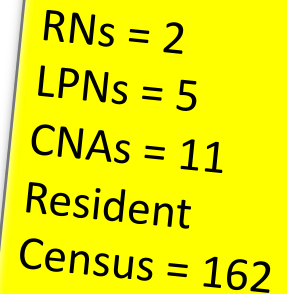
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Since January 1, 2003, all licensed nursing homes have been required to post “in a clearly visible place” the number of nursing staff on duty on each shift.

Unfortunately, too often, this information is not clearly visible or even accurate.

To help address this problem, CMS has issued the following new guidelines for facilities:

- *The facility’s “document” may be a form or spreadsheet, as long as all the required information is displayed clearly and in a visible place. The information should be displayed in a prominent place accessible to residents and visitors and presented in a clear and readable format. This information posted must be up-to-date and current.*
- *The facility is required to list the total number of staff and the actual hours worked by the staff to meet this regulatory requirement. The information should reflect staff absences on that shift due to call-outs and illness.*
- *Staffing must include all nursing staff who are paid by the facility (including contract staff). The nursing home would not include in the posting staff paid for through other sources; examples include hospice staff covered by the hospice benefit, or individuals hired by families to provide companionship or assistance to a specific resident.*



RNs = 2
LPNs = 5
CNAs = 11
Resident
Census = 162

+ Regulatory Standards: Staffing

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Fact Sheets

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

CONSUMER FACT SHEET:

REQUIREMENTS FOR NURSING HOME CARE STAFF & ADMINISTRATION

Staffing is widely considered to be the most important factor in the quality of care provided in a nursing home. Too often, facilities fail to have sufficient staff or the staff does not have the appropriate knowledge and competencies to provide the care residents need. Thus, federal requirements for sufficient and competent staff are critical to support resident-centered advocacy to ensure that residents are safe and that they receive appropriate services. This is what we pay for and what every facility agrees to provide for all of its residents when it participates in Medicaid/Medicare.

Below are relevant standards with descriptions excerpted from the federal regulations, followed by some points for you to consider when you advocate on these issues. [Note: The brackets below provide, for reference, the applicable federal regulation (42 CFR) and the F-tag number used when a facility is cited for failing to meet the standard.]

I. Fundamental Requirements for Nursing Services [42 CFR 483.35 F-725]

The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to *assure resident safety and* attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care *and considering the number, acuity and diagnoses of the facility's resident population....*

II. Sufficient Staffing Levels [42 CFR 483.35(a) F-725]

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:

(i) ...licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.

III. Nurse Aide Competency [42 CFR 483.35(d) F-728]

General rule. *A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless—*

That individual is competent to provide nursing and nursing related services; and

That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State...; or

That individual has been deemed or determined competent [based on long-term experience and other federal requirements]....

Non-permanent employees. *A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the [above] requirements....*

LTCCC Fact Sheet: Care Staff & Administration Requirements

Page 2

Considerations for Resident-Centered Advocacy – Staffing Competency & Quantity:

1. Note the reference to the 1987 Nursing Home Reform Law's requirement that nursing home services **must** be sufficient to assure that residents attain and maintain their "highest practicable physical, mental and psychosocial well-being." This means that services must be tailored to what residents need, not what the facility wishes to provide based on its profit margins and financial goals.
2. Nursing services must be both sufficient and competent to fulfill the needs identified in each and every resident's assessment and care plan.
3. When a facility accepts a resident it is affirming that it has both enough staff to meet the care and service needs of that individual and that the staff it hires and retains are appropriately trained to carry out this promise. When a facility lacks sufficient staff to meet the needs of its residents it is breaking that promise and violating its agreement with the federal government.

IV. Nursing Home Administration [42 CFR 483.70 F835]

A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

Considerations for Resident-Centered Advocacy – Administration:

Federal guidelines state that, to order for a facility to be cited for substandard administration the surveyor's "*investigation must demonstrate how the administration knew or should have known of the deficient practice and how the lack of administration involvement contributed to the deficient practice found.*"

This is important in two ways:

1. Is the administrator aware of the specific problem or concerned about which you are advocating? Depending on the nature of the problem, and how long it has continued, it may be worth bringing it to the attention of the administrator and/or senior staff.
2. Even if you do not know if the administrator has direct knowledge, there are numerous situations for which it is expected that an administrator is aware and accountable, including:
 - a. "*all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider....*"
 - b. *overall implementation of the facility policies/procedures, including to prohibit involuntary seclusion....*" and
 - c. *any reasonable suspicion of a crime against a resident.*

RESOURCES

WWW.NURSINGHOME411.ORG. LTCCC'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.

+ Resident Rights: CFR § 483.10

- §483.10(a) Resident Rights.
- 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.*

+ Resident Rights: CFR § 483.10 (continued)

- §483.10(b) Exercise of Rights.
- *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.*

Intent of the Regulation & Guidance:

- *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.*

+ Resident Rights: Dignity, Privacy & Respect

- **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.



Examples
to Keep in
Mind

+ Resident Rights: Dignity, Privacy & Respect

- **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



Examples
to Keep in
Mind

+ Resident 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.xx) and the F-tag number used when a facility is cited for failing to meet the requirement.]

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

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

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

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

INTENT OF THIS REGULATION

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

LTCCC Factsheet: Foundations of Resident Rights – 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.

For more information & resources visit www.nursinghome411.org.

