



## Hudson Valley Nursing Home Update: April 2026

**Part I. Data Update.**

**Part II. Dementia Care Standards.**

**[www.nursinghome411.org](http://www.nursinghome411.org)**

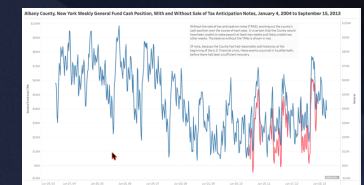
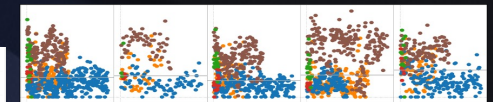
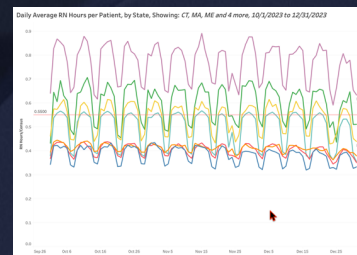
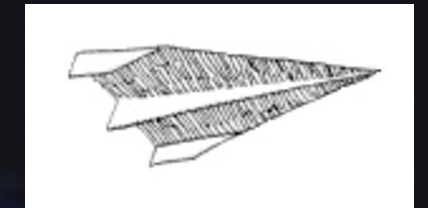
## + The Long Term Care Community Coalition

- **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](http://www.nursinghome411.org).

# John W. Rodat Public Signals, LLC

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

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# Outline of Today's Program



**DATA BRIEFING.**




**RESIDENT  
RIGHTS:**

Dementia Care.



**Discussion and  
Q & A.**



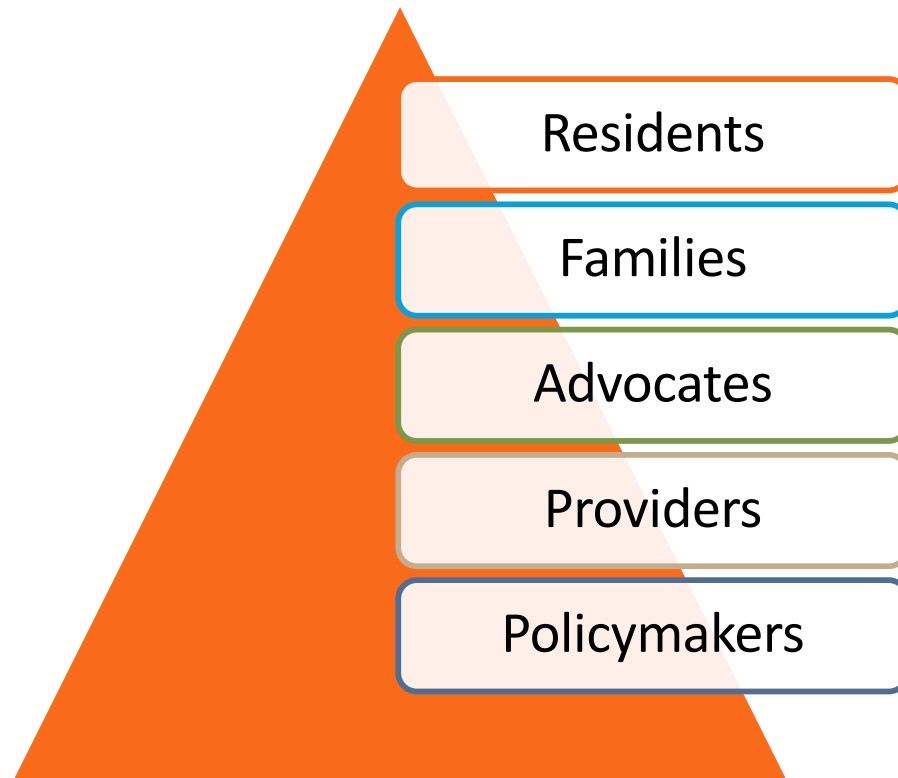
+ Hudson County Nursing Home  
Update – Part 1

**DATA UPDATE**

# + Data

## ■ Why are data important?

- Provide evidence of nursing home practices and performance.
- Enable comparisons between nursing homes, nursing home companies, etc...
- Support efforts to address problems and improve care by all stakeholders:



# + HV Nursing Home Staffing: Fast Facts for 2025 Q3

## Average Total Nurse Staffing

- US: 3.77 HPRD
- NY: 3.57 HPRD
- HV: 3.41 HPRD

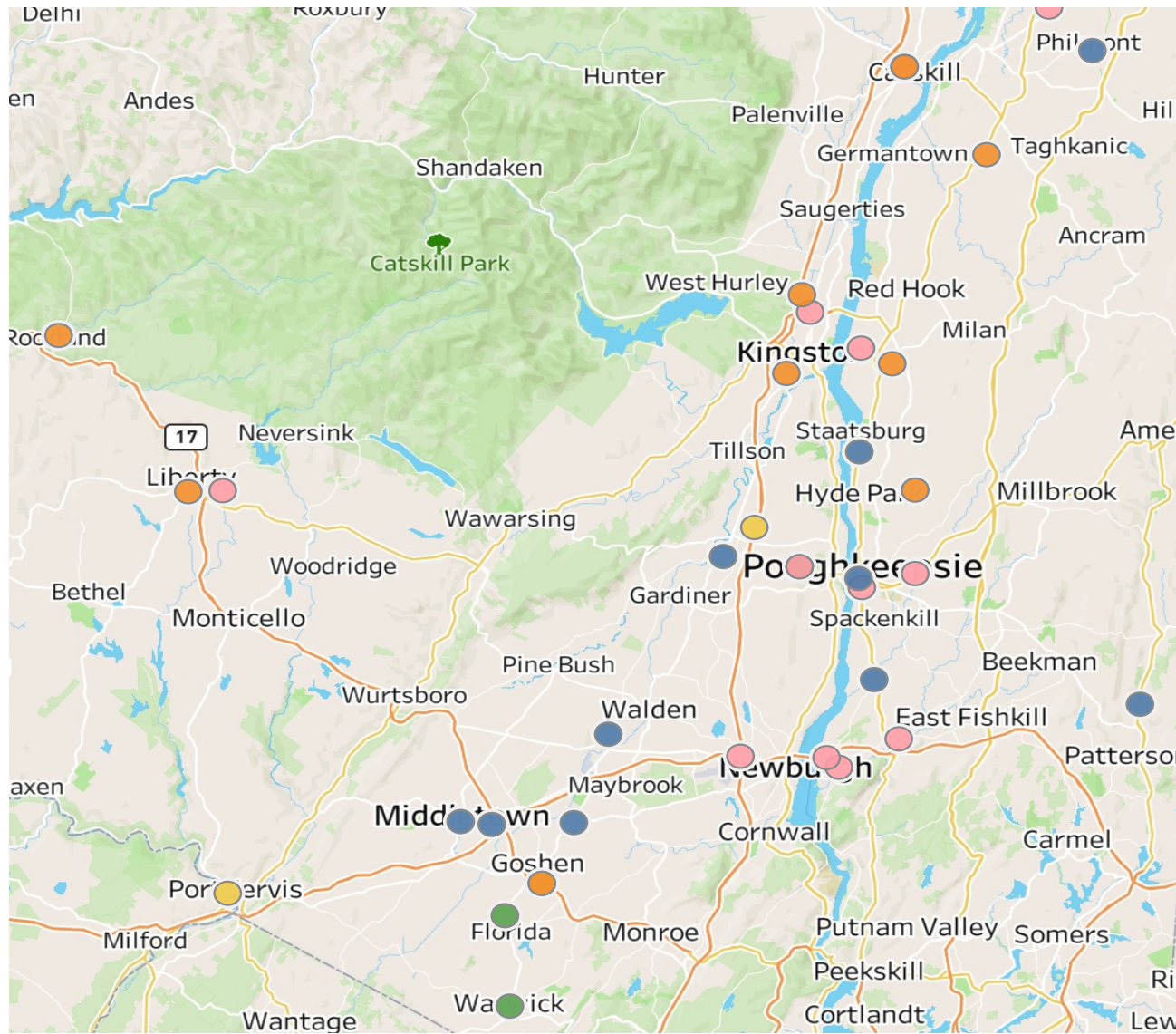
## Average RN Staffing

- US: 0.62 HPRD
- NY: 0.66 HPRD
- HV: 0.54 HPRD

## Important Points:

1. A nursing home should provide at **least 4.1 HPRD total nurse staffing, including at least 0.75 HPRD RN staffing**, just to meet basic clinical needs (federal study).
2. Most US nursing homes are significantly understaffed.
3. NY nursing homes average much worse than US, and **HV nursing homes average even lower staffing**.
4. The average HV nursing home staff is **below** the state legal minimum.



# + Federal Ratings: Nurse Staffing Levels



## Color Codes

- 1
- 2
- 3
- 4
- 5

# + Hudson Valley Nurse Staffing Levels

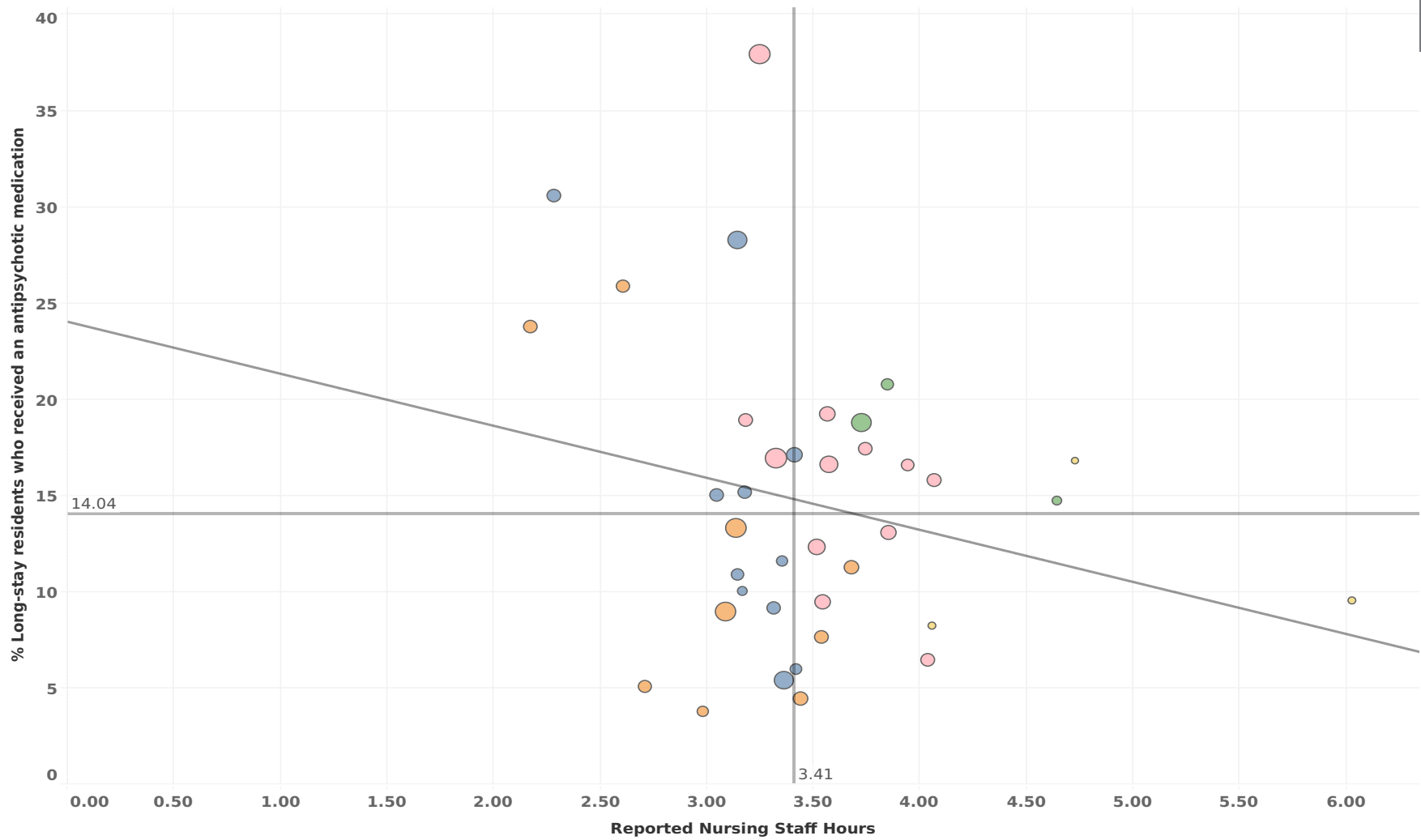
COUNTY_NAME  													
Columbia    Dutchess Greene    Orange Sullivan    Ulster													
PROVNAME	CITY	COUNTY_NAME	MDS Scenus	Nursing		Expected	% Deviation		Total Nurse		Expected	% Deviation From	
				Total Nurse	Case-Mix	Total Nurse	From Total	Care Staff	Total RN	Total RN	Total Expected RN		
				Staff HPI	Index	Staff HPRD	HPRD	Admin/DON	Staff HPR	HPRD	HPRD	HPRD	
LIVINGSTON HILLS NURSING AND REHABILITATION CENTER	LIVINGSTON	Columbia	109.57	2.00	1.31	4.87	-58.9%	1.82	0.34	0.96	-64.2%		
LUTHERAN CENTER AT POUGHKEEPSIE INC	POUGHKEEP	Dutchess	150.57	3.51	1.24	4.77	-26.4%	3.22	0.35	0.92	-62.1%		
MIDDLETOWN PARK REHAB & HEALTH CARE CENTER	MIDDLETOW	Orange	220.28	3.32	1.60	5.27	-37.0%	3.18	0.66	1.13	-41.7%		
MONTGOMERY NURSING AND REHABILITATION CENTER	MONTGOME	Orange	93.28	3.02	1.58	5.24	-42.4%	2.91	0.57	1.11	-49.0%		
NEW PALTZ CENTER FOR REHABILITATION AND NURSING	NEW PALTZ	Ulster	74.05	3.53	1.46	5.08	-30.5%	3.34	0.38	1.05	-64.1%		
NORTHEAST CTR FOR REHABILITATION AND BRAIN INJURY	LAKE KATRINI	Ulster	260.64	3.69	1.33	4.91	-24.9%	3.55	0.66	0.97	-32.1%		
PINE HAVEN HOME	PHILMONT	Columbia	117.59	2.64	1.35	4.93	-46.6%	2.60	0.59	0.98	-39.9%		
RENAISSANCE REHABILITATION AND NURSING CARE CENTER	STAATSBURG	Dutchess	98.79	2.09	1.40	5.00	-58.2%	1.92	0.27	1.01	-73.7%		
ROSCOE REGIONAL REHAB & RESIDENTIAL H C F	ROSCOE	Sullivan	76.60	2.80	1.28	4.83	-42.0%	2.67	0.54	0.94	-43.0%		
SAPPHIRE NURSING AND REHAB AT GOSHEN	GOSHEN	Orange	114.82	3.64	1.61	5.29	-31.3%	3.46	0.64	1.14	-43.8%		
SAPPHIRE NURSING AT MEADOW HILL	NEWBURGH	Orange	183.66	3.43	1.53	5.18	-33.7%	3.27	0.49	1.08	-54.8%		
SAPPHIRE NURSING AT WAPPINGERS	WAPPINGER	Dutchess	56.51	2.97	1.60	5.28	-43.7%	2.79	0.78	1.13	-30.9%		
SCHERVIER PAVILION	WARWICK	Orange	62.77	3.77	1.33	4.90	-22.9%	3.21	1.12	0.97	15.4%		
ST JOSEPHS PLACE	PORT JERVIS	Orange	38.29	3.75	1.28	4.83	-22.3%	3.50	0.95	0.94	0.7%		
SULLIVAN COUNTY ADULT CARE CENTER	LIBERTY	Sullivan	124.15	4.08	1.51	5.15	-20.8%	3.98	0.49	1.08	-54.9%		
TACONIC REHABILITATION AND NURSING AT BEACON	BEACON	Dutchess	145.41	3.70	1.25	4.79	-22.6%	3.51	0.48	0.92	-48.5%		
TACONIC REHABILITATION AND NURSING AT HOPEWELL	FISHKILL	Dutchess	150.95	3.56	1.34	4.91	-27.5%	3.34	0.45	0.98	-53.8%		
TACONIC REHABILITATION AND NURSING AT ULSTER	HIGHLAND	Ulster	100.01	4.07	1.48	5.12	-20.5%	3.93	0.67	1.06	-37.3%		
TEN BROECK COMMONS	LAKE KATRINI	Ulster	244.16	3.28	1.62	5.30	-38.1%	3.16	0.52	1.14	-54.5%		
THE BAPTIST HOME AT BROOKMEADE	RHINEBECK	Dutchess	112.30	2.89	1.34	4.92	-41.2%	2.78	0.46	0.98	-52.5%		
THE ELEANOR NURSING CARE CENTER	HYDE PARK	Dutchess	99.99	2.80	1.24	4.78	-41.4%	2.66	0.35	0.92	-61.9%		
THE GRAND REHABILITATION AND NRSG AT RIVER VALLEY	POUGHKEEP	Dutchess	153.89	3.22	1.51	5.15	-37.4%	3.13	0.29	1.07	-73.4%		
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	Columbia	227.45	2.57	1.41	5.02	-48.9%	2.47	0.42	1.02	-59.1%		
THE GRAND REHABILITATION AND NURSING AT PAWLING	PAWLING	Dutchess	113.50	3.16	1.43	5.04	-37.2%	2.98	0.43	1.03	-58.5%		

