

Hudson Valley Nursing Home Update: April 2025 Part I. Data Update: How do HV Nursing Homes Compare? Part II. Resident Rights: Pressure Ulcer Care 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.

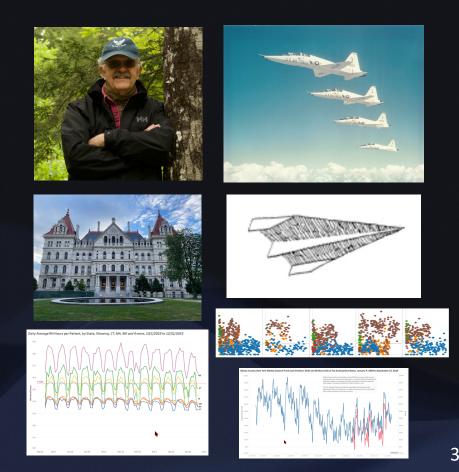
What we do:

- Policy analysis and systems advocacy;
- Data resources & analyses;
- Education of consumers and families, LTC ombudsmen, and other stakeholders;
- Home of two local LTC Ombudsman Programs in the Hudson Valley.
- Website: www.nursinghome411.org.

John W. Rodat Public Signals, LLC

Think in systems ... and *Use the Damn Data*

> john.rodat@publicsignals.com 518-573-7473



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Outline of Today's Program



DATA BRIEFING & INSIGHTS: How do Hudson Valley nursing homes compare?



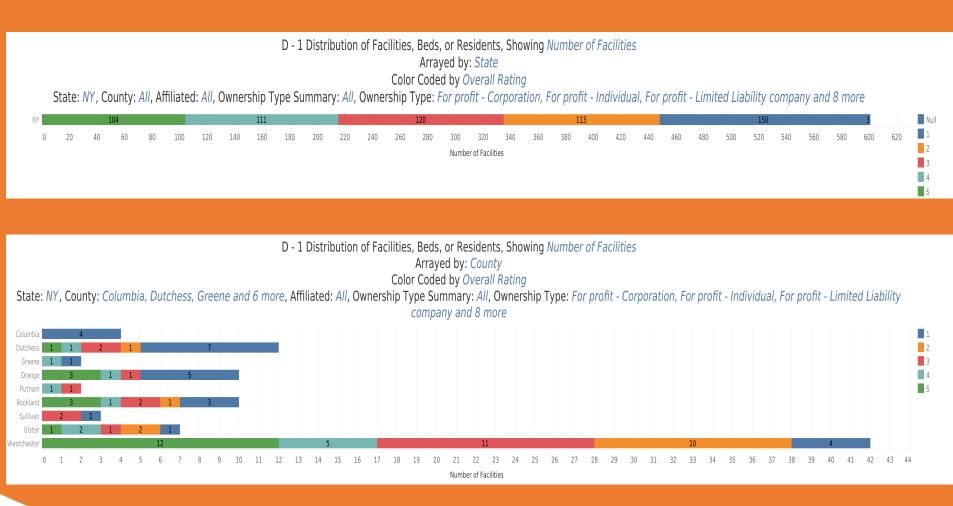
RESIDENT RIGHTS: Requirements to provide sufficient care to avoid/treat pressure ulcers.

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Discussion & Q & A.

Hudson County Nursing Home
 Update – Part 1
 How Do Hudson Valley Nursing Homes
 Compare to NY State?

Nursing Home Overall Star Ratings



Nursing Home Staffing Star Ratings



Nursing Home Ownership

D - 1 Distribution of Facilities, Beds, or Residents, Showing Number of Facilities Arrayed by: State Color Coded by Ownership Type Summary State: NY, County: All, Affiliated: All, Ownership Type Summary: All, Ownership Type: For profit - Corporation, For profit - Individual, For profit - Limited Liability company and 8 more	For profit Government Non profit
D - 1 Distribution of Facilities, Beds, or Residents, Showing Number of Facilities Arrayed by: County Color Coded by Ownership Type Summary State: NY, County: Columbia, Dutchess, Greene and 6 more, Affiliated: All, Ownership Type Summary: All, Ownership Type: For profit - Corporation, For profit - Individual, For profit - Limited Liability company and 8 more	
Columbia 4 Dutchess 2 Green 2 Orange 3 1 6 Putnam 2 Rockland 4 2 4 Sullivan 1 1 6	For profit Government Non profit
estchester 11 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 4 Number of Facilities	1

Nursing Homes That Are Part of a Chain



Nursing Homes That Have Not Been Inspected in 2+ Years



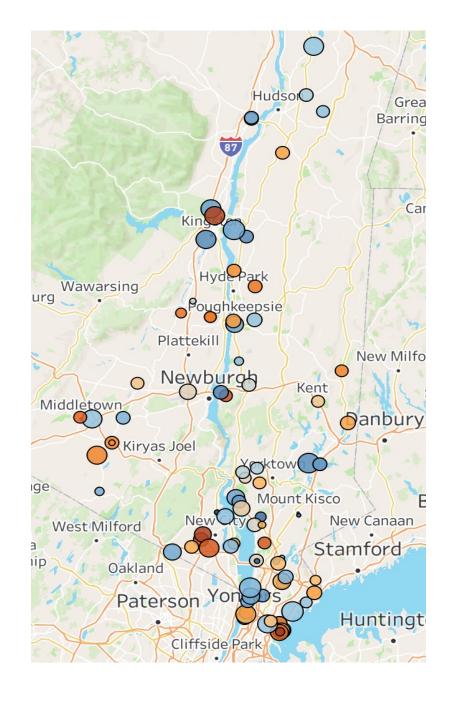
Nursing Homes with Resident or Family Councils