+ Protection From Abuse & Neglect

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Fact Sheets

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

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.

[Notes: (1) The brackets below provide the citation to the federal regulation. (42 CFR 483.xx) and the F-tag used when a facility is cited for failing to meet the requirement. (2) All emphases added.]

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, 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.

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.*

LTCCC Fact Sheet: Protection from Abuse, Neglect & Exploitation

Page 2

IV. Federal Guidelines - 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.

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 involve abuse and 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 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 survey agency (Dept. of Health).
- Penalty:** Failure to report carries a fine of up to \$221,048; if the failure results in increased harm to the original victim, or harm to another resident, the fine can be up to \$331,752.

RESOURCES

WWW.NURSINGHOME411.ORG. LTCCC'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.

+ Nursing Home Standards

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

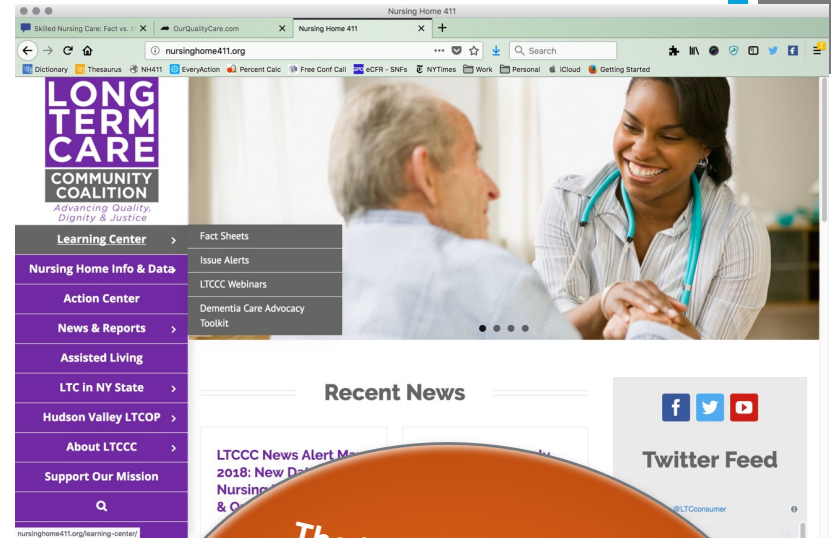


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The Primer is available in the
Learning Center of our
website,
www.nursinghome411.org.
The Learning Center also has
Fact Sheets & Issue Alerts on
many of the specific
standards in the Primer.

+ What's in the Primer?

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Appendix I: F-tag List

Appendix II: Scope and Severity Grid

Appendix III: CMS Summary of Certification and Compliance for Nursing Homes.....

Appendix IV: Useful Terms, Acronyms, and Internet Resources

- | | |
|--|----|
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Descriptive
titles i.d.
subject
matter.



PDF file has
hyperlinks:
Click on the
topic to go
to the page.



The Nursing Home System

The Survey (Inspection) System

+ Question:

If the Nursing Home Reform Law is so **GREAT**, Why are so many nursing homes **BAD** places to live and get care?



+ Answer:

Though the laws are strong
and the standards are good,
they can only make a
difference in the lives of
residents if they are
ENFORCED.



+ The Nursing Home Enforcement Agencies

■ **US Centers for Medicare & Medicaid Services.**

- The federal agency, CMS, is responsible for paying for Medicare and Medicaid services in **every** setting nation-wide, for developing standards for provision of that care and for ensuring that those standards are met.
- CMS contracts with the State Agencies to perform oversight functions.

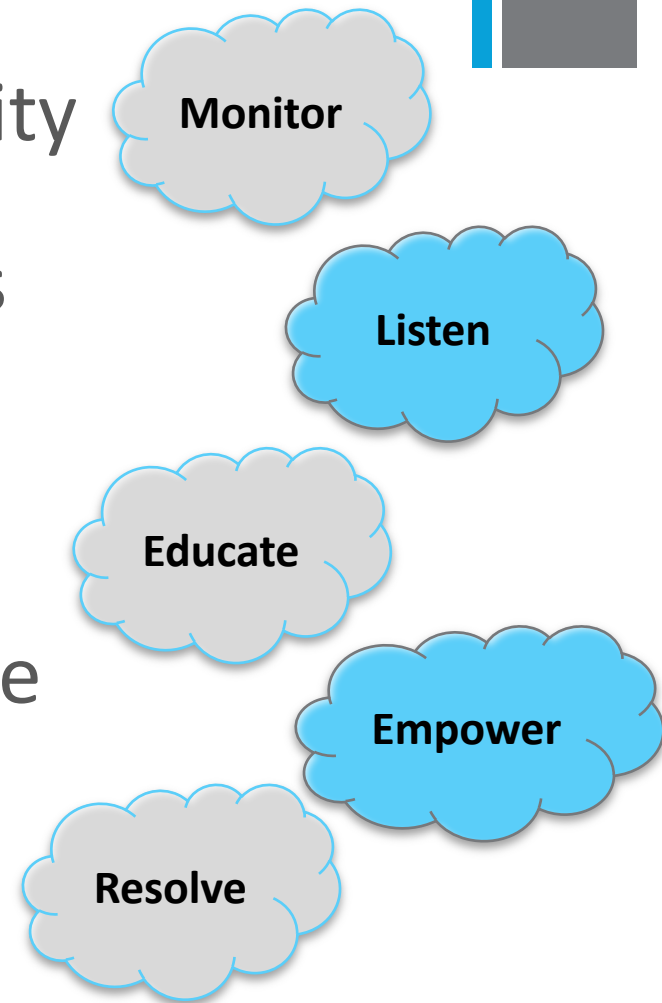
■ **State Health Department.** The State Survey Agency, responsible for monitoring care and ensuring quality in all nursing homes and responding to complaints about care, conditions, and treatment.

