



The New Proposed Federal Nursing Home Standard: The Good, The Bad, and The Data Essentials

Long Term Care Community Coalition

www.nursinghome411.org

+ The Long Term Care Community Coalition

- **LTCCC**: Nonprofit, nonpartisan organization dedicated to improving care & quality of life for the elderly & adult disabled in long-term care (LTC).
- **Our focus**: People who live in nursing homes & assisted living.
- **What we do**:
 - Policy analysis and systems advocacy;
 - Data resources & analyses;
 - Education of consumers and families, LTC ombudsmen, and other stakeholders.
- **Website**: www.nursinghome411.org.



Outline of Today's Program



BRIEF BACKGROUND: Federal law & standards for nursing homes.



EXPECTATIONS VS. REALITY: Why poor care is widespread & persistent.



THE PROPOSED FEDERAL STAFFING STANDARD.



RELEVANT DATA: Key insights & information for policymakers & stakeholders.



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Background

+ 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 their **highest practicable physical, emotional, & psycho-social well-being**.
- The law emphasizes **individualized, patient-centered care**.
- Importantly, the law lays out specific resident rights from **good care** and monitoring to a quality of life that maximizes **choice, dignity, & autonomy**.
- “Effective” infection control and sufficient staffing have been required since the beginning.





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Expectations vs. Reality

+ The Nursing Home Reform Law

Question: If the law and standards are so strong, why are so many nursing homes unsafe & demeaning places to live and work?

Answer: Laws and standards can only make a difference if they are enforced.



+ The Problem(s)

Federal data, our studies, and countless OIG and GAO reports indicate that these baseline tenets are largely unrealized.

MARCH 18, 2019

ADDRESSING ABUSE, NEGLECT, AND SUSPICION OF CRIME AGAINST NURSING HOME RESIDENTS
POLICY CONSIDERATIONS & PROMISING PRACTICE

Majestic Care of Columbus LLC

Department of Health and Human Services
OFFICE OF INSPECTOR GENERAL

August 24, 2017

TO: Scott Yonke, MPA
Administrator
Center for Medicare & Medicaid Services

FROM: Daniel R. Levinson
Inspector General

SUBJECT: Early Alert: The Center for Medicare & Medicaid Services (CMS) is reviewing information from the State of Florida regarding the potential for abuse, neglect, and suspicion of crime against nursing home residents in the State of Florida.

Department of Health and Human Services
OFFICE OF INSPECTOR GENERAL

ADVERSE EVENTS IN SKILLED NURSING FACILITIES: NATIONAL INCIDENCE AMONG MEDICARE BENEFICIARIES

United States Government Accountability Office
Statement for the Record to the Committee on Ways and Means, House of Representatives

THE LONG TO: GAO

NURSING HOMES
Better Oversight Needed to Protect Residents from Abuse

For Release on Delivery Expected at 10:00 a.m. ET Thursday, November 16, 2019

Resident Cases and Deaths per 1,000 Residents

Average Number of Cases per 1,000 Residents

Report to Congressional Requesters

GAO

August 2009

NURSING HOMES
CMS's Special Focus Facility Methodology Should Better Target the Most Poorly Performing Homes, Which Tended to Be Chain Affiliated and For-Profit

Department of Health and Human Services
OFFICE OF INSPECTOR GENERAL
GAO

NURSING FACILITY ASSESSMENTS AND CARE PLANS FOR RESIDENTS RECEIVING ATYPICAL ANTIPSYCHOTIC DRUGS

GAO-09-030

GAO

ANTIPSYCHOTIC DRUG USE
HHS Has Initiatives to Reduce Use among Older Adults in Nursing Homes, but Should Expand Efforts to Other Settings

Forbes

Inside Look At How Covid-19 Is Driving An Epidemic Of Loneliness In Nursing Homes

Howard Gleckman Senior Contributor

Forbes

Current Nursing Home Staffing Requirements

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....*

THINGS TO CONSIDER:

- Does the nursing home have enough staff on the floor to meet residents' needs in a timely manner? This includes...
 - Resident call bells responded to in a timely fashion.
 - Residents not being put into diapers because there are not enough staff to help them go to the bathroom.
 - Residents getting baths/showers at a time and frequency of their choosing.
 - Residents waking up and going to bed at a time of their choosing.
- Are staff finding and implementing options that most meet the physical and emotional needs of each resident?
- Are the assessment and care planning processes identifying and seeking ways to support residents' individual needs?
- Are those processes being implemented by care staff across shifts?
- Are staff informing residents and those they designate about the resident's health status and health care choices and their ramifications?
- Does the facility administration and environment promote actions by staff that maintain or enhance each resident's dignity?
- Do staff interaction with residents display full recognition of each resident's individuality? Is this occurring during different shifts and on weekends?
- Is the nursing home providing alternatives to drug therapy or restraints by understanding and communicating to staff why residents act as they do, what they are attempting to communicate, and what needs the staff must meet?
- Is the nursing home actively assisting residents with discharge planning services (e.g., helping to place a resident on a waiting list for community congregate living, arranging intake for home care services for residents returning home)?
- Are staff members assisting residents to determine how they would like to make decisions about their health care, and whether or not they would like anyone else to be involved in those decisions?
- Does the nursing home actively assist in making referrals and obtaining services from outside entities (e.g., talking books, absentee ballots, community wheelchair transportation)?

+ LTCCC's 2021 Study

To what extent are **requirements for nursing homes – and the state agencies responsible for overseeing them – being realized** in the lives of nursing home residents?



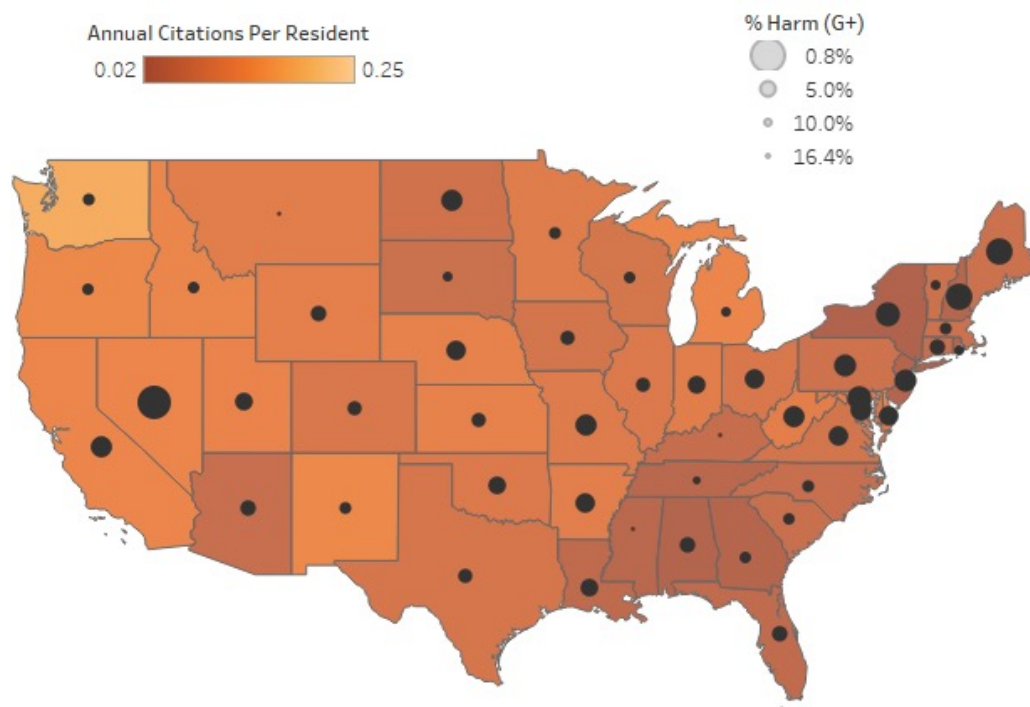
+ Summary of findings

■ Severity

- **Harm (G or above) citations are rare.** Of the 290,000 citations, 5.0% were categorized as Harm. 1.8% were categorized as Immediate Jeopardy (J or above).

■ Citations by Category

- Infection Prevention & Control (F880) citations accounted for 7.8% of all deficiencies.
- Antipsychotics (F758), Pressure Ulcers (F686), and Resident Rights (F550) each accounted for roughly 2%.
- Sufficient Staffing (F725) accounted for 1%.
- Quality of Life (F675) accounted for 0.1%.



Darker → lower citation rate.

Larger circles → lower % of Harm citations.

To download the Guide or Report, go to

[https://nursinghome411.org/survey-enforcement.](https://nursinghome411.org/survey-enforcement)

+ Evidence from the *Elder Justice Newsletter*

The *EJ Newsletter*, published jointly by LTCCC & the Center for Medicare Advocacy, highlights so-called “no-harm” citations. When a violation is cited as not causing resident harm or IJ, it is extremely unlikely that the facility will face any penalty.

