



PROVNAME	CITY	COUNTY NAME	MDScores	Total		Expected Total	% Deviation From Total Expected
				Nurse Staff	Nursing Case-Mix Index		
RENAISSANCE REHABILITATION AND NURSING CARI STAATSBURG	Dutchess		104.18	2.04	1.45	5.08	
LIVINGSTON HILLS NURSING AND NURSING CARI STAATSBURG	Dutchess		104.86	2.23	1.15	4.64	
THE GRAND REHABILITATION AND REHABILITATION C LIVINGSTON	Dutchess		227.41	2.71	1.44	5.09	
THE GRAND REHABILITATION AND NURSING AT BARI VALATIE	Dutchess		55.76	2.81	1.54	5.19	
SAPPHIRE NURSING AT WAPPINGERS	Dutchess		108.75	2.76	1.29	4.85	
THE BAPTIST HOME AT BROOKMEADE	Dutchess		114.15	2.88	1.44	4.85	
THE GRAND REHABILITATION AND NURSING AT PAW PAWLING	Dutchess		94.16	3.10	1.67	5.06	
MONTGOMERY NURSING AND REHABILITATION CEN MONTGOMERY	Orange		99.40	2.75	1.21	4.73	
THE ELEANOR NURSING CARE CENTER	Dutchess		115.38	2.88	1.28	4.83	
ROSCOE REGIONAL REHAB & RESIDENTIAL H C F	Dutchess		243.65	3.31	1.38	4.98	
PINE HAVEN HOME	Dutchess		153.04	3.27	1.52	5.25	
TEN BROECK COMMONS	Dutchess		130.77	3.30	1.55	5.15	
THE GRAND REHABILITATION AND NRSG AT RIVER W POUGHKEEPSIE	Ulster		182.38	3.37	1.57	5.20	
ACHIEVE REHAB AND NURSING FACILITY	Ulster		235.98	3.35	1.53	5.24	
SAPPHIRE NURSING AT MEADOW HILL	Ulster		221.93	3.51	1.70	5.18	
GOLDEN HILL NURSING AND REHABILITATION CENT KINGSTON	Orange		102.47	3.46	1.53	5.41	
MIDDLETOWN PARK REHAB & HEALTH CARE CENTER MIDDLETOWN	Orange		154.73	3.44	1.51	5.15	
CAMPBELL HALL REHABILITATION CENTER INC	Orange		92.15	3.50	1.47	5.10	
FISHKILL CENTER FOR REHABILITATION AND NURSIP BEACON	Dutchess		114.99	3.61	1.56	5.22	
HIGHLAND REHABILITATION AND NURSING CENTER MIDDLETOWN	Orange						
SAPPHIRE NURSING AND REHAB AT GOSHEN	Orange						

From Data to Dignity: Practical Tools to Improve Staffing, Safety, and Care

Richard Mollot, Long Term Care Community Coalition

www.nursinghome411.org

+ The Long Term Care Community Coalition

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



Program Overview



Background: Basic federal requirements.



Why do the data matter to us?



Using the staffing & provider data reports



Nursing Home Staffing Resource Center



Discussion/Q&A



+

Background

+ The Nursing Home Reform Law

- The law requires that every nursing home resident is provided the care and quality of life services sufficient to attain and maintain their **highest practicable physical, emotional, & psycho-social well-being**.
- The law emphasizes **individualized, patient-centered care**.
- Importantly, the law lays out specific resident rights from **good care** and monitoring to a quality of life that maximizes **choice, dignity, & autonomy**.
- Sufficient staffing have been required since the beginning.



+ Staffing Data

- Nursing homes are paid – and agree – to provide sufficient staffing 24/7/365.
- Nursing homes are required to report their daily staffing for a range of nursing and non-nursing positions to the federal government. These reports must be based on payroll records.
- These data are publicly available in quarterly reports from CMS and on www.nursinghome411.org.



+ Why is This Important?

- Publicly reported staffing reports provide both easily accessible and valid data to help...
 - ➡ evaluate the extent to which a nursing home has sufficient staffing to meet the needs of its residents;
 - ➡ compare facilities in a community or state; and
 - ➡ identify potential substandard care and avoidable neglect.

