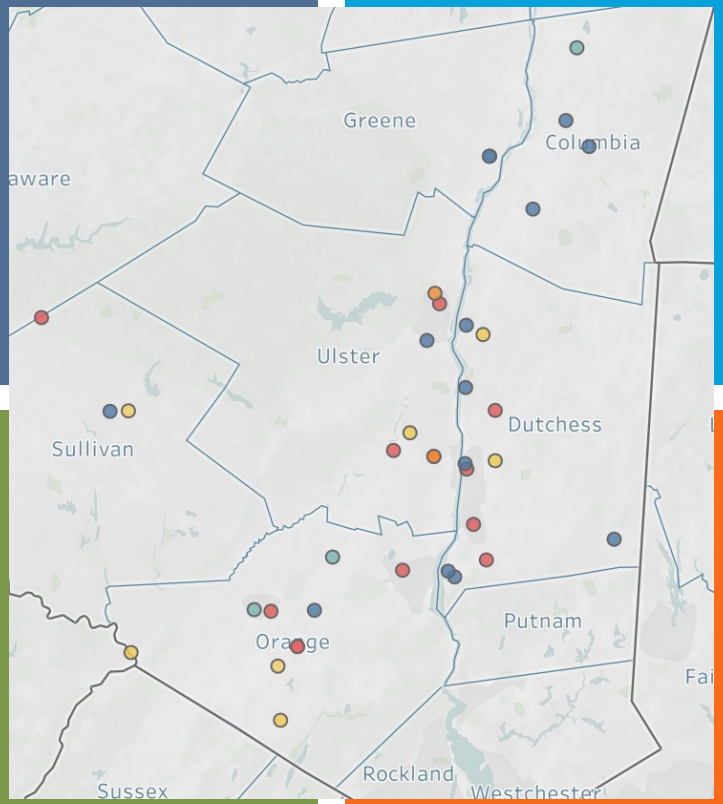


Hudson Valley Nursing Home Update: August 2026

Part I. Data Update.

Part II. Nursing Home Staffing: Challenges, Solutions, and Resident Rights

www.nursinghome411.org

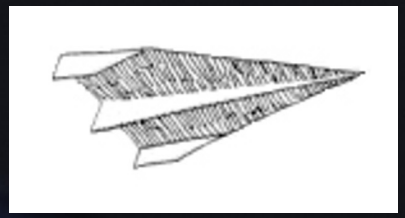
The Long Term Care Community Coalition

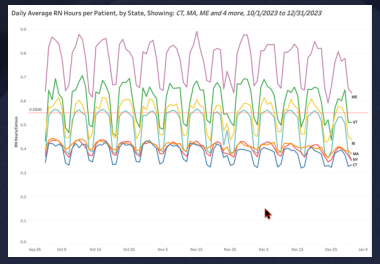
- **LTCCC**: Nonprofit, nonpartisan organization dedicated to improving care & quality of life for the elderly & adult disabled in long-term care (LTC).
- **Our focus**: People who live in nursing homes & assisted living.
- **What we do**:
  - Policy analysis and systems advocacy;
  - Data resources & 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.

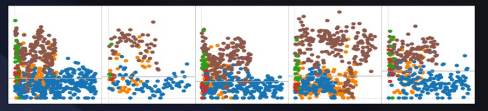
John W. Rodat
Public Signals, LLC

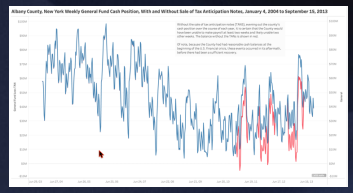
Think in systems …
and *Use the Damn Data*

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









Outline of Today's Program

DATA BRIEFING.

RESIDENT RIGHTS:

Safe & sufficient Staffing.

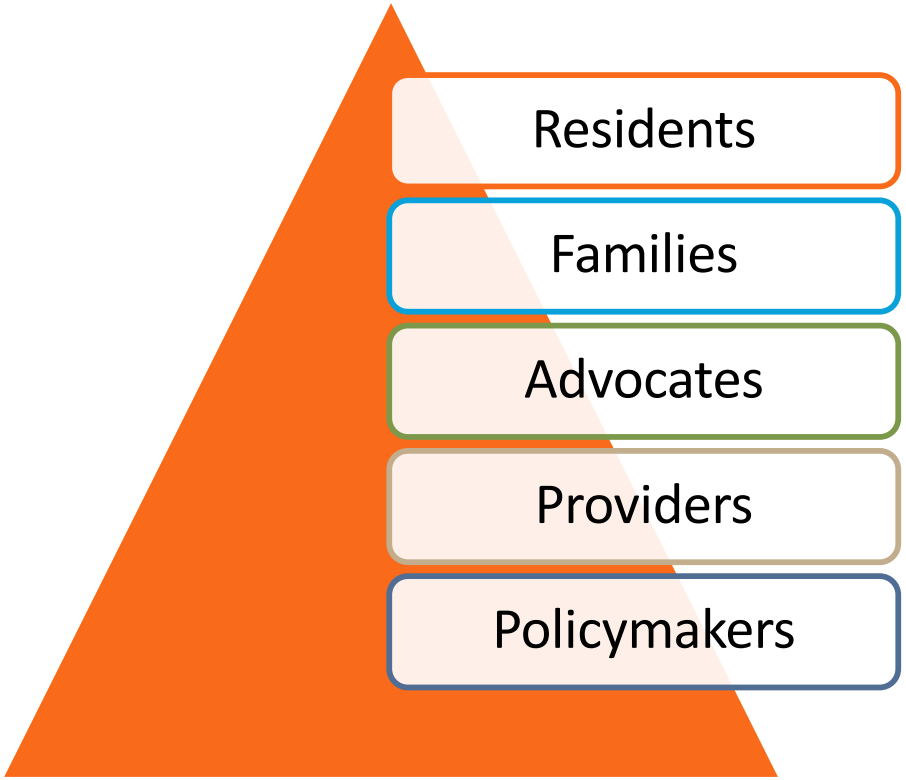
Discussion and Q & A.