Azria Health Gretna (Nebraska)

Going hungry: Resident left slumped over uneaten food.

Facility overall rating: ★★☆☆☆

The surveyor determined that the facility failed to ensure that staff assisted a resident with eating (F677). Although the resident was at risk for weight loss, the surveyor cited the violation as no harm.⁴ The citation was based, in part, on the following findings from the [SoD](#):

- A review of a resident’s assessment and nutrition care plan revealed the resident was at risk for weight loss and required physical assistance with eating.
- The surveyor observed the resident slumped over in their recliner chair in their room with their eyes closed. The resident’s lunch tray sat in front of them, uneaten.
- According to the citation, the resident sat slumped over with an uneaten meal tray for over 20 minutes without assistance.
- The director of nursing confirmed to the surveyor that the resident needed assistance with eating.
- **Know Your Rights:** Inadequate oral food and fluid intake is a serious yet common problem among nursing home residents. Facilities must provide assistance to residents who require it to maintain a proper nutritional status. To learn more about nursing home standards for care and nutrition, check out [LTCCC’s fact sheet on food, nutrition, and dietary services](#) or [watch our webinar on resident-centered dining](#).

Nursing homes must make assessments of resident’s capacity, needs, and preferences, including nutritional status to ensure residents receive appropriate care.

Pearl City Nursing Home (Hawaii)

Moaning and yelling: Resident suffers excessive pain due to poor pain management.

The surveyor determined that the nursing home (a three-star facility) failed to provide adequate pain management services (F697). Although this deficient practice left a resident moaning and yelling in “excruciating” pain, the surveyor cited the violation as no harm.² The citation was based, in part, on the following findings from the [SoD](#):

- The nursing home provided palliative care to a resident whose health records indicated Comfort Measures Only – medical treatment of a dying person that assures maximum comfort.³
- In an interview, staff stated that the resident had pain almost every day.
- On 6/15/2022, the resident was observed moaning and yelling in severe pain. After staff administered pain medications, the resident continued to experience “excruciating pain” for more than an hour.
- The next day (6/16), the resident was again observed moaning and yelling in severe pain. Though staff attended to the resident, he continued to experience excruciating pain for up to two hours.
- Although the resident’s care plan indicated several interventions to control the resident’s pain, the resident continued to moan and yell in pain for long periods of time, according to the citation.

Nursing homes must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents’ goals and preferences.

When facilities are not held accountable for substandard care, even when it causes humiliation, clinical harm, or death, it sends a message to the industry that substandard is okay and will be rewarded.



+ Can Nursing Homes Hire More Staff?

Dispelling the Industry's False & Dishonest Narrative

+ **Myth:** Nursing home payment is insufficient to provide good care.

Reality: Most nursing homes are run for-profit and are seen as attractive investments.

- The industry's longstanding argument that it does not get paid enough to provide sufficient staffing, baseline infection control protocols, etc... is unsubstantiated.
- In fact, nursing homes are increasingly operated by for-profit entities.
- Private equity and REITs have increasing, substantial investment in the sector.
- There are virtually no limitations on the use of public funds to pay for administrative staff or siphon off into profits.
- Operators commonly use related party transactions to hide profits (and perpetuate the myth of "razor-thin margins").

+ Medicaid Funding

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

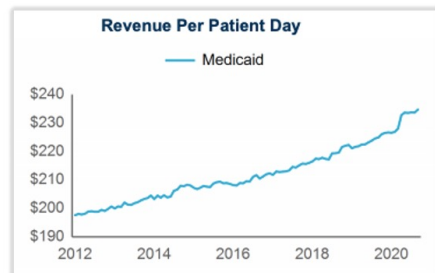
LTCCC POLICY BRIEF

NURSING HOME MEDICAID FUNDING: SEPARATING FACT FROM FICTION

Background. Medicaid is the primary funding source for the majority of nursing home services in the US. Managed by states using a mix of state and federal funding, Medicaid covers more than 60% of residents nationwide. Each state has broad flexibility to determine eligibility standards and payment methods and design reimbursement rates.

Industry Claims vs. Facts. Nursing home providers and trade associations claim that Medicaid rates are inadequate and less than the cost of actual care. The industry also blames low Medicaid rates for substandard care. However, recent studies suggest that for-profit facilities have maximized profits for owners and investors while skimping on resident care.

- Medicaid rates have steadily increased in the past decade, rising 12.6% since 2012, according to the National Investment Center for Seniors Housing & Care (NIC).



Source: NIC MAP Data Service

- Nursing homes received an average of \$214 per resident per day in Medicaid funding in 2019, a 2.2% increase from 2018.
- An NIC report with data through September 2020 shows a national average reimbursement rate of \$235, though this \$21 increase from 2019 is likely a COVID-related boost.
- Although industry leaders claim that nursing homes are losing money on Medicaid residents and blame closures and financial struggles on low reimbursement rates, typical nursing home profits are in the 3 to 4 percent range, according to Bill Ulrich, a nursing home financial consultant. This does not include profits that are hidden in related-party transactions, which 75% of nursing homes report, or bloated administrative costs. Numerous studies and reports have shown that related-party transactions can be used to “siphon off higher profits, which are not recorded on the nursing home’s accounts,” giving the false impression that a nursing home has low profits or is losing money.”

Nursing Home Medicaid Funding: Separating Fact From Fiction

Lack of Accountability. Bolstered by government funding, providers are raking in profits while facing limited accountability for how they utilize Medicaid funds. Though not illegal, operators too often utilize Medicare and Medicaid funds by using public reimbursement to cover salaries, administrative costs, and other non-direct care services. Without transparency and accountability, determining the extent to which Medicaid rates cover the costs of care for Medicaid nursing home residents is simply not possible. Providers must be held accountable for their finances in order to safeguard residents from owners and operators who prioritize profits while providing grossly substandard care.

Conclusion. Nursing homes do, in fact, receive frequent increases in funding, including Medicaid reimbursement. Though Medicaid pays for the majority of nursing home services, there is virtually no transparency or accountability in respect to how facilities actually use these funds. In the absence of federal limits on diverting public funds to hide profits in contracts with related parties or in inflated administrative costs, the industry’s argument that it does not receive enough money to provide sufficient staffing and good care is inaccurate (if not fraudulent).

The growth of for-profit ownership in nursing homes over the years, including significant investment by private equity firms and real estate investment trusts (REITs), make it clear that nursing homes are profitable businesses which, in the absence of government quality assurance, too often sacrifice resident safety in order to maximize profits. More financial accountability for facilities would decrease the likelihood of facilities funneling cash to owners and investors at the expense of better resident care.

“Just enough is spent on Medicaid residents to keep state inspectors satisfied, while, at the same time, Medicare patients are not given the full value of their insurance coverage.”

– Will Englund and Joel Jacobs, *The Washington Post*

The Long Term Care Community Coalition is a non-profit, non-partisan organization dedicated to improving care and dignity for individuals in nursing homes and other residential care settings. Visit our homepage, www.NursingHome411.org, for resources and information on nursing home policy issues.

This policy brief is part of a new series on reimagining nursing home care in the wake of the devastation wrought by the coronavirus pandemic. To sign up for future alerts, visit <https://nursinghome411.org/join/>.

+ Medicare Funding

According to the Medicare Payment Advisory Commission...

- The average marginal profit from Medicare nursing home patients in 2021 was 17.2%.
- The average Medicare profit margin has been above 10% for over 20 years.

Unfortunately, the focus of Medicare rate setting has been almost entirely on controlling costs rather than ensuring quality. Medicare prospective payments are based on estimated costs and not on actual expenditures. This system allows nursing homes to keep staffing and operating expenses low in order to maximize profits.

* Medicare Payment Advisory Commission, *Data Book: Health Care Spending and the Medicare Program*, July 2023.

NOTE: These profit margins do not take into account profits hidden in administrative costs or related-party transactions.

+ Funding is NOT the Problem

OIG: *Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries*

- OIG found that **one-third of residents who were in a nursing home for short-term care were harmed** w/in an average of 15.5 days.
- **Almost 60 percent of the injuries were preventable and attributable to poor care.**
- Much of the **preventable harm was due to substandard care**, inadequate resident monitoring, and failure or delay of necessary care.
- As a result, six percent of those who were harmed died, and more than half were rehospitalized.

Even when profits are high, nursing homes fail to provide adequate care, safety, or treat residents humanely.

+ Staffing

- Staffing is the most important predictor of the quality and safety of a nursing home's care.
- Nevertheless, most facilities fail to maintain sufficient staff to even meet basic clinical needs of their residents.
- ***Industry lobbyists claim:***
 1. They cannot find care staff and
 2. They don't get enough \$\$ to hire sufficient staff.
- ***Both of these claims are dishonest:***
 1. The typical nursing home has 50%+ annual turnover and
 2. In the absence of effective oversight, many operators maximize profits by cutting staffing.

