+ While you wait…

Virtual Meeting Tips

- Submit **questions in the Q&A** at the bottom of Zoom screen

- Use chat at the bottom of Zoom screen for **comments** and conversation

- If you are having technical issues, please let us know in the chat and we will do our best to assist you

New at NursingHome411

- Senior Care Policy Briefing: Negligence Unchecked

- LTCCC Alert: Four in Five Residents Live in Understaffed Nursing Homes (Q2 2023 Data)

- LTCCC Comments to CMS on Minimum Staffing Standards

- LTCCC's Nov Webinar: Behind Closed Books: How Hidden Profits Harm Nursing Home Residents

Sign up for LTCCC alerts using QR code above or visit **nursinghome411.org/join**

Follow LTCCC on Instagram @LTCcoalition

For materials from today's webinar, visit
nursinghome411.org/webinar-ltccc

The Long Term Care Community Coalition

- **LTCCC** is a nonprofit, nonpartisan organization dedicated to improving care & quality of life for the elderly & adult disabled in long-term care (LTC).

- **What we do**:
  - Policy research & analysis;
  - Systems advocacy;
  - Public education;
  - Home to two local LTC Ombudsman Programs.

www.nursinghome411.org

LTCCC WEBINAR

The 411 on LTCCC:
Fighting for the Rights of Nursing Home Residents

Tuesday, December 19, 2023 | 1–2PM ET

On this special end-of-year program, the LTCCC team (Richard Mollot, Eric Goldwein, and Hayley Cronquist) discusses how to leverage policy advocacy, consumer education, and nursing home data to advance quality, dignity, and justice for residents in long-term care.

For materials from today's webinar, visit
nursinghome411.org/webinar-ltccc

Agenda

RESIDENT RIGHTS: What you need to know the federal standards of care & dignity.

NURSING HOME DATA: How to find & use information important to resident quality & safety.

NURSING HOME OVERSIGHT: Understanding how government oversight does – and does not - work.

LTCCC ADVOCACY: Using data, research, and education to help improve the lives of residents.

+ Nursing Home Law and Resident Rights

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.

+ The Problem(s)

Federal data,
our studies,
and <u>countless</u>
federal reports
indicate that
baseline
requirements
are largely
ignored by
nursing homes
with impunity.

Resident Rights:

- Dignity & Respect
- Equal Treatment
- Individual Needs & Preferences Honored

+ Resident Rights: What Does CMS Say?

Resident rights include, but aren't limited to:

- The right to be treated with dignity and respect.

- The right to privacy, and to keep and use your personal belongings and property.

- The right to manage your own money or to choose someone else you trust to do this for you.

- The right to be informed about your medical condition, medications, and to see your own doctor. You also have the right to refuse medications and treatments.

- The right to have a choice over your schedule (for example, when you get up and go to sleep), your activities and other preferences that are important to you.

- The right to an environment more like a home that maximizes your comfort and provides you with assistance to be as independent as possible.

Source: https://www.medicare.gov/NursingHomeCompare/Resources/Resident-Rights.html.

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, *including those specified in this section*.

- 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.*

\+ # Resident Rights: CFR § 483.10 (continued)

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).

Examples to Keep in Mind

- **Promoting Independence & Dignity in Dining**: Facility and staff should <u>avoid</u>:
  - 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.

+ Resident Rights: Dignity, Privacy & Respect

- **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.

Examples to Keep in Mind

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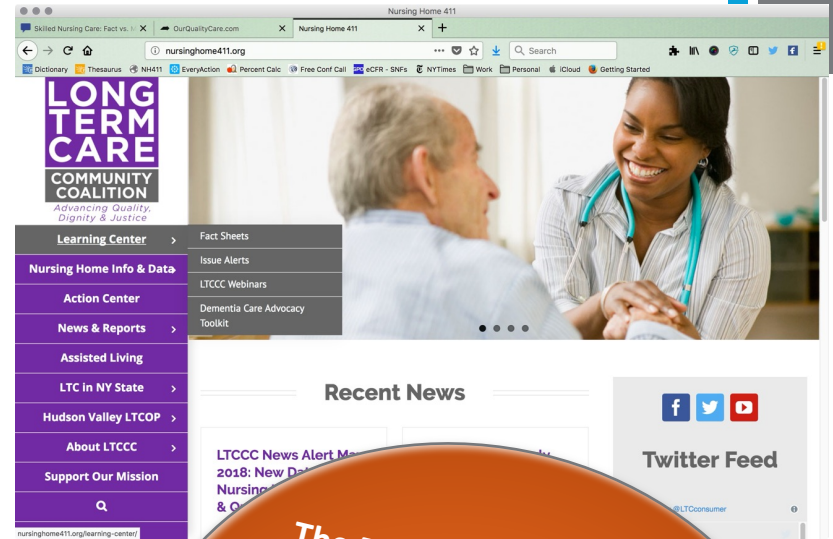
The Primer is available in the Learning Center of our website, www.nursinghome411.org. The Learning Center also has Fact Sheets & Issue Alerts on many of the specific standards in the Primer.

What's in the Primer?

Table of Contents

Descriptive titles i.d. subject matter.

+

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

+ 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 <u>avoid</u>:
  - 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**.

Resident Assessment & Care Planning

Fact Sheets

LONG TERM CARE
COMMUNITY COALITION
Advancing Quality, Dignity & Justice

CONSUMER FACTSHEET: RESIDENT ASSESSMENT & CARE PLANNING

There are many standards which nursing homes are required to follow in order to ensure that residents receive appropriate care, have a good quality of life and are treated with dignity. YOU can use these standards as a basis for advocating in your nursing home.
Following are two important standards for residents assessment and care planning with information that can help you understand and use them to advocate for your resident. [Note: The brackets provide the relevant federal regulation (CFR) and F-tag (category of deficiency).]

I. RESIDENT ASSESSMENT [42 CFR 483.20 F-636]

- *The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.*
- *A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS.*
- *The assessment must include at least the following:*
  - ✓ Identification and demographic information.
  - ✓ *Customary routine.*
  - ✓ *Cognitive patterns.*
  - ✓ *Communication.*
  - ✓ *Vision.*
  - ✓ *Mood and behavior patterns.*
  - ✓ *Psychosocial well-being.*
  - ✓ *Physical functioning and structural problems.*
  - ✓ *Continence.*
  - ✓ *Disease diagnoses and health conditions.*
  - ✓ *Dental and nutritional status.*
  - ✓ *Skin condition.*
  - ✓ *Activity pursuit.*
  - ✓ *Medications.*
  - ✓ *Special treatments and procedures.*
  - ✓ *Discharge planning.*
  - ✓ *Documentation of summary information regarding the additional assessment performed through the resident assessment protocols.*
- *Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.*

> Use this checklist to identify what is important to YOU when you have a resident assessment!

II. COMPREHENSIVE PERSON-CENTERED CARE PLANNING [42 CFR 483.21]

The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with… resident rights…, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following:

- *The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being…*
- *Any services that would otherwise be required… but are not provided due to the resident's exercise of rights…, including the right to refuse treatment…*
- *In consultation with the resident and the resident's representative(s)—*
  - *The resident's goals for admission and desired outcomes.*
  - *The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.*
  - *Discharge plans in the comprehensive care plan, as appropriate…*

A comprehensive care plan must be…Developed within 7 days after completion of the comprehensive assessment.

> IMPORTANT NOTE: The new federal nursing home standards greatly expanded expectations for care planning. See the "LTCCC Factsheet Care Planning Requirements" for important details on how care plans must be developed and carried out.