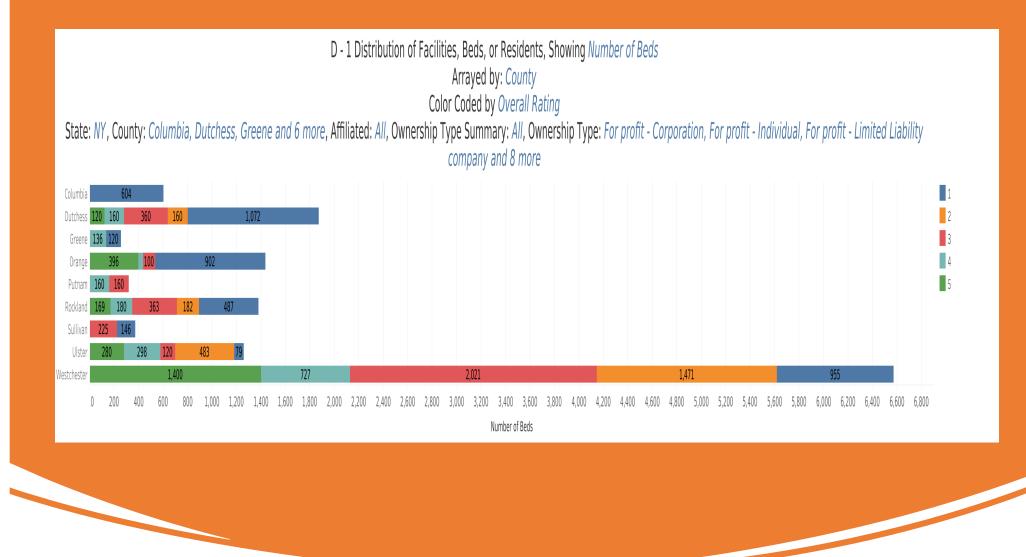
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Data by Facility Bed Count?

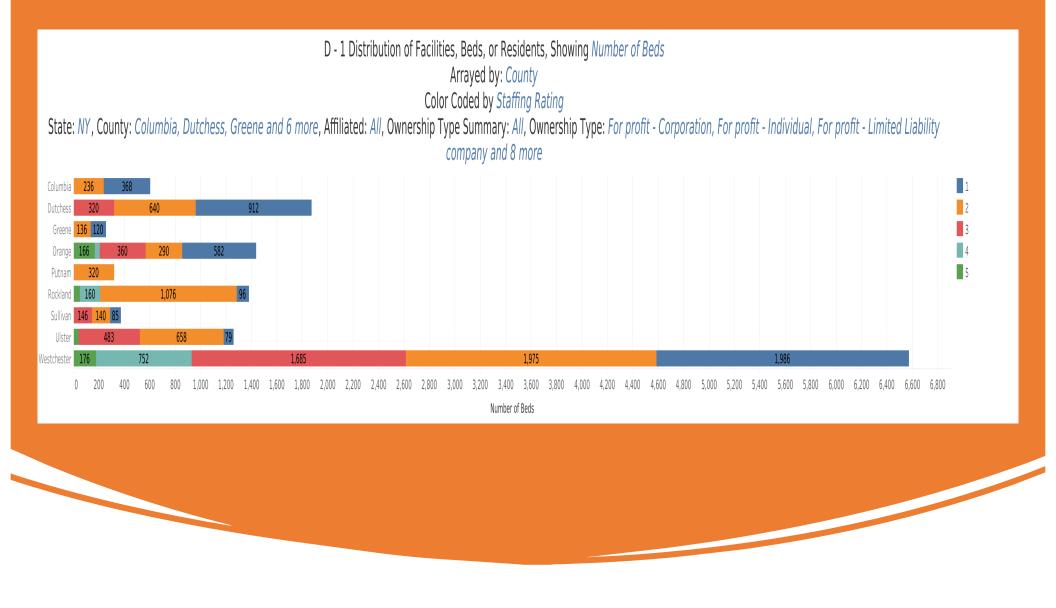
How do these numbers relate to the actual number of people living in nursing homes in our communities?



Nursing Home Bed Count x Overall Rating



Nursing Home Bed Count x Staffing Rating



How are Hudson Valley Nursing Homes Performing? Tools You Can Use

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+ Provider Data

- LTCCC's Provider data files are updated semi-annually from the CMS database.
- The included data are put into searchable/sortable files.
- They include:
 - Name \bigcirc
 - Number \bigcirc
 - Ownership type
 - Affiliated entity name (if any) 0
 - o Abuse icon
 - Special Focus Facility
 - Most recent inspection more than o Substantiated complaints 0 two years

- Provider changed ownership in last year
- CMS ratings
- Expected staffing
- Ratings over last three cycles
- Citations & fines