■ **Medicaid Fraud Control Unit.** Every state has a Medicaid Fraud Control Unit (MFCU). MFCUs do not regulate, but they also have an important role. By ensuring that public \$\$ is spent on quality services, it can hold nursing homes accountable for abuse and neglect. Every MFCU has its own abuse and neglect complaint line.

+ LTC Ombudsman Program

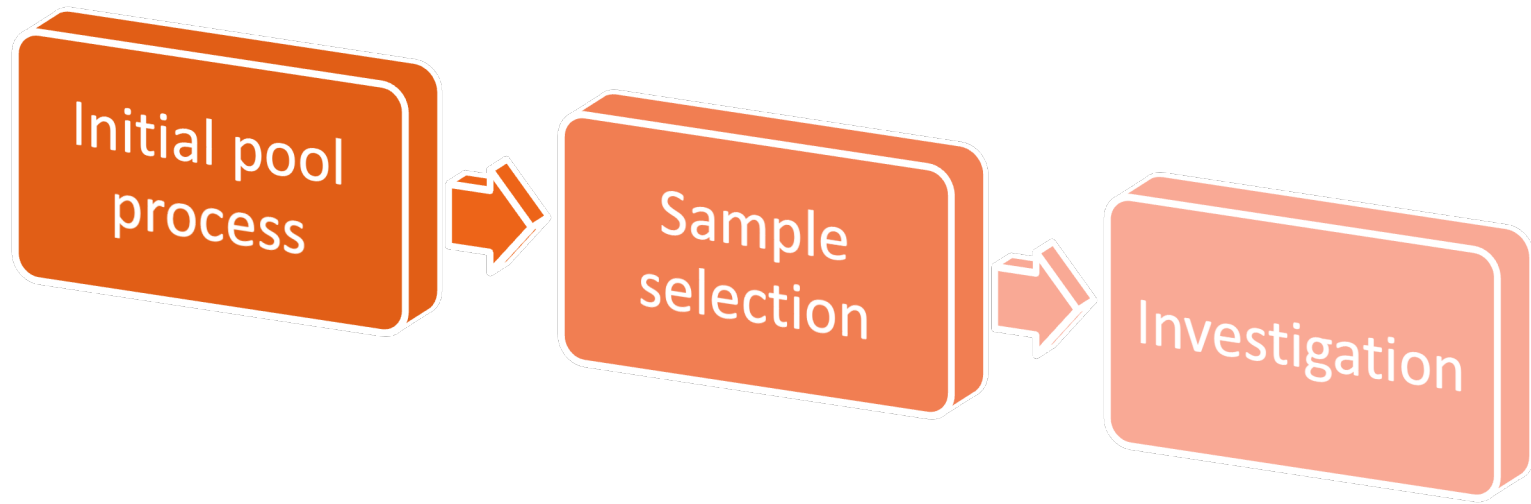
While the LTC Ombudsman Program does not have authority to penalize a facility, Ombudsmen are the **only** ones there on a regular basis to monitor care & provide a voice for residents.

Ombudsmen have a critical role in quality improvement and making sure that residents are protected.



+ Overview of the Survey Process

Three parts:



+ Initial Pool Process

Resident sample size based on facility census:

- 70% offsite selected
- 30% selected onsite by the survey team:
 - Vulnerable residents who are dependent on staff
 - New Admissions (within 30 days)
 - Complaints or FRI (Facility Reported Incidents)
 - Identified concern (any resident who has a significant concern but does not fall into any of the above sub-groups)

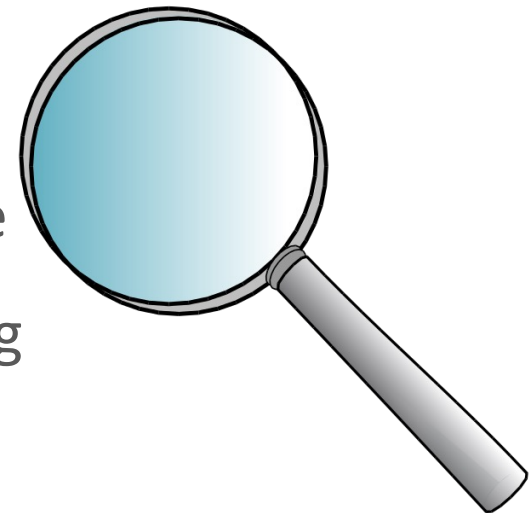
Why is this important? To address concerns that, too often, residents & families are not spoken to and have little input during the annual survey.

Day 1 of Survey:
Spent conducting observations, interviews, and a limited record review for the residents in the initial pool.

+ Relevant Details of the New Survey...

Mandatory Tasks for the Survey Team:

- Dining
- Infection Control
- Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review
- Resident Council Meeting
- Kitchen
- Medication administration and storage
- Sufficient and competent nurse staffing
- QAA/QAPI



+ Components of Resident Interview:

Surveyors must complete a full observation, interview, and limited record review for each resident included in the initial pool.