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:



An Introduction to Nursing Home Staffing

- Nursing homes are staffed by a combination of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nurse Aides (CNAs).
- A 2001 landmark federal study found that nursing homes need, on average, **at least 4.1 hours per resident day (HPRD)** total nurse staffing, including at least 0.75 HPRD RN staffing, just to meet basic clinical needs.
- NY minimum: 3.5 HPRD total nursing care staff.
- Federal minimum: nursing homes must have "sufficient staff" to meet the clinical and psycho-social needs of their residents.
- Expected staffing: a methodology that identifies how much staff an individual nursing home should have to meet the clinical care needs of its residents.

HV Nursing Home Staffing: Fast Facts for 2025 Q4

Average Total Nurse Staffing

- US: 3.76 HPRD
- NY: 3.59 HPRD
- HV: 3.43 HPRD

Average RN Staffing

- US: 0.62 HPRD
- NY: 0.67 HPRD
- HV: 0.56 HPRD

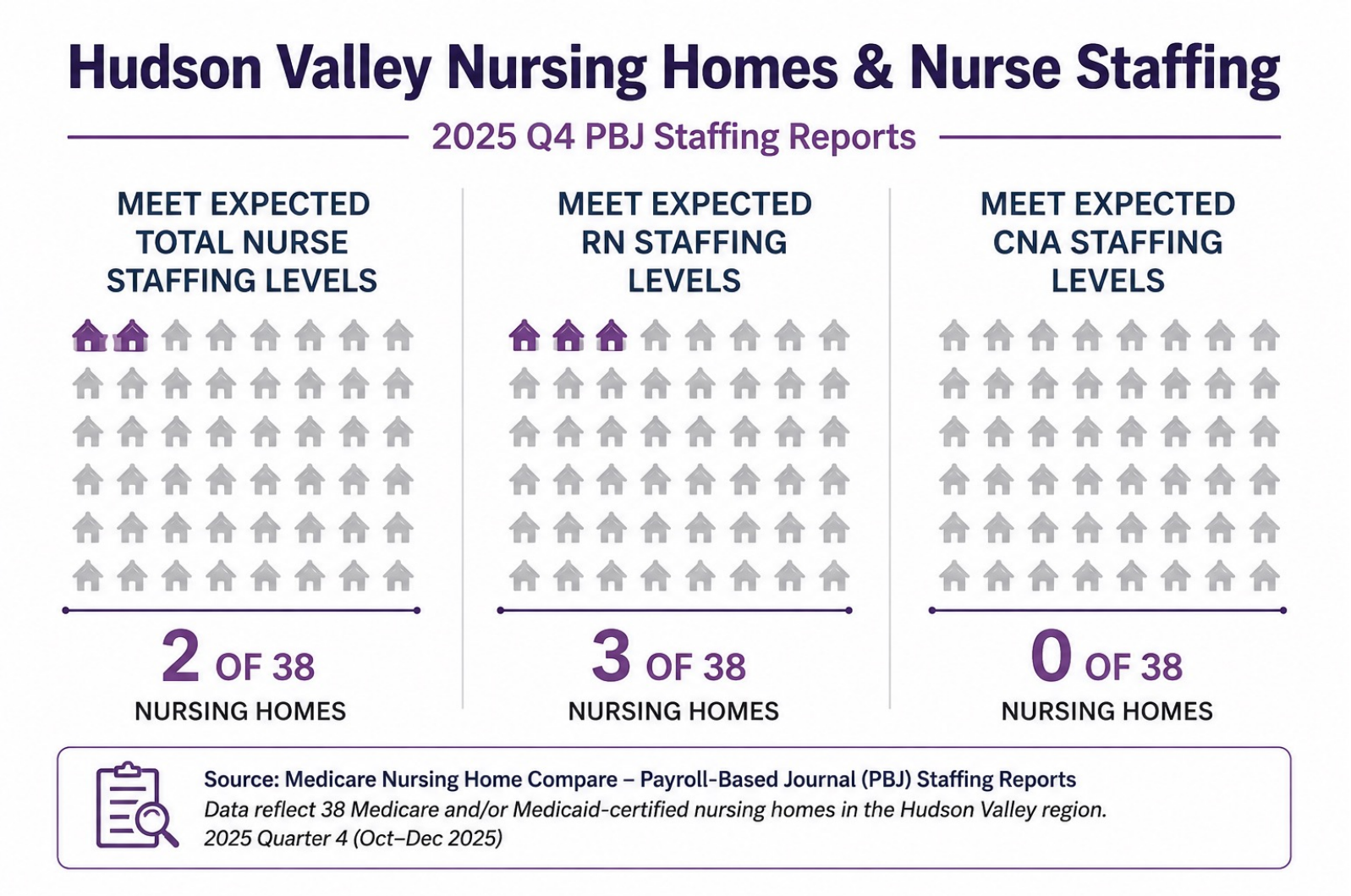
Important Points:

1. Most US nursing homes are significantly understaffed.
2. NY nursing homes average worse than US average, and **HV nursing homes average even lower staffing**.
3. The average HV nursing home staff is **below** the state legal minimum.