BASIC CONSIDERATION TO KEEP IN MIND

- A facility must make an assessment of the resident's capacity, needs and preferences.
- The assessment must include a wide range of resident needs and abilities, including customary routine, cognitive patterns, mood, ability to and methods of communication, physical, dental and nutritional status.
- A facility is expected to primarily rely on direct observation and communication with the resident in order to assess his or her functional capacity.
- In addition to direct observation and communication with the resident, the facility must use a variety of other sources, including communication with care staff on all shifts.
- A resident's care plan "must describe… the services to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being…."
- The care plan must be based on the assessment. In other words, it must come from the resident's needs and abilities, not the services or staffing levels which the nursing home decides to provide based on its financial (or other) priorities.

RESOURCES

WWW.NURSINGHOME411.ORG. LTCCC's website includes materials on the relevant standards for nursing home care, training materials and other resources.

Dementia Care Standards

Fact Sheets

LONG TERM CARE COMMUNITY COALITION
Advancing Quality, Dignity & Justice

Basic Standards of Practice for Good Dementia Care & Avoiding Inappropriate Antipsychotic Drugging

This factsheet focuses on the "Behavioral & Psychological Symptoms of Dementia" (BPSD): what they are and what nursing homes should be doing to address them. You can use this information to support better understanding and care.

Note: While our factsheets focus on standards for nursing home, we believe that good practices are universal and that these standards are relevant to no matter where the individual with dementia lives.

Examples of Behaviors That a Resident Might Exhibit Which Results in Antipsychotic Drugging

- Aggressive behavior towards care staff, other residents or loved ones
- Abnormal/repetitive vocalizations
- Sleep disturbances
- Wandering
- Agitation, and/or restlessness
- Screaming or crying
- Repetitive motor activity
- Anxiety and/or Depression
- Delusions and hallucinations

Some important things to know about "Behavioral & Psychological Symptoms of Dementia (BPSD)

- The **only** BPSD that may be responsive to or appropriate for antipsychotic treatment are aggression, agitation, or psychotic symptoms that **pose an immediate risk for harm**.
- Antipsychotic medications are only moderately effective for most BPSD and should be trialed **as the last resort for a limited period of time when there is an immediate risk of harm**.
- Not all psychotic symptoms necessarily require pharmacologic treatment of any kind (i.e., hallucinations that do not distress the person with dementia).
- It is **important to consider other social, psychological and physical needs** that a person might have that may result in BPSD, especially pain, which is highly prevalent among older persons.
- **Most BPSD are responsive to non-pharmacological approaches**. The approach should be based on an assessment of possible causes and individualized to the person's abilities and physical/emotional/social needs.

What Steps Should Be Taken to Address BPSD?

- **Obtain details about the person's behaviors** (nature, frequency, severity and duration) and risks of those behaviors, and discuss potential underlying causes with the care team and (to the extent possible) resident, family or representative;
- **Identify potentially remediable causes** of behaviors (such as medical, medication-related, physical, functional, psychosocial, emotional, environmental);
- **Implement non-pharmacological approaches** to care to understand and address behavior as a form of communication and modify the environment and daily routines to meet the person's needs;
- **Implement the care plan consistently** and communicate across shifts and among caregivers and with the resident or family/representative (to the extent possible); and
- **Assess the effects of the approaches**, identify benefits and complications in a timely fashion, involve the attending physician and medical director as appropriate, and adjust treatment accordingly.

Non-Pharmacologic Approaches

Nursing homes are required to make changes to the care, treatment and environment of a resident to appropriately address and alleviate BPSD. Following are some examples of approaches that might be taken, depending on the specific needs of the resident:

Behavior is communication. Behavior is *not* a disease.

- **Clinical**. Identifying if a resident is in pain or uncomfortable and taking steps to address and provide relief.
- **Environmental**. Identifying environmental causes and taking steps to address them, such as reducing noise or visual stimulation, providing an area for safe wandering or creating a home-like atmosphere to reduce a resident's stress.
- **Staff Training**. Educating care staff on:
  - Communication skills;
  - Person-centered bathing;
  - Minimizing and avoiding care-resistant behaviors during oral hygiene and when assistance is provided with dressing or other activities of daily living; and
  - Strategies for understanding what a resident is communicating and how to respond to his or her needs appropriately.
- **Activities**. Just like people who live outside of nursing homes, residents need to be involved in activities that are engaging, no matter what their physical or mental abilities may be. Music and art therapy, structured exercise and recreation programs and animal therapy (real or stuffed animals) are some of the activities which have been found to be beneficial.

RESOURCES

WWW.NURSINGHOME411.ORG. LTCCC's website includes materials on the relevant standards for nursing home care, training materials and other resources.
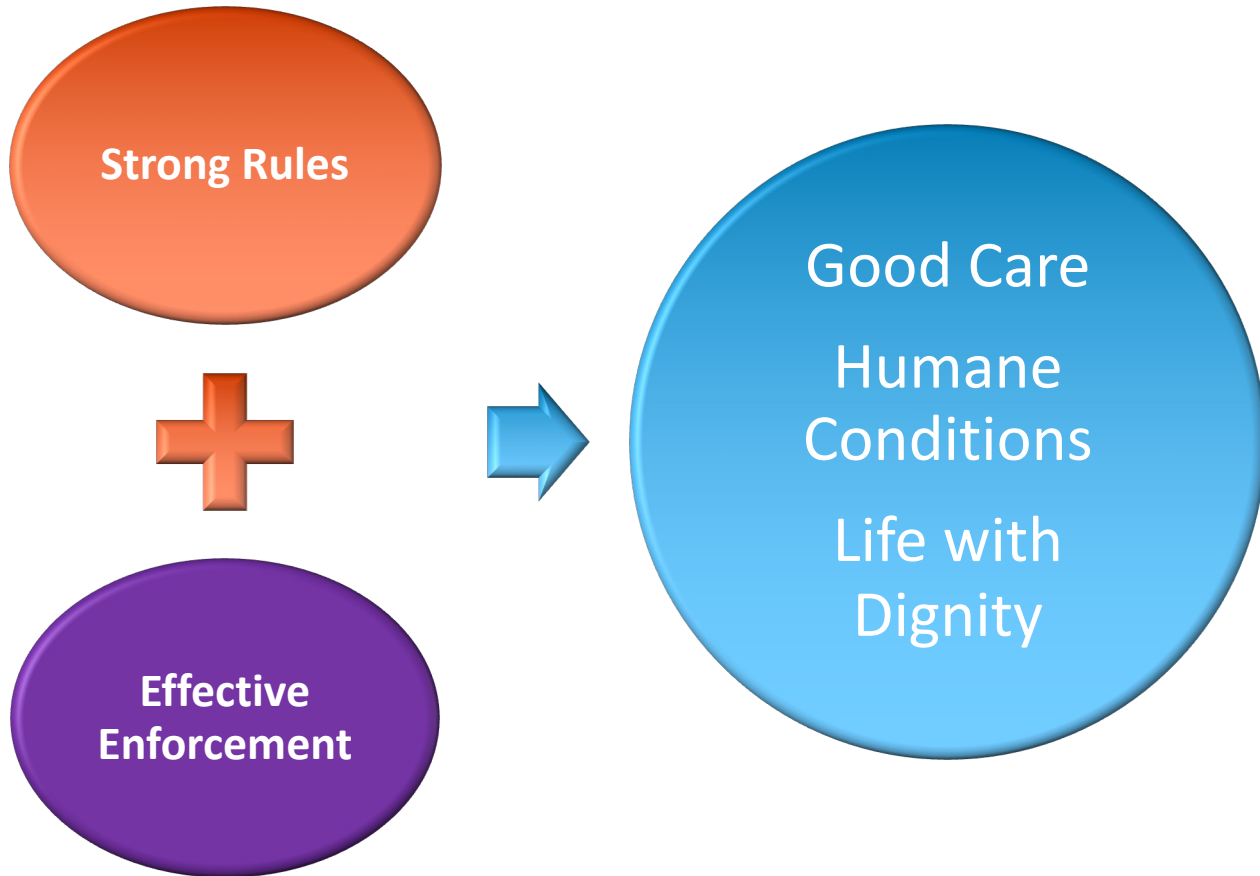
Policy-Centered Advocacy