https://nursinghome411.org/data/ratings-info/

• Nursing Home Provider Data @ www.nursinghome411.org/data/ratings-info/

									Problem		Most Recent	Provider		
				4	verage				Facility (1		Health	Changed	With a	
					lumber of				star and/or		Inspection		Resident	
		County/Pari	Ownership			Affiliated Entity	Affiliated	Special	SFF, SFF		More Than 2		and Family	Overall
Provider Name	City/Town							Focus Star		Abuse Icc			Council 🔻	
		Dutchese	roi prone	122	272.2			,	103				Desident	
FERNCLIFF NURSING HOME CO INC FISHKILL CENTER FOR REHABILITATION AND NURSING	RHINEBECK BEACON	Dutchess	For profit	328 160		ARCHCARE SAPPHIRE CARE GRO	4	3 0 SFF Candidat	Yes	N	N	N	Resident Resident	:
GHENT REHABILITATION & NURSING CENTER	GHENT	Dutchess Columbia	For profit			PERSONAL HEALTHC			Yes	N	N	N	Resident	
HUDSON HILL CENTER FOR REHABILITATION & NURSING	YONKERS		For profit	120 315		INFINITE CARE	AR 39 57		Yes	N	N	N	Both	
		Westchester				INFINITE CARE	57			N	N			
LIVINGSTON HILLS NURSING AND REHABILITATION CENTER	LIVINGSTON	Columbia	For profit	120	110.2		XI 20	SFF Candidat			N	N	Resident	:
PINE HAVEN HOME	PHILMONT	Columbia	For profit	128		JONATHAN BLEIER &	Y/ 29	3	Yes	N	Y		Resident	
RENAISSANCE REHABILITATION AND NURSING CARE CENTER	STAATSBURG	Dutchess	For profit	120	111.3		T 20	-	Yes	N	Y	N	Resident	
SUTTON PARK CENTER FOR NURSING AND REHABILITATION		Westchester		160		PARAGON HEALTHN	ET 39	5	Yes	N			Resident	
THE ELEANOR NURSING CARE CENTER		Dutchess	For profit	120	105.1				Yes	N	Y	N	Resident	:
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	Columbia	For profit	236		THE GRAND HEALTH		9 SFF Candidat		Y	N	N	Resident	:
THE GRAND REHABILITATION AND NURSING AT PAWLING	PAWLING	Dutchess	For profit	122		THE GRAND HEALTH			Yes	N	N	N	Resident	:
WESTCHESTER CENTER FOR REHABILITATION & NURSING	MOUNT VERNON			240		JONATHAN BLEIER &			Yes	Y	Y	N		-
YONKERS GARDENS CENTER FOR NURSING AND REHAB	YONKERS	Westchester		200		INFINITE CARE	57	8	Yes	Ν	Ν	Ν	Resident	:
CEDAR MANOR NURSING & REHABILITATION CENTER	OSSINING	Westchester	For profit	153	144				No	Ν	N	Ν	Resident	:
GREENE MEADOWS NURSING AND REHABILITATION CENTER	CATSKILL	Greene	For profit	120		JONATHAN BLEIER &	Y/ 29	3	No	Ν	Ν	Ν	Resident	:
MARTINE CENTER FOR REHABILITATION AND NURSING	WHITE PLAINS	Westchester	For profit	225	193.2				No	N	N	Ν	Resident	
PUTNAM RIDGE	BREWSTER	Putnam	For profit	160	139.5				No	Ν	Ν	Ν	Resident	
SANS SOUCI REHABILITATION AND NURSING CENTER	YONKERS	Westchester	For profit	120	112.4	CARERITE CENTERS	11	0	No	N	Y	Ν	Both	
SAPPHIRE NURSING AT WAPPINGERS	WAPPINGERS FAI	Dutchess	For profit	62	56	SAPPHIRE CARE GRO	UF 59	0	No	Y	Ν	Ν	Resident	
SPRINGVALE NURSING & REHABILITATION CENTER	CROTON ON HUD	Westchester	For profit	200	170.3				No	Ν	N	Ν	Resident	:
THE EMERALD PEEK REHABILITATION AND NURSING CENTER	PEEKSKILL	Westchester	For profit	100	86.1	CARERITE CENTERS	11	0	No	Ν	Y	Ν	Resident	
THE GRAND REHABILITATION AND NRSG AT RIVER VALLEY	POUGHKEEPSIE	Dutchess	For profit	160	147.7	THE GRAND HEALTH	CA 50	9	No	Ν	N	Ν	Resident	:
THE GROVE AT VALHALLA REHAB AND NURSING CENTER	VALHALLA	Westchester	For profit	160	153.7	CARERITE CENTERS	11	0	No	N	N	N	Resident	
THE PARAMOUNT AT SOMERS REHAB AND NURSING CENTER	SOMERS	Westchester	For profit	300	283.6	CARERITE CENTERS	11	0	No	Y	Y	N	Both	
ANDRUS ON HUDSON	HASTINGS ON HU	Westchester	For profit	197	191.8				No	N	N	N	Resident	
BETHEL NURSING HOME COMPANY INC	OSSINING	Westchester	Non profit	43	37.5				No	N	N	N	Resident	
CORTLANDT HEALTHCARE	CORTLANDT MAN	Westchester	For profit	120	110.6	CARERITE CENTERS	11	0	No	Ν	N	N	Both	3
GLEN ISLAND CENTER FOR NURSING AND REHABILITATION	NEW ROCHELLE	Westchester	For profit	183	178.3				No	N	N	N		3
KING STREET HOME INC	PORT CHESTER	Westchester		120	67.8				No	N	N	N	Resident	3
LUTHERAN CENTER AT POUGHKEEPSIE INC	POUGHKEEPSIE	Dutchess	For profit	160	144.5				No	N	N	N	Resident	
NEW YORK STATE VETERANS HOME AT MONTROSE	MONTROSE		Government	252	200.5				No	N	N	N	Both	
SCHAFFER EXTENDED CARE CENTER	NEW ROCHELLE			150	141				No	N	N	N	Resident	
SPRAIN BROOK MANOR REHAB	SCARSDALE	Westchester		121	114.5				No	N	N	N	Both	
ST CABRINI NURSING HOME	DOBBS FERRY	Westchester		304	289.8				No	N	N	N	Resident	
TACONIC REHABILITATION AND NURSING AT HOPEWELL	FISHKILL	Dutchess	For profit	160	139.9				No	N	N	N	Resident	
THE PINES AT POUGHKEEPSIE CTR FOR NURSING & REHAB	POUGHKEEPSIE		For profit	200		NATIONAL HEALTH C	AF 36	2	No	N	Y	N	Resident	

Hudson County Nursing Home
 Update – Part 2
 Resident Rights: Sufficient Care to
 Avoid/Treat Pressure Ulcers

- + Background: 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, patientcentered care.
 - Importantly, the law lays out specific resident rights, from good care and monitoring to a quality of life that maximizes choice, dignity, & autonomy.



+ Pressure Ulcer Standards & Care

- What is pressure ulcer?
 - Pressure ulcers, also known as pressure sores, bed sores or pressure injuries, are localized damage to the skin and/or underlying tissue that usually occur over a bony prominence as a result of usually long-term pressure, or pressure in combination with shear or friction.
 - They can range in severity from patches of discolored skin to open wounds that expose the underlying bone or muscle.
- According to the Centers for Disease Control and Prevention (CDC), "[p]ressure ulcers, also known as bed sores... are serious medical conditions and one of the important measures of the quality of clinical care in nursing homes."
- While some pressure ulcers are unavoidable, research indicates that, "[i]n the vast majority of cases, appropriate identification and mitigation of risk factors can prevent or minimize pressure ulcer (PU) formation."*

*Edsberg, L.; Langemo, D.; Baharestani, M.; Posthauer, M.; and Goldberg, M., "Unavoidable Pressure Injury: State of the Science and Consensus Outcomes," *Journal of Wound, Ostomy & Continence Nursing*: July/August 2014 - Volume 41 - Issue 4 - p 313–334. Abstract available at http://journals.lww.com/jwocnonline/Abstract/2014/07000/Unavoidable Pressure Injury State of the Science.6.aspx.

+ Federal Requirements for Nursing Homes

THE LAW

Skin Integrity [42 C.F.R. § 483.25(b)(1)] [F-686]

Based on the comprehensive assessment of a resident, the facility must ensure that-

- A resident receives care, consistent with professional standards of practice, to prevent
 pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition
 demonstrates that they were unavoidable; and
- A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.

WHAT DOES "UNAVOIDABLE" MEAN?