26 of 38 Hudson Valley facilities failing to meet the low NYS minimum standard

PROVNAME	CITY	COUNTY NAME	Total Nurse Care Staff HPRD (excl. Admin/DON)
LIVINGSTON HILLS NURSING AND REHABILITATION CENTER	LIVINGSTON	Columbia	1.87
RENAISSANCE REHABILITATION AND NURSING CARE CENTER	STAATSBURG	Dutchess	2.02
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	Columbia	2.38
PINE HAVEN HOME	PHILMONT	Columbia	2.56
THE ELEANOR NURSING CARE CENTER	HYDE PARK	Dutchess	2.72
THE BAPTIST HOME AT BROOKMEADE	RHINEBECK	Dutchess	2.73
ROSCOE REGIONAL REHAB & RESIDENTIAL H C F	ROSCOE	Sullivan	2.83
ACHIEVE REHAB AND NURSING FACILITY	LIBERTY	Sullivan	2.84
THE PINES AT CATSKILL CENTER FOR NURSING & REHAB	CATSKILL	Greene	2.96
MONTGOMERY NURSING AND REHABILITATION CENTER	MONTGOMERY	Orange	3.03
FERNCLIFF NURSING HOME CO INC	RHINEBECK	Dutchess	3.08
CAMPBELL HALL REHABILITATION CENTER INC	CAMPBELL HALL	Orange	3.08
TEN BROECK COMMONS	LAKE KATRINE	Ulster	3.09
SCHERVIER PAVILION	WARWICK	Orange	3.12
GOLDEN HILL NURSING AND REHABILITATION CENTER	KINGSTON	Ulster	3.16
THE GRAND REHABILITATION AND NRSG AT RIVER VALLEY	POUGHKEEPSIE	Dutchess	3.18
MIDDLETOWN PARK REHAB & HEALTH CARE CENTER	MIDDLETOWN	Orange	3.18
SAPPHIRE NURSING AT WAPPINGERS	WAPPINGERS FA	Dutchess	3.19
THE GRAND REHABILITATION AND NURSING AT PAWLING	PAWLING	Dutchess	3.21
SAPPHIRE NURSING AT MEADOW HILL	NEWBURGH	Orange	3.28
FISHKILL CENTER FOR REHABILITATION AND NURSING	BEACON	Dutchess	3.31
LUTHERAN CENTER AT POUGHKEEPSIE INC	POUGHKEEPSIE	Dutchess	3.33
THE PINES AT POUGHKEEPSIE CTR FOR NURSING & REHAB	POUGHKEEPSIE	Dutchess	3.33
GHENT REHABILITATION & NURSING CENTER	GHENT	Columbia	3.35
NEW PALTZ CENTER FOR REHABILITATION AND NURSING	NEW PALTZ	Ulster	3.36
TACONIC REHABILITATION AND NURSING AT HOPEWELL	FISHKILL	Dutchess	3.43

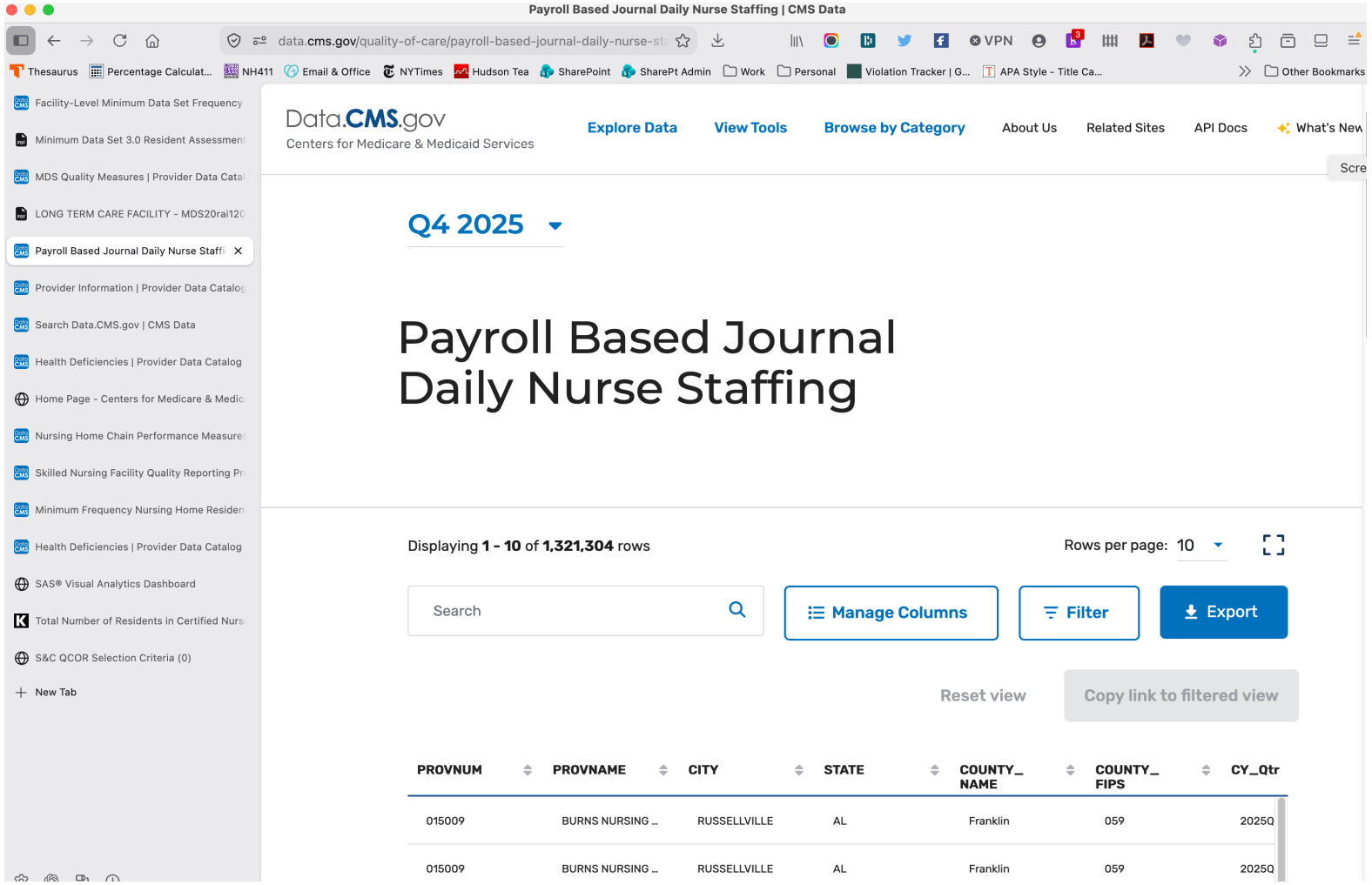
Are HV Nursing Homes Providing the Expected Staffing to Meet Their Residents' Needs?