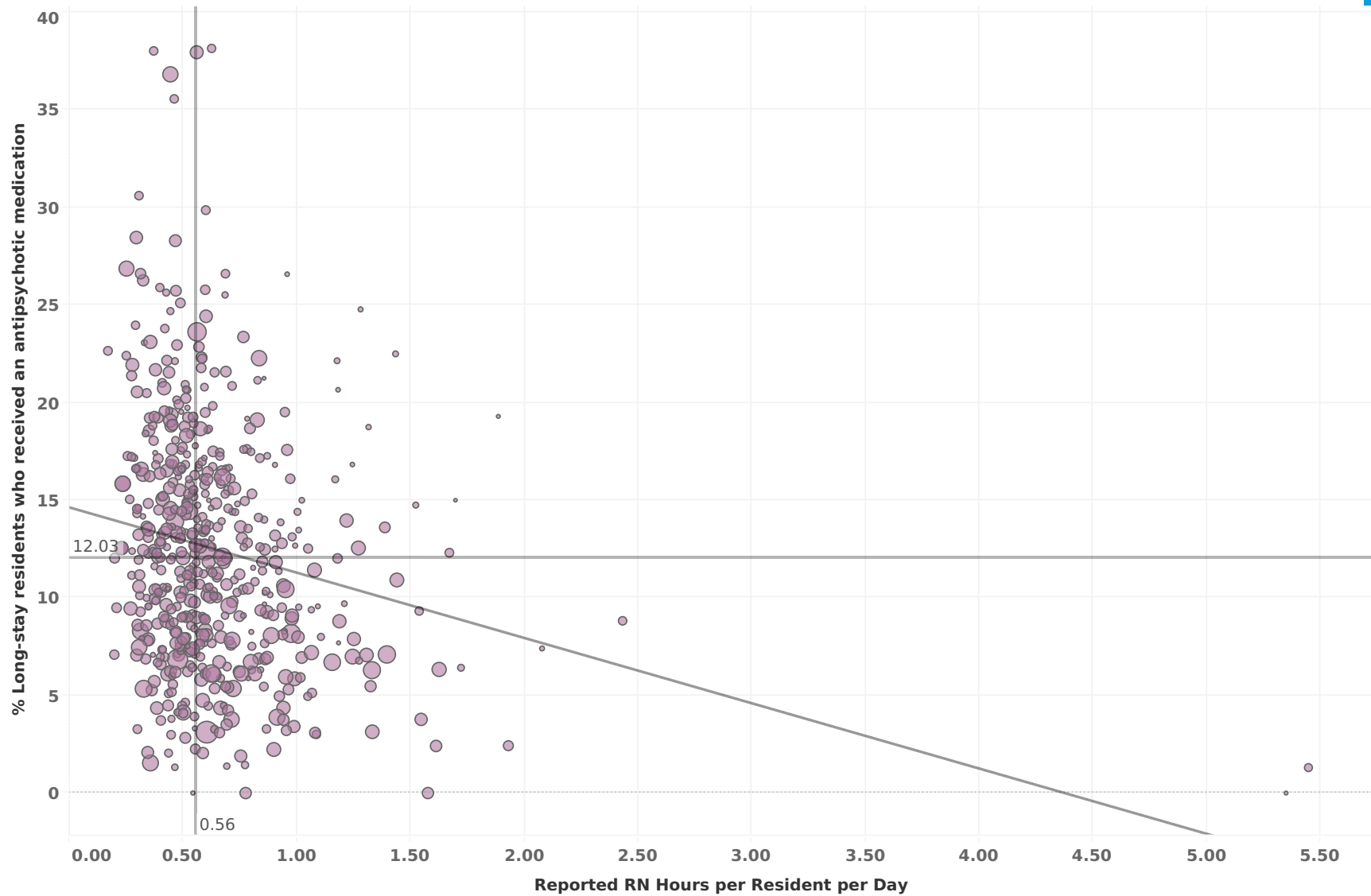




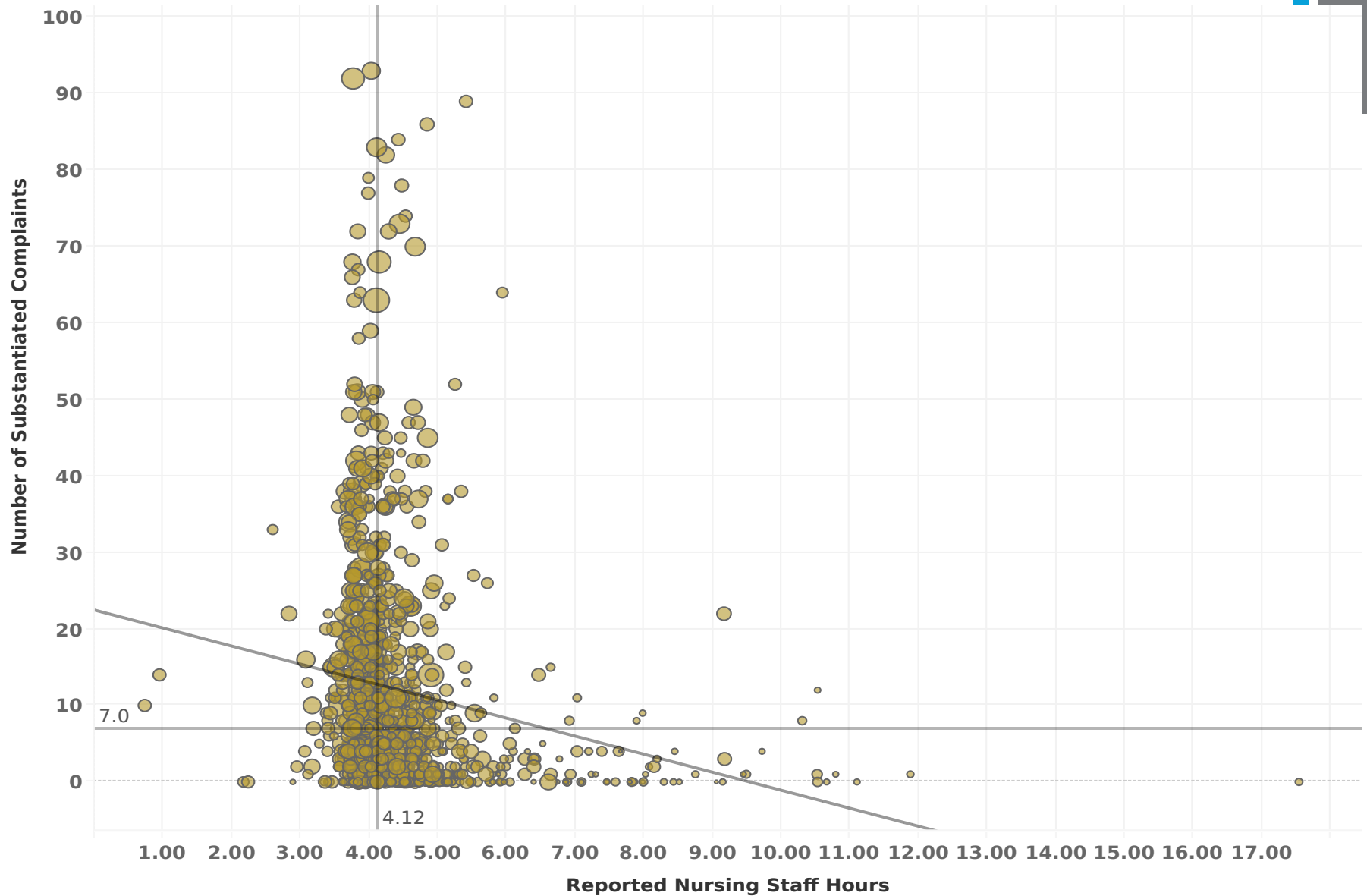
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What Can the Data Show Us?

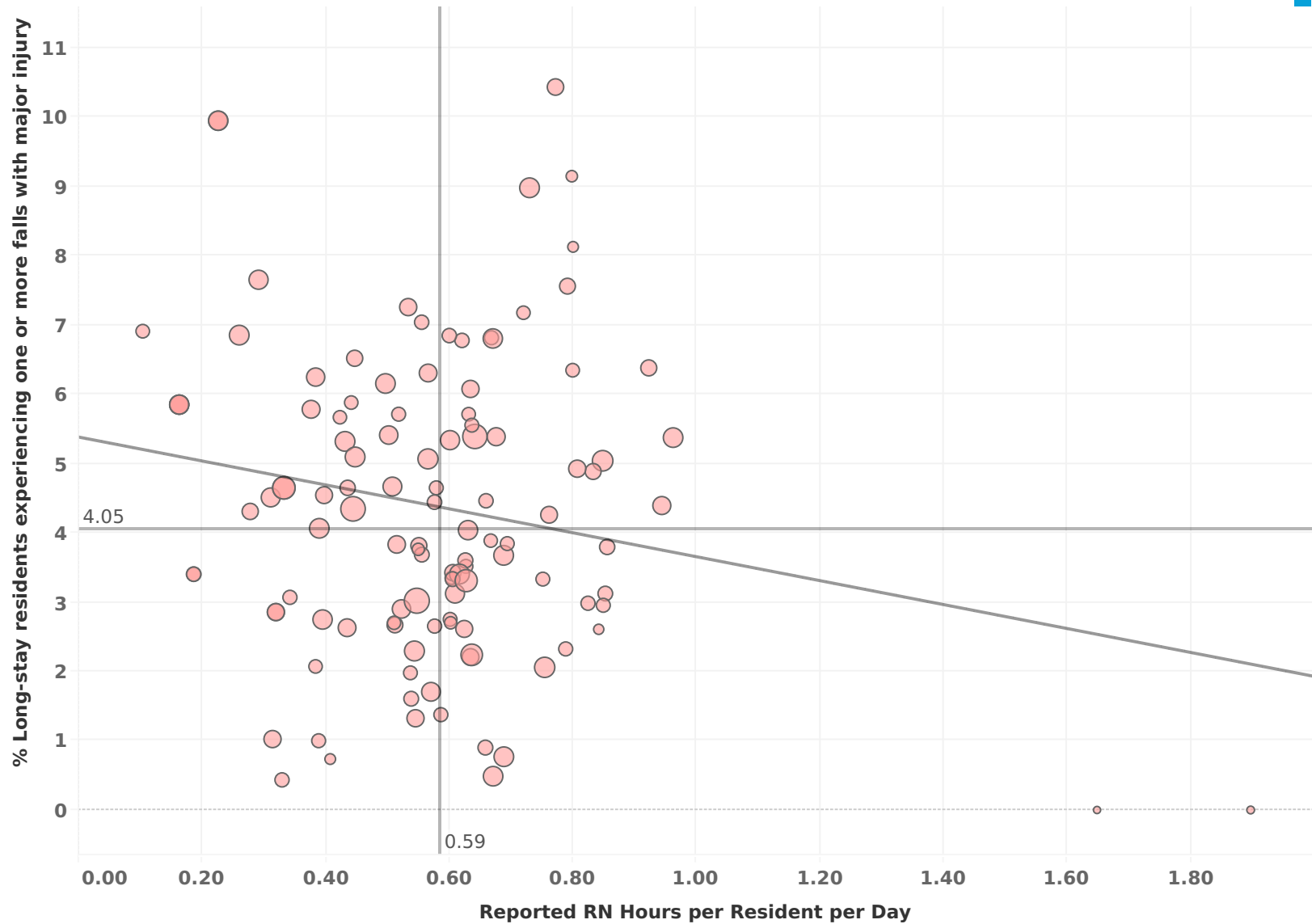
+ Example: Antipsychotic Drugging Rates Go Down As RN Staffing Goes Up (NY)