Policy Advocacy

Strong Rules

+

Effective Enforcement

Good Care

Humane Conditions

Life with Dignity

Fighting industry influence data, research, and facts showing…

➡ Strong industry profits

➡ Too much substandard care, fraud, & neglect

➡ Rampant disregard for minimum standards

➡ Virtually no penalties when residents suffer or die unnecessarily

➡ Etc…

## SENIOR CARE POLICY BRIEFING

NEWSFLASH

- On September 1, CMS released the long-awaited minimum nursing home staffing proposal, which would require 3.0 hours per resident day (HPRD) of nurse staffing time. Sadly, this is "wholly inadequate to meet the needs of nursing home residents," due to the fact that it falls far below what numerous studies have found to be the minimum necessary to keep residents safe (no matter treat them humanely or provide effective infection control). In fact, it is far below what CMS identified as the minimum necessary over 20 years ago, a time when residents had fewer needs.
- Experts are observing a rise in COVID-19 cases, indicating a potential late-summer surge that could disproportionately impact nursing homes. The CDC recorded a notable increase in cases among nursing home residents in July, with rising hospitalizations and concerns about a resurgence. Despite a decline in the COVID-19 death rate, experts warn of the possibility of worsening outcomes if hospitalizations continue to climb.
- COVID-19 exacerbated feelings of loneliness among nursing home residents, isolating them from family and social interactions, according to a new report on resident experiences during the pandemic. "It was like a big, sad feeling of being alone came over our residents. They were separated from their families, their routines disrupted," says lead author Audrieanna Raciti.

LTC BY THE NUMBERS

- **While Nursing Homes Cry Poverty to Congress, They Boast of Strong Financials to Investors**.
  - Omega Healthcare Investors reported strong Q2 financial results driven by improved occupancy rates, higher state reimbursements, and labor market enhancements. The company also made substantial investments in its skilled nursing sector portfolio and expressed confidence in the senior care sector's overall improvement.
  - **Pillars of Stability**. National Health Investors, a REIT with over 200 senior living facilities across 33 states, reported that its continuing care retirement communities and nursing homes "remain pillars of stability."
  - NHI announced that it will pay its third-quarter dividend of $0.90 per share.
- **How Do They Get Away With It?** Donations from individuals and PACs associated with hospitals and nursing homes spiked to $111 million in 2020. The industry's highest previous total was $35 million in 2016.

GET THE FACTS

- In July, CMS instituted enhanced oversight rules for new hospices in several states due to an uptick of fraudulent activity among hospices. CMS also revealed that it would be conducting unannounced site visits to every hospice enrolled in Medicare. As of late August, more than 7,000 hospices were visited.
  - "*Hospice has come under increasing fire over recent years, initially from reports about hospices that perform poorly on health and safety standards and endanger vulnerable patients, and more recently with respect to dramatic growth in the number of hospice providers in some western states that have raised program integrity concerns*." – William Dombi, president of the National Association for Home Care & Hospice

Nearly 6 Million Medicaid Enrollees Used LTSS in 2020
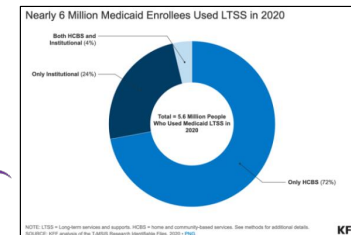
The nursing home industry is claiming that any safe staffing requirement would result in facility closures. However, as shown by the above graphic from Kaiser Family Foundation, most people no longer get long-term services and supports (LTSS) in nursing homes. For years, the number of facilities has been decreasing as more Americans seek to avoid nursing home placement and more states shift their Medicaid programs away from institutional nursing homes and toward home and community based services (HCBS).

The 411 on Nursing Home Data

Staffing, Ratings, Enforcement, & More.

December 19, 2023

Agenda

Goal: to help you *access* and *understand* nursing home data.

Nursing home data 101: why numbers matter

Provider Info & Staffing Data

- Finding data on NursingHome411
- Finding data on Care Compare
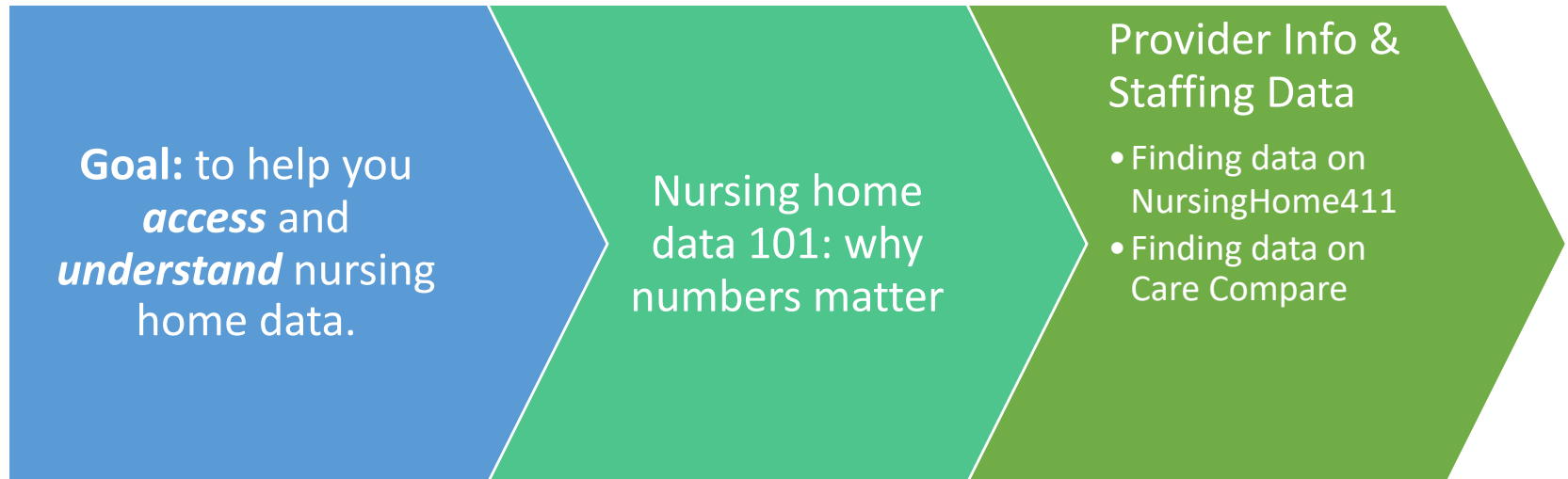
Why We Care about Nursing Home Data

- Data adds **_measurable, quantitative_** context

- Informs **consumers** (choosing a nursing home)

- Informs **investigators** (surveying a facility)