- Screening to see if resident is interviewable
- Suggested questions are available, but surveyors have discretion
- However, all care areas should be addressed
- Care areas cover quality of life, resident rights & quality of care

Scenario from CMS surveyor training:

For any concern expressed by the resident, you will ask additional questions until you can determine whether the concern can be ruled out or needs to be investigated further, which means you think there may be deficient practice.

For example, if the resident says they had an issue with their roommate but the facility addressed the concern to their satisfaction, you would not need to investigate further; conversely, you would want to investigate a concern if the resident says they have lost weight recently because of their loose dentures unaddressed by the facility.

Interviews
are
expected
to take
about 20
minutes.

+ Resident Representative or Family Interview:

- To be done if resident is not interviewable
- The individual should be familiar with the resident's care
- The goal is to complete at least three interviews for the team on the first day

Note in CMS surveyor training:

If you are unable to complete three representative/family interviews during the initial pool process, you have until the end of the survey to complete them; however, the team should complete the interviews early enough in the survey to have enough time to follow up on any concerns.

EXPECTATIONS:

1. At least 3 family interviews.
2. Conducted early in survey to provide time for investigation.

+ Dining:

Surveyors are required to observe the first scheduled full meal that takes place in the facility.

- Expected to have surveyors covering all dining areas in the facility and room trays. If there are more dining areas than surveyors, prioritize the dining areas with the most dependent residents.
- Observe enough of the dining experience to adequately identify concerns.
- If feasible, observe the meal for initial pool residents who have weight loss.
- If concerns are identified, observe a subsequent meal.



+ Medication

- Recommend being done by nurse or pharmacist
- If possible, observe medication administration for a sampled resident whose medication regimen is being reviewed
- Otherwise, observe medications for any resident to whom the nurse is ready to administer meds
- Observe during different units and shifts
- Observe 25 medication opportunities
- If observing administration of controlled medications, reconcile the count of the medication & ensure the medications haven't expired
- Observe half of medication storage rooms + half of medication carts. If issue identified? – Expand sample.



+ Resident Council Interview

- Conduct a group interview with active members of the Resident Council
- Interview should occur early enough in the survey to afford enough time to investigate any concerns
- interview is focused on specific areas related to the functioning of the council and a few resident specific areas, such as abuse and sufficient staffing
- In addition, ask the group about any identified concerns from the survey.



+ Sufficient & Competent Care Staff

- It is a “**mandatory task**” that surveyors review to ensure that facility has sufficient and competent nurse staffing
- CMS says...”surveyors are always considering whether staffing issues can be linked to resident complaints, or quality of life (QOL) and care (QOC) concerns”