# + Hudson Valley Non-Nurse Staffing Levels

PROVNAME	CITY	COUNTY_NAME	s_Admin	MPRD: Admin	Hrs_MedDir	MPRD: MedDir	Hrs_Pharmacist	Hrs_Dietician
ACHIEVE REHAB AND NURSING FACILITY	LIBERTY	Sullivan	5.30	2.42	0.00	0.00	0.09	0.00
CAMPBELL HALL REHABILITATION CENTER INC	CAMPBELL HALL	Orange	3.70	2.08	0.02	0.01	0.00	2.70
FERNCLIFF NURSING HOME CO INC	RHINEBECK	Dutchess	9.38	2.40	2.03	0.52	0.00	11.30
FISHKILL CENTER FOR REHABILITATION AND NURSING	BEACON	Dutchess	8.26	3.21	0.00	0.00	0.00	9.73
GHENT REHABILITATION & NURSING CENTER	GHENT	Columbia	4.57	2.42	0.00	0.00	0.00	2.42
GLEN ARDEN INC	GOSHEN	Orange	5.16	9.23	0.85	1.52	0.00	1.64
GOLDEN HILL NURSING AND REHABILITATION CENTER	KINGSTON	Ulster	5.39	1.30	1.00	0.24	0.00	7.70
GREENE MEADOWS NURSING AND REHABILITATION CENTER	CATSKILL	Greene	4.61	2.48	0.00	0.00	0.39	4.66
HIGHLAND REHABILITATION AND NURSING CENTER	MIDDLETOWN	Orange	5.05	3.42	0.00	0.00	0.00	6.50
HUDSON VALLEY REHABILITATION & EXTENDED CARE CTR	HIGHLAND	Ulster	5.13	2.76	1.18	0.64	0.52	5.07
LIVINGSTON HILLS NURSING AND REHABILITATION CENTER	LIVINGSTON	Columbia	7.70	4.21	2.83	1.55	0.00	1.44
LUTHERAN CENTER AT POUGHKEEPSIE INC	POUGHKEEPSIE	Dutchess	5.17	2.06	0.00	0.00	0.00	0.00
MIDDLETOWN PARK REHAB & HEALTH CARE CENTER	MIDDLETOWN	Orange	9.70	2.64	2.87	0.78	1.44	4.38
MONTGOMERY NURSING AND REHABILITATION CENTER	MONTGOMERY	Orange	5.98	3.84	0.22	0.14	0.73	5.10
NEW PALTZ CENTER FOR REHABILITATION AND NURSING	NEW PALTZ	Ulster	5.48	4.44	0.00	0.00	0.00	2.71
NORTHEAST CTR FOR REHABILITATION AND BRAIN INJURY	LAKE KATRINE	Ulster	5.38	1.24	0.00	0.00	0.00	17.70
PINE HAVEN HOME	PHILMONT	Columbia	0.24	0.12	10.76	5.49	0.58	5.14
RENAISSANCE REHABILITATION AND NURSING CARE CENTER	STAATSBURG	Dutchess	7.48	4.55	2.87	1.74	0.00	5.98
ROSCOE REGIONAL REHAB & RESIDENTIAL H C F	ROSCOE	Sullivan	5.05	3.96	0.18	0.14	0.00	0.58
SAPPHIRE NURSING AND REHAB AT GOSHEN	GOSHEN	Orange	1.04	0.54	4.77	2.49	0.00	4.38
SAPPHIRE NURSING AT MEADOW HILL	NEWBURGH	Orange	3.90	1.27	0.00	0.00	0.00	0.00