- Informs **policymakers, media, and advocates**

- **Beware of limitations**
    - Data entry errors (see: The 80-bed nursing home with 794 COVID cases)
    - Misleading messengers (e.g.: NY COVID fatalities undercounted)
    - Causation/correlation fallacy, small samples, etc.
    - Missing context

TRUST YOUR GUT

ICE CREAM

causation

correlation

causation

DRY, HOT AND SUNNY SUMMER WEATHER

SUNBURN
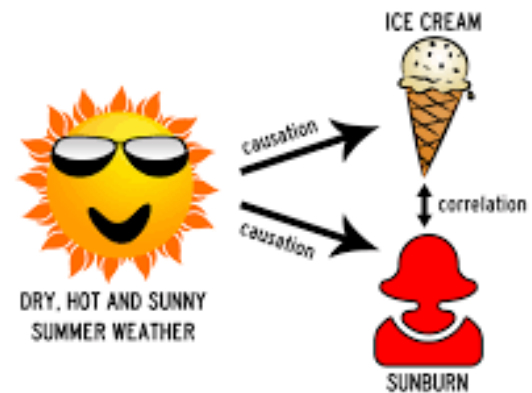
Why We Care About Staffing Data

- **Staffing data is CRITICAL**
  - Studies consistently show that more staffing → less abuse, neglect, antipsychotic drugging, substandard care, COVID, etc.
  - Better and higher staffing levels save lives!
- **Where do we find staffing data?**
  - CMS quarterly nursing home payroll-based journal (PBJ) staffing data (Nurse *&* Non-Nurse Staffing) at **https://data.cms.gov/** (search "PBJ"). Dataset contains *daily* staffing data for *every* position for *every* US nursing home.
    - Daily Nurse Staffing: RN, LPN, CNA, Med Aide/Tech, NA TR…
    - Daily Non-Nurse Staffing: Admin, Medical Director, Therapists…
  - **Note:** Quarterly staffing data also available in CMS Provider Info dataset: https://data.cms.gov/provider-data/dataset/4pq5-n9py.
- **LTCCC Staffing Data**
  - Quarterly staffing data for 15,000 US nursing homes; averaging 90 days of *data for every position*; calculates total staffing hours per resident day (HPRD), direct care HPRD (excl. admin), RN, contract…
  - User-friendly data can be **sorted by CMS Region, State, County, City**…
  - Summary findings & state/CMS Region rankings. *(What state has the highest/lowest staffing levels?)*

Key Staffing Terms/Facts

Staff HPRD (Hours Per Resident Day): the nursing home's daily staff hours divided by its MDS census.

Example: Nursing home averaging 300 total nurse staff hours & 100 residents per day has a 3.0 Total Nurse Staff HPRD (300/100 = 3.0).

Total Nurse Staff: RNs (incl. Admin & DON), LPNs (incl. Admin), CNAs, Med Aide/Tech, and NA in Training (NA TR).

4.1 HPRD. Minimum total care staff time per day (hprd) needed to achieve good clinical outcomes, according to a landmark 2001 federal study.

0.75 HPRD. Minimum RN staff time per day (hprd) needed to achieve good clinical outcomes, according to 2001 study.

Note: *Most US nursing homes consistently fall short of the 4.1 and 0.75 thresholds. (Q2 2023: US averaged 3.66 total nurse staff HPRD, 0.59 total RN HPRD)*
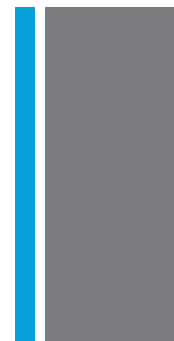
Finding Nursing Home Data

- **NursingHome411**
    - User-friendly excel files with data on staffing, ratings, and other info at the facility, city, county, and state level.

- **Care Compare**
    - User-friendly facility-level ratings, staffing levels, inspection reports, and more.

- **Interactive Map (Tableau)**
    - Interactive map displaying state nurse staffing ratios (overall and by position).

Finding Staffing Data: NursingHome411

CHECK OUT YOUR STATE'S STAFFING DATA USING OUR INTERACTIVE MAP.

LTCCC's **Q2 2023 Staffing Report** provides user-friendly files containing data on: **1)** Nurse staff levels (RN, LPN, and CNA, including Admin & DON, NA in Training, Med Aide/Tech.), including contract staff ratios; **2)** Important non-nursing staff levels, including administrators and activities staff; **3)** Summary nurse and non-nurse staffing data at the state, CMS region, and national levels; **4)** Turnover rates, weekend staffing levels, staffing ratings, and other data. **5)** A staffing alert with our key findings from Q2 2023.

Download US nursing home staffing datasets by clicking the purple buttons below. Files can be modified to isolate locations and identify variables of interest. For example, a file can be filtered and sorted to identify nursing homes in a selected state and/or county with the highest or lowest RN staffing levels.

See table below for state summary data on total nurse staff HPRD (hours per resident day), RN HPRD, and % Contract Staff Hours.

Source: CMS payroll-based journal data.

Q2 2023 Staffing Summary	US Avg. (Previous quarter)
Total Nurse Staff HPRD	3.66 (3.63)
Total Direct Care Staff HPRD	3.40 (3.36)
Total RN HPRD	0.59 (0.59)
RN Care Staff HPRD (excl. Admin/DON)	0.40 (0.40)
% Providers ≥ 4.1 HPRD	26.7% (25.6%)
MDS Census (Daily Avg.)	1,187,769 (1,194,492)
NHs Reporting PBJ Data	14,595 (14,699)

Edit

NURSE STAFF | **NON-NURSE STAFF** | **SUMMARY DATA** | **TURNOVER & WEEKENDS** | **KEY FINDINGS** | **INTERACTIVE MAP**

Show 52 entries   Search: _____

State	Total Census	Total Nurse Staff HPRD	Rank: Total Nurse Staff HPRD	% Providers ≥ 4.1 HPRD	RN Staff HPRD	% Contract
Alaska	651	6.13	1	100.0%	1.78	10.6%
Alabama	20,606	3.73	26	28.3%	0.53	3.0%
Arkansas	15,753	3.93	16	28.8%	0.36	2.1%
Arizona	11,026	3.95	15	34.5%	0.64	7.0%
California	96,514	4.16	10	49.3%	0.49	4.1%
Colorado	14,633	3.68	30	27.7%	0.79	9.8%
Connecticut	19,385	3.64	35	19.2%	0.63	7.1%
DC	1,981	4.29	6	76.5%	1.13	7.8%
Delaware	3,690	3.99	13	30.2%	0.86	15.2%
Florida	71,003	3.78	23	22.1%	0.64	5.8%
Georgia	29,516	3.42	47	12.2%	0.41	11.4%
Hawaii	2,882	4.33	5	64.1%	1.41	9.8%

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 TR. Med Aide/Tech and NA TR were not included in previous LTCCC staffing reports.
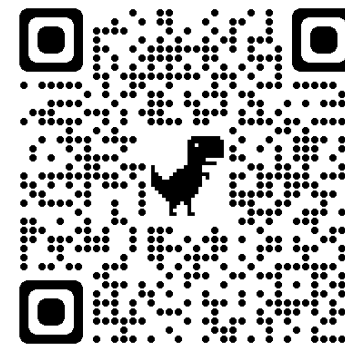
Read more on methodology ›

National Staffing Data Summary

The national staffing averages for Q2 2023 are 3.66 total nurse staff HPRD, 0.59 RN staff HPRD. This falls short of the amount of time needed to ensure that residents receive clinical care (4.10

LTCCC posts quarterly staffing data on EVERY U.S. nursing home. Use it for:

- Facility level positional data (nurse and non nurse);

- Data filtered by city, county, state, etc…;

- Data research; and

- State rankings.

nursinghome411.org/staffing-q2-2023/

Finding Staffing Data: Non-Nurse Staffing

A Holly Patterson provides 2.97 total nurse staff HPRD.