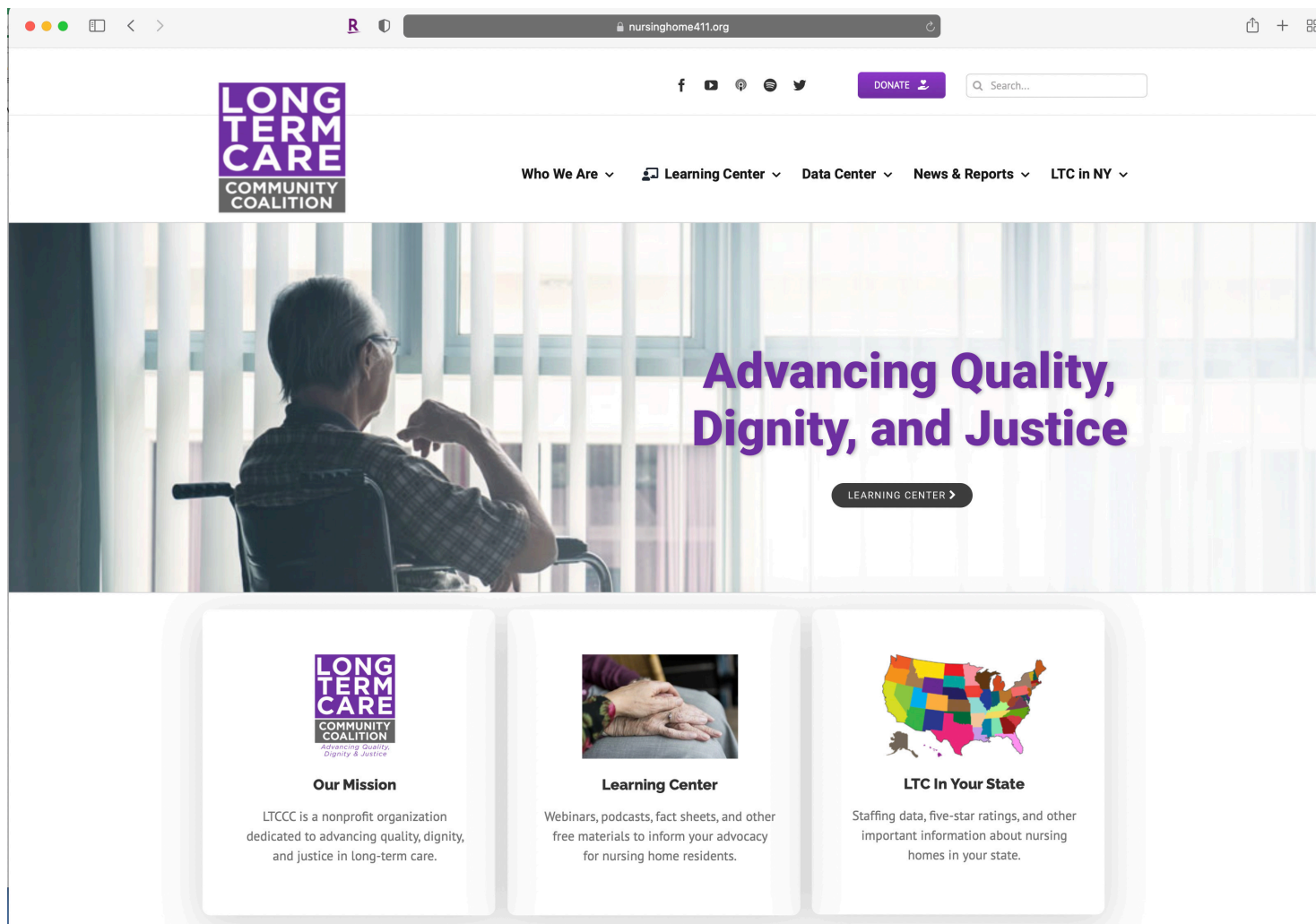




LTCCC Resources



www.nursinghome411.org



The screenshot shows the homepage of the Long Term Care Community Coalition (LTCCC) website. The browser address bar displays "nursinghome411.org". The website features a purple header with the LTCCC logo, social media icons, a "DONATE" button, and a search bar. The main navigation menu includes "Who We Are", "Learning Center", "Data Center", "News & Reports", and "LTC in NY". The hero section has a background image of an elderly man in a wheelchair looking out a window, with the text "Advancing Quality, Dignity, and Justice" and a "LEARNING CENTER" button. Below this are three white boxes: "Our Mission" (describing LTCCC as a nonprofit), "Learning Center" (listing webinars and fact sheets), and "LTC In Your State" (listing staffing data and ratings).

LONG TERM CARE COMMUNITY COALITION

Who We Are ▾ Learning Center ▾ Data Center ▾ News & Reports ▾ LTC in NY ▾

Advancing Quality, Dignity, and Justice

LEARNING CENTER ▸

LONG TERM CARE COMMUNITY COALITION
Advancing Quality, Dignity & Justice

Our Mission

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

Learning Center

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

LTC In Your State

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

+ Learning Center

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



Webinars

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



Get the Facts

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



Families & Ombudsmen

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



Dementia Care & Antipsychotic Drugging

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



Podcasts

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



Abuse & Neglect

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



Resident Advocacy

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



Assisted Living

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

www.nursinghome411.org/learning-center/

+ Dementia Care Advocacy Toolkit

44


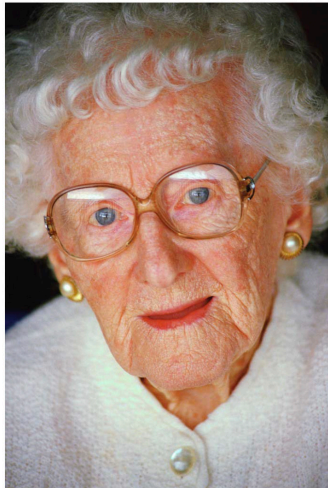
Home » Learning Center » Dementia Care Advocacy Toolkit

Intro to the Dementia Care & Antipsychotic Drugging Advocacy Toolkit

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

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

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



LTCCC Issue Alert: Antipsychotic Drugs

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

[Read More >](#)

