



All Staff Matter

*The Vital Roles of Non-Nursing Staff
in Nursing Home Quality and Safety*



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A digital version of this report is available at nursinghome411.org/non-nurse-staff.

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Introduction and Background

The public's attention to nursing home staffing generally focuses on nurse staff, which makes sense because those are the individuals who are providing direct care to residents. However, non-care staff play an essential role in the quality and safety of a nursing home and the services provided to residents.

The nursing home administrator is responsible, under the federal rules, for ensuring that the facility operates safely, efficiently, and in accordance with professional standards. The medical director is responsible for coordinating medical care and ensuring that resident care policies reflect current professional standards of practice. The pharmacist is responsible for reviewing every resident's medication on at least a monthly basis and reporting any irregularities (such as the inappropriate use of antipsychotic drugs) to the medical director. Therapy staff are necessary for ensuring that both rehab and long-term residents are able to attain and maintain their highest practicable physical functioning. Adequate recreational staff are essential to ensure that residents, especially those with dementia, have a humane quality of life and don't deteriorate due to lack of meaningful activities and social interactions.

Unfortunately, far too often, nursing homes lack sufficient numbers of non-nursing staff with the appropriate competencies to provide residents with basic safety and access to necessary care and services. Too many residents live in facilities where professional standards of care are flouted, rather than honored. Too many residents don't have access to the physical or occupational therapy necessary to attain and maintain their highest practicable well-being and dignity.

Thus, the purpose of this brief is to provide information and insights on the important responsibilities and duties of key non-nursing staff. We recommend using it in conjunction with [the staffing data posted on our website](#) to evaluate the extent to which your nursing home, or those in your community or state, have sufficient non-nursing staff to meet the needs of their residents. For example, if a facility is reporting no medical director time, how is clinical care being effectively monitored and assured? If a facility has low levels of activities staff, how are residents, including those with dementia, getting access to a range of appropriate and engaging activities (as the federal nursing home rules require)?

In addition to this brief and the data on nursing home staffing (which are updated quarterly with the latest data from the federal Centers for Medicare and Medicaid Services), we have developed [fact sheets on key non-nursing staff categories](#) which can be used to support understanding and resident-centered advocacy by residents, families, LTC ombudsmen and others concerned about the quality and safety of nursing home care.

If a facility is reporting no medical director time, how is clinical care being effectively monitored and assured?

If a facility has low levels of activities staff, how are residents getting access to a range of appropriate and engaging activities?

Key Non-Nursing Staff

Who are we talking about?

Nursing homes employ a wide variety of staff, from the certified nurse aides, licensed practical nurses, and registered nurses who provide direct care and monitoring to administrative and support staff.

Since 2016, nursing home have been required to report information on a range of staff that are in their facility every day on a quarterly basis.

For more information on what each of these personnel do, check out [LTCCC's fact sheets](#). Each fact sheet includes the federal regulation and guidance as well as advocacy tips to ensure that residents have access to appropriate services and the best possible care.

Nursing Staff

- Registered Nurses (RNs)
 - Director of Nursing
 - Administrative vs. Care
- Licensed Practical (LPN)/Vocational Nurses (LVN)
 - Administrative vs. Care
- Certified Nurse Aides
 - In-Training v. Certified

Key Non-Nurse Staff

- Administrator
- Medical Director
- Pharmacist
- Social Workers
 - Qualified vs. Mental Health vs. Other
- Occupational and Physical Therapists
 - Professional vs. Assistant vs. Aide
- Activities Staff

Nursing Home Administration – 42 C.F.R. § 483.70; F835

The responsibilities of nursing home administrators have been defined in the federal code for over 30 years. Nursing home administrators have oversight and operational responsibilities including ensuring regulatory compliance with standards of care, supporting the rights of the nursing home residents, and maintaining financial accountability.¹

A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.² Facilities must be licensed under applicable state and local law and

¹ National Academies of Sciences, Engineering, and Medicine. 2022. *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26526>.