Data on *all* nurse staff positions, from CNAs to RNs.

- Facility level positional data;

- Filter by city, county, state, etc…; and

- Total nurse staffing levels.

nursinghome411.org/staffing-q2-2023/

+ State & Regional Staffing Data

National - Q2 2023	US Ratio	Median
Total Nurse Staff HPRD	3.66	3.62
Direct Care Staff HPRD	3.40	3.35
Total RN Staff HPRD	0.59	0.55
RN HPRD (excl. Admin, DON)	0.40	0.36
% Contract Hours	9.7%	2.3%
% Providers ≥ 4.1 HPRD	26.7%	-
Total Census	1,187,769	-
Total Nursing Homes	14,595	-
Residents Per Nursing Home	81.38	-

CMS Region Number	Total Census	Providers	Total Nurse Staff HPRD	Rank: Total Nurse Staff HPRD	% Providers ≥ 4.1	RN Staff HPRD	Rank: RN Staff HPRD	% Contract	Rank: % Contract
1	71,811	811	3.76	4	26.3%	0.68	3	13.1%	3
2	135,708	951	3.53	9	20.5%	0.63	6	16.0%	1
3	129,886	1,352	3.58	7	24.8%	0.65	5	15.3%	2
4	229,012	2,617	3.68	5	22.5%	0.55	8	8.4%	8
5	228,237	3,184	3.59	6	25.1%	0.67	4	8.7%	7
6	142,354	1,972	3.44	10	14.9%	0.34	10	4.9%	9
7	77,099	1,362	3.55	8	27.6%	0.56	7	9.3%	6
8	34,335	566	3.83	3	33.2%	0.84	1	10.8%	4
9	115,961	1,381	4.13	2	47.9%	0.54	9	4.6%	10
10	23,368	399	4.34	1	60.4%	0.80	2	9.7%	5

State	Total Census	Providers	Total Nurse Staff HPRD	Rank: Total Nurse Staff HPRD	% Providers ≥ 4.1	RN Staff HPRD	Rank: RN Staff HPRD	% Contract	Rank: % Contract
AK	651	15	6.13	1	100.0%	1.78	2	10.6%	20
AL	20,606	219	3.73	26	28.3%	0.53	41	3.0%	50
AR	15,753	215	3.93	16	28.8%	0.36	49	2.1%	51
AZ	11,026	139	3.95	15	34.5%	0.64	31	7.0%	41
CA	96,514	1,139	4.16	10	49.3%	0.49	46	4.1%	49
CO	14,633	213	3.68	30	27.7%	0.79	13	9.8%	23
CT	19,385	198	3.64	35	19.2%	0.63	35	7.1%	40
DC	1,981	17	4.29	6	76.5%	1.13	4	7.8%	37
DE	3,690	43	3.99	13	30.2%	0.86	9	15.2%	8
FL	71,003	687	3.78	23	22.1%	0.64	29	5.8%	44
GA	29,516	353	3.42	47	12.2%	0.41	47	11.4%	17
HI	2,882	39	4.33	5	64.1%	1.41	3	9.8%	22
IA	19,979	405	3.68	31	26.7%	0.70	21	8.3%	31
ID	3,879	77	3.92	17	35.1%	0.77	15	6.4%	42
IL	59,862	687	3.22	51	17.2%	0.66	27	10.4%	21
IN	35,044	514	3.61	38	16.9%	0.57	38	7.2%	39
KS	14,619	299	3.88	19	38.5%	0.65	28	8.2%	32
KY	20,597	268	3.72	27	22.0%	0.63	32	8.9%	27
LA	22,130	253	3.56	43	13.8%	0.24	52	5.8%	43
MA	32,483	346	3.71	28	18.5%	0.63	33	12.9%	13
MD	22,291	218	3.70	29	26.1%	0.75	18	15.0%	9
ME	5,055	85	4.49	4	64.7%	1.02	6	22.9%	2
MI	33,450	422	3.86	21	32.9%	0.67	24	5.5%	46
MN	19,563	340	4.11	11	48.2%	0.99	7	9.5%	24
MO	33,091	475	3.19	52	16.8%	0.39	48	8.8%	28
MS	14,433	200	3.88	20	39.0%	0.53	42	8.1%	33
MT	3,169	58	3.58	41	31.0%	0.76	17	14.4%	10
NC	33,061	406	3.59	40	21.7%	0.50	45	15.7%	6
ND	4,418	73	4.56	3	65.8%	0.84	10	13.5%	12
NE	9,410	183	4.03	12	39.9%	0.70	22	14.1%	11
NH	5,690	73	3.77	24	34.2%	0.72	20	18.3%	3
NJ	38,971	344	3.60	39	25.6%	0.64	30	15.4%	7
NV	5,540	64	3.83	22	43.8%	0.68	23	5.7%	45
NY	96,597	601	3.50	45	17.3%	0.63	34	16.3%	5
OH	63,571	902	3.54	44	18.8%	0.56	39	8.9%	26
OK	15,545	270	3.74	25	23.0%	0.55	51	4.3%	48
OR	5,967	119	4.72	2	87.4%	0.67	25	12.4%	14
PA	65,420	668	3.59	42	24.6%	0.66	26	18.3%	4

Data Notes

What is staff HPRD? HPRD (Hours Per Resident Day) is a staffing metric calculated by dividing a nursing home's daily staff hours by its MDS census. For example, a nursing home averaging 300 total nurse staff hours and 100 residents per day would have a 3.0 Total Nurse Staff HPRD (300/100 = 3.0). **MPRD** is Minutes Per Resident Day.

What staff are included in "Total Nurse Staff"? Total Nurse Staff combines hours from RNs (incl. Admin and DON), LPNs (incl. Admin), CNAs, Med Aide/Tech, and NA in Training (NA TR). Total RN Staff includes RN Admin & RN DON.

What staff are included in "Total Direct Care Staff"? Total Direct Care Staff combines hours from RNs, LPNs, and nurse aides (CNAs, Med Aide/Tech, and NA in Training) that are directly involved in resident care while excluding Admin & DON. Total RN Care Staff excludes RN Admin & RN DON.

Note: Starting in Q1 2021, LTCCC's reporting of federal staffing data was 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 HPRD" to include Med Aide/Tech and NA TR. Med Aide/Tech and NA TR were not included in previous LTCCC staffing reports.

Calculating state and national averages: State and national staffing (Total and RN) HPRD were determined by dividing a given sample's aggregate of facility staffing hours by its aggregate of facility MDS census, thus accounting for variations in facility size. LTCCC staffing reports prior to Q3 2019 used different methodology by averaging all facility HPRDs in a sample (without adjusting for facility size) to determine state and national staffing averages. See "National/State average calculation" box on left for more info.

More on Payroll-Based Journal (PBJ) staffing data. (1) Facility staff averages are determined based on PBJ reporting (2) Not all facilities are in compliance with the staff reporting requirement. This may affect averages at the facility, state, and national level. (3) The list includes Transitional Care Units and pediatric nursing homes, which generally have significantly higher staffing than a typical nursing home. This, too, will impact state and national averages.

Example: New York nursing homes provided 3.50 HPRD, ranking 45th.

nursinghome411.org/staffing-q2-2023/

Now featuring *summary data*.