According to CMS's Interpretative Guidance, "unavoidable" means that a pressure ulcer formed even though the facility had evaluated the resident's clinical condition and risk factors; defined and implemented interventions that are consistent with resident needs, goals, and professional standards of practice; monitored and evaluated the impact of the interventions; and revised the approaches as appropriate.

In addition, numerous other regulatory standards relate to good pressure ulcer care, including: Sufficient Staffing, Resident Assessment, and Services Provided Meet Professional Standards of Quality.

+ How can Pressure Ulcers be Prevented and Treated?

Federal Guidance states that [e]ffective prevention and treatment are based upon consistently providing **routine and individualized** interventions, including:

- Redistributing pressure, such as through repositioning, protecting and/or offloading heels, etc.;
- Minimizing the resident's exposure to moisture and keeping the resident's skin clean;
- Providing support and non-irritating surfaces; and
- Maintaining or improving the resident's nutrition and hydration status, including addressing adverse drug reactions which may worsen risk factors for development of, or for non-healing PU/PIs [pressure ulcers].

Find the Pressure Ulcer Rates for Your Nursing Home & Those in Your Community

Note: Rates are self-reported and may be under-reported.

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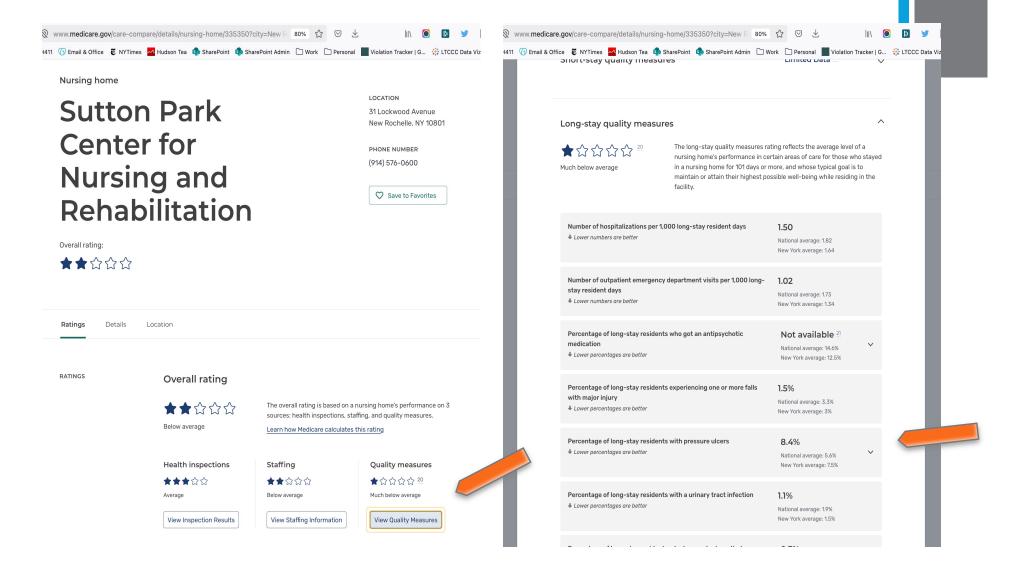
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1 CCI 2	335003 THE EMERALD PEEK REHABILITATION AND NURSING CEN PEEKSKILL	Westchester		MDS item Question/Description MDS item Question/Description MDS item Question/Description	No
3	335003 THE EMERALD PEEK REHABILITATION AND NORSING CEN PEEKSVILL	Westchester	-	M0210: Skin Conditions - Unhealed pressure dicers	Yes
4	335004 AUBURN REHABILITATION & NURSING CENTER AUBURN	Cayuga		M0210: Skin Conditions - Unhealed pressure dicers	No
5	335004 AUBURN REHABILITATION & NURSING CENTER AUBURN 335004 AUBURN REHABILITATION & NURSING CENTER AUBURN			M0210: Skin Conditions - Unhealed pressure ulcers	Yes
6	335005 BRIARCLIFF MANOR CENTER FOR REHAB AND NURSING C BRIARCLIFF MANOR	Cayuga Westchester		M0210: Skin Conditions - Unhealed pressure ulcers	No 93.26%
7	335005 BRIARCLIFF MANOR CENTER FOR REHAB AND NURSING C BRIARCLIFF MANOR 335005 BRIARCLIFF MANOR CENTER FOR REHAB AND NURSING C BRIARCLIFF MANOR	Westchester		M0210: Skin Conditions - Unhealed pressure dicers	Yes 6.74%
8	335006 KATHERINE LUTHER RESIDENTIAL HLTH CARE & REHAB CLINTON	Oneida		M0210: Skin Conditions - Unhealed pressure dicers	No 0.74%
9	335006 KATHERINE LUTHER RESIDENTIAL HETH CARE & REHAB CLINTON	Oneida		M0210: Skin Conditions - Unhealed pressure dicers	Yes
10	335008 ST JOHNS HEALTH CARE CORPORATION ROCHESTER	Monroe		M0210: Skin Conditions - Unhealed pressure dicers	No 87.27%
11	335008 ST JOHNS HEALTH CARE CORPORATION ROCHESTER	Monroe		M0210: Skin Conditions - Unhealed pressure ulcers	Yes 12.73%
12	335011 ST PATRICKS HOME BRONX	Bronx		M0210: Skin Conditions - Unhealed pressure dicers	No 93.77%
13	335011 ST PATRICKS HOME BRONX	Bronx		M0210: Skin Conditions - Unhealed pressure ulcers	Yes 6.23%
14	335014 SCHENECTADY CENTER FOR REHABILITATION AND NURS SCHENECTADY	Schenectady		M0210: Skin Conditions - Unhealed pressure ulcers	No 86.40%
15	335014 SCHENECTADY CENTER FOR REHABILITATION AND NURS SCHENECTADY	Schenectady	-	M0210: Skin Conditions - Unhealed pressure ulcers	Yes 13.60%
16	335015 SCHERVIER NURSING CARE CENTER BRONX	Bronx		M0210: Skin Conditions - Unhealed pressure ulcers	No 90.91%
17	335015 SCHERVIER NURSING CARE CENTER BRONX	Bronx	-	M0210: Skin Conditions - Unhealed pressure ulcers	Yes 9.09%
18	335017 BEECHTREE CENTER FOR REHABILITATION AND NURSING ITHACA	Tompkins		M0210: Skin Conditions - Unhealed pressure ulcers	No 82.39%
19	335017 BEECHTREE CENTER FOR REHABILITATION AND NURSING ITHACA	Tompkins		M0210: Skin Conditions - Unhealed pressure ulcers	Yes 17.61%
20	335019 REGEIS CARE CENTER BRONX	Bronx		M0210: Skin Conditions - Unhealed pressure ulcers	No 90.19%
21	335019 REGEIS CARE CENTER BRONX	Bronx		M0210: Skin Conditions - Unhealed pressure ulcers	Yes 9.81%
22	335020 HEBREW HOME FOR THE AGED AT RIVERDALE RIVERDALE	Bronx		M0210: Skin Conditions - Unhealed pressure ulcers	No 87.55%
23	335020 HEBREW HOME FOR THE AGED AT RIVERDALE RIVERDALE RIVERDALE	Bronx	-	M0210: Skin Conditions - Unhealed pressure ulcers	Yes 12.45%
24	335022 SANDS POINT CENTER FOR HEALTH AND REHABILITATIOI PORT WASHINGTON	Nassau		M0210: Skin Conditions - Unhealed pressure ulcers	No 87.36%
25	335022 SANDS POINT CENTER FOR HEALTH AND REHABILITATION PORT WASHINGTON	Nassau		M0210: Skin Conditions - Unhealed pressure ulcers	Yes 12.64%
26	335023 A HOLLY PATTERSON EXTENDED CARE FACILITY UNIONDALE	Nassau		M0210: Skin Conditions - Unhealed pressure ulcers	No 92.90%
27	335023 A HOLLY PATTERSON EXTENDED CARE FACILITY UNIONDALE	Nassau		M0210: Skin Conditions - Unhealed pressure ulcers	Yes 7.10%
28	335024 BEACH TERRACE CARE CENTER LONG BEACH	Nassau		M0210: Skin Conditions - Unhealed pressure ulcers	No
29	335024 BEACH TERRACE CARE CENTER LONG BEACH	Nassau		M0210: Skin Conditions - Unhealed pressure ulcers	Yes
30	335027 LOWER WEST SIDE REHAB AND NURSING CENTER NEW YORK	New York		M0210: Skin Conditions - Unhealed pressure ulcers	No 89.25%
31	335027 LOWER WEST SIDE REHAB AND NURSING CENTER NEW YORK	New York		M0210: Skin Conditions - Unhealed pressure ulcers	Yes 10.75%
32	335028 THE CITADEL REHAB AND NURSING CTR AT KINGSBRIDGE BRONX	Bronx		M0210: Skin Conditions - Unhealed pressure ulcers	No 10.75%
33	335028 THE CITADEL REHAB AND NURSING CTR AT KINGSBRIDGE BRONX	Bronx		M0210: Skin Conditions - Unhealed pressure ulcers	Yes
34	335030 MOSHOLU PARKWAY NURSING & REHABILITATION CENTEBRONX	Bronx		M0210: Skin Conditions - Unhealed pressure ulcers	No