² <https://www.ecfr.gov/compare/2024-05-10/to/2024-05-09/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.70>.

must operate and provide services in compliance with all applicable federal, state, and local laws, regulations, and codes, and with accepted professional standards and principles.

The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility. The governing body appoints the administrator who is –

- i. Licensed by the state, where licensing is required;
- ii. Responsible for management of the facility; and
- iii. Reports to and is accountable to the governing body.

The facility must determine:

- i. A process and frequency by which the administrator reports to the governing body;
- ii. How the administrator is held accountable and reports information about the facility's management and operation; and
- iii. How the administrator and the governing body are involved with the facility wide assessment.

Resident-Centered Advocacy Tips

- ✓ Keep accurate records of the concerns you raise about the care or services in your nursing home.
- ✓ Use information on your facility's staffing to support your concerns, as appropriate. For example, if your facility's nursing staff levels are low (below 4.1 hours per resident day) how are residents' needs being met? If there is a low presence of an administrator or medical director, who is overseeing the quality of care and services in the facility?
- ✓ Be firm but respectful. It is easy to get intimidated by medical authorities, particularly in a residential care setting. In order to resolve a problem effectively, it is best to engage people as positively as possible.
- ✓ Work with the resident and/or family council. There is strength in numbers and speaking as a council can reduce concerns about retaliation.

Medical Director – 42 C.F.R. § 483.70(h); F841

Federal rules require that every nursing home has a medical director. Under the rules, they play a critical role in the care of residents in nursing homes. Unfortunately, low medical director staffing is the norm in U.S. nursing homes. As a result, the care of residents in too many U.S. nursing homes lacks the professional oversight and input that only a trained and licensed physician can provide.

“Medical director”³ means a physician who oversees the medical care and other designated care and services in a health care organization or facility. Under these regulations, the medical director is responsible for coordinating medical care and helping to implement and evaluate resident care policies that reflect current professional standards of practice.

1. The facility must designate a physician to serve as medical director.
2. The medical director is responsible for –
 - i. Implementation of resident care policies; and
 - ii. The coordination of medical care in the facility.

The facility must identify how the medical director will fulfill their responsibilities to effectively implement resident care policies and coordinate medical care for all residents. Furthermore, the facility must ensure all responsibilities are effectively performed to ensure residents attain or maintain their highest practicable physical, mental, and psychosocial well-being.

Medical director responsibilities under the federal rules include:

- Participation in administrative decisions, including recommending, developing, and approving facility policies related to resident care;
- Coordination of medical care identified through the facility’s quality assessment⁴ and assurance committee;
- Organizing and coordinating physician services and services provided by other professionals as they relate to resident care;
- Participating in the Quality Assessment and Assurance (QAA) committee or assigning a designee to represent them.

Resident-Centered Advocacy Tips

- ✓ If possible, choose a facility with a meaningful medical director presence.
- ✓ Find out the name of your facility’s medical director.
- ✓ Find out how much time the medical director spends in your facility. Visit www.nursinghome411.org/data/staffing/ for the latest staffing data.
- ✓ If there is little or no medical director time in your facility, ask how the important responsibilities outlined in this brief are being performed. Who’s overseeing care if there’s no one there?
- ✓ Issues that are persistent, widespread, and/or endangering to residents speak directly to the duties of the medical director.
- ✓ Concerns about problems related to the medical director’s duties can also be raised via the facility grievance process, with the LTC Ombudsman Program, and by filing a complaint with the state Medicaid Fraud Control Unit or state health department.

³ See CMS State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities. Available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltc.pdf.

⁴ See LTCCC’s Fact Sheet: Tips for Providing Input on Your Nursing Home’s Staffing Assessment. Available at <https://nursinghome411.org/input-tips-facility-assessment/>.