- Nationwide ratios for each nurse staff position and

- Nurse staff ratios by state and CMS Region.

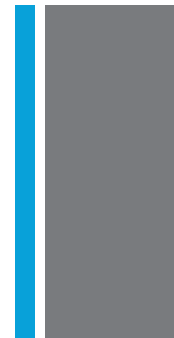# Finding Staffing Data: Care Compare

Nursing home

Fayette Health and Rehabilitation Center

LOCATION
1217 West Fayette Street
Baltimore, MD 21223

PHONE NUMBER
(410) 727-3947

♡ Save to Favorites

Overall rating:
★★☆☆☆

Ratings   Details   Location

RATINGS

Overall rating

★★☆☆☆
Below average

The overall rating is based on a nursing home's performance on 3 sources: health inspections, staffing, and quality measures.

Learn how Medicare calculates this rating

Health inspections	Staffing	Quality measures
★★☆☆☆	★★☆☆☆	★★★★☆
Below average	Below average	Above average
View Inspection Results	View Staffing Information	View Quality Measures

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

- Assessing individual nursing home;
- Searching for nursing homes within a region;
- User-friendly ratings/data;
- Health inspection info; and
- Comparing to state & national averages.

medicare.gov/care-compare/?providerType=NursingHome
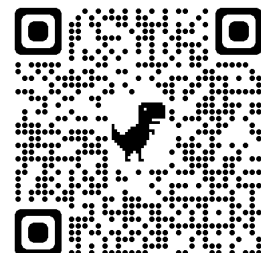
Care Compare Data: Search by Area

Search by:

- Location (state, city, zip code, street, etc.);

- Filter by distance or facility characteristic (rating, beds, etc.); or

- Name (but make sure you spell it right!)

medicare.gov/care-compare/?providerType=NursingHome
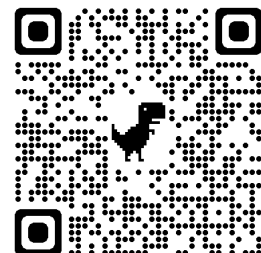
Care Compare Data: Staffing & Ratings

Find staffing data:

- Staffing ratios;

- Ratings;

- Weekend staffing levels; and

- Non-nurse data: Physical therapist, admin turnover.

medicare.gov/care-compare/?providerType=NursingHome

Finding Staffing Data: Care Compare

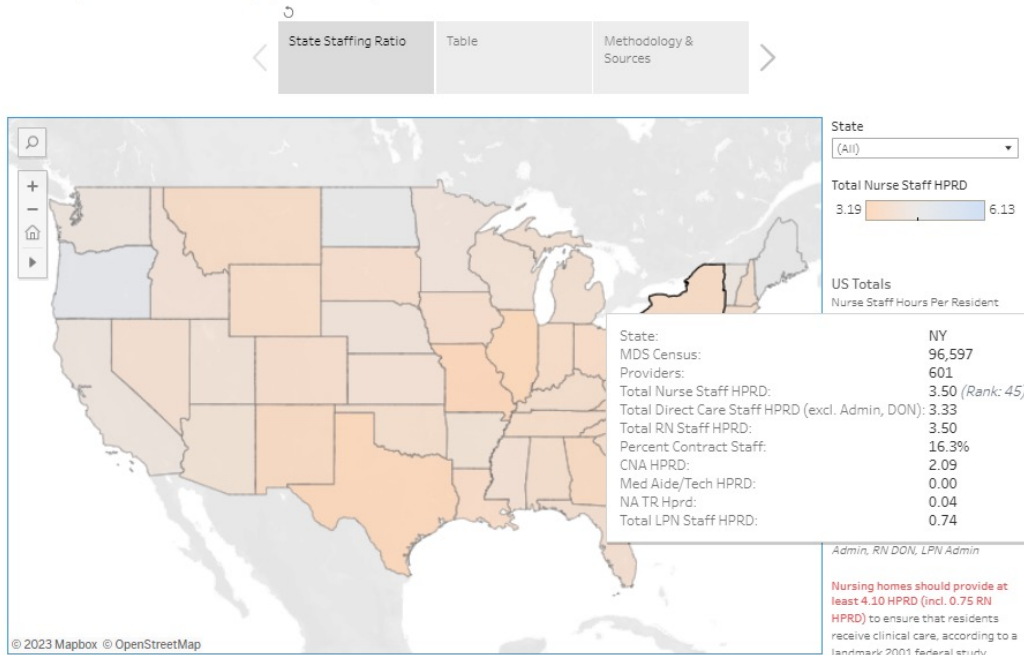# Finding Staffing Data: Care Compare

This resource is more user-friendly. Use it for:

- Assessing individual nursing home;

- Searching for nursing homes within a region;

- User-friendly ratings/data; and

- Comparing to state & national averages.

+ Finding Staffing Data: Interactive Map (Tableau)
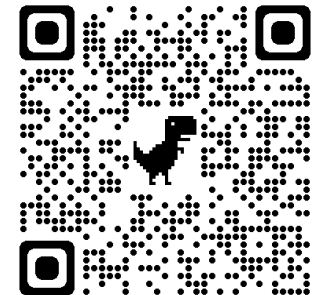
Nursing Home Staffing (Q2 2023)

| State Staffing Ratio | Table | Methodology & Sources |

State
(All)

Total Nurse Staff HPRD
3.19 — 6.13

US Totals
Nurse Staff Hours Per Resident

State:	NY
MDS Census:	96,597
Providers:	601
Total Nurse Staff HPRD:	3.50 *(Rank: 45)*
Total Direct Care Staff HPRD (excl. Admin, DON):	3.33
Total RN Staff HPRD:	3.50
Percent Contract Staff:	16.3%
CNA HPRD:	2.09
Med Aide/Tech HPRD:	0.00
NA TR Hprd:	0.04
Total LPN Staff HPRD:	0.74

Admin, RN DON, LPN Admin

Nursing homes should provide at least 4.10 HPRD (incl. 0.75 RN HPRD) to ensure that residents receive clinical care, according to a landmark 2001 federal study.

© 2023 Mapbox © OpenStreetMap

Source: CMS Payroll-Based Journal (PBJ) Data (https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing/data)

These data are more interactive. Use it for:

- Assessing state performance;

- Interactive user-friendly experience; and

- Visualizing nursing home staffing levels.

State	MDS Census	Providers	Total Nurse Staff HPRD	Rank Total Nurse Staff HPRD along Table (Down)	Total Direct Care Staff HPRD (excl. Admin, DON)	Percent Contract Staff	Total RN Staff HPRD	RN Care HPRD (excl. Admin, DON)	Total Staff H
AK	651	15	6.13	1	5.64	10.6%	6.13	1.34	
AL	20,606	219	3.73	26	3.47	3.0%	3.73	0.35	
AR	15,753	215	3.93	16	3.60	2.1%	3.93	0.17	
AZ	11,026	139	3.95	15	3.69	7.0%	3.95	0.46	
CA	96,514	1,139	4.16	10	3.93	4.1%	4.16	0.37	

LONG TERM CARE COMMUNITY COALITION
Advancing Quality, Dignity & Justice

nursinghome411.org/data/staffing/staffing-q2-2023/map/

Provider Info

Ratings, inspection info, staffing, and more on the nation's 15,000 nursing homes.

Data released Nov. 1 2023 and updated Dec. 6, 2023.