In any case, nursing homes are not warehouses.



+ The Proposed Federal
Staffing Standard

CMS Proposed Minimum Nurse Staffing Regulations

**Charlene Harrington, Professor Emerita
University of California San Francisco**

September, 2023



CMS Proposed Minimum Staffing Regulations Sept 2023 Are Too Low



- New proposed regulations were shockingly low – set at the level that the average LTCF currently provides
- Proposal for 24-hour per day RN coverage instead of 8 hours
- Proposal set at 3.0 total nursing hours per resident day (hprd) instead of 4.1 nursing hprd
 - 0.55 RN hprd
 - 2.45 Nursing Assistant (NA) hprd
- Government ignored all the research after heavy lobbying by the nursing home industry during an election year



Simulation Study for Nursing Assistants

- NH Simulation model research in 2016 found
- Nurse aide staffing Activities Daily Living Care needed to reduce care omissions below 10% ranged from
 - 2.8 hours/resident/day with a low workload to
 - 3.6 hours per resident day for a high workload – based on resident acuity (care needs)
- Average NHs had staffing from an average of 2.3 to 2.5 hours per resident day across all 5 workload percentiles. Higher workload NHs had the largest discrepancies between reported and needed nurse aide staffing levels.
- Confirmed 2001 Simulation that 2.8 nursing assistant hprd are needed to provide basic care for residents

Schnelle, J.F., Schroyer, L.D., Saraf, A.A., and Simmons, S.F. (2016). Determining nurse aide staffing requirements to provide care based on resident workload: A discrete event simulation model. *J. American Medical Directors Association*. 17:970-977.



Appropriate Nurse Staffing Levels for U.S. Nursing Homes



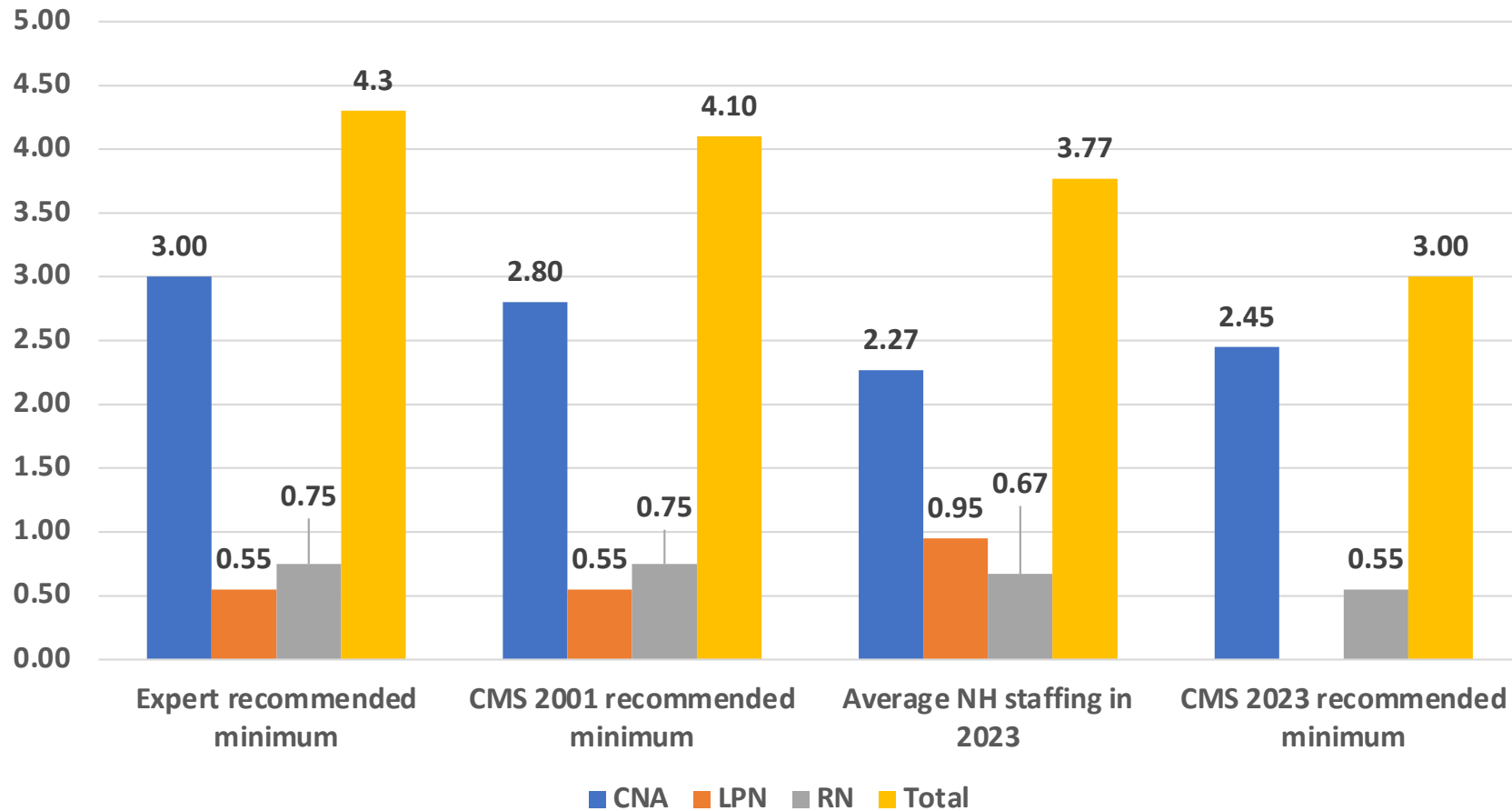
- Experts recommend staffing levels based on time studies and simulation models

	RN hprd	LPN hprd	CNA hprd	Total hprd
Extensive care	1.85	1.36	3.60	6.81
Special care	1.36	.84	3.40	5.61
Clinically complex	1.03	.67	3.20	4.90
Behavioral	.75	.55	3.00	4.30
Reduced physical functioning	.75	.56	3.20	4.51

- Harrington, C. et al Appropriate nurse staffing levels for US nursing homes. *Health Services Insights*. 2020: 13:1-14.



Recommended Nursing Hours Per Resident Day



+ CMS Proposed Staffing Regulations Fail to Set Licensed Nurses and Total Minimum Staffing Level

- LPNs (licensed practical nurses) substitute for RNs and provide medications and treatments. RN levels of .55 hprd are not sufficient to meet the needs of residents for medications and treatments
- CMS naively assumes that NHs will retain their existing LPNs and will add RNs and NAs to meet the new requirements
- In fact, NHs will convert LPNs to RNs when needed and are likely to reduce their total LPN staffing and their total nurse staffing
- CMS cost estimates are grossly inflated by assuming the addition of RNs and NAs rather than the conversion of LPNs to RNs and NAs
- **CMS must set a LPN minimum of .48 hprd and a total nurse minimum of at least 3.48 hprd to avoid NHs laying off LPNs**

+ CMS Proposed Staffing Regulations Ignored Its Own Simulation Model Results

- CMS conducted a limited simulation model for licensed nurses (RNs and LPNs). The model only estimated 5 tasks out of dozens of tasks and did not estimate the interruptions of care caused by urgent problems and emergencies
- CMS's limited simulation estimated at least 1.4 to 1.7 licensed (RN and LPN) nursing hours were needed to reduce omitted tasks to less than 5 percent
- **CMS should have required overall direct care licensed nursing to be at least 1.4 hprd**



CMS Proposed Minimum Staffing Regulations Offers Waivers

CMS Improperly Allows Staffing Waivers

- Workforce is unavailable
- Facility is at least 20 miles from another NH
- NH is making a good faith effort with documentation with certain exceptions

CMS Rationale Is Faulty

- Shortages are related to heavy workloads and low pay and benefits, where NHs fail to pay the prevailing wages that hospitals & competing entry level jobs pay
- Waivers are difficult to monitor and deflate existing wage and benefits
- Waivers jeopardize the health and safety of residents





CMS Proposed Minimum Staffing Regulations Has Long Phase in Period



Urban areas

- 24 Hour per day RN requirement – effective in 2 years
- .55 hprd RN and 2.45 hprd NA – effective in 3 years

Rural areas

- 24 Hour RN requirement – effective in 3 years
- .55 hprd RN and 2.45 hprd NA – effective in 5 years

CMS Rationale Is Faulty

78% of NHs already meet the 24-hr RN standard & half of NHs meet the RN and NA standard

If NHs pay prevailing wages, All nursing homes should be able to meet the proposed standard within 2 years