Pharmacy Services – 42 C.F.R. § 483.45; F755-761

Nursing home residents typically take numerous medications. Thus, pharmacists play an important role in monitoring and overseeing the provision of medications to facility residents. To ensure that this occurs, nursing homes are required to “provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.”⁵

This includes employing or obtaining the services of a licensed pharmacist who—

1. Provides consultation on all aspects of the provision of pharmacy services in the facility;
2. Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and
3. Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.⁶

Importantly, nursing homes are required to have a licensed pharmacist conduct a substantive review of the drug regimen for each resident at least once a month and identify and report any irregularities (such as unnecessary use of psychotropics, inadequate monitoring, and duplicative drug therapy) in a written report to the attending physician and the facility's medical director and director of nursing. In turn, the facility is required to “develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.”⁷

Resident-Centered Advocacy Tips

- ✓ Educate yourself and stay informed. Familiarize yourself with the residents’ rights regarding medication, including informed consent, the right to refuse medication, and the right to be free from unnecessary drugs.
- ✓ Know the medications. Learn about the medications you or your loved one are taking, including their purposes, potential side effects, any possible interactions, and alternatives.
- ✓ Participate in care planning meetings. Advocate for personalized medication plans and request regular reviews of the medication regimen.
- ✓ Involve external experts. Don’t hesitate to seek second opinions and involve specialists, such as geriatric pharmacists.
- ✓ Encourage non-pharmacological approaches. Promote the use of non-pharmacological treatments when appropriate, such as physical therapy, dietary changes, and behavioral interventions. See the [Dementia Care Advocacy Toolkit](#) for more information and resources.

⁵ 42 CFR 483.45(a).

⁶ 42 CFR 483.45(b).

⁷ 42 CFR 483.45(c).

Therapy Staff – 42 C.F.R. § 483.65; F825 & F826

Every resident, whether they are in a nursing home for long-term or short-term care, has the right to receive specialized rehabilitative services to assist them to attain, maintain, or restore their highest practicable level of physical, mental, functional, and psycho-social well-being.

Nursing homes are required to provide, or obtain from an outside resource, rehabilitative services, including “physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for a mental disorder and intellectual disability or services of a lesser intensity.”⁸

The importance of therapy staffing has been identified in numerous studies. One study found a positive relationship between higher OT and PT staffing levels and quality of resident care.⁹ The study concluded that: “PT/OT staffing may be important components in improving long-stay resident outcomes and overall quality.”¹⁰ Another study found that, “compared with usual care or attention,” occupational therapy resulted in improvements in a variety of outcomes for persons with dementia.¹¹ A third study found that, in many instances, non-pharmacological approaches to reducing negative behaviors falls within the scope of occupational therapists in nursing homes.²⁴ While outcomes may vary depending on how a nursing home is utilizing their staff, PT/OT staffing variables have measurable impacts on fall measures and residents’ activity of daily living (“ADL”) measures.²⁵

Resident-Centered Advocacy Tips

- ✓ Every resident is entitled to therapy services! Use the information in this brief and in our fact sheets to support your advocacy to access the therapy services you need to attain and maintain your highest level of function and well-being, no matter if are in the facility for short-term rehab or long-term care.
- ✓ Understand therapy needs. Ensure a thorough assessment is conducted to determine the specific needs of the resident and keep detailed records.
- ✓ Participate in care planning meetings. Regularly attend the resident’s care planning meetings to discuss the resident’s therapy needs and progress. Clearly and assertively communicate any concerns.
- ✓ Utilize external resources. Seek input from specialists or therapists to get a second opinion, if necessary. Contact your Long-Term Care Ombudsman Program for help if the nursing home is not providing adequate therapy services.

⁸ 42 C.F.R. § 483.40(c)(1)-(2) and 42 C.F.R. § 483.65(a).

⁹ Livingstone I, Hefe J, Nadash P, Barch D, Leland N. The Relationship Between Quality of Care, Physical Therapy, and Occupational Therapy Staffing Levels in Nursing Homes in 4 Years' Follow-up. *J Am Med Dir Assoc*. 2019 Apr;20(4):462-469. DOI: 10.1016/j.jamda.2019.02.002. PMID: 30954134.