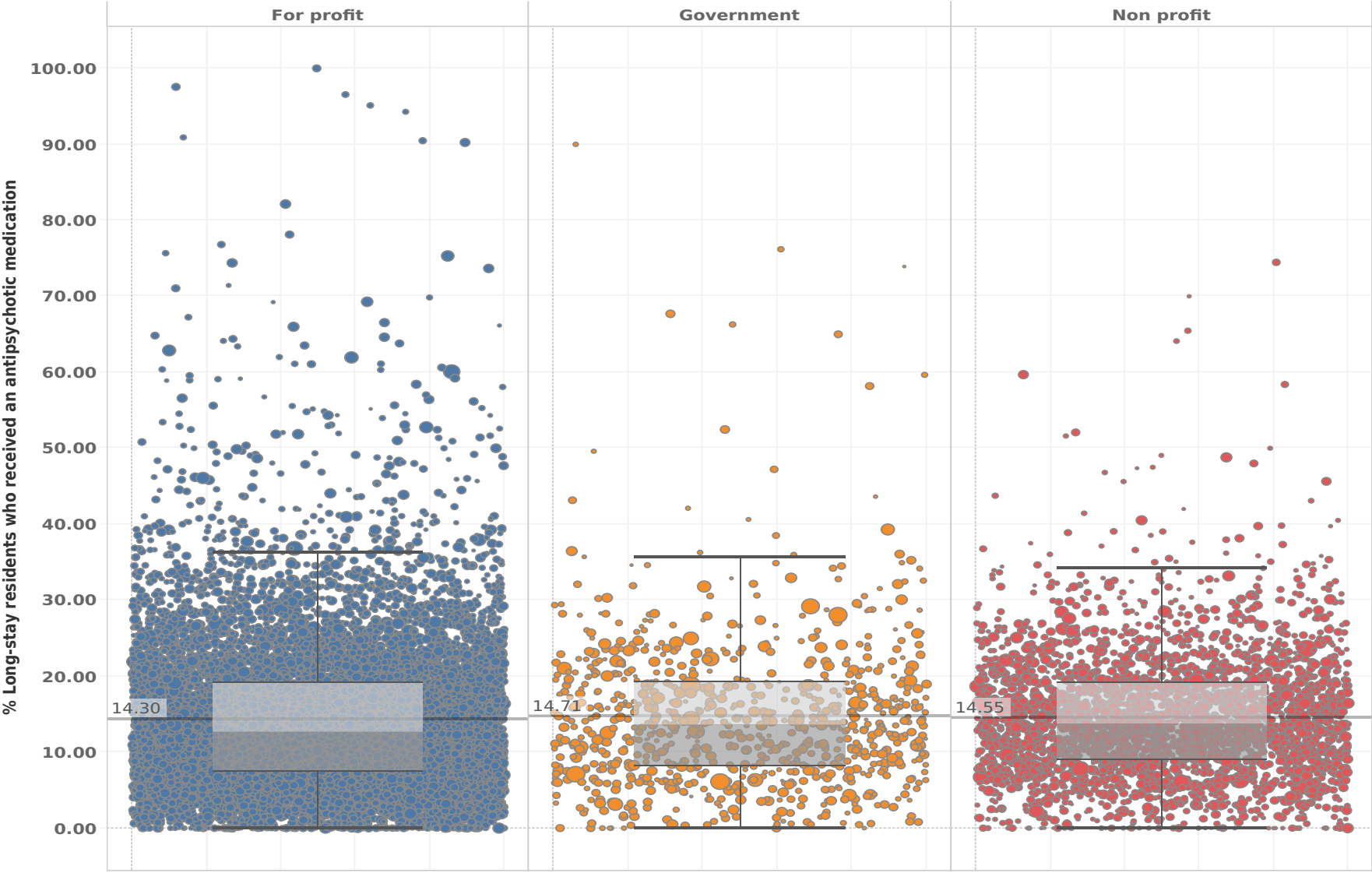
+ Example: Substantiated Complaints Go Down As Total Nurse Staffing Goes Up (CA)



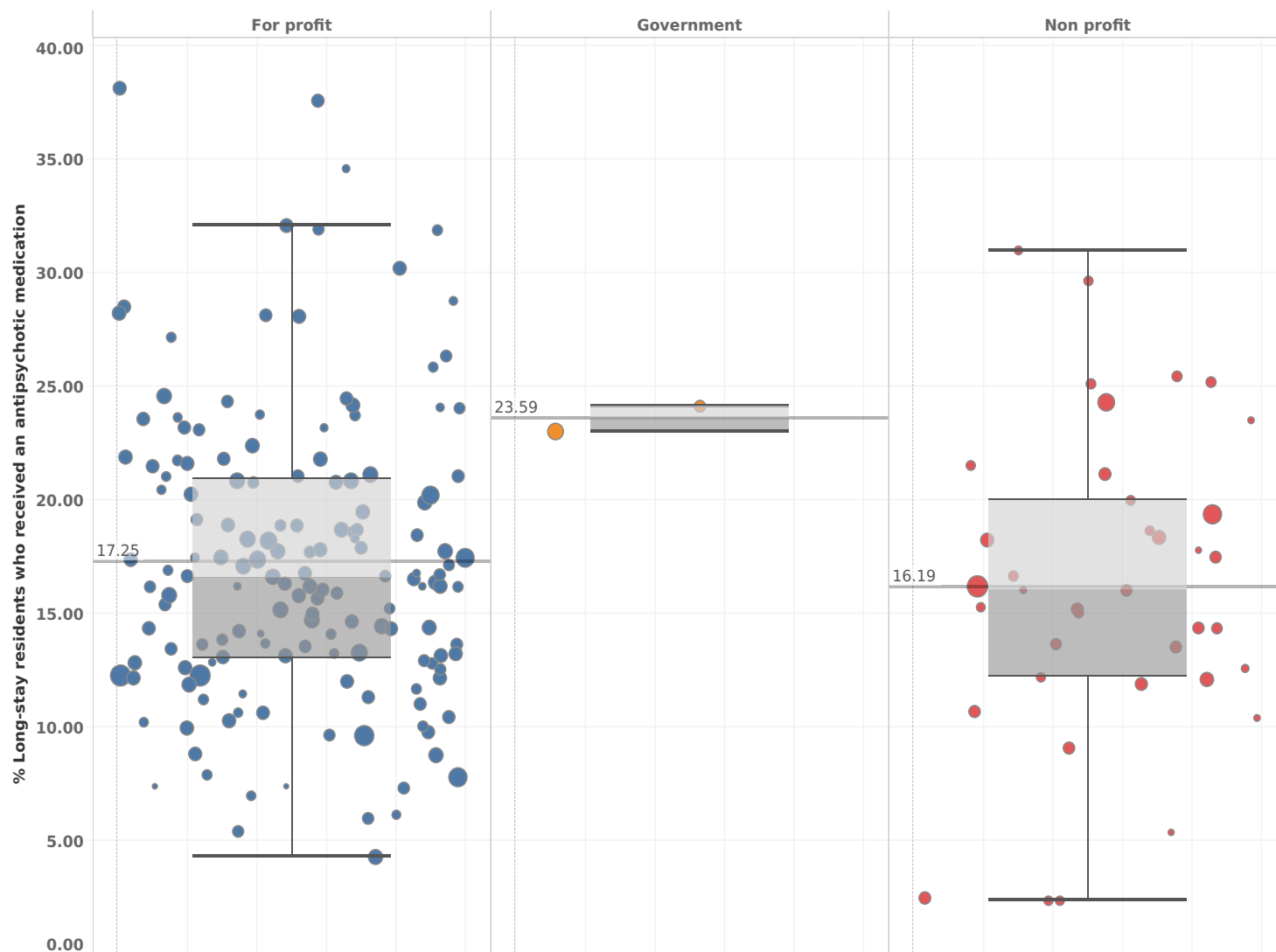
+ Example: Falls With Major Injury Go Down As RN Staffing Goes Up (WV)



+ Example: Antipsychotic Drugging Rates x Ownership Type (US)



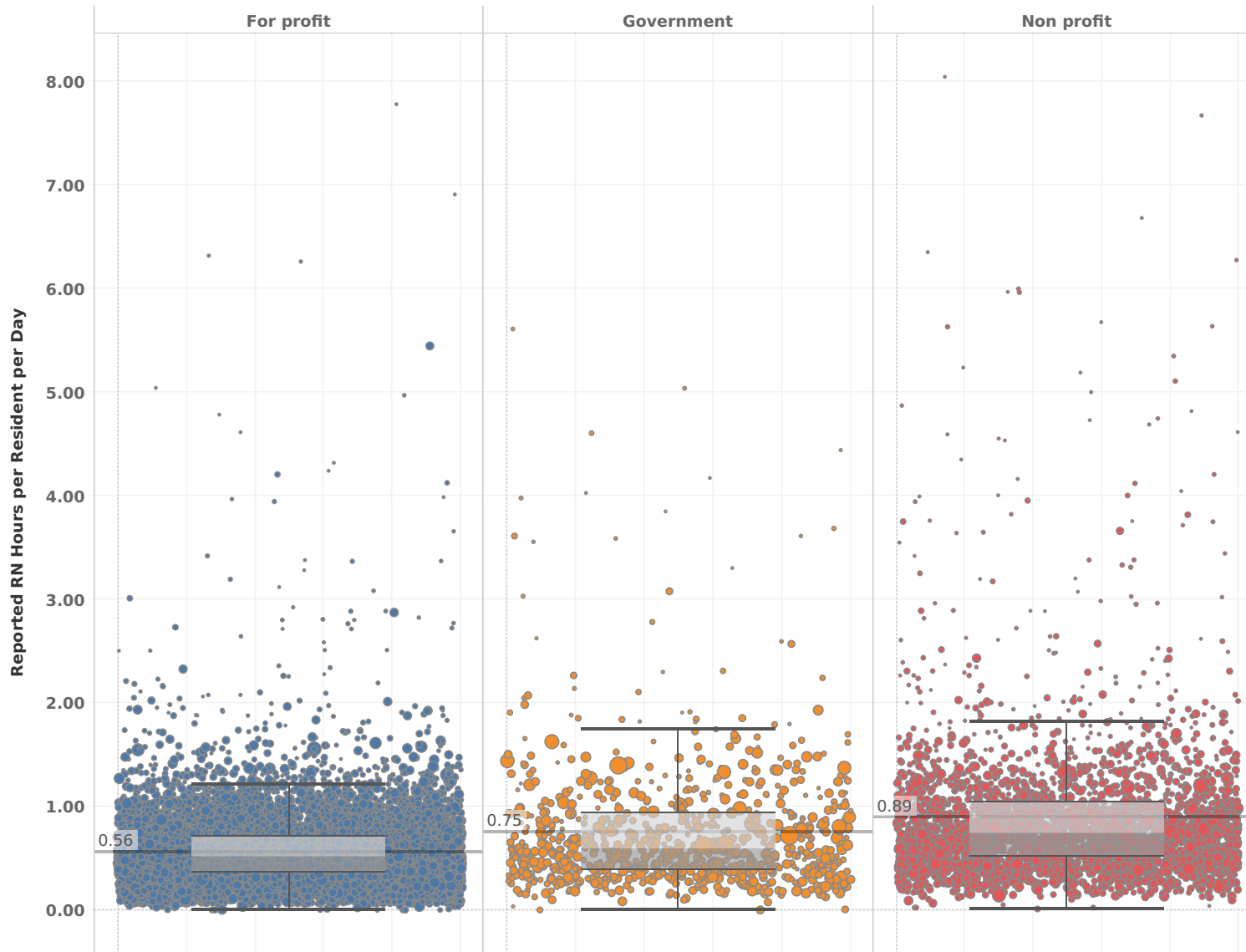
+ Example: Antipsychotic Drugging Rates x Ownership Type (CT)