Find Pressure Ulcer (and other) Citations @ www.nursinghome411.org/data/enforcement/citations/

Note: The absence of a citation does NOT mean that a facility is in compliance with pressure ulcer care or other standards.

Provider Name	City/Town	Deficiency T Survey Date V Number	ag Scope Severi <mark>→T</mark> Code		Deficiency Description	Correction Date
BRIARCLIFF MANOR CENTER FOR REHAB AND NURSING CARE	BRIARCLIFF MANOR	11/10/20 0686	E		r Provide appropria	
CORTLANDT HEALTHCARE	CORTLANDT MANOR	10/2/20 0686	D	Deficient, Provider	h Provide appropria	te 12/1/20
DUMONT CENTER FOR REHABILITATION AND NURSING CARE	NEW ROCHELLE	5/1/24 0686	D	Deficient, Provider	h Provide appropria	te 6/26/24
FERNCLIFF NURSING HOME CO INC	RHINEBECK	3/29/24 0686	E	Deficient, Provider	r Provide appropria	te 6/25/24
FISHKILL CENTER FOR REHABILITATION AND NURSING	BEACON	1/11/24 0686	D	Deficient, Provider	h Provide appropria	te 2/19/24
FISHKILL CENTER FOR REHABILITATION AND NURSING	BEACON	6/6/18 0686		Deficient, Provider	r Provide appropria	te 9/25/18
GLEN ARDEN INC	GOSHEN	9/14/20 0686		Poficient, Provider	r Provide appropria	te 11/13/20
HIGHLAND REHABILITATION AND NURSING CENTER	MIDDLETOWN	8/25/23 0686			Provide appropria	te 10/18/23
HIGHLAND REHABILITATION AND NURSING CENTER	MIDDLETOWN	1/31/20 0686	Has v	′our facility have the c ^{is the} prob	oi:	te 3/20/20
NORTHEAST CTR FOR REHABILITATION AND BRAIN INJURY	LAKE KATRINE	8/25/23 0686	Jack Y	our facility have the c the prob consistent		/21/23
NORTHEAST CTR FOR REHABILITATION AND BRAIN INJURY	LAKE KATRINE	2/7/19 0686	wnat	have	been	•
SAPPHIRE NURSING AND REHAB AT GOSHEN	GOSHEN	1/29/18 0686	ada	nave the c ^{is the} prob Consistent		Ited 2 is
SAPPHIRE NURSING AT MEADOW HILL	NEWBURGH	12/7/22 0686	aures	is the	Perata	
SAPPHIRE NURSING AT MEADOW HILL	NEWBURGH	5/2/19 0686	I. In a	_ ""e proh		s dona.
SCHAFFER EXTENDED CARE CENTER	NEW ROCHELLE	12/20/23 0686		Onsista .	'em	te to
TEN BROECK COMMONS	LAKE KATRINE	9/20/23 0686				
THE GRAND REHABILITATION AND NRSG AT RIVER VALLEY	POUGHKEEPSIE	2/13/20 0686	3	^{ss} the prob ^{consistent} i ^{Y-wide;}	"""ner:	
THE GRAND REHABILITATION AND NRSG AT RIVER VALLEY	POUGHKEEPSIE	5/14/18 0686	- Days.	nial de,	·	
THE OSBORN	RYE	6/26/23 0686		""gnts, and	,	
THE VALLEY VIEW CENTER FOR NURSING CARE AND REHAB	GOSHEN	6/8/23 0686		, dild	Week	
THE WARTBURG HOME	MOUNT VERNON	6/20/23 0686	D	Y-Wide; hights, and	er	$d_{S} \ge \beta$
WESTCHESTER CENTER FOR REHABILITATION & NURSING	MOUNT VERNON	3/21/22 0686	D	Deficient, Provident		22
YORKTOWN REHABILITATION & NURSING CENTER	CORTLANDT MANOR	10/28/20 0686	D	Deficient, Provider	h Provide approv	20

Medicare.Gov Also Has Pressure Ulcer Rate Info in the Facility Listings



Pressure Ulcer Fact Sheet @ <u>www.nursinghome411.org/fact-sheet-pressure-ulcers/</u>



CONSUMER FACT SHEET: PRESSURE ULCERS

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 to support better care in your nursing home.