LTCCC Webinar: Antipsychotic Drugs, Psychotropic Drugs & Pharmacy Services

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

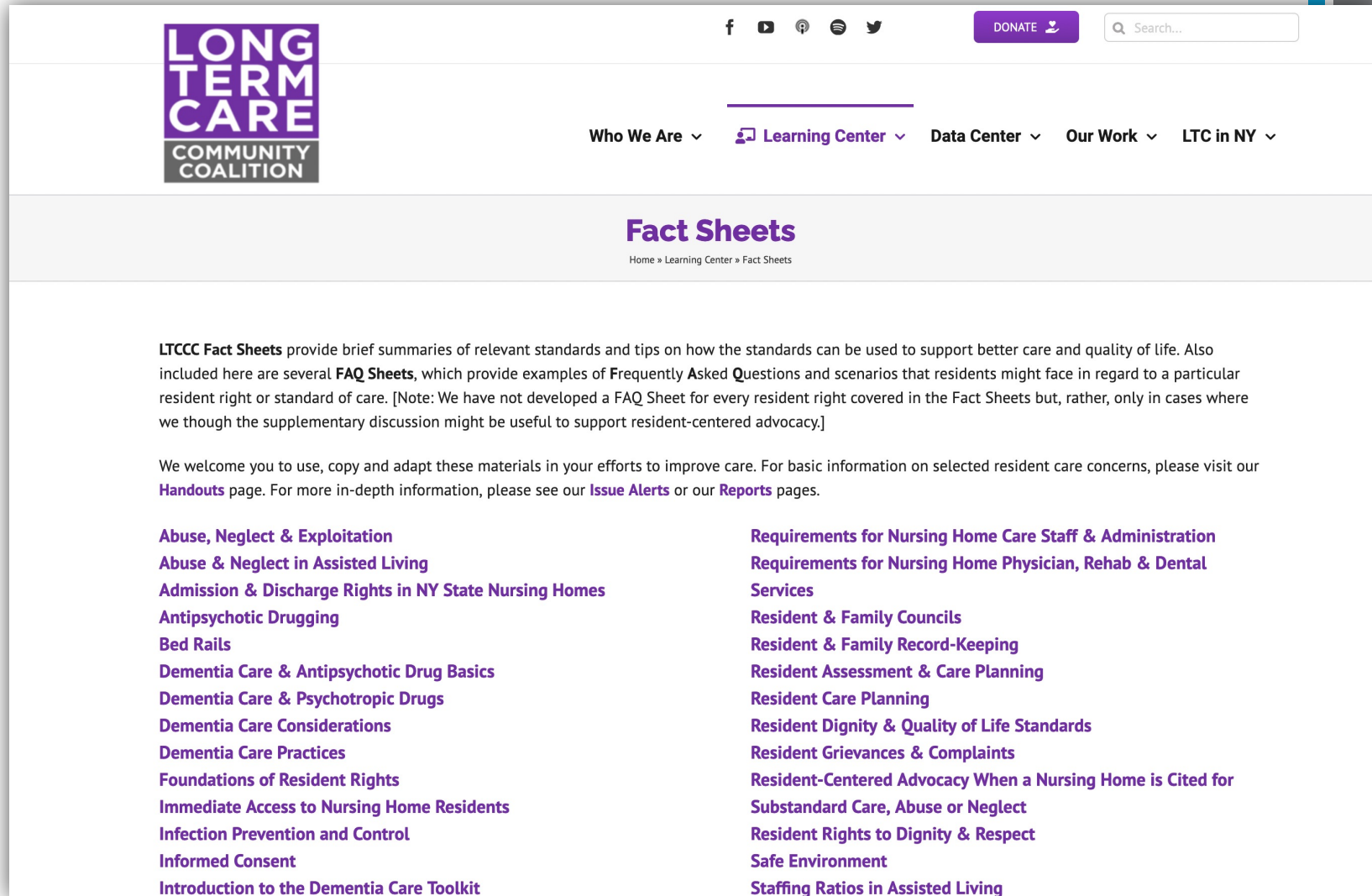
<https://nursinghome411.org/learn/dementia-care-advocacy-toolkit/>

+ The Dementia Care Toolkit

- Dementia Care Considerations
- Dementia Care Practices
- Dementia Care & Psychotropic Drugs
- Non-Pharmacological Approaches to Dementia Care
- Resident Dignity & Quality of Life
- Standards for a Safe Environment
- Resident Assessment & Care Planning
- Care Planning Requirements
- Informed Consent
- Resident & Family Recordkeeping
- Standards for People Providing Care
- Standards for Nursing Home Services
- Standard of Care to Ensure Resident Wellbeing



Thank you to the Fan Fox & Leslie R. Samuels Foundation for supporting the development of this toolkit, and to the family councils who welcomed us to their meetings!



The screenshot shows the website for the Long Term Care Community Coalition. The header includes the organization's logo, social media icons, a 'DONATE' button, and a search bar. The navigation menu features links for 'Who We Are', 'Learning Center', 'Data Center', 'Our Work', and 'LTC in NY'. The main heading is 'Fact Sheets', with a breadcrumb trail: 'Home » Learning Center » Fact Sheets'.

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

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

+ Fact Sheet: Resident Care & Well-Being

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LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Consumer Factsheet: Resident Care and Well-Being

There are many standards which nursing homes are required to follow in order to ensure that residents receive appropriate care, have a good quality of life and are treated with dignity.

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

I. Quality of Care [483.25 F-685]

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

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

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

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

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

MAINTAINING PHYSICAL & EMOTIONAL WELL-BEING: CHECKLIST

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

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

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



Nursing Home Staffing Info – Updated Quarterly

48

Who We Are

Learning Center

Data Center

Our Work

LTC in NY

Nursing Home Staffing Q3 2021

Home » Nursing Home Data & Information » Staffing » Nursing Home Staffing Q3 2021

LTCCC's **Q3 2021 Staffing Report** provides user-friendly files for every state that contain facility-level data on: **1)** Nurse staff levels (RN, LPN, and CNA, including Admin & DON, NA in Training, Med Aide/Tech); **2)** Important non-nursing staff levels, including administrators and activities staff; **3)** Contract workers. **4)** Summary staffing data at the state, CMS region, and national levels.

Download your state's file by clicking the state in the first column of the table below. Files can be modified to isolate locations and identify variables of interest. For example, a state file can be filtered and sorted to identify nursing homes in a selected county (or counties) with the highest or lowest RN staffing levels. See [LTCCC's staffing alert for Q3 2021 summary findings and other information](#).