Exploring the Data at www.nursinghome411.org

PROVNAME	CITY	COUNTY NAME	MDScensus	Total Nurse Staff HPRD	Nursing Case-Mix Index	Expected Total Nurse Staff HPRD	% Deviation From Total Expected Nurse HPRD
ACHIEVE REHAB AND NURSING FACILITY	LIBERTY	Sullivan	133.12	3.23	1.51	5.15	-37.4%
CAMPBELL HALL REHABILITATION CENTER INC	CAMPBELL HALL	Orange	109.72	3.14	1.46	5.08	-38.2%
FERNCLIFF NURSING HOME CO INC	RHINEBECK	Dutchess	233.95	3.25	1.20	4.71	-31.0%
FISHKILL CENTER FOR REHABILITATION AND NURSING	BEACON	Dutchess	151.53	3.45	1.55	5.21	-33.9%
GHENT REHABILITATION & NURSING CENTER	GHENT	Columbia	116.95	3.39	1.13	4.60	-26.2%
GLEN ARDEN INC	GOSHEN	Orange	34.22	4.80	1.20	4.71	2.0%
GOLDEN HILL NURSING AND REHABILITATION CENTER	KINGSTON	Ulster	253.16	3.26	1.56	5.22	-37.5%
GREENE MEADOWS NURSING AND REHABILITATION CENTER	CATSKILL	Greene	112.45	4.03	1.34	4.92	-18.0%
HIGHLAND REHABILITATION AND NURSING CENTER	MIDDLETOWN	Orange	90.45	3.69	1.42	5.02	-26.6%
HUDSON VALLEY REHABILITATION & EXTENDED CARE CTR	HIGHLAND	Ulster	112.49	3.63	1.22	4.74	-23.5%
LIVINGSTON HILLS NURSING AND REHABILITATION CENTER	LIVINGSTON	Columbia	111.59	2.10	1.17	4.66	-55.0%
LUTHERAN CENTER AT POUGHKEEPSIE INC	POUGHKEEPSIE	Dutchess	146.93	3.62	1.26	4.80	-24.6%
MIDDLETOWN PARK REHAB & HEALTH CARE CENTER	MIDDLETOWN	Orange	219.93	3.30	1.64	5.32	-38.0%
MONTGOMERY NURSING AND REHABILITATION CENTER	MONTGOMERY	Orange	93.23	3.14	1.56	5.22	-39.9%
NEW PALTZ CENTER FOR REHABILITATION AND NURSING	NEW PALTZ	Ulster	72.46	3.63	1.43	5.04	-28.0%
NORTHEAST CTR FOR REHABILITATION AND BRAIN INJURY	LAKE KATRINE	Ulster	265.24	3.75	1.32	4.88	-23.3%
PINE HAVEN HOME	PHILMONT	Columbia	117.91	2.61	1.37	4.96	-47.5%
RENAISSANCE REHABILITATION AND NURSING CARE CENTER	STAATSBURG	Dutchess	99.53	2.16	1.39	4.98	-56.6%
ROSCOE REGIONAL REHAB & RESIDENTIAL H C F	ROSCOE	Sullivan	75.45	2.96	1.27	4.81	-38.4%
SAPPHIRE NURSING AND REHAB AT GOSHEN	GOSHEN	Orange	114.97	3.69	1.64	5.32	-30.7%
SAPPHIRE NURSING AT MEADOW HILL	NEWBURGH	Orange	185.61	3.43	1.53	5.18	-33.8%
SAPPHIRE NURSING AT WAPPINGERS	WAPPINGERS FA	Dutchess	55.02	3.46	1.59	5.26	-34.3%
SCHERVIER PAVILION	WARWICK	Orange	63.11	3.66	1.33	4.90	-25.4%
ST JOSEPHS PLACE	PORT JERVIS	Orange	37.79	3.77	1.31	4.87	-22.6%