Following is the standard and guidelines that we have identified as essential when it comes to pressure ulcers in nursing homes. The descriptions were taken directly from the federal regulations and guidelines (as indicated by text in italics). For more information about pressure ulcers, please see LTCCC's <u>issue alert</u>.

THE LAW

Skin Integrity [42 C.F.R. § 483.25(b)(1)] [F-686]

Based on the comprehensive assessment of a resident, the facility must ensure that-

- A resident receives care, consistent with professional standards of practice, to prevent
 pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition
 demonstrates that they were unavoidable; and
- A resident with pressure ulcers receives necessary treatment and services, consistent with
 professional standards of practice, to promote healing, prevent infection and prevent new
 ulcers from developing.

WHAT IS A PRESSURE ULCER?

Pressure ulcers occur when there is damage to a resident's skin or underlying tissue. Pressure ulcers are generally localized to areas of the body with boney prominences that absorb pressure from prolonged immobility (such as elbows, hips, heels, and shoulders). Pressure ulcers are classified into stages, based on the severity of the injury.

WHAT DOES "UNAVOIDABLE" MEAN?

According to CMS's Interpretative Guidance, "unavoidable" means that a pressure ulcer formed even though the facility had evaluated the resident's clinical condition and risk factors; defined and implemented interventions that are consistent with resident needs, goals, and professional standards of practice; monitored and evaluated the impact of the interventions; and revised the approaches as appropriate.

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

HOW CAN PRESSURE ULCERS BE PREVENTED AND TREATED?

CMS's Guidance states that [e]ffective prevention and treatment are based upon consistently providing routine and individualized interventions, including:

- Redistributing pressure, such as through repositioning, protecting and/or offloading heels, etc.;
- Minimizing the resident's exposure to moisture and keeping the resident's skin clean;
- Providing support and non-irritating surfaces; and
- Maintaining or improving the resident's nutrition and hydration status, including addressing adverse drug reactions which may worsen risk factors for development of, or for non-healing PU/PIs [pressure ulcers]....

CAN RESIDENTS PARTICIPATE IN THEIR CARE PLANNING?

Yes! The resident's care plan should establish relevant goals, approaches, and interventions for addressing the resident's risk of developing a pressure ulcer. CMS's Guidance notes that, [i]n order for the resident to exercise his or her right appropriately to make informed choices about care and treatment or to decline treatment, the facility and the resident (or if applicable, the resident representative) must discuss the resident's condition, treatment options, expected outcomes, and consequences of refusing treatment. If a resident determines not to undertake one form of prevention or treatment, [t]he facility is expected to address the resident's concerns and offer relevant alternatives For more information, please see LTCCC's fact sheet on resident assessment and care planning at www.nursinghome411.org.

A BRIEF NOTE ABOUT ABUSE AND NEGLECT

Pressure ulcers may be a sign of resident abuse and/or neglect. **Under the federal Nursing Home Reform Law, every nursing home resident has the** <u>right to be free from abuse and</u> <u>neglect</u>. CMS's Interpretative Guidance for this requirement notes that abuse may include the *deprivation by staff of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.* Similarly, CMS states that neglect may occur, [i]f the facility is aware of, or should have been aware of, goods or services that a resident(s) requires but the facility fails to provide them to the resident(s).

Federal law and regulations require nursing homes to report all alleged violations of abuse and neglect to the facility administrator and the state survey agency *immediately*, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation about resident abuse and neglect, please see LTCCC's <u>Abuse, Neglect, and Crime Reporting Center</u> at <u>www.nursinghome411.org</u>.

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Pressure Ulcer Handout

https://nursinghome411.org/ pressure-ulcer-handout/

PRESSURE ULCERS

Pressure ulcers occur when there has been damage to skin or underlying tissue, usually appearing in areas where bones protrude, such as heels, buttocks, and shoulders. About 85 percent of residents are at risk. Developing these pressure ulcers can lead to skin loss and serious infections.

Standards of Care

• **Regularly monitor residents**. Ensure residents are properly monitored for pressure ulcers.

• **Change positions.** Staff must change residents' positions often to prevent the development of pressure ulcers.

• **Provide a proper diet.** Nursing homes must provide a nutritious diet to residents to decrease opportunities for pressure ulcers to form.

• **Provide soft pads.** Residents should receive soft padding to reduce skin pressure and prevent formation of pressure ulcers.

• Address present ulcers. Monitor, treat, and heal existing pressure ulcers.

Resources

1. LTCCC's website provide an issue alert with key information on pressure ulcers. See https://nursinghome411.org/ltccc-issue-alert-pressure-ulcers/.

2. National Pressure Ulcer Advisory Panel has helpful resource on identifying and staging ulcers. See http://www.npuap.org/resources/educational-and-clinical-resources/pressure-injury-staging-illustrations/.

3. U.S. National Library of Medicine contains consumer-friendly resources on pressure ulcers. See https://medlineplus.gov/ency/patientinstructions/000228.htm.

Pressure Ulcer Alert @ <u>https://nursinghome411.org/ltccc-issue-alert-pressure-ulcers/</u>

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Issue Alert: Pressure Ulcers

I. What are Pressure Ulcers?

Nursing home residents are typically very vulnerable and require 24-hour a day skilled nursing and monitoring. Most of them are at risk for developing pressure

ulcers. Thus, pressure ulcers (also known as "bed sores") are an ongoing, significant concern for nursing home residents and their families. In particular, they **pose a serious health risk for nursing home residents**, which can result in complications from skin loss to deadly infections.