ALL U.S. NURSING HOME NURSE STAFF

ALL U.S. NURSING HOME NON-NURSE STAFFING

ALL U.S. NURSING HOME USE OF CONTRACT STAFF

SUMMARY DATA

Search:

State	Total Census	Total Nurse Staff HPRD	Rank: Total Nurse Staff HPRD	RN Staff HPRD	Rank: RN Staff HPRD
ALASKA	500	5.61	1	1.68	1
ALABAMA	19,399	3.68	27	0.57	40
ARKANSAS	14,870	3.86	18	0.37	49
ARIZONA	10,305	3.99	12	0.66	31
CALIFORNIA	90,442	4.17	7	0.56	41

Methodology Note

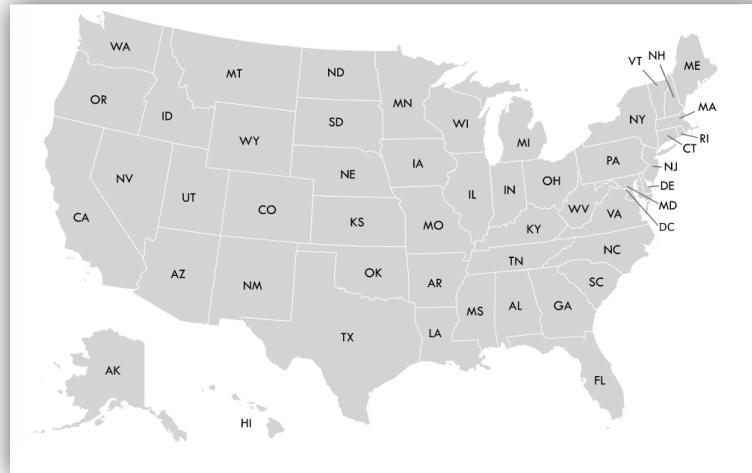
Starting in Q1 2021, LTCCC's reporting of federal staffing data has been modified in two important ways.

1) Highlighting "Total Nurse Staff HPRD," a more expansive metric that includes all PBJ nurse staffing categories; and 2) Expanding "Total Direct Care Staff HPRD" to include Med Aide/Tech and NA TP, Med Aide/Tech.



LTCCC's state pages

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



nursinghome411.org/states

+ Family & Ombudsman Resource Center

50

Family & Ombudsman Resource Center

Welcome to our dedicated Family & LTC Ombudsman page. We will be updating it frequently with resources and tools that you can use to support your resident-centered advocacy.

You can sign up for updates by emailing info@ltccc.org or calling 212-385-0355.

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

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



FACT SHEETS ON CARE STANDARDS & RESIDENT RIGHTS

DEMENTIA CARE ADVOCACY TOOLKIT

SEARCH FOR THE STAFFING LEVELS IN YOUR NURSING HOME

HANDOUTS ON KEY NURSING HOME ISSUES

FAMILY COUNCIL ZOOM MEETING REQUEST

FORMS & TOOLS FOR RESIDENT-CENTERED ADVOCACY

TELL YOUR STORY


LTCCC WEBINARS

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.

 Download Family Council Toolkit

**Click here for two-sided printing option.*



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.

[Let's chat >](#)

Resources for Families

Family & Ombudsman Resource Center
Forms & Tools for Advocacy
LTCCC Webinars

LTCCC Data Center
Long-Term Care in New York
NursingHome411 Podcast

Fact Sheet Center
LTCCC Learning Center
Find Your Legislators

<https://nursinghome411.org/families/>

+ Forms & Tools for Resident-Centered Advocacy

52

The screenshot shows the website for the Long Term Care Community Coalition. The header includes the organization's logo, social media icons, a 'DONATE' button, and a search bar. A navigation menu lists 'Who We Are', 'Learning Center', 'Data Center', 'News & Reports', and 'LTC in NY'. The main heading is 'Forms & Tools For Resident-Centered Advocacy', with a breadcrumb trail: 'Home / Family & Ombudsman Resource Center, Learning Center / Forms & Tools For Resident-Centered Advocacy'. Below the heading, there are navigation links '< Previous' and 'Next >'. The text states: '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.' There are two columns of buttons: 'Word files' and 'PDF files'. Each column contains five buttons with the following text: 'RESIDENT CONCERN RECORD KEEPING FORM', 'RESIDENT ASSESSMENT WORKSHEET', 'RESIDENT PREFERENCES FORM', 'FAMILY COUNCIL MEETING NOTICE', and 'RESIDENT COUNCIL MEETING NOTICE'.

LONG TERM CARE COMMUNITY COALITION

Who We Are ▾ **Learning Center ▾** Data Center ▾ News & Reports ▾ LTC in NY ▾

Forms & Tools For Resident-Centered Advocacy

Home / Family & Ombudsman Resource Center, Learning Center / Forms & Tools For Resident-Centered Advocacy

< Previous Next >

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/

+ Resident Assessment Planning Form

Resident Assessment Planning Form

Nursing homes are required to conduct initially and periodically a comprehensive and accurate assessment of each resident's functional capacity. Federal law requires that it identify and respond to "a resident's needs, strengths, goals, life history and preferences." It is very important because it forms the basis for a resident's care plan, which outlines the services the facility promises to provide.

Federal standards also state "that the assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts." The purpose of this form is to assist residents, families, and those working with them to prepare for and participate effectively in the assessment process. It can be used to identify areas of concern related to the required components of the assessment.

Identification & Demographic Background:

Customary Routine:

Cognitive Patterns or Issues (e.g., memory loss, dementia, Alzheimer's, etc...):

Communication Challenges or Problems:

Vision Problems (e.g., blurry vision, floaters, flashes, etc...):

Mood or Behavioral Concerns (e.g., depression, anxiety, anger, etc...):

Concerns with Psychosocial Well-being (e.g., appropriate activities, social environment, etc...):

Physical Functioning and Structural Problems (e.g., trouble walking, backaches, arthritis, etc...):

For additional information and resources, please visit
www.nursinghome411.org.