Exploring Daily Staffing Data on the CMS Website

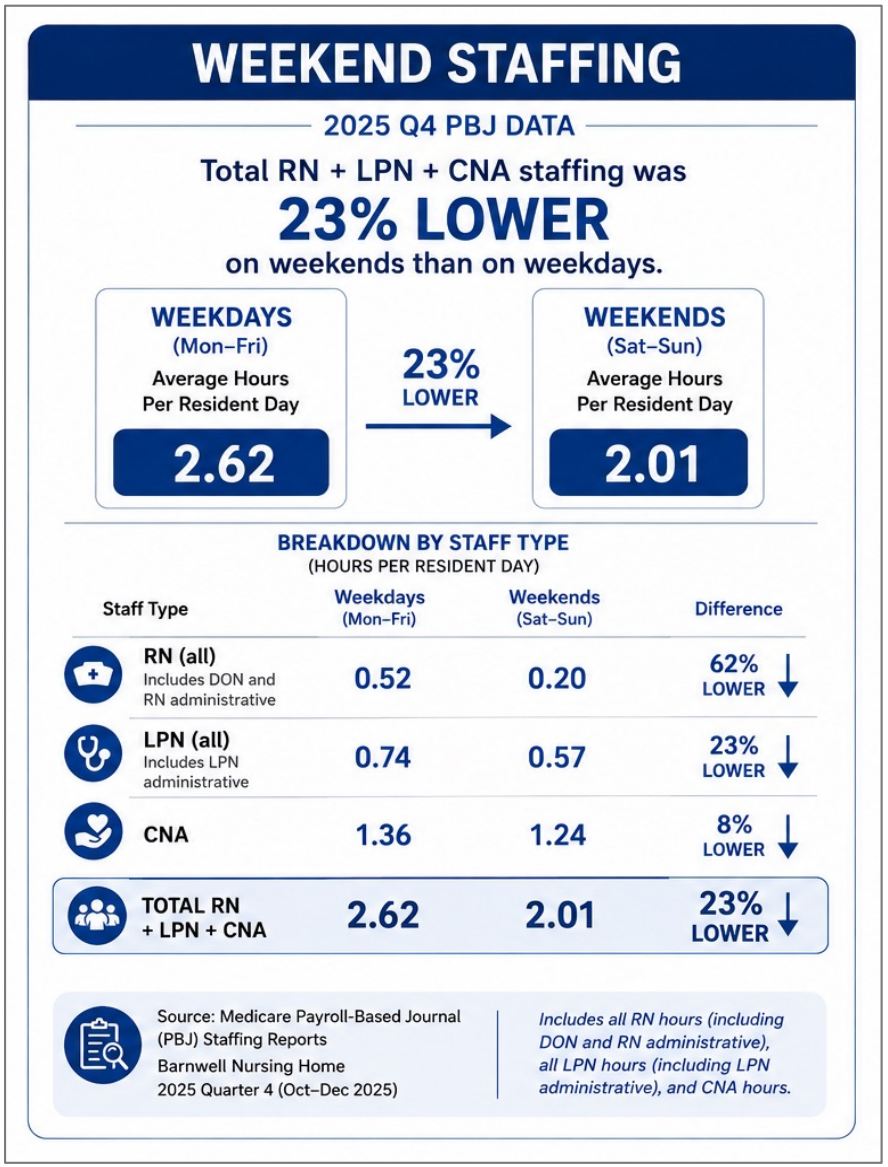


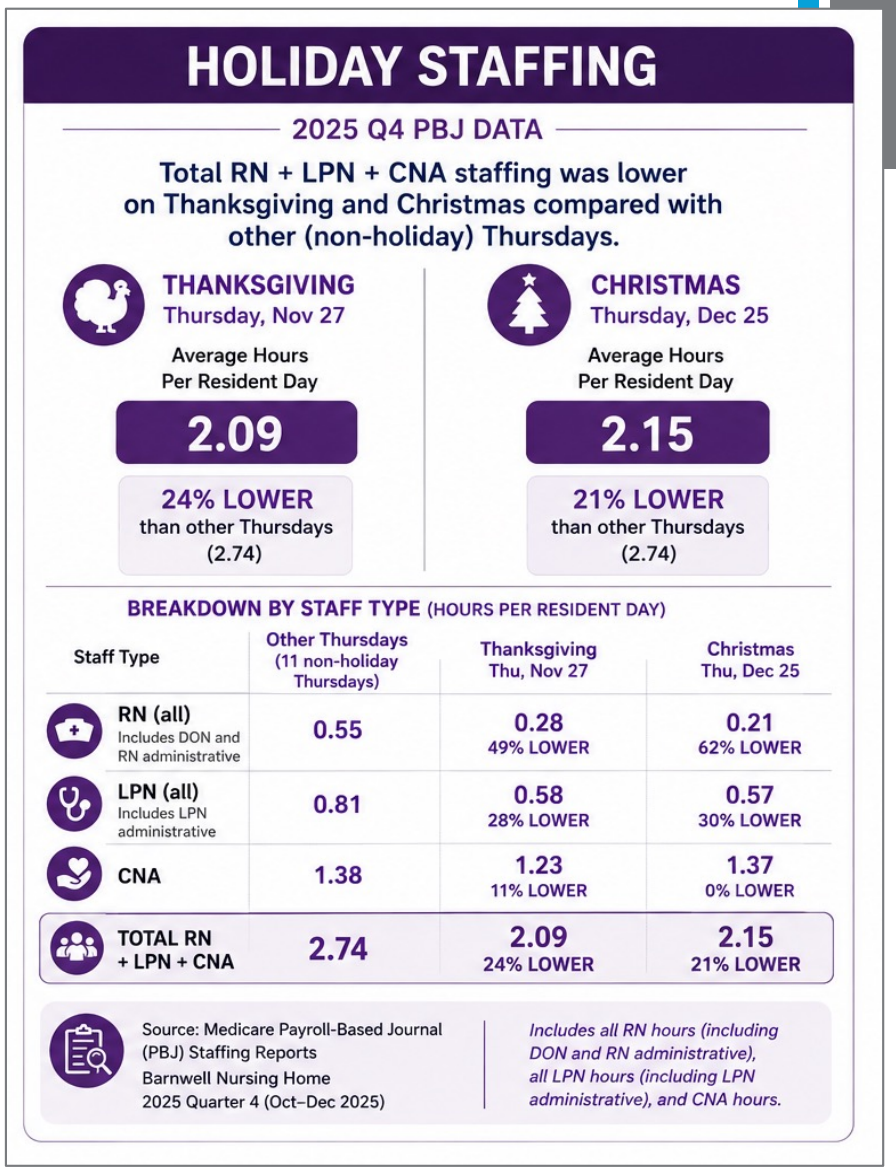
https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing

Exploring Daily Staffing Data on the CMS Website

PROVNAME	CITY	STATE	COUNTY_NAME	CY_Qtr	WorkDate	MDScensus	Hrs_RNDON
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251001	226	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251002	225	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251003	228	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251004	225	0
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251005	225	0
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251006	223	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251007	220	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251008	219	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251009	219	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251010	220	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251011	219	0
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251012	218	0
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251013	218	0
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251014	219	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251015	217	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251016	216	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251017	216	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251018	217	0
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251019	217	3.25
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251020	218	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251021	218	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251022	219	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251023	218	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251024	220	7.5
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251025	217	0
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251026	216	0
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	NY	Columbia	2025Q4	20251027	218	7.5