Pressure ulcers occur when there is damage to an individual's skin or underlying tissue.¹ They are generally localized to areas of the body with boney prominences that absorb the pressures of immobility, e.g., elbows, hips, heels, and shoulders.²

Pressure ulcers are classified into stages, based on the severity of the injury. The National Pressure Ulcer Advisory Panel has a <u>useful document</u> which shows the various stages in both pictures and schematic drawings. [See the last page of this Alert for links to this and other resources.] LTCCC Issue Alerts provide basic information about an issue of concern to nursing home residents.

For further information, please see the Resources and References at the end of the Alert, as well as our website, www.nursinghome411.org.

II. What are the Standards of Care?

While some pressure ulcers are unavoidable, **there "are many ways nursing homes can help prevent or treat pressure ulcers**: changing residents' positions often, giving proper nutrition, [and] using soft padding to reduce pressure on the skin."³ In fact, according to the *Journal of Wound*, *Ostomy & Continence Nursing*, "In the vast majority of cases, appropriate identification and mitigation of risk factors can prevent or minimize pressure ulcer (PU) formation."⁴ [Emphasis added.]

Nursing homes must meet **mandatory standards of care** in preventing and treating pressure ulcers. There are two fundamental requirements in this regard:

Protect residents from developing pressure ulcers. Facilities are required to ensure that
admitted residents do not develop pressure ulcers while under the facilities' care, unless it
is "unavoidable." Unavoidable "means that the resident developed a pressure ulcer even
though the facility had evaluated the resident's clinical condition and pressure ulcer risk
factors; defined and implemented interventions that are consistent with resident needs,
goals, and recognized standards of practice; monitored and evaluated the impact of the
interventions; and revised the approaches as appropriate."⁵ [Emphasis added.]

LTCCC Issue Alert: Pressure Ulcers

 Monitor, treat, and heal existing pressure ulcers. Nursing homes must "promote healing, prevent infection, and prevent new ulcers from developing" when admitted residents having existing PUs.⁶

III. How Prevalent are Pressure Ulcers?

Most residents, given their vulnerability, are at risk for developing pressure ulcers. Nursing homes have a particular responsibility for ensuring that residents at risk do not develop pressure ulcers unless they are "unavoidable." As noted above, under Standards of Care, "unavoidable" has a very specific, limited meaning.

According to the latest federal data,⁷ about 85% of nursing home residents are at risk of developing pressure ulcers. Despite the special responsibility that nursing homes have to effectively monitor, prevent and treat residents at risk, 7.3% of U.S. nursing home residents have pressure ulcers.⁸ That is over 93,000 current U.S. nursing home residents.

IV. How Can I Find Out About Pressure Ulcer Rates – and Deficiencies – in My Nursing Home or Those in My State?

Pressure ulcer rates vary widely from nursing home to nursing home. <u>Nursing Home Compare</u> (http://www.medicare.gov/nursinghomecompare) provides information on individual licensed

nursing homes across the country. For each nursing home, pressure ulcer rates are provided for both short-term and long-term stay residents under "Quality of resident care." It is important to note that this information is self-reported by facilities and unaudited for accuracy by the government. LTCCC recommends focusing on long-stay measures, since we believe that they are more likely to be indicative of a facility's general practices, on an on-going basis, with residents who are vulnerable.

"Pressure ulcers are serious medical conditions and one of the important measures of the quality of clinical care in nursing homes."

-U.S. Centers for Disease

Control & Prevention

In order to provide the public with relevant information on pressure ulcers, LTCCC's <u>Nursing Home Information & Data</u> <u>Page</u> (on our <u>www.nursinghome411.org</u> website) has

searchable and downloadable files on every licensed nursing home in the country:

US Nursing Home Pressure Ulcer Rates for Long-Stay Residents

This file provides individual folders for every state and Washington, DC. Each folder has information on the pressure ulcer rate for long-stay residents at risk for every licensed facility. This list is searchable by facility name, city, and zip code. It can also be sorted to see which facilities have the highest – and lowest – pressure ulcer rates.

US Nursing Home Citations for Substandard Pressure Ulcer Care

This file provides individual folders for every state and Washington, DC. Each folder provides the names of each facility in the state that have been cited for substandard pressure ulcer care in the last three years (as of the processing date indicated). It is searchable by facility name, address, city and zip code.

LTCCC Webinar on Pressure Ulcers & Infection Control www.nursinghome411.org/ltccc-webinar-focus-on-carepressure-ulcers-infection-control/

LTCCC Webinar: Focus on Care: Pressure Ulcers & Infection Control



DOWNLOAD POWERPOINT PRESENTATION

SEARCH FOR THE LATEST DATA ON PRESSURE ULCERS AND INFECTION CONTROL DEFICIENCIES FACT SHEET ON PRESSURE ULCERS

ISSUE ALERT: INFECTION CONTROL & PREVENTION



Focus on Care & Outcomes: Pressure Ulcers and Infection Control & Prevention

Additional LTCCC Resources

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LTCCC Factsheet: Resident Assessment and Care Planning

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

CONSUMER FACTSHEET: RESIDENT ASSESSMENT & CARE PLANNING

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

I. RESIDENT ASSESSMENT [42 CFR 483.20 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.
- \checkmark Physical functioning and structural problems.
- ✓ Continence.
- \checkmark Disease diagnoses and health conditions.
- ✓ Dental and nutritional status.
- ✓ Skin condition.
- ✓ Activity pursuit.
- ✓ Medications.
- ✓ Special treatments and procedures.
- ✓ Discharge planning.
- ✓ Documentation of summary information regarding the additional assessment performed through the resident assessment protocols.
- Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.

II. COMPREHENSIVE PERSON-CENTERED CARE PLANNING [42 CFR 483.21 F-656]

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.
 - o 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.

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

Record-Keeping Form for Resident Concerns www.nursinghome411.org/forms-advocacy/

Today's Date:		
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Record-Keeping Form For Resident Concerns

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

Date When Issue Occurred or Was Discovered: _____

Issue:

People Involved or Witnesses (if any):

Staff Person(s) Spoken To:

Response/Plan of Action from Staff:

Actions Taken:

This form can be used by individual residents and families, as well as resident and family councils, to track concerns for discussion with facility staff, state surveyors, legislators, etc....