Government owned nursing homes have roughly 30% higher AP drugging rates than for-profit and non-profit homes.

What's going on in gov't owned nursing homes in CT?

+ Example: Ownership x RN Staffing Levels (US)



For-profit nursing homes have 37% lower RN staffing than non-profits and 25% less than government owned nursing homes.

Where is the \$\$\$ going?



+

Nursing Home Staffing Data

+ Improving Transparency in Nursing Home Staffing

LTCCC...

- Downloads CMS staffing data each quarter
- Calculates daily averages and HPRD
- Publishes user-friendly files that are:
 - ➡ Searchable by state, county, & city
 - ➡ Sortable to identify high vs. low staffing
- Data are available from 2017

+ Hours Per Resident Day (HPRD)

- Average staff time per resident per day
- Calculated for RNs, LPN/LVNs, CNAs, total nursing, contract staff, and more
- Provides a standardized comparison tool
- Helps identify patterns and shortfalls



+ Expected Staffing

- Research over the years has identified how much time it takes to provide resident care and related services.
- However, until recently, there has not been a reliable method of connecting this research to current nursing home operations.
- This changed about two years ago, with the development of an evidence-based methodology to identify the amount of staffing necessary to meet resident needs.
- The expected staffing methodology utilizes
 1. validated research data on the time it takes to perform different resident care tasks and
 2. a facility's own assessments of the care needs of its residents to
 3. identify how much staff time a facility should be providing to meet resident needs.



+ Why Expected Staffing Matters

- Aligns staffing expectations with acuity
- Identifies deviations from need
- Adds objective benchmark to public data
- Supports data-driven staffing (and advocacy when facilities understaff)

+ Nursing Home Nurse Staffing Data

Filter by State(s)

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

CMS Region Number

1	2	3	4	5
6	7	8	9	10

Staff HPRD (Hours Per Resident Day) is calculated by dividing a nursing home's daily staff hours by its MDS census. *Example: A nursing home averaging 300 total nurse staff hours and 100 residents per day would have a 3.0 Total Nurse Staff HPRD (300/100 = 3.0).*

Total Hours: the nursing home's average daily staff hours in a given category for the quarter. *Example: A nursing home with 22.5 RN care staff hours provides 22.5 RN care staff hours per day.*

PROVNAME	CITY	COUNTY_NAME	MDS	Total Nurse Staff HPRD	Nursing Case-Mix Index	Expected Total Nurse Staff HPRD	% Deviation From Total Expected Nurse HPRD
ABBOTT SKILLED NURSING & REHABILITATION CENTER	LYNN	Essex	41.76	3.79	1.32	4.88	-22.5%
ABERJONA REHABILITATION AND NURSING CENTER	WINCHESTER	Middlesex	112.91	4.02	1.52	5.17	-22.2%
ADVINIACARE AT NORTHBRIDGE	NORTHBRIDGE	Worcester	113.42	3.60	1.55	5.20	-30.8%
ADVINIACARE AT PROVINCETOWN	PROVINCETOWN	Barnstable	33.85	3.69	1.60	5.27	-30.1%
ADVINIACARE NEWBURYPORT	NEWBURYPORT	Essex	96.80	3.27	1.59	5.26	-37.8%
ADVINIACARE NEWTON WELLESLEY	WELLESLEY	Norfolk	86.50	3.60	1.61	5.28	-31.8%
AFFINITY HEALTHCARE	BRAINTREE	Norfolk	116.87	5.22	1.22	4.74	10.0%
AGAWAM EAST REHAB AND NURSING	AGAWAM	Hampden	93.47	3.60	1.41	5.01	-28.1%
AGAWAM NORTH REHAB AND NURSING	AGAWAM	Hampden	107.25	3.61	1.57	5.24	-31.2%
AGAWAM SOUTH REHAB AND NURSING	AGAWAM	Hampden	84.68	3.89	1.51	5.16	-24.5%
AGAWAM WEST REHAB AND NURSING	AGAWAM	Hampden	116.72	3.69	1.44	5.06	-27.2%
ALDEN COURT NURSING CARE & REHABILITATION CENTER	FAIRHAVEN	Bristol	130.95	4.39	1.47	5.09	-13.7%
ALLIANCE HEALTH AT BALDWINVILLE	BALDWINVILLE	Worcester	84.37	3.82	1.30	4.86	-21.5%
ALLIANCE HEALTH AT BRAINTREE	BRAINTREE	Norfolk	95.77	4.25	1.32	4.89	-13.2%
ALLIANCE HEALTH AT COLEMAN	NORTHBOROUGH	Worcester	43.51	3.66	1.25	4.79	-23.7%
ALLIANCE HEALTH AT MAPLES	WRENTHAM	Norfolk	126.86	4.39	1.34	4.91	-10.6%
ALLIANCE HEALTH AT MARIE ESTHER	MARLBOROUGH	Middlesex	32.80	3.91	1.22	4.74	-17.6%
ALLIANCE HEALTH AT MARINA BAY	QUINCY	Norfolk	146.04	4.20	1.28	4.83	-13.1%
ALLIANCE HEALTH AT ROSEWOOD	PEABODY	Essex	113.25	3.44	1.39	4.99	-31.1%
ALLIANCE HEALTH AT WEST ACRES	BROCKTON	Plymouth	115.33	3.64	1.46	5.08	-28.4%
ANDOVER FOREST POST ACUTE CARE CENTER	NORTH ANDOVER	Essex	106.86	3.65	1.49	5.12	-28.8%
ANDOVER MANOR REHAB AND NURSING	ANDOVER	Essex	120.90	3.49	1.42	5.03	-30.6%
ARMENIAN NURSING & REHABILITATION CENTER	BOSTON	Suffolk	78.15	3.83	1.46	5.09	-24.6%
ASPEN HILL REHABILITATION & HEALTHCARE CENTER	HAVERHILL	Essex	116.84	3.42	1.60	5.27	-35.0%
ASPIRE REHAB AND HEALTHCARE	WALPOLE	Norfolk	69.91	3.79	1.38	4.97	-23.7%
AYER VALLEY REHAB AND NURSING	AYER	Middlesex	109.43	3.58	1.59	5.27	-32.0%
BAKER-KATZ SKILLED NURSING AND REHABILITATION CTR	HAVERHILL	Essex	50.66	3.58	1.36	4.94	-27.7%
BAY PATH AT DUXBURY NURSING & REHABILITATION CTR	DUXBURY	Plymouth	108.26	3.78	1.33	4.91	-22.9%
BEAR HILL HEALTHCARE AND REHABILITATION CENTER	STONEHAM	Middlesex	147.46	3.88	1.57	5.24	-25.9%
BEAR MOUNTAIN AT ANDOVER	ANDOVER	Essex	78.67	4.04	1.42	5.03	-19.8%

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

+ Non-Nursing Staffing Categories

- Medical Directors
- Physical & Occupational Therapists
- Pharmacists
- Social Workers
- And more!