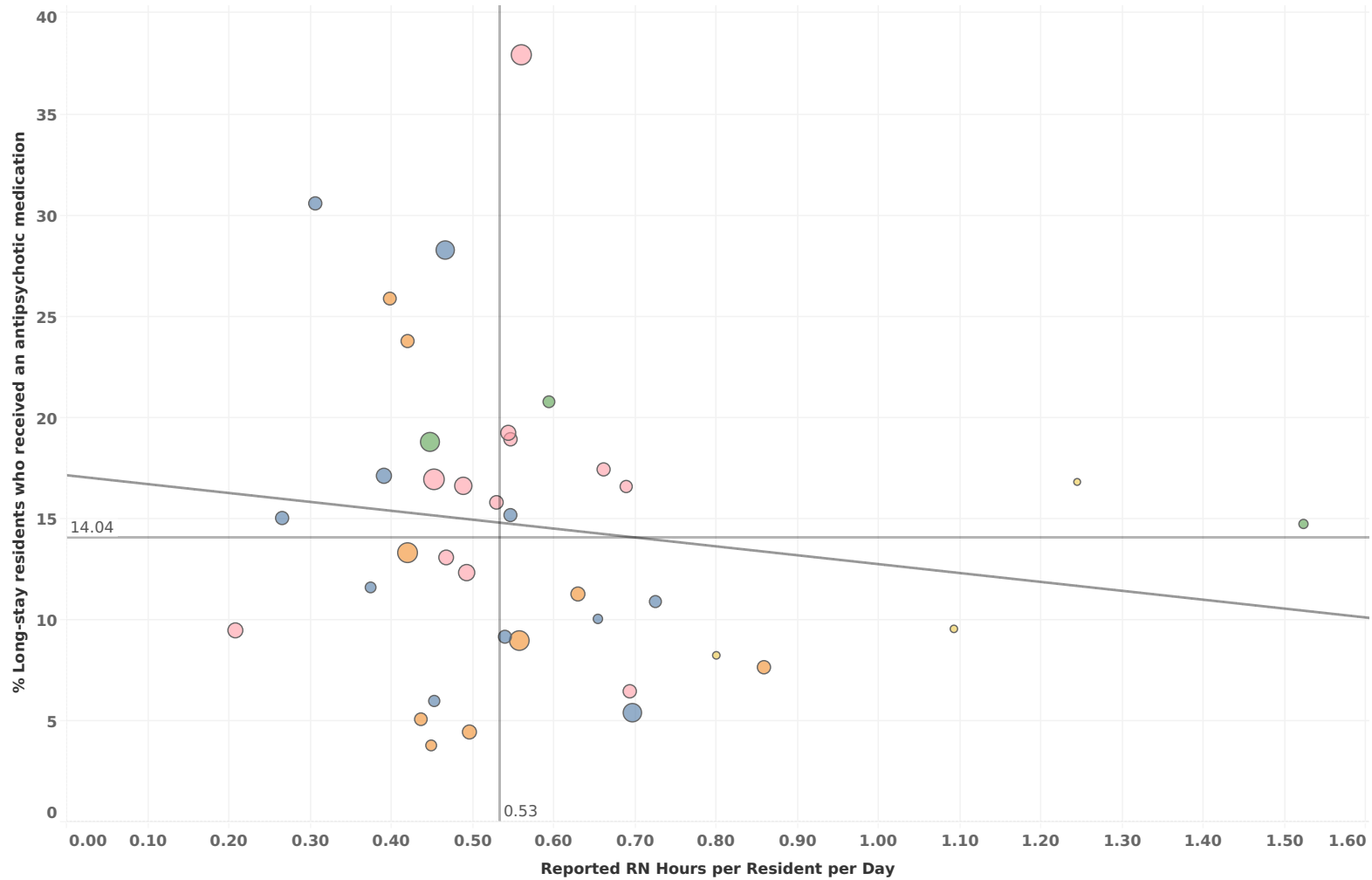


# Hudson Valley: Nurse Staffing x Antipsychotic (AP) Drugging



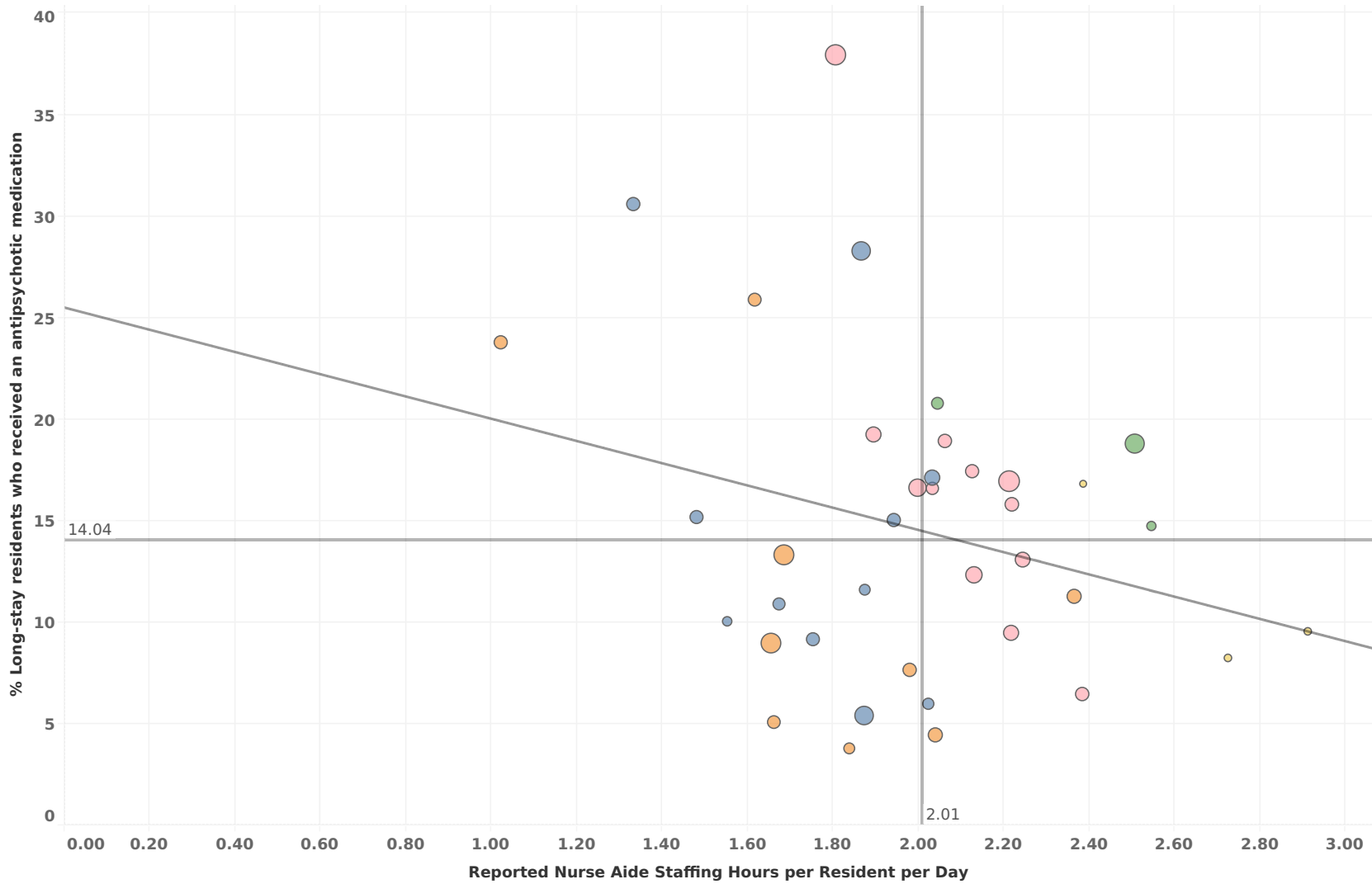


# Hudson Valley: RN Staffing x Antipsychotic (AP) Drugging

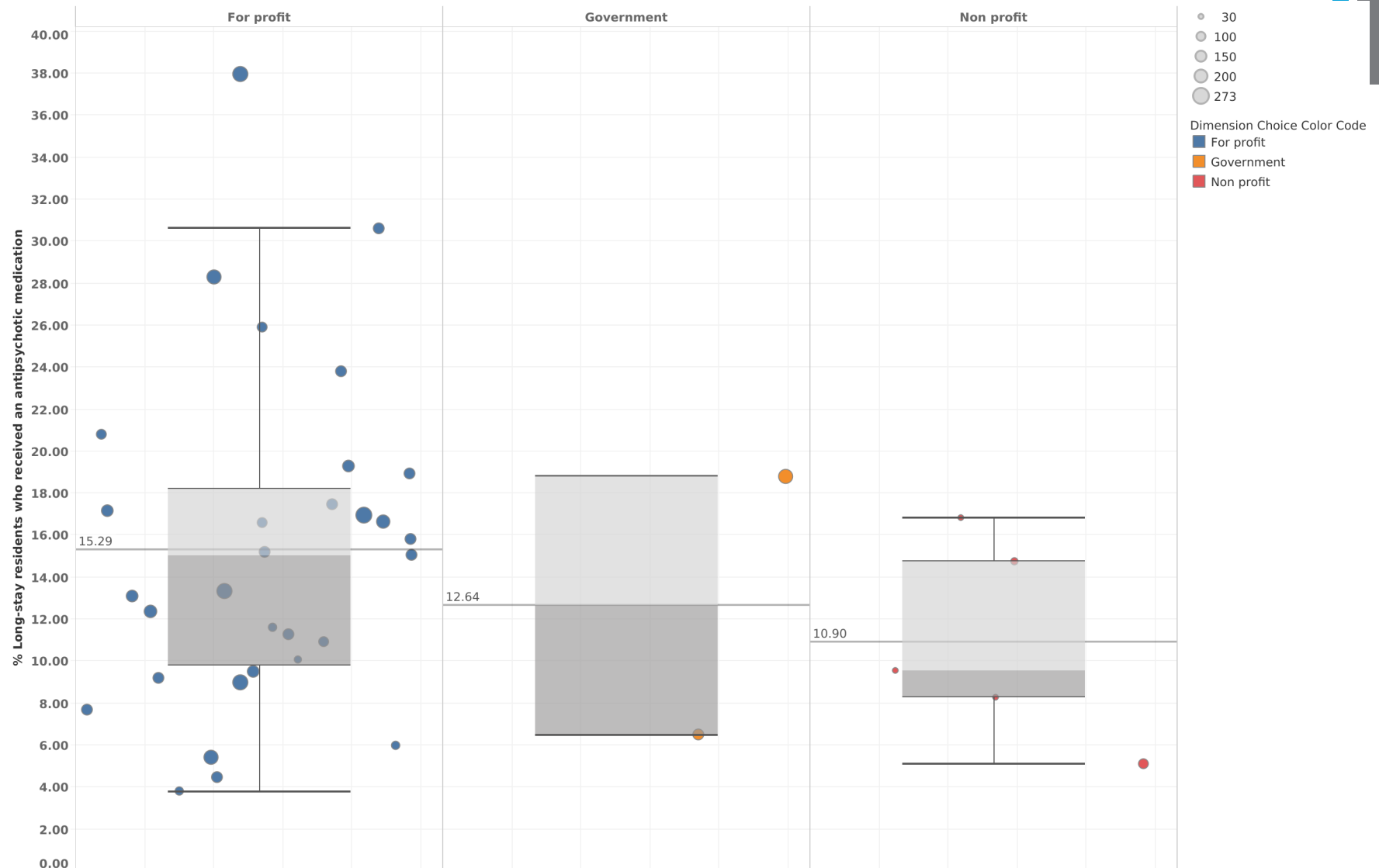




# Hudson Valley: CNA Staffing x Antipsychotic (AP) Drugging




# + Hudson Valley: Ownership x Antipsychotic (AP) Drugging



# + Hudson Valley AP Drugging Data

<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>County Name</b> <span style="float: right;">☰ ☹</span>  <div style="display: flex; flex-wrap: wrap; gap: 5px;"> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">Columbia</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">Dutchess</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">Greene</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">Orange</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">Sullivan</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">Ulster</div> </div> </div>				TOTAL Received AP Drug (Entire Resident Population)	TOTAL Received AP Drug (Short- Stay Residents)	TOTAL Received AP Drug (Long- Stay Residents)	RISK-ADJUSTED Received AP Drug (Long-Stay Residents)
Provider Name	County Name	City	Zip Code				
ACHIEVE REHAB AND NURSING FACILITY	Sullivan	LIBERTY	12754	20.99%	12.50%	23.08%	11.29%