+ Family Council Meeting Agenda

LONG TERM CARE COMMUNITY COALITION WWW.NURSINGHOME411.ORG
FAMILY COUNCIL MEETING AGENDA
[This agenda serves as a template. Add or subtract items to customize it for your meetings.]
Meeting Date:
1. President: Call to Order and Roll Call
2. Welcome and Introduction of New Members
3. Invited Speaker (if any)
4. Secretary: Read Minutes from Last Meeting; Member Vote to Approve
5. Council Old Business (if any)
6. Committee Reports and Updates

- Over Please -

FAMILY COUNCIL MEETING AGENDA – Page 2

7. Discussion of New Business, Including any Care and Quality of Life Concerns

8. Action Items (if any)

 Issues to Raise Within Facility (Such as with Administrator or Quality Assurance Committee):

• Issues to Raise Outside of Facility (Such as with Health Department, Medicaid Fraud Control Unit, or legislators):

9. Confirmation of Next Meeting and Adjournment

ADDITIONAL RESOURCES Visit <u>www.nursinghome411.com</u> for free resources on residents' rights and tools that you can use to support your resident-centered advocacy.

+ File a Grievance

Every nursing home is required to have a grievance officer who handles complaints about care or service and ensures that they are investigated and that the individual receives a meaningful response.



Advancing Quality, Dignity & Justice

CONSUMER FACTSHEET: RESIDENT GRIEVANCES

Too often residents and families are hesitant to file a complaint about problems with their nursing home's care or quality of life. They may think it is not going to do any good or are worried that they will face retaliation from facility staff.

The new federal nursing home standards make substantial improvements for how complaints (referred to as "grievances" in the regulations) are handled. These changes are meant to ensure that a resident's concerns are heard and responded to, and that individuals who complain are protected from retaliation. This fact sheet presents key elements of the new federal requirements which you can use to support your resident-centered advocacy.

Please note: (1) Text in italics is directly from the federal regulations. (2) Numbers in brackets refer to the provision in the federal regulations (42 CFR xx) and F-tag used by surveyors when a deficiency is cited. (3) These standards are applicable to all residents in licensed nursing homes in the United States, whether they are short-term or long-term, private pay, Medicaid, Medicare or have another type of insurance. (4) Where the resident lacks capacity to make decisions and/or has assigned decision-making to someone else, that person takes the place of the resident in exercising these rights.

THE LAW

I. Right to Voice Grievances [42 CFR 483.10(j) F-585]

- The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.
- The resident has the right to and the facility must make prompt efforts... to resolve grievances....
- The facility must make information on how to file a grievance or complaint available to the resident.
- The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights.... Upon request, the provider must give a copy of the grievance policy to the resident.

II. Requirements for a Nursing Home's Grievance Policy

- Notifying resident individually or through postings in prominent locations throughout the facility
 of the right to file grievances orally (meaning spoken) or in writing;
- Safeguarding the resident's right to file grievances anonymously;

- Provide the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number;
- Provide a reasonable expected time frame for completing the review of the grievance;
- Honor the resident's right to obtain a written decision regarding his or her grievance; and
- Provide the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system.

III. Requirements for a Nursing Home's Grievance Officer

- Responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions;
- leading any necessary investigations by the facility;
- maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously,
- issuing written grievance decisions to the resident; and
- coordinating with state and federal agencies as necessary in light of specific allegations.

Requirements for Written Grievance Decisions

- The date the grievance was received,
- Summary statement of the resident's grievance,
- The steps taken to investigate the grievance,
- A summary of the pertinent findings or conclusions regarding the resident's concerns(s),
- A statement as to whether the grievance was confirmed or not confirmed,
- Any corrective action taken or to be taken by the facility as a result of the grievance, and
- The date the written decision was issued.

RESOURCES

- <u>WWW.NURSINGHOME411.ORG</u>. LTCCC's website includes a variety of resources to support resident-centered advocacy, including all of our webinar programs and fact sheets.
- <u>WWW.THECONSUMERVOICE.ORG</u>. The Consumer Voice has numerous materials and resources for residents, family members and LTC Ombudsmen.

+ Going beyond the Facility

Abuse, Neglect, and Crime Reporting Center

Home » Learning Center » Abuse, Neglect, and Crime Reporting Center

Residents in nursing homes are typically frail. The majority are senior citizens, and many have dementia. By definition, they all need 24-hour a day skilled nursing services. Nevertheless, though they live in an institutional setting, it is crucial to keep in mind that residents retain all of the rights of people who live outside of a facility. This includes the right to live free of physical, emotional, verbal, and sexual abuse and the right to be treated with dignity. It also includes the right to have the same access to criminal justice as anyone living in the outside community.

Unfortunately, too often, when individuals go into a nursing home, society views them as having entered a separate world, where different rules apply. This is not true. To strengthen realization of vital protections for seniors in nursing homes, LTCCC undertook a study to identify promising practices that have been employed in different communities to address elder abuse, neglect, and crime in residential settings.

This pages features a selection of resources that are free to use, share, and adapt. We also recommend viewing LTCCC's 2020 Symposium on identifying and addressing resident abuse and neglect.





www.nursinghome411.org/learn/abuse-neglect-crime

OPTIONS

- File a complaint with the state health department and/or Medicaid Fraud Control Unit.
 - You can make a complaint by phone or using any form you prefer.
 - Complaints can be anonymous.
- Contact your state or federal legislator.
 - Legislators can be a strong voice with both providers and oversight agencies.
- Contact the CMS location overseeing your state.
 - If you do not receive an adequate response from your state agency.
- Seek legal help.
 - We recommend using an attorney or firm with many years of experience with abuse & neglect cases.

Thank You For Joining Us Today!

Next Program: June 12 at 11am Topics: Data Update + Transfer & Discharge Rights

Email info@ltccc.org...

- If you would like to suggest a topic for a future program.
- Join our list-serve community, open only to residents, families, LTC Ombudsmen and advocates in NY State.

You can also...

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- Visit us on the **Web** at <u>www.nursinghome411.org</u>.
- Join us on Facebook at <u>www.facebook.com/ltccc</u>.
- Follow us on **Twitter** at <u>www.twitter.com/LTCconsumer</u>.
- Follow us on Instagram at <u>www.instagram.com/ltccoalition/</u>

Thank you to the Dyson Foundation & Field Hall Foundation for supporting these programs!