CMS Proposed Minimum Nurse Staffing Regulations



- We urge CMS to revise its proposed minimum nurse staffing regulations to require:
- In addition to an RN Director (or Assistant) of Nursing on duty 7 days a week,
- 24-hour RN coverage per day for direct care
- .75 RN hours per resident day
- .55 LVN hprd
- 2.80 CNA hprd
- 4.10 total nursing hprd
- The minimum should be implemented within 2 years with no waivers. Nursing homes with shortages of staffing should not be allowed to admit new residents until the NH meets the minimum staffing requirements

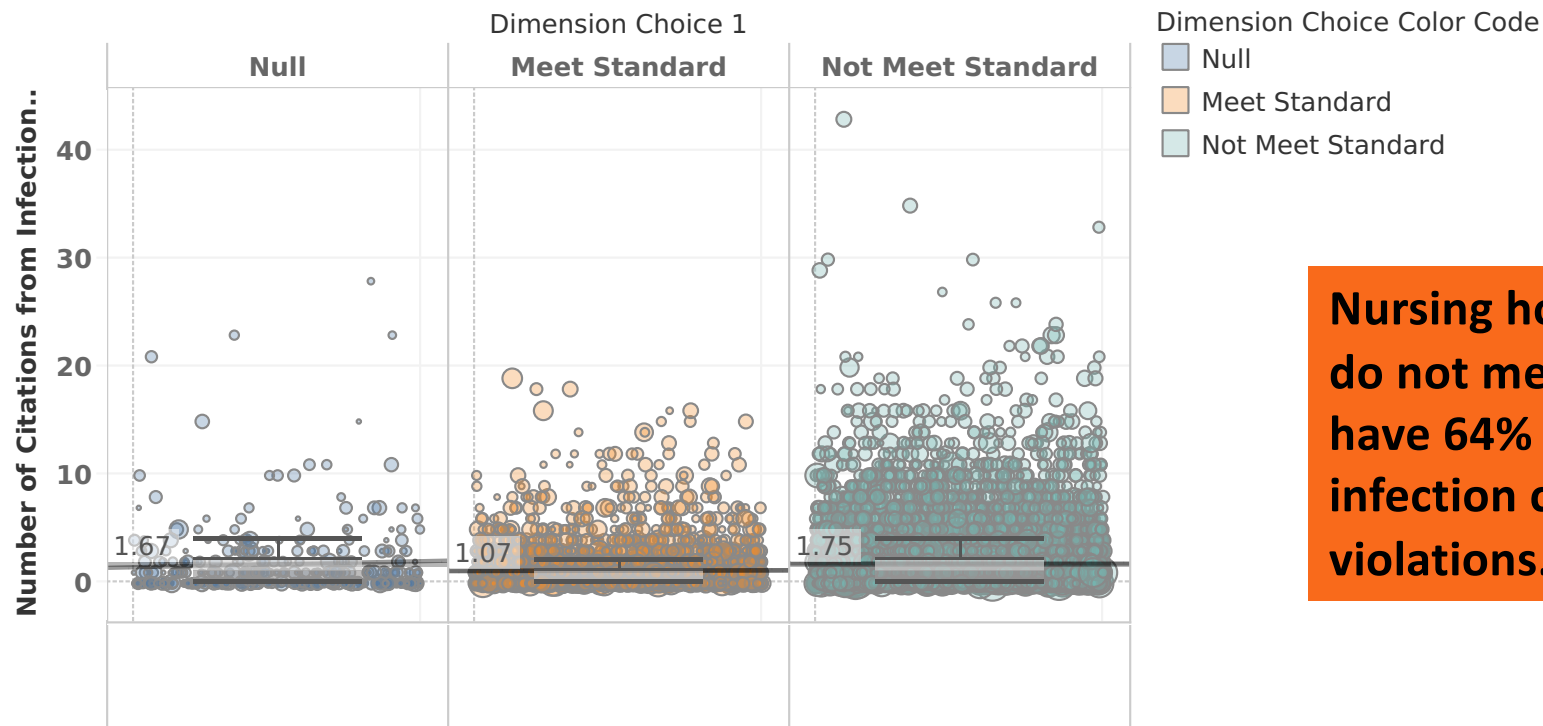


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Data Insights

+ Why is a Good Staffing Standard So Important?

Does Measure **Number of Citations from Infection Control Inspections** (Vertical Scale) with Range: 0.00 to 43.00, **vary by Meet Staff Standard** (Horizontal Scale)?
Color by **Meet Staff Standard**, Desired Staff Hours per Resident per Day: **4.1**, Meet Staffing Standard? **All**
Ownership Type: **All**, HHS Regions: **All**, State/s: **All**



Nursing homes that do not meet 4.1 HPRD have 64% higher infection control violations.

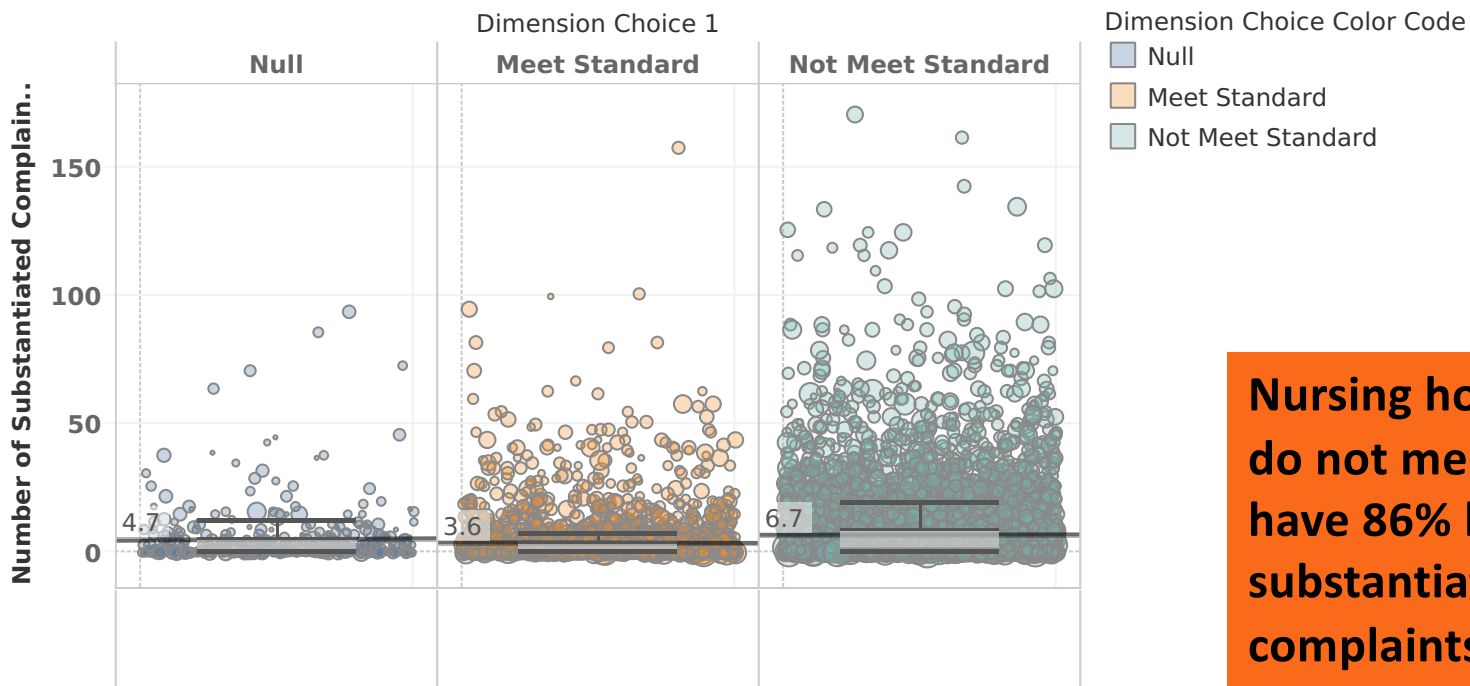
+ Why is a Good Staffing Standard So Important?



Does Measure **Number of Substantiated Complaints** (Vertical Scale) with Range: 0.0 to 171.0, vary by **Meet Staff Standard** (Horizontal Scale)?