CAMPBELL HALL REHABILITATION CENTER INC	Orange	CAMPBELL HALL	10916	20.99%	15.38%	23.64%	15.05%
FERNCLIFF NURSING HOME CO INC	Dutchess	RHINEBECK	12572	33.95%	41.86%	31.98%	16.96%
FISHKILL CENTER FOR REHABILITATION AND NURSING	Dutchess	BEACON	12508	30.23%	36.36%	28.12%	19.26%
GHENT REHABILITATION & NURSING CENTER	Columbia	GHENT	12075	19.27%	11.54%	21.69%	18.94%
GLEN ARDEN INC	Orange	GOSHEN	10924				8.26%
GOLDEN HILL NURSING AND REHABILITATION CENTER	Ulster	KINGSTON	12401	17.07%	17.24%	16.95%	13.33%
GREENE MEADOWS NURSING AND REHABILITATION CENTER	Greene	CATSKILL	12414	22.58%	14.71%	27.12%	17.45%
HIGHLAND REHABILITATION AND NURSING CENTER	Orange	MIDDLETOWN	10940				6%
HUDSON VALLEY REHABILITATION & EXTENDED CARE CTR	Ulster	HIGHLAND	12528	35.35%	32.56%	37.50%	20.8%
LIVINGSTON HILLS NURSING AND REHABILITATION CENTER	Columbia	LIVINGSTON	12541	31.00%	30.00%	31.25%	23.8%
LUTHERAN CENTER AT POUGHKEEPSIE INC	Dutchess	POUGHKEEPSIE	12603	10.08%		11.54%	9.49%
MIDDLETOWN PARK REHAB & HEALTH CARE CENTER	Orange	MIDDLETOWN	10940	7.78%	10.29%		5.42%
MONTGOMERY NURSING AND REHABILITATION CENTER	Orange	MONTGOMERY	12549				10.92%
NEW PALTZ CENTER FOR REHABILITATION AND NURSING	Ulster	NEW PALTZ	12561				11.62%
NORTHEAST CTR FOR REHABILITATION AND BRAIN INJURY	Ulster	LAKE KATRINE	12449	34.87%	26.67%	37.64%	37.95%