Insights from the Daily Data



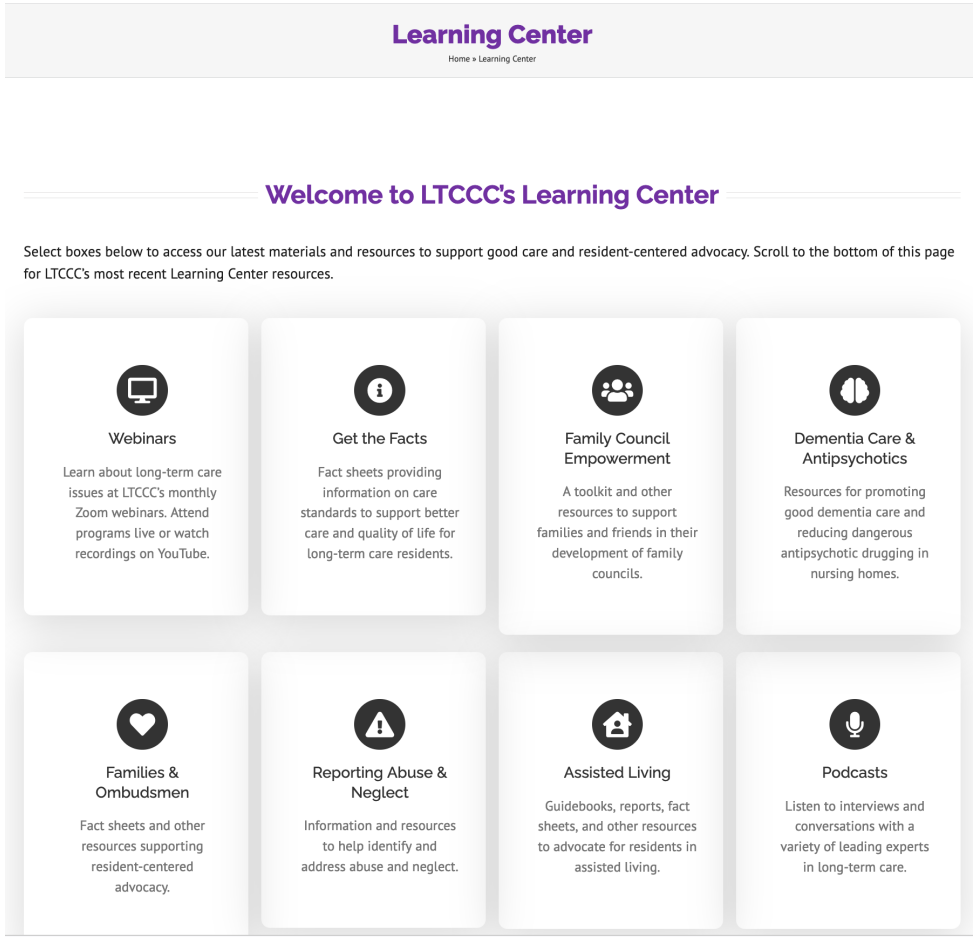


Hudson County Nursing Home Update – Part 2

Resident Rights to Safe & Sufficient Staffing

Know Your Resident's Rights

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



User-Friendly Fact Sheets Include:

- Resident Dignity & Quality of Life Standards
- Abuse, Neglect & Exploitation
- Antipsychotic Drugging
- Bed Rails
- Dementia Care Practices
- Fall & Accident Prevention
- Food, Nutrition, and Dietary Services
- Pain Management
- Infection Prevention and Control
- 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.
- **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.

Nursing Services [42 CFR 483.35 F-725]

*The facility **must** have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment....*

Sufficient Staffing [42 CFR 483.35(a) F-726]

*The facility **must** provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: ...licensed nurses; and… Other nursing personnel, including but not limited to nurse aides.*

PROFICIENCY OF NURSE AIDES [42 CFR 483.35(c)]

*The facility **must** ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.*

Fact Sheet: Standards for Nursing Home Services

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

CONSUMER FACTSHEET: STANDARDS FOR NURSING HOME SERVICES

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. The purpose of these factsheets is to provide relevant language from the standards and information that **YOU** can use to support your resident-centered advocacy.

Following are three relevant standards with descriptions excerpted from the federal regulations. On the next page are some points for you to consider when you advocate on these issues. [Note: The brackets below provide the relevant federal regulation (CFR) and F-tag (designation used when a facility is cited for failing to meet the requirement).]

I. NURSING SERVICES [42 CFR 483.35 F-725]

- *The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment….*

II. SUFFICIENT STAFF [42 CFR 483.35(a) F-726]

- *The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: …licensed nurses;*[1] *and*
- *(ii) Other nursing personnel, including but not limited to nurse aides.*

III. PROFICIENCY OF NURSE AIDES [42 CFR 483.35(c)]

- The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

[1] The regulations make provisions for a very limited exception to the requirement to provide licensed nurses on a 24-hour basis. *See* 42 CFR 483.35(e).

THINGS TO CONSIDER:

- Does the nursing home have enough staff on the floor to meet residents' needs in a timely manner? This includes…
  - Resident call bells responded to in a timely fashion.
  - Residents not being put into diapers because there are not enough staff to help them go to the bathroom.
  - Residents getting baths/showers at a time and frequency of their choosing.
  - Residents waking up and going to bed at a time of their choosing.
- Are staff finding and implementing options that most meet the physical and emotional needs of each resident?
- Are the assessment and care planning processes identifying and seeking ways to support residents' individual needs?
- Are those processes being implemented by care staff across shifts?
- Are staff informing residents and those they designate about the resident's health status and health care choices and their ramifications?
- Does the facility administration and environment promote actions by staff that maintain or enhance each resident's dignity?
- Do staff interaction with residents display full recognition of each resident's individuality? Is this occurring during different shifts and on weekends?
- Is the nursing home providing alternatives to drug therapy or restraints by understanding and communicating to staff why residents act as they do, what they are attempting to communicate, and what needs the staff must meet?
- Is the nursing home actively assisting residents with discharge planning services (e.g., helping to place a resident on a waiting list for community congregate living, arranging intake for home care services for residents returning home)?
- Are staff members assisting residents to determine how they would like to make decisions about their health care, and whether or not they would like anyone else to be involved in those decisions?
- Does the nursing home actively assist in making referrals and obtaining services from outside entities (e.g., talking books, absentee ballots, community wheelchair transportation)?

RESOURCES

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

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

CONSUMER FACT SHEET: REQUIREMENTS FOR NURSING HOME CARE STAFF & ADMINISTRATION

Staffing is widely considered to be the most important factor in the quality of care provided in a nursing home. Too often, facilities fail to have sufficient staff or the staff does not have the appropriate knowledge and competencies to provide the care residents need. Thus, federal requirements for sufficient and competent staff are critical to support resident-centered advocacy to ensure that residents are safe and that they receive appropriate services. This is what we pay for and what every facility agrees to provide for all of its residents when it participates in Medicaid/Medicare.