Color by **Meet Staff Standard**, Desired Staff Hours per Resident per Day: **4.1**, Meet Staffing Standard? **All**

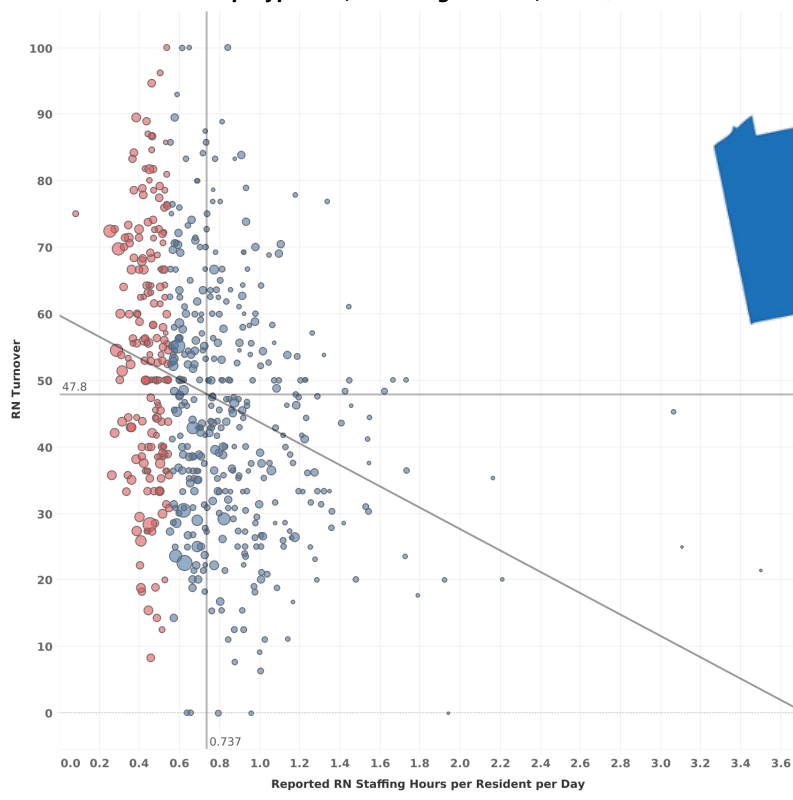
Ownership Type: **All**, HHS Regions: **All**, State/s: **All**



Nursing homes that do not meet 4.1 HPRD have 86% higher substantiated complaints.

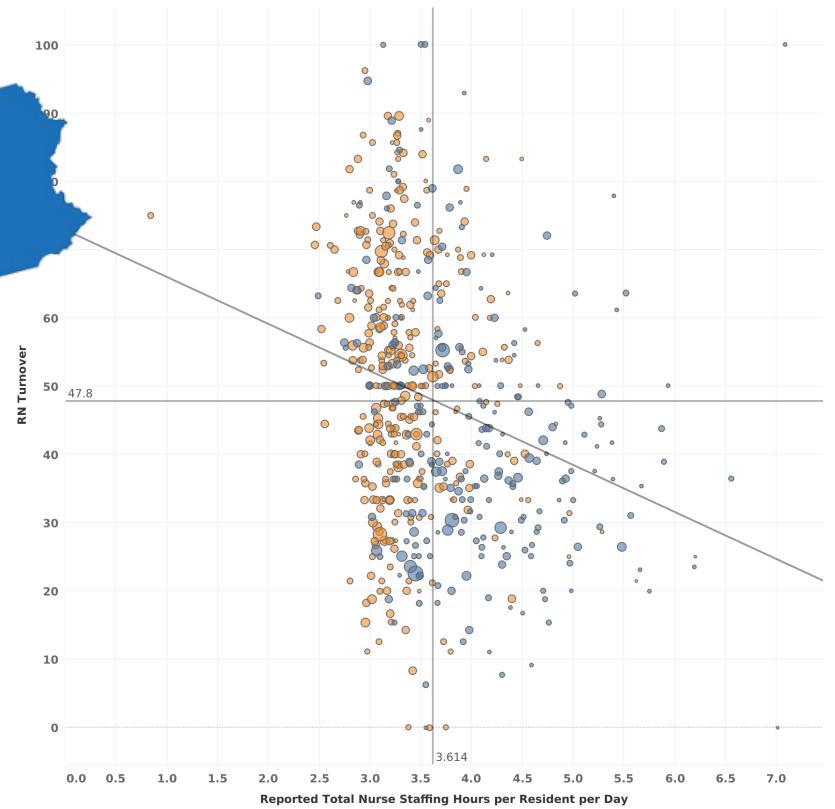
+ Why is a Good Staffing Standard So Important?

Long Term Care Community Coalition
 R-1 Relationships Between Two Measures
 Is There a Relationship Between *Reported RN Staffing Hours per Resident per Day* (Horizontal Scale) with Range: 0.000 to 3.499, and *RN Turnover* (Vertical Scale) with Range: 0.0 to 100.0
 Color by *Meet RN Staffing Standard*
 Size by Number of Residents
 Ownership Type: *All*, HHS Regions: *All*, State/s: *PA*

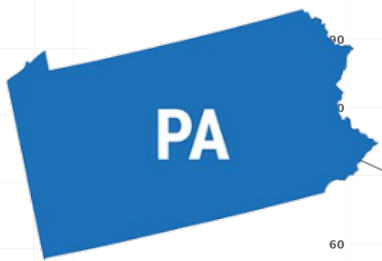


Dimension Choice Color Code
 Null
 Meet RN Standard
 Not Meet RN Standard

Long Term Care Community Coalition
 R-1 Relationships Between Two Measures
 Is There a Relationship Between *Reported Total Nurse Staffing Hours per Resident per Day* (Horizontal Scale) with Range: 0.437 to 7.083, and *RN Turnover* (Vertical Scale) with Range: 0.0 to 100.0
 Color by *Affiliated?*
 Size by Number of Residents
 Ownership Type: *All*, HHS Regions: *All*, State/s: *PA*



Dimension Choice Color Code
 No
 Yes



Strong negative association between both total nursing & RN levels and RN turnover rates.

+ Congressional District Level Data, Nursing Home Star Ratings



Long Term Care Community Coalition
T 1 Flexible Dimension Table, Horizontal Axis: Overall Rating, by Vertical Axis: Congressional District,
HHS Region/s: All, State/s: KS, County: All, Affiliated? All,
Desired Standard Staffing Hours: 4.1
Meet Staffing Standard?: All
Color by Count/Percent of: Overall Rating
 Number of Facilities: 1 to 313
 Percent of Facilities: 0.88% to 100.00%
 Number of Residents: 3 to 14,895
 Percent of Residents: 0.07% to 100.00%
Overall Rating: Null, 1, 2 and 3 more,
Ownership Type Summary: All

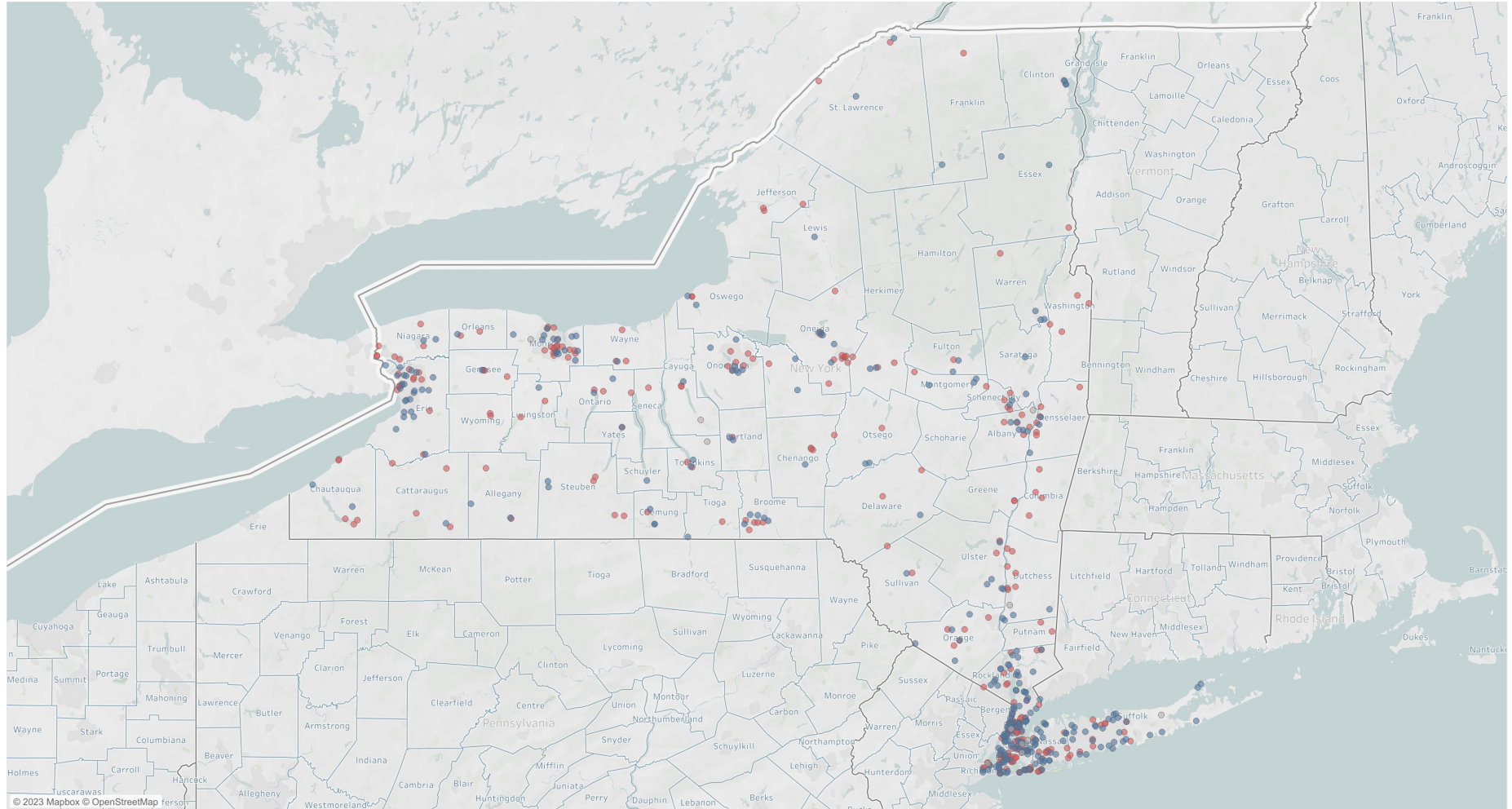
Note: If you wish to see the percentages calculated based on a different dimension, reverse the dimension choices