+ Why Non-Nursing Staff Matter

- **Medical directors** are responsible for overseeing the quality of clinical care in a nursing home
- **Pharmacists** are required to review every resident's medication chart at least once a month and report irregularities in writing to senior clinical leadership.
- **Administrators** are required to ensure that a nursing home uses *"its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident."*

LONG TERM CARE COMMUNITY COALITION *Advancing Quality, Dignity & Justice*

THE ROLE OF MEDICAL DIRECTORS IN NURSING HOMES FACT SHEET

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.

This fact sheet provides user-friendly information on the role of the medical director, why their presence in the facility is important to resident care and safety, and advocacy tips for residents, families, and those who work with them.

Note: Information below is directly quoted or paraphrased from the Code of Federal Regulations (CFR),¹ federal guidance, or other resources (see footnotes). Federal standards are applicable to all residents in licensed U.S. nursing homes, including short-term, long-term, private pay, Medicaid, Medicare, or privately insured.

Medical Director [42 C.F.R. § 483.70(g); F841]

"Medical director"² 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 residents in the facility. 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.

¹ <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.24>.

² 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/som107_pp_guidelines_itcf.pdf.

+ Nursing Home Non-Nurse Staffing Data

Filter by State(s)

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

CMS Region(s)

1	2	3	4
6	7	8	9

Staff MPRD (Minutes Per Resident Day) is calculated by dividing a nursing home's daily staff time by its MDS census. *Example: A nursing home averaging 4 total admin staff hours (240 minutes) and 50 residents per day would have a 4.8 Admin MPRD (240/50 = 5.8).*

Total Hours is the nursing home's average daily staff hours in a given category for the quarter. *Example: A nursing home with 4 Hrs_Admin provides 4 admin staff hours per day.*

PROVNAME	CITY	COUNTY_NAME	Hrs_Admin	Hrs_Admin footnote	MPRD: Admin	Hrs_MedDir	MPRD: MedDir	Hrs_Pharmacist	Hrs_Dietician	Hrs_PA
BLAIRE HOUSE OF WORCESTER	WORCESTER	Worcester	3.48		3.09	0.48	0.42	0.33	1.04	0.00
BLUE HILLS HEALTH AND REH. STOUGHTON		Norfolk	5.30		5.29	0.23	0.23	0.07	0.65	0.00
BLUEBERRY HILL REHABILITATION BEVERLY		Essex	5.57		2.84	0.00	0.00	0.00	0.70	0.00
BOSTON HOME, INC (THE) BOSTON		Suffolk	4.61		2.95	0.04	0.03	0.00	2.20	0.00
BOSTONIAN NURSING CARE & DORCHESTER		Suffolk	10.26		5.56	0.09	0.05	0.20	4.10	0.00
BOURNE MANOR EXTENDED CARE BOURNE		Barnstable	5.22		2.60	0.00	0.00	0.00	4.96	0.00
BRANDON WOODS OF DARTMOUTH SOUTH DARTMOUTH		Bristol	5.13		3.17	1.17	0.73	0.54	3.68	0.00
BRANDON WOODS OF NEW BEDFORD		Bristol	5.48		3.26	0.39	0.23	0.56	3.39	0.00
BRENTWOOD REHABILITATION DANVERS		Essex	5.13		2.27	0.00	0.00	0.00	5.30	0.00
BRIARWOOD REHABILITATION NEEDHAM		Norfolk	4.96		2.73	0.00	0.00	0.00	2.69	0.00
BRIGHAM HEALTH AND REHABILITATION NEWBURYPORT		Essex	4.61		6.51	0.02	0.03	0.10	0.00	0.00
BRIGHTON POST ACUTE CARE BRIGHTON		Suffolk	6.17		5.65	0.33	0.30	0.05	1.28	0.00
BROCKTON POST ACUTE CARE BROCKTON		Plymouth	4.57		1.80	0.00	0.00	0.00	3.83	0.00
BROOKSIDE REHABILITATION WEBSTER		Worcester	5.57		4.96	0.30	0.27	0.00	2.17	0.00
BRUSH HILL CARE CENTER MILTON		Norfolk	4.96		2.28	2.87	1.32	2.87	1.99	0.00
CAMBRIDGE REHABILITATION CAMBRIDGE		Middlesex	4.24		3.33	0.00	0.00	0.00	0.00	0.00
CAMPION HEALTH & WELLNESS WESTON		Middlesex	4.61		7.96	0.13	0.23	0.43	0.00	0.00
CAPE COD POST ACUTE CARE BREWSTER		Barnstable	4.73		2.41	0.00	0.00	0.00	5.13	0.00
CAPE HERITAGE REHABILITATION SANDWICH		Barnstable	4.94		2.74	0.39	0.22	0.41	3.41	0.00
CAPE REGENCY REHABILITATION CENTERVILLE		Barnstable	5.20		2.82	0.29	0.15	0.33	4.09	0.60
CARDIGAN NURSING & REHABILITATION SCITUATE		Plymouth	5.13		6.75	0.00	0.00	0.00	0.86	0.00
CARE ONE AT BROOKLINE BROOKLINE		Norfolk	7.04		4.62	0.82	0.53	0.00	3.99	0.00
CARE ONE AT CONCORD W CONCORD		Middlesex	5.34		2.62	0.65	0.32	0.00	5.46	0.00
CARE ONE AT ESSEX PARK BEVERLY		Essex	5.22		2.00	0.32	0.12	0.00	5.46	0.00
CARE ONE AT HOLYOKE HOLYOKE		Hampden	5.13		1.99	1.57	0.61	0.00	2.23	0.00
CARE ONE AT LEXINGTON LEXINGTON		Middlesex	5.22		2.25	0.43	0.19	0.00	5.29	0.00
CARE ONE AT LOWELL LOWELL		Middlesex	5.04		1.99	0.52	0.21	0.00	2.66	0.00
CARE ONE AT MILLBURY MILLBURY		Worcester	5.04		2.08	0.26	0.11	0.00	5.39	0.00

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



+

Nursing Home Provider Data

+ 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
 - Number
 - Ownership type
 - Chain owner name (if any)
 - Abuse icon
 - Special Focus Facility
 - Most recent inspection more than two years
 - Provider changed ownership in last year
 - CMS ratings
 - Expected staffing
 - Ratings over last three cycles
 - Citations & fines
 - Substantiated complaints