Below are relevant standards with descriptions excerpted from the federal regulations, followed by some points for you to consider when you advocate on these issues. [Note: The brackets below provide, for reference, the applicable federal regulation (42 CFR) and the F-tag number used when a facility is cited for failing to meet the standard.]

I. Fundamental Requirements for Nursing Services [42 CFR 483.35 F-725]

The facility must have sufficient nursing staff *with the appropriate competencies and skills sets* to provide nursing and related services to *assure resident safety and* attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care *and considering the number, acuity and diagnoses of the facility's resident population….*

II. Sufficient Staffing Levels [42 CFR 483.35(a) F-725]

The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

(i) …licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.

III. Nurse Aide Competency [42 CFR 483.35(d) F-728]

General rule. *A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless—*

That individual is competent to provide nursing and nursing related services; and

That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State…; or

That individual has been deemed or determined competent [based on long-term experience and other federal requirements]….

Non-permanent employees. *A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the [above] requirements….*

Considerations for Resident-Centered Advocacy – Staffing Competency & Quantity:

1. Note the reference to the 1987 Nursing Home Reform Law's requirement that nursing home services **must** be sufficient to assure that residents attain and maintain their "highest practicable physical, mental and psychosocial well-being." This means that services must be tailored to what residents need, not what the facility wishes to provide based on its profit margins and financial goals.
2. Nursing services must be both sufficient and competent to fulfill the needs identified in each and every resident's assessment and care plan.
3. When a facility accepts a resident it is affirming that it has both enough staff to meet the care and service needs of that individual and that the staff it hires and retains are appropriately trained to carry out this promise. When a facility lacks sufficient staff to meet the needs of its residents it is breaking that promise and violating its agreement with the federal government.

IV. Nursing Home Administration [42 CFR 483.70 F835]

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

Considerations for Resident-Centered Advocacy – Administration:

Federal guidelines state that, to order for a facility to be cited for substandard administration the surveyor's *"investigation must demonstrate how the administration knew or should have known of the deficient practice and how the lack of administration involvement contributed to the deficient practice found."*

This is important in two ways:

1. Is the administrator aware of the specific problem or concerned about which you are advocating? Depending on the nature of the problem, and how long it has continued, it may be worth bringing it to the attention of the administrator and/or senior staff.
2. Even if you do not know if the administrator has direct knowledge, there are numerous situations for which it is expected that an administrator is aware and accountable, including:
   a. *"**all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property**, by anyone furnishing services on behalf of the provider…."*
   b. ***overall implementation of the facility policies/procedures**, including to prohibit involuntary seclusion…."* and
   c. any **reasonable suspicion of a crime against a resident**.

RESOURCES

WWW.NURSINGHOME411.ORG. LTCCC's website includes materials on the relevant standards for nursing home care and a variety of resources on specific issues, such as dementia care, resident assessment and care planning, dignity and quality of life.

Fact Sheet: Resident Assessment & Care Planning

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

FACTSHEET: RESIDENT ASSESSMENT & CARE PLANNING

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

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

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

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

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

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

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

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

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

BASIC CONSIDERATION TO KEEP IN MIND

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

RESOURCES

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

Fact Sheet: Requirements for Facility Assessment

LONG TERM CARE
COMMUNITY COALITION
Advancing Quality, Dignity & Justice

REQUIREMENTS FOR FACILITY ASSESSMENTS
FACT SHEET

Federal rules require that nursing homes conduct facility assessments to ensure that they have the resources, including sufficient staff with the appropriate skills and competencies, to meet the needs of their residents based on each individual's acuity, care needs, and goals. In carrying out these assessments, nursing homes must solicit and consider input from residents and family members.

Note: Information below is directly quoted or paraphrased from the Code of Federal Regulations (CFR) or federal guidance. 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.

Facility Assessment [42 C.F.R. § 483.71(b) F838]

The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and upate this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.

I. The facility assessment must address or include the following:

(1) The facility's resident population, including, but not limited to:

- Both the number of residents and the facility's resident capacity;
- The care required by the resident population, using evidence-based, data-driven methods that consider the types of diseases, conditions, physical and behavioral health needs, cognitive disabilities, overall acuity, and other pertinent facts that are present within that population, consistent with and informed by individual resident assessments;
- The staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population;
- The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
- Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

(2) The facility's resources, including but not limited to the following:

- All buildings and/or other physical structures and vehicles;
- Equipment (medical and non-medical);

- Services provided, such as physical therapy, pharmacy, behavioral health, and specific rehabilitation therapies;
- All personnel, including managers, nursing and other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;
- Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
- Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.

(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach.

II. In conducting the facility assessment, the facility must ensure active involvement of the following participants in the process:

- Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and
- Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and the representatives of the direct care staff, if applicable.
- The facility must also solicit and consider input received from residents, resident representatives, and family members.

III. The facility must use this facility assessment to:

- Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3).
- Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.
- Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.
- Develop and maintain a plan to maximize recruitment and retention of direct care staff.
- Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.

For more information on calculating expected staffing levels to meet the basic needs of residents, visit https://nursinghome411.org/nurse-rating-methodology/.

To find actual and expected staffing levels for nursing homes in your community, visit https://nursinghome411.org/data/staffing/.

For information on resident assessment & care planning requirements (the bases for identifying sufficient staffing), visit https://nursinghome411.org/facts-resident-assess-plan/.

Resident Assessment Planning Form

Resident Assessment Planning Form

Nursing homes are required to conduct initially and periodically a comprehensive and accurate assessment of each resident's functional capacity. Federal law requires that it identify and respond to "a resident's needs, strengths, goals, life history and preferences." It is very important because it forms the basis for a resident's care plan, which outlines to services the facility promises to provide.

Federal standards also state "that 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." The purpose of this form is to assist residents, families, and those working with them to prepare for and participate effectively in the assessment process. It can be used to identify areas of concern related to the required components of the assessment.