Dimension Choice 2	Null	1	2	3	4	5	Grand Total
Grand Total	3 0.96% 141 0.95%	77 24.60% 3,927 26.36%	66 21.09% 3,089 20.74%	56 17.89% 2,673 17.94%	55 17.57% 2,569 17.25%	56 17.89% 2,496 16.76%	313 100.00% 14,895 100.00%
KS1	1 0.88% 3 0.07%	26 23.01% 1,043 23.53%	29 25.66% 1,135 25.61%	21 18.58% 745 16.81%	18 15.93% 796 17.96%	18 15.93% 710 16.01%	113 100.00% 4,433 100.00%
KS2	2 2.44% 138 3.58%	24 29.27% 1,222 31.75%	14 17.07% 650 16.87%	14 17.07% 683 17.75%	16 19.51% 595 15.46%	12 14.63% 561 14.58%	82 100.00% 3,849 100.00%
KS3		14 28.00% 966 30.99%	11 22.00% 683 21.92%	7 14.00% 429 13.77%	11 22.00% 708 22.73%	7 14.00% 330 10.59%	50 100.00% 3,117 100.00%
KS4		13 19.12% 696 19.89%	12 17.65% 621 17.77%	14 20.59% 815 23.32%	10 14.71% 470 13.43%	19 27.94% 894 25.58%	68 100.00% 3,496 100.00%

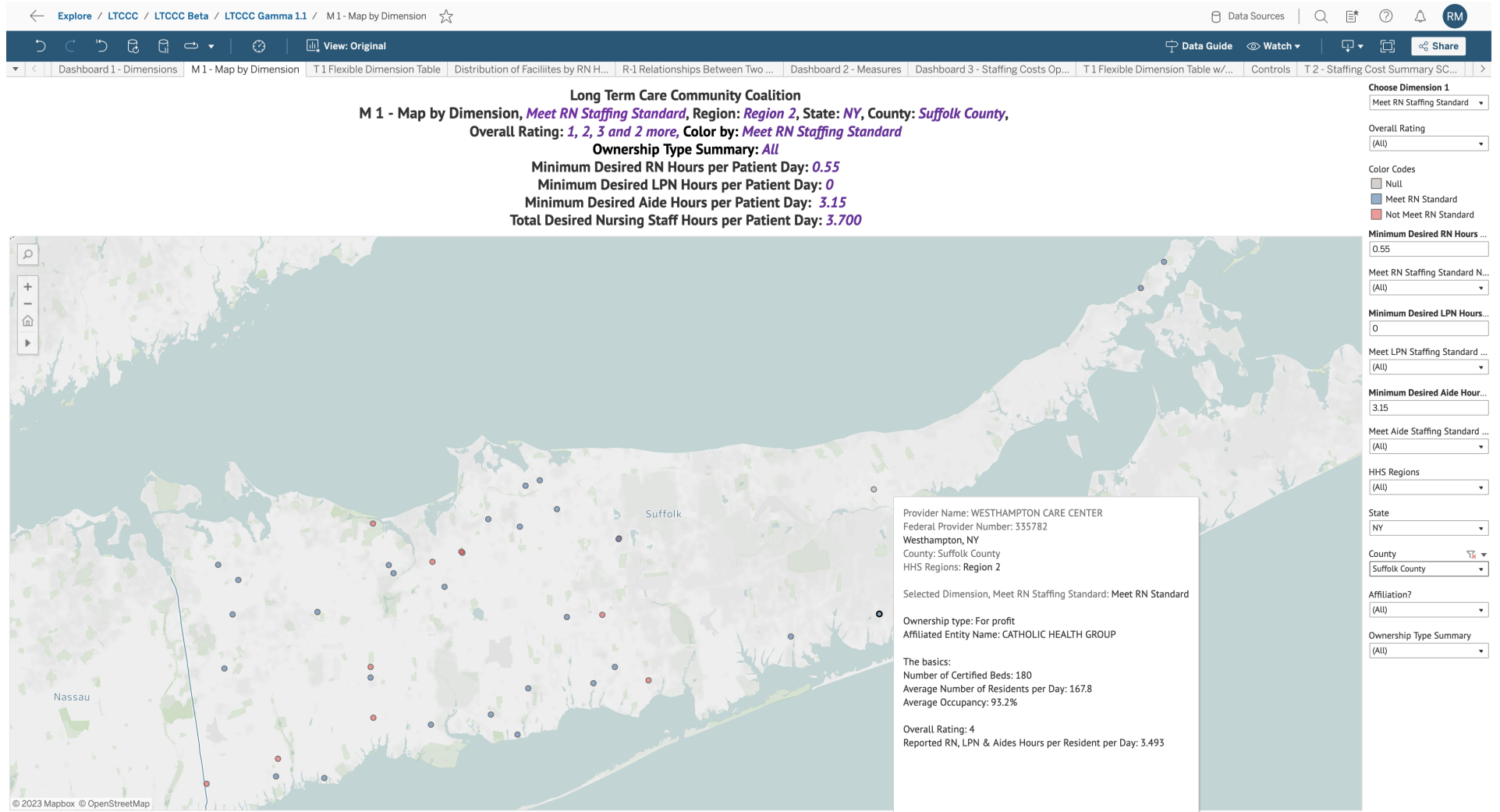
Note: Darker coloring indicates more facilities in the category.

State, County, & Facility Level Data – New York

Long Term Care Community Coalition
M 1 - Map by Dimension, *Meet RN Staffing Standard*, Region: *Region 2*, State: *NY*, County: *All*, Overall Rating: *Null, 1, 2 and 3 more*, Color by: *Meet RN Staffing Standard*
Ownership Type Summary: *All*
Minimum Desired RN Hours per Patient Day: *0.55*
Minimum Desired LPN Hours per Patient Day: *0*
Minimum Desired Aide Hours per Patient Day: *3.15*
Total Desired Nursing Staff Hours per Patient Day: *3.700*



County & Facility Level Data – Suffolk County, New York





For more information and insights on key staffing and quality data on the

- Facility,
- Community,
- Congressional district,
- State, or
- National level...



Visit

www.nursinghome411.org



Email info@ltccc.org






Finding Nursing Home Staffing Data





Staffing Data Update, Q1 2023

US

- Total Nurse: 3.63 HPRD 
- Total RN HPRD: 0.59 \leftrightarrow
- % Contract: 10.1% 
- Avg. Daily Census: 1.19 million 