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



Provider Data

<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid #ccc; padding: 5px;"> State <table border="1" style="width: 100%; text-align: center;"> <tr><td>NE</td><td>NH</td><td>NJ</td><td>NM</td><td>NV</td></tr> <tr><td>NY</td><td>OH</td><td>OK</td><td>OR</td><td>PA</td></tr> <tr><td>PR</td><td>RI</td><td>SC</td><td>SD</td><td>TN</td></tr> <tr><td>TX</td><td>UT</td><td>VA</td><td>VT</td><td>WA</td></tr> </table> </div> <div style="border: 1px solid #ccc; padding: 5px;"> Chain Name <div style="background-color: #007bff; color: white; padding: 2px; margin-bottom: 2px;">ABSOLUT CARE</div> <div style="background-color: #007bff; color: white; padding: 2px; margin-bottom: 2px;">ALLURE GROUP</div> <div style="background-color: #007bff; color: white; padding: 2px; margin-bottom: 2px;">ARCHCARE</div> <div style="background-color: #007bff; color: white; padding: 2px; margin-bottom: 2px;">ASCENSION LIVING</div> <div style="background-color: #007bff; color: white; padding: 2px; margin-bottom: 2px;">BENJAMIN LANDA</div> </div> </div>					NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	PR	RI	SC	SD	TN	TX	UT	VA	VT	WA	Ownership	Number of Certified Beds	Average Number of Residents per Day
NE	NH	NJ	NM	NV																							
NY	OH	OK	OR	PA																							
PR	RI	SC	SD	TN																							
TX	UT	VA	VT	WA																							
Provider Name	Provider Address	City/Town	County/Parish	Type	Ownership Type - Detail																						
A Holly Patterson Extended Care Facility	875 JERUSALEM AVENUE	UNIONDALE	Nassau	Government	Government - State	589	441.2																				
ABSOLUT CTR FOR NURSING & REHAB ALLEGANY L L C	2178 NORTH FIFTH STREET	ALLEGANY	Cattaraugus	For profit	For profit - Limited Liability company	37	35.2																				
ABSOLUT CTR FOR NURSING & REHAB AURORA PARK L L C	292 MAIN STREET	EAST AURORA	Erie	For profit	For profit - Limited Liability company	320	196.4																				
ABSOLUT CTR FOR NURSING & REHAB ENDICOTT L L C	301 NANTUCKET DRIVE	ENDICOTT	Broome	For profit	For profit - Limited Liability company	160	155.1																				
ABSOLUT CTR FOR NURSING & REHAB GASPORT L L C	4540 LINCOLN DRIVE	GASPORT	Niagara	For profit	For profit - Limited Liability company	83	79																				
ACADIA CENTER FOR NURSING AND REHABILITATION	1146 WOODCREST AVENUE	RIVERHEAD	Suffolk	For profit	For profit - Corporation	181	109.8																				
ACHIEVE REHAB AND NURSING FACILITY	170 LAKE STREET	LIBERTY	Sullivan	For profit	For profit - Limited Liability company	140	130.8																				
ADIRA AT RIVERSIDE REHABILITATION AND NURSING	120 ODELL AVENUE	YONKERS	Westchester	For profit	For profit - Partnership	120	107.5																				
AFFINITY SKILLED LIVING AND REHABILITATION CENTER	305 LOCUST AVENUE	OAKDALE	Suffolk	For profit	For profit - Corporation	280	259.3																				
ALLEGRIA NURSING & REHAB CENTER OF PORT JEFFERSON	1360 ROUTE 112	PORT JEFFERSON ST	Suffolk	For profit	For profit - Individual	143	120.8																				
ALPINE REHABILITATION AND NURSING CENTER	755 E MONROE STREET	LITTLE FALLS	Herkimer	For profit	For profit - Corporation	80	73.7																				
AMSTERDAM NURSING HOME CORP (1992)	1060 AMSTERDAM AVENUE	NEW YORK	New York	Non profit	Non profit - Other	409	402.3																				
ANDRUS ON HUDSON	185 OLD BROADWAY	HASTINGS ON HUDSON	Westchester	For profit	For profit - Corporation	197	192.1																				
APEX REHABILITATION & CARE CENTER	78 BIRCHWOOD DR	HUNTINGTON STATI	Suffolk	For profit	For profit - Limited Liability company	195	178.5																				
ARCHCARE AT PROVIDENCE REST	3304 WATERBURY AVENUE	BRONX	Bronx	Non profit	Non profit - Corporation	200	191.3																				
ATRIUM CENTER FOR REHABILITATION AND NURSING	630 E 104TH STREET	BROOKLYN	Kings	For profit	For profit - Corporation	380	369.1																				
AUBURN REHABILITATION & NURSING CENTER	85 THORNTON AVENUE	AUBURN	Cayuga	For profit	For profit - Limited Liability company	92	85																				
AURELIA OSBORN FOX MEMORIAL HOSPITAL	ONE NORTON AVENUE	ONEONTA	Otsego	Non profit	Non profit - Corporation	131	105.5																				
AUTUMN VIEW HEALTH CARE FACILITY L L C	S 4650 SOUTHWESTERN BLVD	HAMBURG	Erie	For profit	For profit - Corporation	230	222.7																				
Aaron Manor Rehabilitation and Nursing Center	100 St. Camillus Way	Fairport	Monroe	For profit	For profit - Limited Liability company	140	128.8																				
Absolut Center for Nursing and Rehabilitation at T	101 Creekside Drive	Painted Post	Steuben	For profit	For profit - Limited Liability company	120	109.5																				
Alice Hyde Medical Center	45 SIXTH STREET	MALONE	Franklin	Non profit	Non profit - Other	135	118.9																				
Avon Nursing Home L L C	215 Clinton Street	Avon	Livingston	For profit	For profit - Individual	40	38.3																				
BAINBRIDGE NURSING & REHABILITATION CENTER	3518 BAINBRIDGE AVENUE	BRONX	Bronx	For profit	For profit - Limited Liability company	200	192.3																				
BAPTIST HEALTH NURSING AND REHABILITATION CENTER	297 N BALLSTON AVE	SCOTIA	Schenectady	Non profit	Non profit - Corporation	262	191.7																				
BAYBERRY NURSING HOME	40 KEOGH LANE	NEW ROCHELLE	Westchester	For profit	For profit - Partnership	60	56.5																				
BEACH GARDENS REHAB AND NURSING CENTER	17 11 BROOKHAVEN AVENUE	FAR ROCKAWAY	Queens	For profit	For profit - Corporation	163	157.7																				
BEACH TERRACE CARE CENTER	640 WEST BROADWAY	LONG BEACH	Nassau	For profit	For profit - Corporation	182	177.4																				



+ The Nursing Home Staffing
Resource Center



Nursing Home Staffing Resource Center

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Nursing Home Staffing Resource Center

This page provides a one-stop access point to LTCCC's staffing data, analyses, and practical tools.

Staffing is the most important indicator of a nursing home's safety and quality. Under federal law, facilities must have sufficient nursing staff with appropriate competencies and skill sets to ensure each resident attains or maintains the highest practicable well-being based on individual assessments and care plans – considering the number, acuity, and diagnoses of residents.

State	PROVNAME	CITY	COUNTY_NAME	Total Nurse Staff HPRD	Expected Total Nurse Staff HPRD	% Deviation From Total Expected Nurse HPRD	
AR	VALLEY SPRINGS REHABILITATION AND HEALTH CENTER	VAN BUREN	Crawford	3.26	3.82	-18.2%	
AR	VAN BUREN HEALTHCARE AND REHABILITATION CENTER	VAN BUREN	Crawford	39.50	4.00	-4.75	-15.7%
AR	VILLAGE SPRINGS HEALTH AND REHAB OF HOT SPRINGS	HOT SPRINGS	Garland	37.17	3.55	4.66	-23.9%
AR	WESTWOOD HEALTH AND REHAB, INC	SPRINGDALE	Washington	39.06	4.64	4.69	-1.2%
AR	WHITE RIVER HEALTHCARE	CALICO ROCK	Izard	38.69	5.50	4.68	17.5%
AR	WILLOWBEND HEALTH AND REHABILITATION, LLC	MARION	Crittenden	11.91	3.67	4.71	-22.3%
AR	WINDCREST HEALTH AND REHAB INC	SPRINGDALE	Washington	39.80	4.38	4.48	-2.2%
AR	WOOD-LAWN HEIGHTS	BATESVILLE	Independence	39.74	3.97	4.76	-16.6%
AR	WOODBRIAR NURSING HOME	HARRISBURG	Poinsett	30.61	5.04	4.83	4.4%
AR	WOODLAND HILLS HEALTHCARE AND REHABILITATION	JACKSONVILLE	Pulaski	32.62	3.29	4.78	-31.2%
AR	WOODRUFF COUNTY HEALTH CENTER	MCCRORY	Woodruff	37.61	3.98	4.75	-16.2%
AZ	ACACIA HEALTH CENTER	PHOENIX	Maricopa	72.32	5.59	5.10	9.6%
AZ	ADVANCE HEALTH CARE OF SCOTTSDALE	SCOTTSDALE	Maricopa	17.38	4.86	5.22	-6.8%
AZ	ADVANCED HEALTH CARE OF GLENDALE	GLENDALE	Maricopa	11.60	5.01	5.55	-9.8%
AZ	ADVANCED HEALTHCARE OF MESA	MESA	Maricopa	37.23	4.92	5.37	-8.3%
AZ	ALLEGIAN HEALTHCARE OF MESA	MESA	Maricopa	34.30	1.40	5.20	-73.1%
AZ	ALTA MESA HEALTH AND REHABILITATION	MESA	Maricopa	34.83	4.10	5.13	-20.0%
AZ	APACHE JUNCTION HEALTH CENTER	APACHE JUNCTION	Pinal	34.06	3.67	5.06	-27.4%
AZ	ARCHIE HENDRICKS SENIOR SKILLED NURSING FACILITY	SELLS	Pima	35.51	6.57	4.90	34.2%
AZ	ARCHSTONE CARE CENTER	CHANDLER	Maricopa	34.84	3.59	4.90	-26.7%
AZ	ARIZONA STATE VETERAN HOME-YUMA	YUMA	Yuma	35.59	5.67	4.34	30.8%
AZ	ARIZONA STATE VETERAN HOME-PHX	PHOENIX	Maricopa	70.01	7.98	4.68	70.6%
AZ	ARIZONA STATE VETERAN HOME-TUCSON	TUCSON	Pima	35.66	5.16	4.57	13.1%
AZ	ASPIRE TRANSITIONAL CARE	FLAGSTAFF	Coconino	39.76	3.97	5.00	-20.5%
AZ	AZ - RIO VISTA POST ACUTE AND REHABILITATION	PEORIA	Maricopa	34.79	3.45	4.84	-28.8%
AZ	BEATTITUDES CAMPUS	PHOENIX	Maricopa	36.72	4.28	4.78	-10.5%

Higher RN, CNA, and total nursing hours per resident day (HPRD) correlate with fewer pressure injuries, infections, rehospitalizations, and deaths. Courts and regulators routinely link harm to inadequate staffing. Non-nursing staff, including medical directors, pharmacists, and social workers, also play a crucial role in ensuring that residents receive care that complies with professional standards and services that support dignity and quality of life.