+ Hudson County Nursing Home  
Update – Part 2

**Dementia Care Standards & Resident  
Rights**

# + Know Your Resident's Rights

Too often, we accept substandard care because we have been conditioned to expect it.

## Learning Center

Home » Learning Center

### Welcome to LTCCC's Learning Center

Select boxes below to access our latest materials and resources to support good care and resident-centered advocacy. Scroll to the bottom of this page for LTCCC's most recent Learning Center resources.



#### Webinars

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



#### Get the Facts

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



#### Family Council Empowerment

A toolkit and other resources to support families and friends in their development of family councils.



#### Dementia Care & Antipsychotics

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



#### Families & Ombudsmen

Fact sheets and other resources supporting resident-centered advocacy.



#### Reporting Abuse & Neglect

Information and resources to help identify and address abuse and neglect.



#### Assisted Living

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



#### Podcasts

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

## User-Friendly Fact Sheets Include:

- Abuse, Neglect & Exploitation
- Antipsychotic Drugging
- Bed Rails
- Dementia Care Practices
- Fall & Accident Prevention
- Food, Nutrition, and Dietary Services
- Pain Management
- Infection Prevention and Control
- Informed Consent
- Requirements for Nursing Home Care Staff & Administration
- Requirements for Nursing Home Physician, Rehab, & Dental Services
- Transfer & Discharge Rights

# + The Nursing Home Reform Law

- Nursing homes are required – and paid – to provide sufficient staff and appropriate services to help residents attain and maintain their highest practicable physical, mental, and psychosocial well-being as individuals. **This includes residents with dementia.**
- Though the the standards are strong, they can only make a difference in the lives of residents if they are ENFORCED.
- Due to lack of enforcement, nursing homes are often poor places to live.
- Our goal is to help YOU achieve this quality of care for YOUR RESIDENTS.



## + The Law: Residents' Rights

- **Dignity:** Every resident, including those with dementia, has the right to be treated with dignity and respect and to live in a comfortable environment.
- **Necessary Care & Services:** Every resident, no matter who pays for her care, has the right to receive the care and services necessary to attain and maintain highest possible well-being and functioning.
- **Informed Decision-Making:** Residents have the right to be informed about the risks and benefits of any medication or treatment in language he or she can understand.
- **Right to Refuse:** Residents have the right to refuse a medication or treatment.
- **Freedom from Chemical Restraints:** It is against the law to give antipsychotic drugs or other medications unless they benefit the resident. Drugs cannot be given to make things more convenient for staff.

## + Resident Rights

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well being, in accordance with the comprehensive assessment and plan of care.

1. 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;
2. Exclude potentially remediable causes of behaviors (such as medical, medication-related, psychiatric, physical, functional, psychosocial, emotional, environmental) and determined if symptoms were severe, distressing or risky enough to adversely affect the safety of residents;

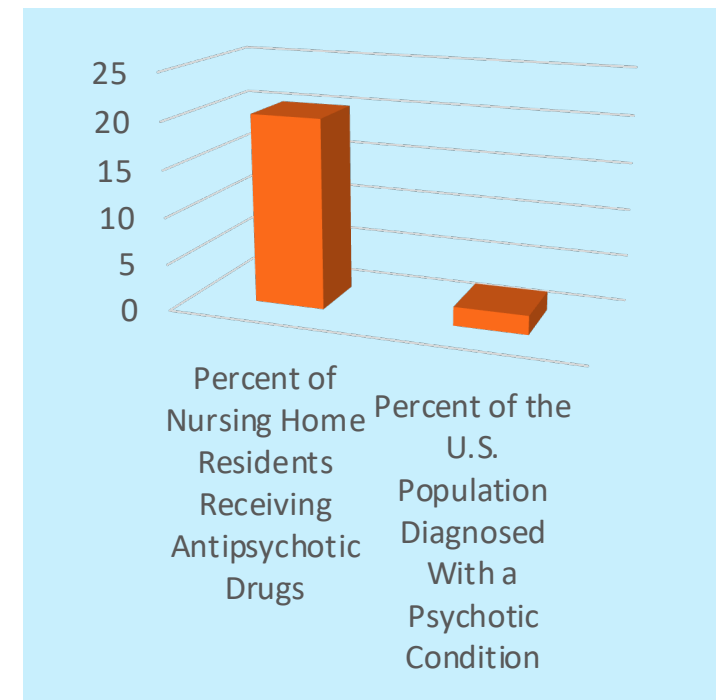
## + Resident Rights

3. Implement non-pharmacological approaches to care to understand and address behavior as a form of communication and modified the environment and daily routines to meet the person's needs;
4. Implement the care plan consistently and communicated across shifts and among caregivers and with the resident or family/representative (to the extent possible); and
5. Assess the effects of the approaches, identified benefits and complications in a timely fashion, involved the attending physician and medical director as appropriate, and adjusted treatment accordingly.

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

## + What is the problem we are trying to address?

- About 20% of our nursing home residents are given powerful antipsychotics. Only about 2% of the population is ever diagnosed with a psychotic condition.
- Over the years, it became a common practice to sedate residents with dementia who are distressed or exhibiting other “behavioral symptoms” of dementia.
- The Food & Drug Administration (FDA) “Black Box” warning states, “Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death....”
- Antipsychotics commonly have serious side-effects, including: movement disorders, falls, hip fractures, strokes and increased risk of death.
- Antipsychotics stupefy residents and can seriously exacerbate functional and cognitive limitations.
- **Antipsychotic drugs are NOT EFFECTIVE for more than a short period of time in addressing “behavioral symptoms of dementia.”**



## + 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.



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

## + 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 people.
- **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.