The Basics on "Provider Info"

- CMS data on currently active nursing homes (ratings, census, enforcement).
- 14,924 nursing homes
  - 3,680 "Problem Facilities" (SFFs/Candidates, one-star NHs)
- 71.6% For Profit, 22.1% Non Profit, 6.3% Government.

The **"Provider Info" dataset** contains facility-level data (five-star ratings, ownership status, health inspection outcomes, etc.) for all US nursing homes. The **"Problem Facilities" dataset** includes the worst performing nursing homes. Filter datasets by state by using the "Slicer" on the top left of spreadsheets.

Data obtained from CMS (https://data.cms.gov/provider-data/dataset/4pq5-n9py) 12/6/23 based on data processed 11/1/23.

Note: LTCCC defines "Problem Facilities" as nursing homes that are Special Focus Facilities (SFFs), SFF Candidates, or assigned a one-star (lowest) overall rating by CMS. Special Focus Facilities (SFFs) and SFF Candidates are nursing homes determined by CMS to have a history of serious quality issues or are included in a special program to stimulate improvements in their quality of care.

US Nursing Home Data	
Total Facilities	14,924
Problem Facilities (SFFs, Candidates, One-Star)	3,680
For profit	10,686
Non profit	3,300
Government	938

Edit

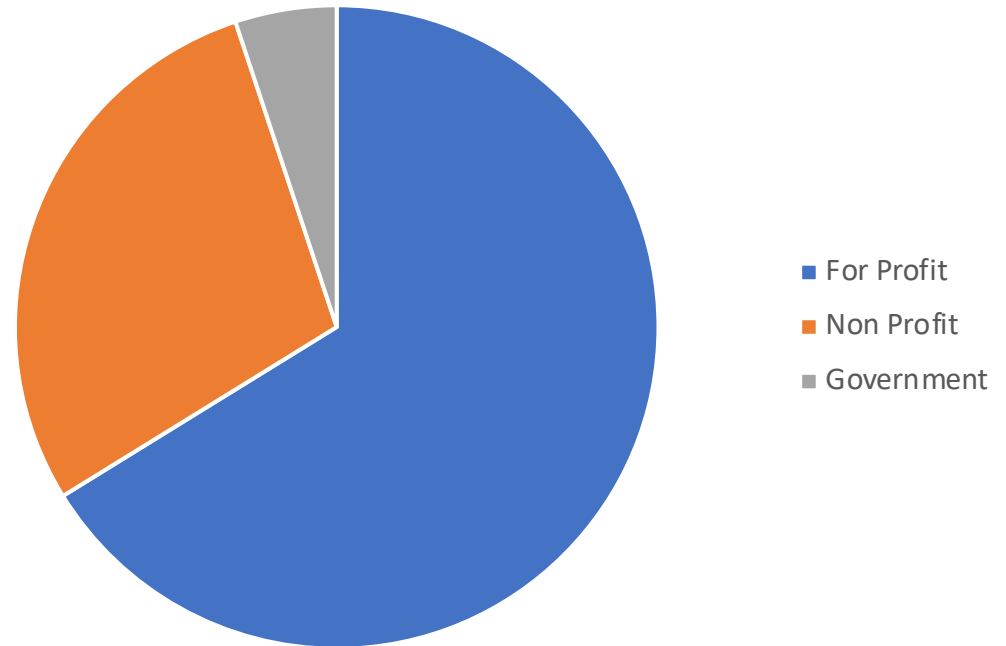| US PROVIDER INFO	PROBLEM FACILITIES	STATE SUMMARY DATA	CMS REGION SUMMARY DATA

Search:

State	Total Facilities	Special Focus Facilities (SFFs)	SFF Candidates	One-Star Facilities (excl. SFF Candidates)	% Problem Facilities (SFFs, Candidates, One-Star)	% For profit	% Non profit	% Government
AK	20	0	0	2	10.0%	30.0%	50.0%	20.0%
AL	225	1	5	43	21.8%	84.0%	12.0%	4.0%
AR	219	1	5	41	21.5%	88.1%	8.2%	3.7%
AZ	141	1	5	16	15.6%	85.8%	11.3%	2.8%
CA	1,170	6	30	132	14.4%	84.8%	12.2%	3.0%
CO	213	1	5	39	21.1%	82.6%	11.3%	6.1%
CT	203	1	5	39	22.2%	80.8%	18.2%	1.0%
DC	17	0	0	1	5.9%	52.9%	47.1%	0.0%
DE	44	1	5	0	13.6%	68.2%	27.3%	4.5%
FL	698	3	15	101	17.0%	72.6%	25.1%	2.3%
GA	356	2	10	106	33.1%	66.3%	28.9%	4.8%
GU	1	0	0	0	0.0%	0.0%	0.0%	100.0%
HI	42	1	5	0	14.3%	59.5%	23.8%	16.7%

nursinghome411.org/ratings-info

New York Provider Info

- 606 NY nursing homes
  - 3 SFFs
  - 15 SFF Candidates
  - 132 "Problem Facilities"
- 66.2% For Profit, 28.7% Non Profit, 5.1% Government
- Only 2.5% NY NHs have abuse icon compared to 7.9% nationwide...
  - **Thoughts?** *Remember data limitations...*

NY Nursing Home Ownership Type

- For Profit
- Non Profit
- Government

nursinghome411.org/ny

Organize data using slicers & filters

Data sliced/filtered by state (NY), ownership status (For Profit), and county (Bronx).

What else can I find on Provider Info?

- Ratings (Overall, Health Inspection, Staffing, QM..)
- Health Inspection Scores
- Fines & Penalties
- Ownership changes
- Sprinkler system
- Resident Council/Family Council
  - P.S. If your nursing home doesn't have a resident or family council, start one ☺.

Nursing Home Data Takeaways

- Nursing home data can help you…
  - *Choose* a nursing home
  - *Understand* a nursing home (staffing, ratings, enforcement history, family/resident council presence..)
  - *Advocate* at the facility, state, and federal level
- Where can I find nursing home data?
  - NursingHome411! (nursinghome411.org/data)
  - Care Compare! (www.medicare.gov/care-compare/?providerType=NursingHome)

Agenda

Expectation:

Who is responsible for ensuring good care?

Reality:

What happens when facilities are not held accountable.

Take Action:

LTCCC's free resources and advocacy tools.

+

The Expectation

Who is responsible for ensuring good care and life with dignity?

Who is responsible for ensuring residents receive good care?

The federal agency, Centers for Medicare & Medicaid Services (CMS), contracts with state agencies (SAs) to ensure that residents are protected and receive the services they need and deserve.

Primary activities of SA include surveying (inspecting) facilities, enforcement, responding to complaints about care, remedies, and other quality assurance functions.

What is the State Operations Manual?

- Primary survey and certification rules and guidance from the Centers for Medicare & Medicaid Services (CMS).

- The SOM includes 10 chapters and more than 1,000 pages with information on survey protocols such as instructions, checklists, and other tools.

Report available at
https://nursinghome411.org/survey-enforcement/

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LTCCC's Guide to Nursing Home Oversight & Enforcement

■ LTCCC's Guide covers important SOM guidance (the expectations) on the following six categories:

1. Program Background and Responsibilities
2. Survey Process
3. State Oversight Performance Standards
4. Enforcement and Remedies
5. Civil Money Penalties
6. Information Disclosure

Why Do Nursing Home Surveys Matter?

- Nursing home surveys are the principal mechanism through which nursing home quality is assessed and compliance with standards is determined.

- F-Tags ("F" for "federal") constitute the system through which federal regulations are identified in the survey process.