Continence Issues (e.g., bladder or bowel function, constipation, relying on assistance to go to the bathroom, etc...):

Disease diagnoses and health conditions:

Dental Problems or Concerns (e.g., toothaches, dental hygiene concerns, dentures, etc...):

Nutritional Concerns (e.g., weight loss, lack of interest in eating, difficulty eating, etc...)

Skin Conditions (e.g., pressure ulcer concerns, itching, bruises, abnormal lumps, sore areas, etc...):

Activities (e.g., are activities engaging for resident, tailored to mental and physical abilities, etc...):

Medication Issues or Concerns (e.g., receiving antipsychotic drugs off-label, not receiving medications to relieve pain or anxiety, etc...):

Special Treatments and Procedure Concerns (e.g., staff members are not mindful of resident's food allergies, facility does not provide vegetarian options for meals, etc...):

If you have any further issues or concerns not described earlier, please write them below:

For additional information and resources, please visit
www.nursinghome411.org.

+ Resident Preferences Form

Name: _____

1

My Personal Preferences

Like everyone else, residents have preferences in respect to how they live their lives. Federal law requires that every residents' preferences are recognized, respected, and reflected in the care and services they receive. While living with other people inevitably results in some compromises, the facility must take meaningful steps to meet each resident's needs and preferences as an individual.

For example, Sam likes to eat meat. This does not mean that the facility must feed Sam filet mignon. However, it is required to provide tasty, appealing, and nutritious food at every meal, and should endeavor to regularly offer dishes that Sam enjoys. Offering Sam a cheese sandwich as a meal substitute on a regular basis is not appropriate.

Residents and families are encouraged to use this form to document preferences which can be shared with staff to foster person-centered care. This page provides basic information. The following pages provide more specifics.

PLEASE NOTE THAT THIS FORM IS TO PROVIDE INFORMATION ON PERSONAL PREFERENCES ONLY. IT IS NOT TO BE USED TO IDENTIFY A RESIDENT'S CLINICAL OR MEDICAL NEEDS, NOR DOES IT SUPPLANT PLANS OF CARE OR MEDICAL RECORDS.

A Little Bit About Me	
I prefer to be called:	
I like to wake up:	<input type="checkbox"/> Naturally <input type="checkbox"/> Around _____ o'clock
My preferred morning routine:	<input type="checkbox"/> Is important to me <input type="checkbox"/> Includes: _____
My bathing preferences: (check all that apply)	<input type="checkbox"/> Bath <input type="checkbox"/> Shower <input type="checkbox"/> Sponge bath <input type="checkbox"/> _____ (other or special notes)
My music/tv preferences:	<input type="checkbox"/> TV _____ <input type="checkbox"/> Music _____ <input type="checkbox"/> I generally prefer quiet time in my room
Some things that I enjoy or find comforting:	

For additional information and resources, please visit www.nursinghome411.org.

Additional topics covered:

- Personal background
- Sleeping
- Dressing
- Grooming
- Activities
- TV & Music
- Social interactions
- Religious/spiritual

Form is available in both PDF & Word formats. Add as little or as much information as you like.

+ Resident Concern or Complaint Form

Today's Date: _____

Record-Keeping Form For Resident Concerns

This form can be used to keep personal records of a problem or concern and how it is addressed by the facility. Keeping track of who you spoke to and when, what the response was, and what actions were taken to resolve the problem can strengthen your advocacy, both in the facility and beyond. This form can be used to facilitate conversations and follow-up with staff and administration, raise issues at resident or family council meetings, or support a complaint to a government agency.

Date When Issue Occurred or Was Discovered: _____

Issue:

Staff Person(s) Spoken To:

Response/Plan of Action from Staff:

Actions Taken:

Today's Date: _____

--- Make as Many Copies of This Page as Necessary to Track Your Concern ---

Issue (Update):

Staff Person(s) Spoken To:

Response/Plan of Action from Staff:

Actions Taken:

Today's Date: _____

Issue (Update):

Staff Person(s) Spoken To:

Response/Plan of Action from Staff:


Actions Taken:

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www.nursinghome411.org.


The screenshot displays the YouTube channel for the Long Term Care Community Coalition. The channel has 44 subscribers and a 'SUBSCRIBE' button. The video uploads section lists 15 videos, each with a thumbnail, title, and view count. The videos are organized into two rows of five, with a sixth video partially visible at the bottom left.

Video Title	Views	Time Ago
LTCCC Webinar: Focus on Care: Pressure Ulcers &...	16 views	3 weeks ago
LTCCC Program Addressing Nursing Home Abuse Negle...	57 views	1 month ago
LTCCC Webinar Advocacy Issues Dementia Care	35 views	2 months ago
LTCCC Webinar Assisted Living Promising Policies...	32 views	3 months ago
LTCCC Webinar Nursing Home Staffing Info 2018	101 views	4 months ago
LTCCC Webinar Making Your Voice Heard In the Nursing...	29 views	5 months ago
LTCCC Webinar Nursing Home Care Quality of Life...	71 views	6 months ago
LTCCC Webinar Nursing Home Primer1	90 views	11 months ago
LTCCC Webinar New SNF Survey 2018	992 views	1 year ago
LTCCC Webinar Accessing Info on the Web NH Compar...	31 views	1 year ago

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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 [...]



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How Colorblind Policies Fail Nursing Home Residents



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