**What EVERY  
Provider  
Should Be  
Doing.**

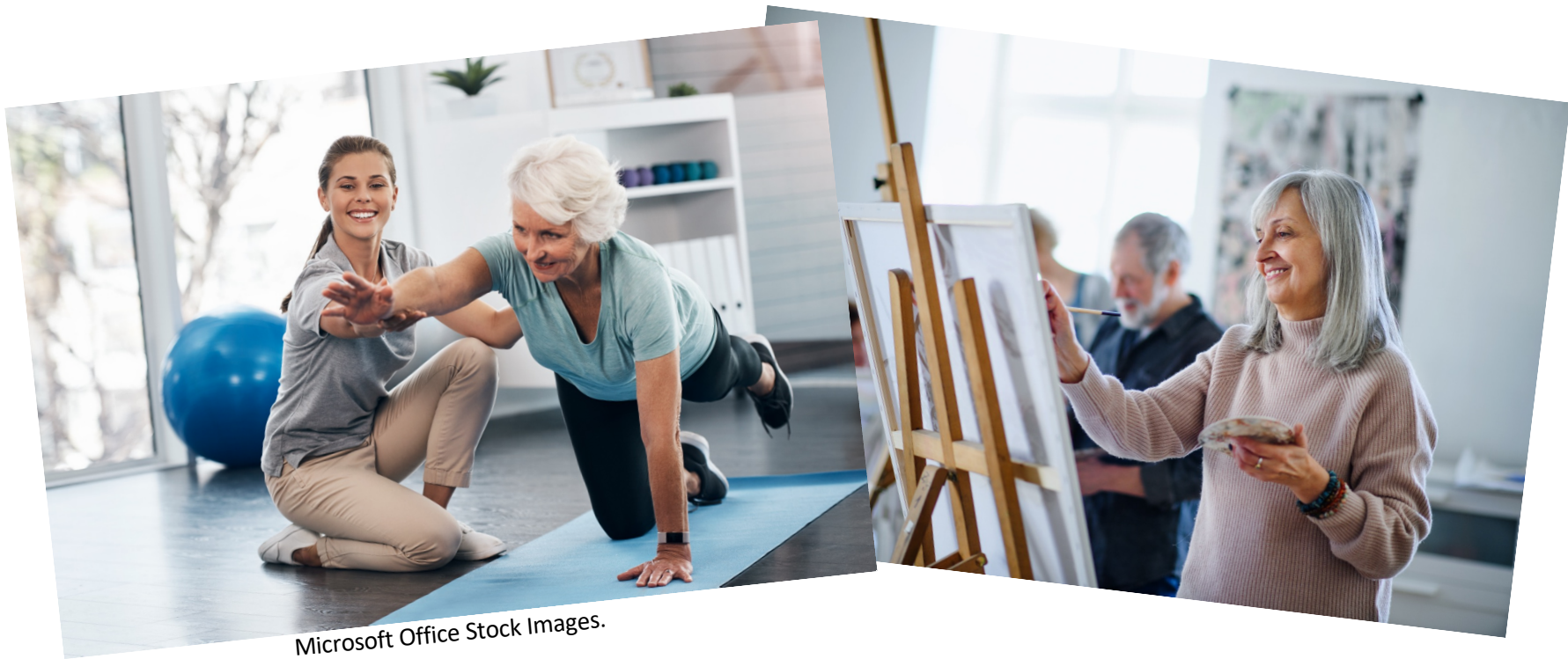
## + Non-Pharmacologic Approaches

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:

- **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.

## + Non-Pharmacologic Approaches (continued)

**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.



Microsoft Office Stock Images.

# + LTCCC's Dementia Care Toolkit

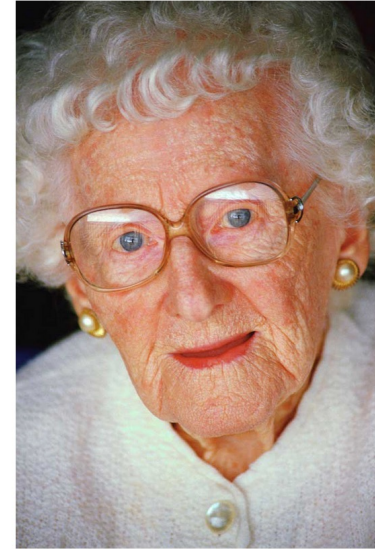
## Dementia Care & Antipsychotic Drugging Advocacy Toolkit

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

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

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

[Recursos en Español](#)



## Fact Sheets

Introduction to the Dementia Care Toolkit  
Dementia Care & Antipsychotic Drugging Basics  
Dementia Care & Psychotropic Drugs  
Dementia Care Considerations  
Dementia Care Practices  
Informed Consent

Non-Pharmacological Approaches to Dementia Care  
Resident & Family Record-Keeping  
Standards of Care for Resident Well-Being  
Standards for Nursing Home Services  
Resident & Family Councils  
Resident Assessment & Care Planning

Resident Care Planning  
Resident Dignity & Quality of Life  
Resident Rights Dignity & Respect  
Safe Environment  
Fact Sheet: Standards for People Providing Resident Care

## More Dementia Care Resources

[Antipsychotic Drugging Data](#)  
[Antipsychotic Drug List](#)

[Drugs & Pharmacy Services](#)  
[Webinar: A Campaign Sedated: Dangerous](#)

[People Living with Dementia?](#)  
[Webinar: Why Comfort Matters: Reducing](#)

# + The Dementia Care Toolkit

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



## LONG TERM CARE COMMUNITY COALITION

*Advancing Quality, Dignity & Justice*

### CONSUMER FACTSHEET: DEMENTIA CARE CONSIDERATIONS

Accessing appropriate care and services for someone with dementia can be daunting. In this fact sheet, we provide some questions to ask and considerations for individuals and families who are faced with making choices about dementia care and advocating for the care and services that are appropriate and beneficial for the individual.

These questions and considerations were adapted from a dementia care survey (inspection) process piloted by the U.S. Centers for Medicare and Medicaid Services. Though they are geared to assessing whether a nursing home is complying with minimum standards, we believe that they can be useful for evaluating whether dementia care is good and appropriate in any setting.

#### QUESTIONS TO ASK & CONSIDER

- Does the nursing home have specific policies and procedures related to dementia care (whether or not they have a special dementia unit)?
- Do resident care policies and procedures clearly indicate a systematic process for the care of residents with dementia?
- Does the nursing home look systematically at ways to structure the care processes around the residents' individual needs and not around staff needs or routines (including short staffing)?
- Does the overall philosophy of care in the nursing home acknowledge behaviors as a form of communication?
- Is that philosophy evidenced in the care practices in the facility? How?
- Are care staff actively trying to understand the meaning behind dementia-related behaviors and responding in a way that is appropriate and beneficial to the resident?
- Is it evident, through conversations with facility staff and leadership, that nationally recognized dementia care guidelines or programs (for examples see the document *NonPharma Approaches to Dementia Care* on [www.nursinghome411.org](http://www.nursinghome411.org)) are the basis of care for people with dementia in the nursing home?
- Do resident care policies and procedures clearly outline a systematic process for the care of residents with dementia?
- Are staff receiving dementia care training? If so, what kind and how often?