NY

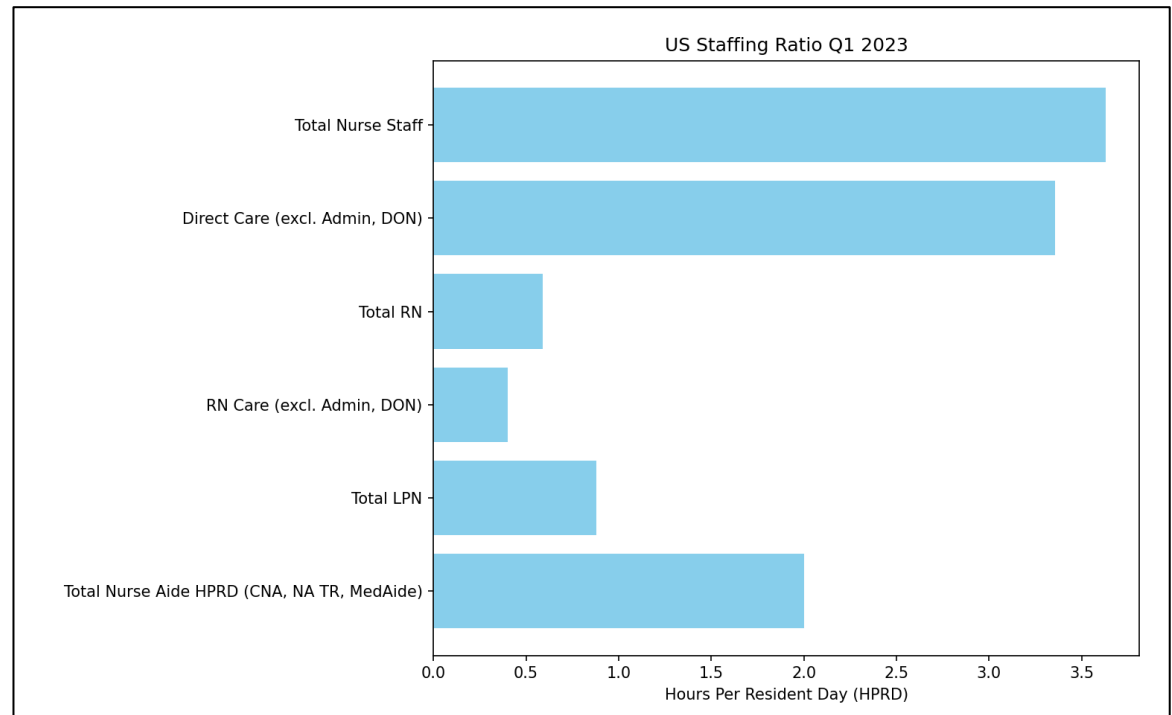
- Total Nurse: 3.44 HPRD 
- Total RN HPRD: 0.62 \leftrightarrow
- % Contract: 15.9% \leftrightarrow
- Avg. Daily Census: 96,152 

Nursing homes and the minimum

- 86% of nursing homes provided > 3.0 Total Nurse Staff HPRD
- 71% provided 3.00 Direct Care Staff HPRD
- 26% provided > 4.1 Total Nurse Staff HPRD

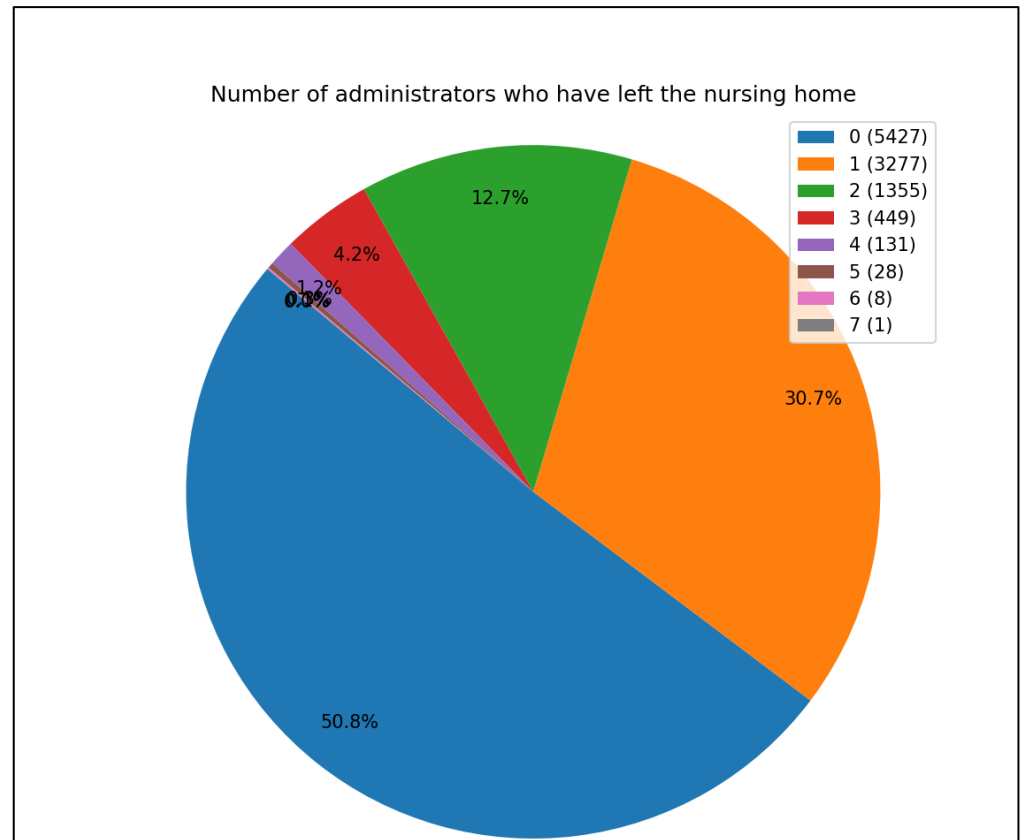
Staffing by Position

- Direct Care: 3.36 HPRD
- RN: 0.59 HPRD (0.40 if excluding Admin, DON)
- CNA: 2.00
- Total LPN: 0.88



Turnover Trouble...

- Roughly half of NHs reporting Admin turnover data experienced Admin turnover
- Median Nurse staff turnover: 52.9
- Median RN turnover: 50.0



Takeaways

- Nursing homes still understaffed!
- Nationwide, staffing HPRD is up slightly.
- Resident census up ~1.5%
- Contract staff down from 10.5% to 10.1%.
Contract staff had been increasing for several years.
- 3.0 HPRD is not enough...



Finding Nursing Home Staffing Data

- **Care Compare**
 - User-friendly facility-level staffing ratios, including total, RN, weekend, turnover.
- **Interactive Map (Tableau)**
 - Interactive map displaying state staffing ratios (overall and by position).
- **NursingHome411**
 - User-friendly excel spreadsheets with quarterly staffing data at the facility, city, county, and state level (Nurse, Contract, Non-Nurse).
 - Find overall and/or positional staffing levels.

Finding Staffing Data: Care Compare

Terence Cardinal Cooke Health Care Center

Staffing

Higher staffing levels and lower staffing turnover in a nursing home may mean higher quality of care for residents. Hours worked by different types of staff are reported by nursing homes, and are used to calculate a ratio of staffing hours per resident per day and the staffing turnover rate. Hours per resident per day describe the average amount of time staff are available to spend with each resident each day. Staff turnover describes how many staff stop working at the facility within a given year.

[Learn more about staffing](#)

Staffing rating

★★★★☆
Average

Staffing levels and turnover of staff in nursing homes may impact the quality of care nursing home residents get. Higher staffing ratings mean...
[Read more](#)

Average number of residents per day	525.7 National average: 80.7 New York average: 160.4
Total number of nurse staff hours per resident per day ↑ Higher numbers are better	3 hours and 21 minutes National average: 3 hours and 46 minutes New York average: 3 hours and 34 minutes
Registered Nurse hours per resident per day	34 minutes

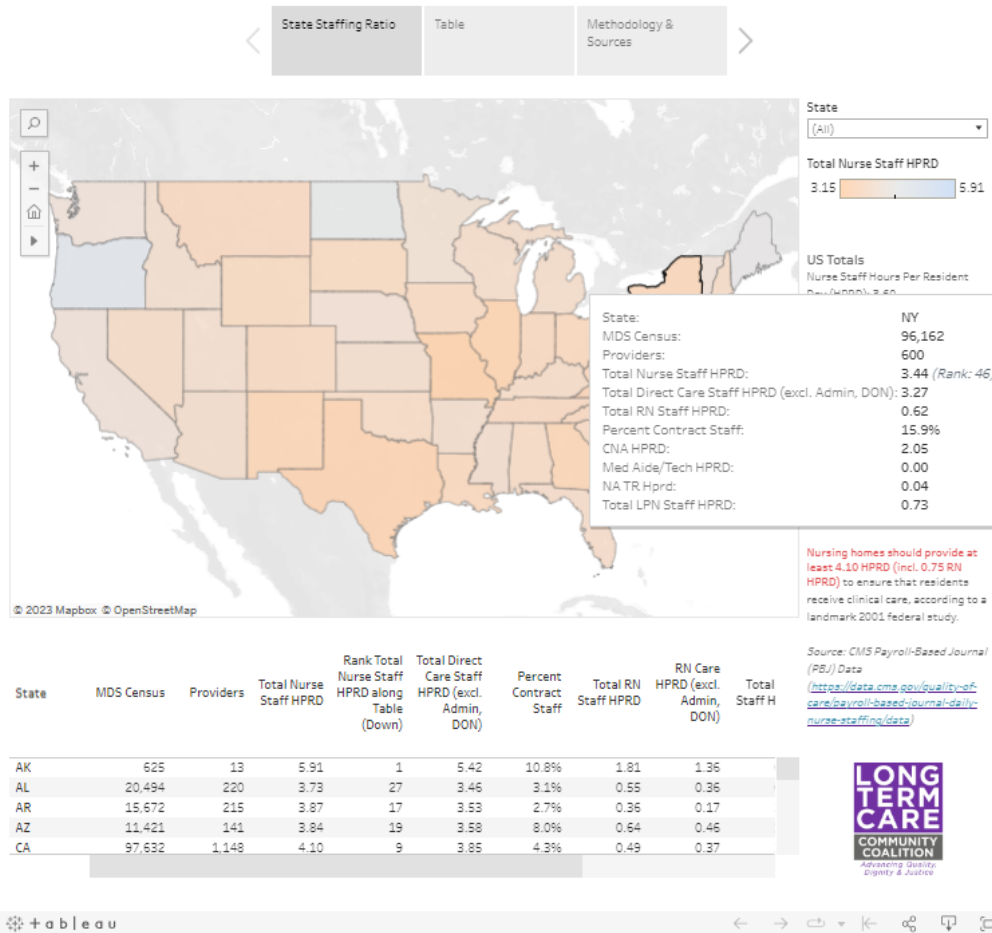
This data/info is more user-friendly. Use it for:

- Assessing individual nursing home
- Searching for nursing homes within a region
- User-friendly ratings/data
- Comparing to state & national averages

<https://www.medicare.gov/care-compare/>

Finding Staffing Data: Interactive Map (Tableau)

Nursing Home Staffing (Q1 2023)



This data is more interactive. Use it for:

- Assessing state performance
- Interactive user-friendly experience
- Visualizing nursing home staffing levels

<https://public.tableau.com/app/profile/nursinghome411/viz/NursingHomeStaffingQ12023/NursingHomeStaffingQ12023>

Finding Staffing Data: NursingHome411

Filter by State(s)

AK	AL	AR	AZ	CA
CO	CT	DC	DE	FL
GA	HI	IA	ID	IL
IN	KS	KY	LA	MA
MD	ME	MI	MN	MO

CMS Region Number

1	2	3	4	5
6	7	8	9	10

Staff 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).

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 care staff hours provides 22.5 RN care staff hours per day.

Select plus signs (+) above to expand data categories.

Percent Contract Hours: percentage of a nursing home's total staff hours belonging to contract staff. Example: A nursing home averaging 100 total nurse hours, including 40 contract staff hours, has 40% contract staffing.

State	Provider	City	County	MDS Census	Total Nurse Staff HPRD	Total Direct Care Staff HPRD	Total RN Staff HPRD	Total RN Care Staff HPRD (excl. Admin/DO/N)	Total Nurse Staff Hours	Total Contract Hours	Percent Total Nurse Contract	Provider Number	CMS Region Number
AK	CORDOVA COMMUNITY MED LTC	CORDOVA	Valdez Cordova	10.00	7.96	7.24	2.58	1.86	79.58	8.91	11.20	025028	10
AK	DENALI CENTER	FAIRBANKS	Fairbanks North Star	73.51	5.77	5.36	1.61	1.21	424.31	22.78	5.37	025020	10
AK	HERITAGE PLACE	SOLDOTNA	Kenai Peninsula	51.39	5.90	5.67	1.59	1.37	303.27	0.00	0.00	025021	10
AK	KETCHIKAN MED CTR NEW HORIZONS TRANSITIONAL CARE	KETCHIKAN	Ketchikan Gateway	22.32	8.34	7.64	3.51	2.82	186.06	57.19	30.74	025010	10
AK	MAPLE SPRINGS OF PALMER	PALMER	Matanuska-Susitna	53.72	5.22	4.90	1.50	1.30	280.23	0.00	0.00	025039	10
AK	MAPLE SPRINGS OF WASILLA	WASILLA	Matanuska-Susitna	55.12	5.31	4.72	2.28	1.75	292.78	0.00	0.00	025038	10
AK	PRESTIGE CARE & REHAB CENTER OF ANCHORAGE	ANCHORAGE	Anchorage	97.20	4.85	4.52	0.79	0.57	471.50	15.58	3.31	025025	10
AK	PROVIDENCE EXTENDED CARE	ANCHORAGE	Anchorage	94.29	5.24	4.68	1.77	1.21	494.15	86.78	17.56	025036	10
AK	PROVIDENCE SEWARD MOUNTAIN HAVEN	SEWARD	Kenai Peninsula	37.63	6.86	6.20	1.72	1.19	258.33	110.38	42.73	025024	10
AK	PROVIDENCE TRANSITIONAL CARE CENTER	ANCHORAGE	Anchorage	44.59	6.80	5.74	2.66	1.60	303.04	6.12	2.02	025018	10
AK	SEABIRK SITKA LONG TERM CARE	SITKA	Sitka Borough	15.99	8.95	8.56	3.56	3.18	143.12	3.65	2.55	025032	10
AK	SOUTH PENINSULA HOSPITAL LTC	HONER	Kenai Peninsula	23.64	8.50	7.49	3.10	2.09	200.94	6.38	3.18	025031	10
AK	WILDFLOWER COURT	JUNEAU	Juneau	45.60	5.56	5.44	1.35	1.23	253.51	80.95	31.93	025027	10
AL	ADAMS NURSING HOME	ALEXANDER CITY	Tallapoosa	42.58	4.87	4.60	0.52	0.27	207.16	1.77	0.86	015386	4
AL	AHC MILLENIUM	HUNTSVILLE	Madison	84.01	3.64	3.16	0.59	0.36	305.83	2.77	0.91	015458	4
AL	ALBERTVILLE NURSING HOME	ALBERTVILLE	Marshall	154.97	4.95	4.60	0.75	0.56	767.64	0.00	0.00	015163	4
AL	ALICEVILLE MANOR NURSING HOME	ALICEVILLE	Pickens	89.74	4.94	4.36	0.77	0.39	443.18	2.78	0.63	015137	4
AL	ALLEN HEALTH AND REHABILITATION	MOBILE	Mobile	65.17	4.08	3.38	0.60	0.00	266.07	0.00	0.00	015098	4
AL	ALTOONA HEALTH & REHAB	ALTOONA	Etowah	48.58	3.99	3.33	1.01	0.56	193.95	0.77	0.40	015101	4
AL	ANDALUSIA MANOR	ANDALUSIA	Covington	83.03	4.26	3.64	1.03	0.55	353.67	0.00	0.00	015416	4
AL	ANNISTON HEALTH AND REHAB SERVICES	ANNISTON	Calhoun	78.17	2.88	2.41	0.56	0.09	224.87	0.00	0.00	015375	4
AL	ARABELLA HEALTH & WELLNESS OF PHENIX CITY	PHENIX CITY	Russell	74.47	2.96	2.70	0.44	0.18	220.38	0.00	0.00	015331	4
AL	ARABELLA HEALTH & WELLNESS OF RUSSELLVILLE	RUSSELLVILLE	Franklin	35.54	3.56	3.07	1.02	0.53	126.49	0.00	0.00	015071	4
AL	ARBOR SPRINGS HEALTH AND REHAB CENTER, LTD	OPELIKA	Lee	116.28	4.23	3.83	0.48	0.27	491.67	0.00	0.00	015192	4
AL	ARBOR WOODS HEALTH AND REHAB	REFORM	Pickens	48.22	4.76	4.64	0.72	0.60	229.45	0.00	0.00	015141	4
AL	ARLINGTON REHABILITATION & HEALTHCARE CENTER	BIRMINGHAM	Jefferson	114.42	2.73	2.68	0.40	0.34	312.45	0.00	0.00	015153	4
AL	ASHLAND PLACE HEALTH AND REHABILITATION, LLC	MOBILE	Mobile	145.44	3.80	3.59	0.51	0.40	552.24	0.00	0.00	015103	4
AL	ASPIRE PHYSICAL RECOVERY CENTER AT CAHABA RIVER	VESTAVIA	Jefferson	113.89	4.70	4.49	0.67	0.56	534.88	0.00	0.00	015468	4
AL	ASPIRE PHYSICAL RECOVERY CENTER AT HOOVER, LLC	HOOVER	Jefferson	99.73	4.56	4.18	0.66	0.48	454.37	0.00	0.00	015464	4
AL	ASPIRE PHYSICAL RECOVERY CENTER OF WEST ALABAMA	NORTHPORT	Tuscaloosa	67.13	4.63	4.20	1.32	1.07	310.59	0.00	0.00	015465	4

This dataset is more advanced. Use it for:

- Data research
- Facility level positional data
- Data filtered by city, county, state, etc.
- Contract and non-nurse data.

<https://nursinghome411.org/data/staffing>



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