SEARCH: NURSING HOME STAFFING INFORMATION

Nursing Home Staffing Data

Nursing Home Provider Data

Expected Staffing: Summary Of Methodology

Study On Expected Staffing

The Vital Roles Of Non-Nursing Staff In Nursing Home Quality And Safety

Webinar: Nursing Home Staffing From A To Z

Visit The Fact Sheets Page

Fact Sheet: Standards For People Providing Resident Care

Fact Sheet: Nursing Care Staff & Administration

Fact Sheet: Nurse Aide Training Requirements

Nursing Home Staffing: Guide For Residents & Families

Nursing Home Staffing: Guide For LTC Ombudsmen

Nursing Home Staffing: Guide For Legislators

Nursing Home Staffing: Guide For Attorneys

+ What the Resource Center Includes

- Links to staffing and provider data reports
- Information on why staffing is important
- Gateway to relevant fact sheets
- Study & summary of expected staffing methodology
- Stakeholder-specific guides





LTCCC's Staffing Guide

Residents & Families

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Understanding & Addressing Nursing Home Staffing Issues *A Guide for Residents and Families*

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The Long Term Care Community Coalition (LTCCC) is a non-profit organization dedicated to improving care and quality of life in nursing homes and assisted living. Visit www.nursinghome411.org for a wide range of free resources including our [Dementia Care Toolkits](#), [Nursing Home Data Center](#), [Fact Sheets](#) on nursing home care standards, [Abuse, Neglect, and Crime Reporting Center](#), and [Family Resource Center](#).

Visit www.nursinghome411.org/staffing-resource-center/ for links to staffing data, practical tools for advocacy, and more information on the expected staffing methodology.



© 2025 Long Term Care Community Coalition. LTCCC provides these tools for education and advocacy. They do not constitute legal advice. For additional resources and updates, visit www.nursinghome411.org.



LTCCC's Staffing Guide

LTC Ombudsmen

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Understanding and Addressing Nursing Home Staffing Issues:

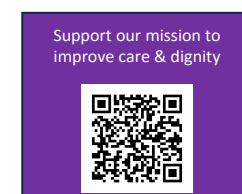
A Guide for Long-Term Care Ombudsmen

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LTCCC's Staffing Guide Legislators

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Nursing Home Staffing Data

A Guide for State & Federal Legislators

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Visit www.nursinghome411.org/staffing-resource-center/ for links to staffing data, practical tools for advocacy, and more information on the expected staffing methodology.





LTCCC's Staffing Guide

Attorneys

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Nursing Home Staffing & Case Building: *A Quick Guide for Lawyers*

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BOILERPLATE FOR DEMAND LETTERS / PLEADINGS (DROP — IN PARAGRAPH)	10
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The Long Term Care Community Coalition (LTCCC) is a non-profit organization dedicated to improving care and quality of life in nursing homes and assisted living. Visit www.nursinghome411.org for a wide range of free resources including our [Dementia Care Toolkits](#), [Nursing Home Data Center](#), [Fact Sheets](#) on nursing home care standards, [Abuse, Neglect, and Crime Reporting Center](#), and [Family Resource Center](#).

Visit the [Nursing Home Staffing Resource Center](#) for links to the staffing data, methodology, and our companion to this guide, [LTCCC's Case Intake Worksheet](#).





LTCCC Resources

www.nursinghome411.org



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LTC In Your State

Staffing data, five-star ratings, and other important information about nursing

+ LTCCC's Dementia Care Toolkits



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Dementia Care Toolkits

Home » Dementia Care Toolkits

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Dementia Care Toolkits



The **Long Term Care Community Coalition's Dementia Care Toolkits** are designed to support quality, person-centered care for individuals living with dementia—whether in a nursing home or in the community. Use the links below to explore fact sheets, care cards, and other resources tailored to different care settings: **Nursing Homes** and **Private Home & Assisted Living**.

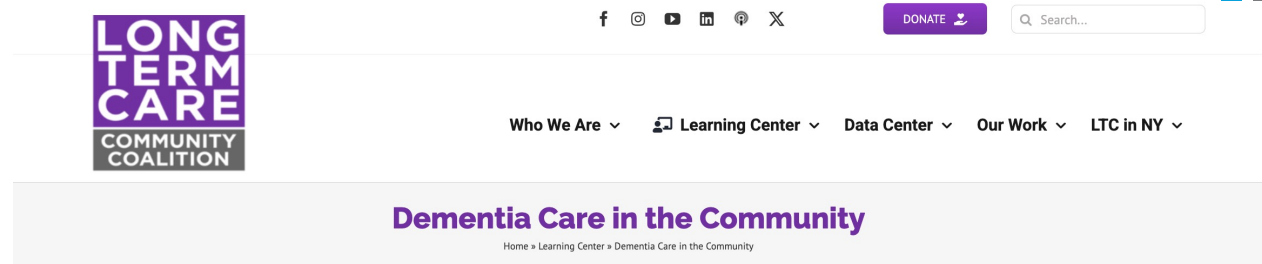
Thank you to the Fan Fox and Leslie R. Samuels Foundation, Inc. for supporting both of these projects and enabling us to make these resources freely available to the public.

[NURSING HOMES](#)

[PRIVATE HOME AND ASSISTED LIVING](#)

+ Dementia Care in the Community Toolkit

- ✓ Fact Sheets
- ✓ Dementia Care Cards
- ✓ External Resources



The toolkit is the product of a one-year project, supported by a generous grant from The Fan Fox & Leslie R. Samuels Foundation. We thank the Foundation and the residents, families, experts, and ombudsmen with whom we worked for making this Toolkit possible.

Everyone living with dementia – no matter where they live – deserves to receive care and services that meet professional standards of care. Unfortunately, due to the lack of awareness of professional standards and absence of government standards (outside of the nursing home world), too many people living with dementia in assisted living or their private home (referred to as HCBS, Home and Community-Based Services) receive poor or inappropriate dementia care and services. LTCCC's Dementia Care in the Community initiative is aimed at overcoming these challenges by providing user-friendly, practical resources for individuals with dementia, their families, and their professional caregivers.

In addition to the below resources, there is a [webinar program](#) introducing the project and resources.

The Dementia Care in the Community Toolkit is also [available in Spanish](#).

El kit de herramientas para el cuidado de la demencia en la comunidad también está [disponible en español](#).



Fact Sheets

These fact sheets provide practical, easy-to-understand guidance to help individuals and families navigate dementia care in home and assisted living settings, supporting informed decisions and better quality of life.

[Care Planning for Individuals Living with Dementia](#)
[Community-Based Dementia-Friendly Initiatives](#)
[Compassionate Dementia Care Tools and Tips for Families and Care Teams](#)

[Pain Assessment Tools for Individuals Living with Dementia](#)
[Pain Management for Individuals Living with Dementia](#)
[Palliative and Hospice Care: What Families Need to Know](#)

+ Fact Sheets: Supporting Informed, Compassionate Care

- Designed for family members, caregivers, providers
- Grounded in professional standards and person-centered practices
- Topics include:
 - Care Planning
 - Engaging Activities
 - Home Safety
 - Pain Assessment Tools
 - Preventing Pressure Ulcers and Urinary Tract Infections
 - Understanding and Responding to Dementia-Related “Behaviors”
 - Palliative and Hospice Care: What Families Need to Know
 - Compassionate Dementia Care Tools and Tips for Families and Care Teams
 - Psychotropic Drugs: Risks, Benefits, and Questions to Ask

+ Fact Sheet: Understanding & Responding to “Behaviors”

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

UNDERSTANDING AND RESPONDING TO DEMENTIA-RELATED “BEHAVIORS”

FACT SHEET FOR INDIVIDUALS LIVING AT HOME OR IN ASSISTED LIVING

When an individual living with dementia shows signs of upset, distress, or other behavioral changes, it can be difficult to know how to respond. These changes, commonly referred to as Behavioral and Psychological Symptoms of Dementia (BPSD), are common. While these symptoms can be distressing, they often have underlying causes and can usually be addressed without medication.

This fact sheet provides practical steps and gentle, effective strategies to help caregivers, families, and community-based care providers respond to these behaviors with compassion, patience, and understanding. For more resources, please visit our website, <https://nursinghome411.org/dementia-care-in-the-community>.