#### PRACTICES TO OBSERVE & CONSIDER

- **Observe** for language or routines that could have an impact on dignity and/or function, e.g.:
  - Use of bibs;
  - High percentage of residents wearing socks/non-skid socks and institutional gowns instead of their own clothes and shoes;
  - Residents with soiled hands or nails, unshaven or with hair not combed;
  - Failure to respond to residents' communication/behavioral manifestations of distress/emotional to prevent escalation of distress; and
  - Attempts to keep residents "quiet" or prevent them from moving around versus efforts to walk or talk with residents who appear distressed.
- **Observe** for social dining atmosphere or individualized dining setting (as appropriate) with staff sharing the dining experience with residents (not standing over them).
- **Observe** for staff talking with residents, not talking only with other staff or ignoring residents. Observe for culturally appropriate meals.
- **Observe** for whether or not staff assesses the environment regularly for too much or too little noise, light and stimulation. (Since this may be difficult to ascertain during observations alone, speak with staff about how they address environmental issues for individuals with dementia).
- **Observe** for other basic dementia care approaches such as:
  - Using soft, low voice and speaking where resident may read lips/see face clearly;
  - Not approaching resident from behind;
  - Providing adequate time during resident care and meals (not rushing);
  - Encouraging maximal independence (not performing activities/care routines that resident could perform him/herself if given adequate time and cues);
  - Encouraging time outdoors and resident involvement in physical activities;
  - Redirecting resident away from high stress environments;
  - Allowing a resident to remain in preferred location (e.g., to remain in bed) if safe, and re-approaching that resident later on if they express a desire/choose to remain where they are (staff recognizing this as preference/choice, even in someone who has dementia);
  - Providing stimulation (to avoid boredom);
  - Ensuring an adequate number and type of activities on all shifts, including weekends;
  - Addressing loneliness/isolation; and
  - Appropriately limiting choices to avoid frustration/confusion.
- **Assess** for adequate sleep and individualized sleep hygiene in care plan (sleep facilitators, such as reducing interruptions for continence care or pressure relief through use of appropriate continence products and mattresses); sleep log or diary if indicated. Assess for residents sleeping often during activities.
- **Evaluate** for adequate pain assessment in all residents with particular attention to those with difficulty communicating about pain.
- **Assess** for issues during care transitions. For example, was there a unit or room change? What prompted this change? How was information transferred effectively among care providers.

#### RESOURCES

- [WWW.NURSINGHOME411.ORG](http://WWW.NURSINGHOME411.ORG). LTCCC's website includes materials on the relevant standards for nursing home care, a listing of antipsychotic drug names and other resources.
- [WWW.THECONSUMERVOICE.ORG](http://WWW.THECONSUMERVOICE.ORG). The Consumer Voice has numerous materials and resources for residents, family members and LTC Ombudsmen.

# + Hudson Valley AP Drugging Data

<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>County Name</b> <span style="float: right;">☰ ☰</span>  <div style="display: flex; flex-wrap: wrap; gap: 5px;"> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">Columbia</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">Dutchess</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">Greene</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">Orange</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">Sullivan</div> <div style="border: 1px solid black; padding: 2px 5px; margin: 2px;">Ulster</div> </div> </div>				TOTAL	TOTAL	TOTAL	RISK-ADJUSTED
Provider Name	County Name	City	Zip Code	Received AP Drug (Entire Resident Population)	Received AP Drug (Short-Stay Residents)	Received AP Drug (Long-Stay Residents)	Received AP Drug (Long-Stay Residents)
ACHIEVE REHAB AND NURSING FACILITY	Sullivan	LIBERTY	12754	20.99%	12.50%	23.08%	11.29%
CAMPBELL HALL REHABILITATION CENTER INC	Orange	CAMPBELL HALL	10916	20.99%	15.38%	23.64%	15.05%
FERNCLIFF NURSING HOME CO INC	Dutchess	RHINEBECK	12572	33.95%	41.86%	31.98%	16.96%
FISHKILL CENTER FOR REHABILITATION AND NURSING	Dutchess	BEACON	12508	30.23%	36.36%	28.12%	19.26%
GHENT REHABILITATION & NURSING CENTER	Columbia	GHENT	12075	19.27%	11.54%	21.69%	18.94%
GLEN ARDEN INC	Orange	GOSHEN	10924				8.26%
GOLDEN HILL NURSING AND REHABILITATION CENTER	Ulster	KINGSTON	12401	17.07%	17.24%	16.95%	13.33%
GREENE MEADOWS NURSING AND REHABILITATION CENTER	Greene	CATSKILL	12414	22.58%	14.71%	27.12%	17.45%
HIGHLAND REHABILITATION AND NURSING CENTER	Orange	MIDDLETOWN	10940				6%
HUDSON VALLEY REHABILITATION & EXTENDED CARE CTR	Ulster	HIGHLAND	12528	35.35%	32.56%	37.50%	20.8%
LIVINGSTON HILLS NURSING AND REHABILITATION CENTER	Columbia	LIVINGSTON	12541	31.00%	30.00%	31.25%	23.8%
LUTHERAN CENTER AT POUGHKEEPSIE INC	Dutchess	POUGHKEEPSIE	12603	10.08%		11.54%	9.49%
MIDDLETOWN PARK REHAB & HEALTH CARE CENTER	Orange	MIDDLETOWN	10940	7.78%	10.29%		5.42%
MONTGOMERY NURSING AND REHABILITATION CENTER	Orange	MONTGOMERY	12549				10.92%
NEW PALTZ CENTER FOR REHABILITATION AND NURSING	Ulster	NEW PALTZ	12561				11.62%
NORTHEAST CTR FOR REHABILITATION AND BRAIN INJURY	Ulster	LAKE KATRINE	12449	34.87%	26.67%	37.64%	37.95%

# + Additional Resources at NH411

## ■ Hudson Valley Page

➤ <https://nursinghome411.org/states/ny/hudsonvalley/>

## ■ Supporting Your Constituents During a Nursing Home Stay: A Guide for Legislators and Elected Officials

➤ <https://nursinghome411.org/reports/guide-legislators/>

## ■ A Guide to Nursing Home Oversight & Enforcement

➤ <https://nursinghome411.org/reports-studies/guide-oversight/>

## ■ LTC in New York

➤ <https://nursinghome411.org/states/ny/>

## ■ Dementia Care Toolkits

➤ <https://nursinghome411.org/dementia-care-toolkits/>

[www.nursinghome411.org](http://www.nursinghome411.org)



# Thank You For Joining Us Today!

Next Program: June 18 at 11am

## Agenda:

1. Data Update

2. Resident Rights: Dignity & Quality of Life.

Email [info@ltccc.org](mailto:info@ltccc.org) to...

1. Suggest a topic for a future program or
2. Join our list-serve community, open only to residents, families, LTC Ombudsmen, and advocates in NY State.

You can also...

Visit us on the **Web** at [www.nursinghome411.org](http://www.nursinghome411.org).

Join us on **Facebook** at [www.facebook.com/ltccc](http://www.facebook.com/ltccc).

Follow us on **Instagram** at [www.instagram.com/ltccoalition/](http://www.instagram.com/ltccoalition/).

Thank you to the Dyson Foundation for supporting these programs!