  - F550: Resident Rights/Exercise of Rights

- Scope and Severity Grid: used by CMS and SAs for rating the seriousness of nursing home deficiencies.

- **Important Note**: numerous studies have found that surveyors often fail to identify nursing home problems adequately, including serious care problems.

Scope & Severity

- CMS and state survey agencies use the Scope and Severity grid for rating the seriousness of nursing home deficiencies.

- For each deficiency, the surveyor indicates the level of harm to the resident and the scope of the problem within the facility.

- Unfortunately, most of these violations (more than 95%) are cited as causing "no harm" to residents.

	Isolated	Pattern	Widespread
Immediate Jeopardy to Resident Health or Safety	J	K	L
Actual Harm that is Not Immediate Jeopardy	G	H	I
No Actual Harm with Potential for More than Minimal Harm that is Not Immediate Jeopardy	D	E	F
No Actual Harm with Potential for Minimal Harm	A	B	C

Statement of Deficiencies and Plan of Correction

F-Tag and Scope & Severity

CFR Reference

Evidence to Support the Deficiency

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/08/2021
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155666	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/08/2020

NAME OF PROVIDER OR SUPPLIER Auburn Village	STREET ADDRESS, CITY, STATE, ZIP CODE 1751 Wesley Road Auburn, IN 46706

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident was free of significant med error administration when an anti-convulsant medication was not given as ordered by the physician for 1 of 3 residents reviewed (Resident T). After missing 3 doses of medication, the resident experienecedd a siezure that resulted in injury. Findings include: On 6/5/20 at 1:15 P.M., Resident T's record was reviewed. [DIAGNOSES REDACTED]. The resident had been admitted to the facility recently, following hospitalization for [MEDICAL CONDITIONS] (death of brain cells due to complete lack of oxygen). While hospitalized , the resident was started on anti-convulsant medication for [MEDICAL CONDITION]. A Care Plan, dated 4/30/20, indicated the resident was at risk for injury related to [MEDICAL CONDITION] disorder of [MEDICAL CONDITION]. The goal was the resident would remain free from serious injury related to his [MEDICAL CONDITION] disorder. Interventions included, but were not limited to, administer medications as ordered. On 6/5/20 at 2:27 P.M., Resident T's family member was interviewed by phone. The family member expressed concern about the resident having bitten his tongue during a [MEDICAL CONDITION] and was treated at the facility. An NP (Nurse Practitioner) Progress note, dated 5/1/20 at 9:34 a.m., indicated the resident was newly admitted to the facility. He had a history of [REDACTED]. An NP Progress note, dated 5/5/20 at 8:54 a.m., indicated the resident was seen for a visit after staff reported the resident was having continual [MEDICAL CONDITION] and had a piece of his tongue between clenched teeth. The nurse and RT (Respiratory Therapist) attempted to unclench his jaw using tongue depressors but were unsuccessful. [MEDICATION NAME] was ordered to relax his jaw so that his tongue could be placed back behind his teeth which was bleeding and dark purple. After the effects of the [MEDICATION NAME] began, Resident T began to relax his jaw and unclench his teeth. He was found to have bitten this part of his tongue off. The resident was having [MEDICAL CONDITION] activity and his [MEDICAL CONDITION] medications were to be reviewed and changed as needed to get his [MEDICAL CONDITION] under control.

+

The Reality

What happens when nursing homes are not held accountable.

+ Evidence from the *Elder Justice Newsletter*

The *Elder Justice Newsletter (EJN)*, 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 care is acceptable.

Drugging & Understaffing

This issue (Volume 5, Issue 1) of the Elder Justice Newsletter is dedicated to nursing home residents receiving **dangerous and unnecessary antipsychotic drugs** *across the United States.*

- Unnecessary psychotropics given to resident living with dementia.

- Residents drugged without consent.

- Resident receives antipsychotic without clinical indication for its use.

- Psychotropic medications continued beyond 14 days.

- Director of nursing doesn't know drug rules.

- Nursing home resorts to APs before implementing behavioral interventions.

This issue (Volume 5, Issue 3) of the Elder Justice Newsletter is dedicated to nursing home residents **suffering from neglect because of severe understaffing** *across the United States.*

- Residents wait all night to receive care.

- Insufficient staffing results in insufficient care.

- Residents fend for themselves in filthy nursing home.

- Facility maintains insufficient staff to assist with toileting.

- Resident comfort neglected due to staffing shortage.

- Resident left saturated in urine due to understaffing.

Individual Advocacy

Family Empowerment with LTCCC

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FAMILY EMPOWERMENT with LTCCC

LONG TERM CARE COMMUNITY COALITION

When families and friends of nursing home residents join together, they can be a powerful force for improving care and ensuring dignity.

Contact **families@ltccc.org** to learn about family councils. Check out free advocacy resources (including a Family Council Toolkit, a virtual private meeting room, and fact sheets on resident rights) at **nursinghome411.org/families**.

Family Empowerment Resources:

➢ Family Council Toolkit

➢ NursingHome411 Zoom Room

➢ Monthly Family Empowerment Programs

➢ Family Council Brochure

➢ And Much More!

Contact <u>families@ltccc.org</u> to learn about family councils.

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Take Action

Action Center

Home » Action Center

New York State Action Alerts

TELL YOUR STORY

ENSURE INFORMED CONSENT IN NURSING HOMES AND ADULT CARE FACILITIES IN NYS

National Action Alerts

TELL YOUR STORY

SUPPORT A SAFE STAFFING STANDARD

SPEAK OUT IN SUPPORT OF ASSISTED LIVING RESIDENTS

SPEAK OUT AGAINST WASTEFUL SPENDING IN NURSING HOMES

SPEAK OUT IN SUPPORT OF MEANINGFUL SAFEGUARDS FOR NURSING HOME OWNERSHIP

Advocacy News & Resources

FIND YOUR LEGISLATORS

SIGN UP FOR LTC NEWS & UPDATES

VISIT THE FAMILY & OMBUDSMAN RESOURCE CENTER

DEMENTIA CARE ADVOCACY TOOLKIT

www.nursinghome411.org

Resources:

LTCCC Primer on Essential Nursing Home Quality Standards: https://nursinghome411.org/ltccc-primer-nursing-home-quality-standards/

LTCCC Data Center:
https://nursinghome411.org/data/

A Guide to Nursing Home Oversight & Enforcement:
https://nursinghome411.org/reports/survey-enforcement/guide-oversight/

Elder Justice Newsletter:
https://nursinghome411.org/elder-justice/

Last thing – LTCCC is now on Instagram! Follow for updates, upcoming webinars, and more! @LTCcoalition

Sign up for LTCCC alerts using QR code above or visit **nursinghome411.org/join.**

Support LTCCC's Mission!

■ LTCCC fights each day for better care, safety, and humane treatment of nursing home residents. **Please join us in our mission** so that we can continue to be a strong voice for quality care and life with dignity in the coming year.

■ To support LTCCC's advocacy, visit **nursinghome411.org/donate** or click the QR Code to the right.

Contact info@ltccc.org for information on supporting LTCCC.

LTCCC's January Webinar: SAVE THE DATE

- **Date: Tuesday, January 15 at 1pm ET**

Register: bit.ly/jan-2024-webinar

Thank You For Joining & Happy Holidays!

Materials from today's webinar: http://nursinghome411.org/webinar-ltccc.

For updates & invites to future programs: www.nursinghome411.org/join/.

LTC Ombudsmen: Look out for an email confirming your attendance of this program on Thursday.

Questions?

Comments?