What are Behavioral & Psychological Symptoms of Dementia (BPSD)?

People living with dementia often experience changes in mood and behavior. These behaviors are not “just part of dementia” and can often be reduced by understanding and responding to the person’s needs. They may include:

- Aggression or agitation
- Hallucinations or delusions
- Anxiety, depression, or apathy
- Restlessness, pacing, or wandering
- Verbal outbursts or resistance to care

The Most Important Thing to Remember:

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

Key Points to Know

- **Medications are rarely the first or best option.** Antipsychotic drugs should only be considered a risk when a person is at immediate risk of harming themselves or others. Even then, they should be used for a short time and closely monitored.
- **Not all symptoms need medication.** For example, hallucinations that don’t bother or upset the person often do not need to be treated at all.
- **Most behaviors have a cause.** These symptoms may be a sign that the person is in pain, confused, overwhelmed, or having an unmet emotional, social, or physical need.
- **Non-drug approaches usually work better.** These include changes in daily routine, communication style, environment, and meaningful activities. For more information, see [LTCCC’s fact sheet on non-pharmacologic approaches to dementia care](#).

LTCCC Fact Sheet: Understanding and Responding to Dementia-Related Behaviors Page 2

Steps for Addressing BPSD

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

Non-Pharmacologic Approaches to Address BPSD

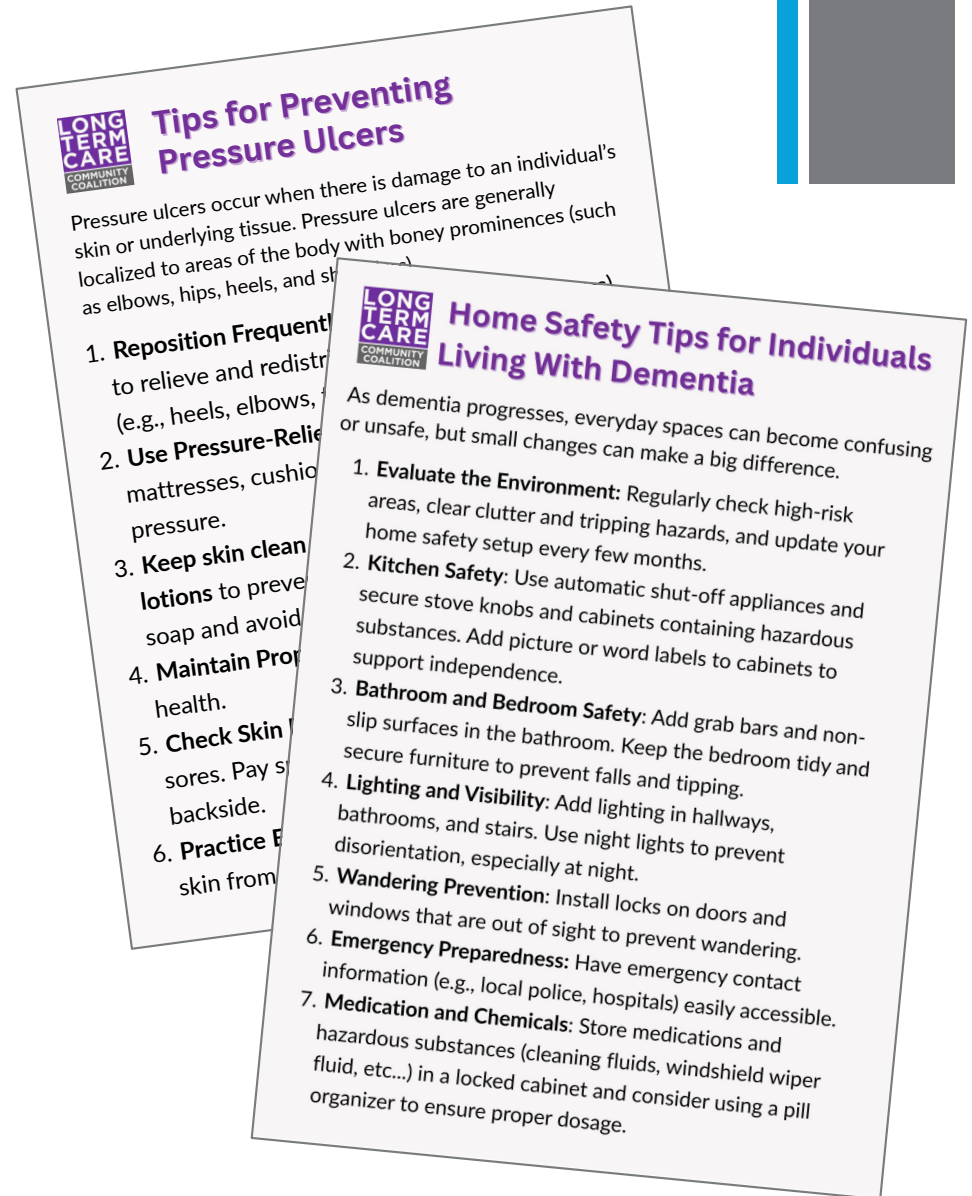
Effective care for someone experiencing BPSD starts with understanding their unique needs, preferences, and routines. Following are some examples of approaches that might be taken, depending on the specific needs of the individual:

- **Clinical:** Check for any physical discomfort that could be contributing to behavioral changes. Pain, hunger, a need to use the bathroom, or reactions to medications are common causes that can often be resolved with simple care adjustments.
- **Environmental:** Too much noise, bright lights, or unfamiliar surroundings can be overwhelming. Creating a calm, home-like space—whether at home or in assisted living—can reduce confusion and stress.
- **Staff Training:** Make sure caregivers—whether family members or staff—receive training on dementia-friendly care such as:
 - Communication strategies and how to prevent or respond to resistance to care (like during bathing or dressing);
 - Person-centered approaches to care;
 - Understand how dementia affects behavior and how to respond with empathy and patience.
- **Activities:** People living with dementia—whether at home or in assisted living—benefit greatly from being involved in meaningful, engaging activities, regardless of their physical or cognitive abilities. Activities like music and art therapy, light exercise, and time with animals (including real pets or comforting stuffed animals) can help reduce anxiety, improve mood, and promote connection. The key is to choose activities that are tailored to the person’s interests, preferences, and abilities.



Dementia Care Cards: Quick Tips for On-the-Go Support

- Easy to print, share, and post in care environments
- Designed for use by:
 - Family caregivers
 - Home health aides
 - Assisted living staff
- Topics include:
 - Home Safety
 - Informed Consent
 - Preventing Pressure Ulcers
 - Supporting Nutrition and Hydration



+ External Resource Library

All of the fact sheets and care cards are based on professional standards and expert research. The Toolkit page provides a curated list of these external resources for those looking to dig deeper.

External Resources

The external resources include tools, guides, and research from trusted organizations to help families and caregivers deepen their understanding of dementia care and find support for navigating home and assisted living settings.

Care Planning

Dementia Appropriate Activities

Dementia Care Navigation: Tips and Tools for Caregivers

Dementia Care Trainings

Dementia-Friendly Initiatives

Home Safety

Hospice and Palliative Care

Informed Consent

Miscellaneous Research

Non-Pharmacological Approaches

Nutrition and Hydration

Pain Assessment

Pressure Ulcers and Urinary Tract Infections

Psychotropic Drugs

Therapy Services

+ Upcoming Train-the-Trainer Programs

Our goal is to get these tools into the hands of the people who need them most — and support real change in dementia care.

- April 23: Faith Communities
- April 30: Providers
- May 7: Employees
- May 14: Community-Based Agencies & Professionals
- May 21: Legislator

All Programs run from 1 – 1:30 pm.

Recordings will be posted on our Dementia Care in the Community Toolkit page.



www.nursinghome411.org/learn/dementia-care-in-the-community/

+ Head to NursingHome411...

- Materials from today's webinar, <https://nursinghome411.org/webinar-data-to-dignity>

- Follow LTCCC on social media for updates, upcoming webinars, and more!

- ✓ Facebook: <https://www.facebook.com/LTCCC/>
- ✓ Instagram: <https://www.instagram.com/lcccoalition/>
- ✓ Bluesky: <https://bsky.app/profile/lccconsumer.bsky.social>
- ✓ X: <https://x.com/LTCconsumer>

- Visit LTCCC's Learning Center for...

- ✓ Nursing Home Staffing Resource Center
- ✓ Important data and information on U.S. nursing homes
- ✓ Fact sheets on key nursing home standards
- ✓ Assisted living guides
- ✓ Family empowerment resources
- ✓ The Resident Abuse, Neglect, & Crime Reporting Center



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Thank You!



Questions?



Comments?

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

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