Identification & Demographic Background:

Customary Routine:

Cognitive Patterns or Issues (e.g., memory loss, dementia, Alzheimer's, etc…):

Communication Challenges or Problems:

Vision Problems (e.g., blurry vision, floaters, flashes, etc…):

Mood or Behavioral Concerns (e.g., depression, anxiety, anger, etc…):

Concerns with Psychosocial Well-being (e.g., appropriate activities, social environment, etc…):

Physical Functioning and Structural Problems (e.g., trouble walking, backaches, arthritis, etc…):

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

Continence Issues (e.g., bladder or bowel function, constipation, relying on assistance to go to the bathroom, etc…):

Disease diagnoses and health conditions:

Dental Problems or Concerns (e.g., toothaches, dental hygiene concerns, dentures, etc…):

Nutritional Concerns (e.g., weight loss, lack of interest in eating, difficulty eating, etc…)

Skin Conditions (e.g., pressure ulcer concerns, itching, bruises, abnormal lumps, sore areas, etc…):

Activities (e.g., are activities engaging for resident, tailored to mental and physical abilities, etc…):

Medication Issues or Concerns (e.g., receiving antipsychotic drugs off-label, not receiving medications to relieve pain or anxiety, etc…):

Special Treatments and Procedure Concerns (e.g., staff members are not mindful of resident's food allergies, facility does not provide vegetarian options for meals, etc…):

If you have any further issues or concerns not described earlier, please write them below:

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

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	4.67	-18.2%
AR	VAN BUREN HEALTHCARE AND REHABILITATION CENTER	VAN BUREN	Crawford	9.50	4.00	4.75	-15.7%
AR	VILLAGE SPRINGS HEALTH AND REHAB OF HOT SPRINGS	HOT SPRINGS	Garland	7.17	3.55	4.66	-23.9%
AR	WESTWOOD HEALTH AND REHAB, INC	SPRINGDALE	Washington	9.06	4.64	4.69	-1.2%
AR	WHITE RIVER HEALTHCARE	CALICO ROCK	Izard	8.69	5.50	4.68	17.5%
AR	WILLOWBEND HEALTH AND REHABILITATION, LLC	MARION	Crittenden	1.91	3.67	4.71	-22.1%
AR	WINDCREST HEALTH AND REHAB INC	SPRINGDALE	Washington	9.80	4.38	4.48	-2.2%
AR	WOOD-LAWN HEIGHTS	BATESVILLE	Independence	9.74	3.97	4.76	-16.6%
AR	WOODBRIAR NURSING HOME	HARRISBURG	Poinsett	0.61	5.04	4.83	4.4%
AR	WOODLAND HILLS HEALTHCARE AND REHABILITATION	JACKSONVILLE	Pulaski	2.62	3.29	4.78	-31.2%
AR	WOODRUFF COUNTY HEALTH CENTER	MCCRORY	Woodruff	7.61	3.98	4.75	-16.2%
AZ	ACACIA HEALTH CENTER	PHOENIX	Maricopa	2.32	5.59	5.10	9.6%
AZ	ADVANCE HEALTH CARE OF SCOTTSDALE	SCOTTSDALE	Maricopa	7.38	4.86	5.22	-6.8%
AZ	ADVANCED HEALTH CARE OF GLENDALE	GLENDALE	Maricopa	1.60	5.01	5.55	-9.8%
AZ	ADVANCED HEALTHCARE OF MESA	MESA	Maricopa	7.23	4.92	5.37	-8.3%
AZ	ALLEGIANT HEALTHCARE OF MESA	MESA	Maricopa	4.30	1.40	5.20	-73.1%
AZ	ALTA MESA HEALTH AND REHABILITATION	MESA	Maricopa	4.83	4.10	5.13	-20.0%
AZ	APACHE JUNCTION HEALTH CENTER	APACHE JUNCTION	Pinal	4.06	3.67	5.06	-27.4%
AZ	ARCHIE HENDRICKS SENIOR SKILLED NURSING FACILITY	SELLS	Pima	5.51	6.57	4.90	34.2%
AZ	ARCHSTONE CARE CENTER	CHANDLER	Maricopa	4.84	3.59	4.90	-26.7%
AZ	ARIZONA STATE VETERAN HOME - YUMA	YUMA	Yuma	5.59	5.67	4.34	30.8%
AZ	ARIZONA STATE VETERAN HOME-PHX	PHOENIX	Maricopa	0.01	7.98	4.68	70.6%
AZ	ARIZONA STATE VETERAN HOME-TUCSON	TUCSON	Pima	5.66	5.16	4.57	13.1%
AZ	ASPIRE TRANSITIONAL CARE	FLAGSTAFF	Coconino	9.76	3.97	5.00	-20.5%
AZ	AZ - RIO VISTA POST ACUTE AND REHABILITATION	PEORIA	Maricopa	4.79	3.45	4.84	-28.8%
AZ	BEATITUDES CAMPUS	PHOENIX	Maricopa	6.72	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

- The Vital Roles Of Non-Nursing Staff In Nursing Home Quality And Safety
- Webinar: Nursing Home Staffing From A To Z
- Tips For Providing Input On Your Nursing Home's Staffing Assessment
- 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
- Fact Sheet: Requirements For Medical Director
- Expected Staffing: Summary Of Methodology
- Study On Expected Staffing
- 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
- Attorney Case Intake Worksheet (PDF)

www.nursinghome411.org/staffing-resource-center/

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.

Visit www.NursingHome411.org

Download a copy of this guide

Support our mission to improve care & dignity

LONG TERM CARE
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Nursing Home Staffing Data

A Guide for State & Federal Legislators

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Additional Resources at NH411

- Hudson Valley Page
  - https://nursinghome411.org/states/ny/hudsonvalley/
- Unsafe Nursing Home Discharge Complaint Form
  - https://nursinghome411.org/resource-discharge-complaint-form/
- 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/
- Dementia Care Toolkits
  - https://nursinghome411.org/dementia-care-toolkits/

www.nursinghome411.org

Thank You For Joining Us Today!

Next Program: October 15 at 11am

Agenda:

1. Data Update

2.Nursing Home Citations & Penalties: What Do They Mean?

Email **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.

Join us on **Facebook** at www.facebook.com/ltccc.

Follow us on **Instagram** at www.instagram.com/ltccoalition/.

Thank you to the Dyson Foundation for supporting these programs!