¹⁰ *Id.*

¹¹ Bennett S, Laver K, Voigt-Radloff S, Letts L, Clemson L, Graff M, Wiseman J, Gitlin L. *Occupational therapy for people with dementia and their family carers provided at home: a systematic review and meta-analysis*. *BMJ Open*. 2019 Nov 11;9(11):e026308. DOI: 10.1136/bmjopen-2018-026308. PMID: 31719067; PMCID: PMC6858232.

Activities Staff – 42 C.F.R. § 483.24, F679 & F680

Activities are an essential part of everyone’s life, including that of nursing home residents. This is true for all residents, including those with dementia. Thus, the federal requirements are robust and explicit in respect to ensuring that all residents have activities that promote their physical, cognitive, and emotional well-being.

The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who –

- i. Is licensed or registered, if applicable, by the state in which practicing; and
- ii. Is:
 - a. Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or
 - b. Has two years of experience in a social or recreational program within the last five years, one of which was full-time in a therapeutic activities program; or
 - c. Is a qualified occupational therapist or occupational therapy assistant; or
 - d. Has completed a training course approved by the state.

Resident-Centered Advocacy Tips

- ✓ Review the facility’s activities staffing levels and consider the extent to which these levels are sufficient to provide appropriate activities to support your resident’s physical, mental, and psychosocial well-being.
- ✓ Keep in mind that facilities must provide activities that are engaging and appropriate for all residents, no matter their cognitive or physical abilities.
- ✓ If a facility is not providing a range of appropriate activities for you or your resident, engage the administration to improve the quality and/or quantity of activities and if necessary, activities staff. Use LTCCC’s Fact Sheet on Activities Staff to support your advocacy. If possible, engage your LTC Ombudsman and work through your resident or family councils.

Social Workers – 42 C.F.R. § 483.70(p); F850

Long-term care is a crucial and evolving part of today’s social services, driving by the aging population. As demands increase, issues like staffing, family involvement, quality of life, spirituality, end-of-life care, and medical management are becoming more prominent. Social work in long-term care focuses on assessment, treatment, rehabilitation, and supportive care.

Nursing homes with more than 120 residents are required to “employ a qualified social worker on a full-time basis.”¹² A qualified social worker has:

1. A minimum of a bachelor’s degree in social work or a bachelor’s degree in a human services field; and

¹² 42 CFR § 483.70.

2. One year of supervised social work experience in a health care setting working directly with individuals.

In addition, all nursing homes, no matter their size, are required to provide the necessary behavioral health care and services to ensure that every resident attains and maintains their highest practicable physical, mental, and psychosocial well-being, in accordance with a comprehensive assessment and plan of care. Under the federal rules, behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.¹³

Resident-Centered Advocacy Tips

- ✓ Open communication. Schedule regular meetings with the social worker to discuss the resident's care plan, progress, and any concerns.
- ✓ Participate in care planning meetings. Active participation can help to ensure the resident's needs and preferences are considered.
- ✓ Collaborate with the social worker to understand and advocate for the residents' rights within the nursing home.
- ✓ Emotional support. Utilize the social worker's counseling services for emotional support and to address issues like depression, anxiety, or adjustment difficulties. Attend support groups to connect with other residents and families experiencing similar challenges.

Conclusion and Recommendations

The presence of non-nurse staff in nursing homes is vital for ensuring comprehensive, high-quality care for residents. To enhance the quality of care for residents, it is essential to recognize and support the roles of non-nurse staff. We strongly recommend that state and federal oversight agencies use data and other information on key non-nurse staffing levels to inform their evaluation of a facility's quality, safety, and efficiency. For example, if a facility reports no or very low medical director time for one or more quarters, both surveyors and LTC ombudsman may want to assess the extent to which resident care in the facility is being professionally monitored and coordinated.

¹³ 42 CFR § 483.40.