



Affiliated entity	Number of facilities	Number of states and territories with operations	Average overall 5-star rating	Average total nurse hours per resident day	Total amount of fines in dollars
National	14,900	53	2.9	3.8	560,118,545.30
SIMCHA HYMAN & NAFTALI ZANZIPER	131	11	1.9	3.5	11,838,983.56
GENESIS HEALTHCARE	236	22	2.4	3.3	9,901,096
INFINITY HEALTHCARE MANAGEMENT	58	5	1.9	3.1	9,788,322.07
COMMUNICARE HEALTH	103	7	1.8	3.3	6,557,001.31
THE ENSIGN GROUP	254	14	3.3	3.6	6,527,043.38
LIFE CARE CENTERS OF AMERICA	198	29	3.1	3.7	6,205,806.37
PETERSEN HEALTH CARE	62	2	1.5	3.1	6,194,894.83
APERION CARE	38	2	1.9	2.9	5,137,279.50
MEDILODGE	50	1	3.1	3.9	5,022,988.95
CIENA HEALTHCARE/LAUREL HEALTH CARE	79	5	2.6	3.5	5,013,223.03

Nursing Homes Post COVID: Issues of Interest to Health Care Journalists and the Public

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;
 - Monitor and report nursing home quality and performance data;
 - Public education.
- **Richard Mollot**: Executive Director
- **Website**: www.nursinghome411.org.



Nursing Homes Were a Disaster Waiting to Happen

Long before COVID-19, poor care and lax oversight were widespread and well-known.

The New York Times

GIVE TH

OPINION

Nursing Homes Were a Disaster Waiting to Happen

Long before Covid-19, poor care and lax standards were widespread and well known.

April 28, 2020



A resident at a nursing home in Kirkland, Wash. Grant Hindsley for The New York Times



Agenda



BACKGROUND: Nursing Homes:
Where we are and how we got
here.



SEPARATING FACT FROM FICTION



NEW STUDY: US Nursing Home
Finances: Spending, Profitability
and Capital Structure



DATA RESOURCES: A brief review
of how publicly available
information can be useful.



+

Background

+ The Nursing Home Reform Law

- The law passed in 1987.
- **Every** nursing home that participates in Medicaid/Medicare agrees to meet or exceed the standards laid out in the Reform Law and its implementing regulations.
- Participation in Medicaid/Medicare is voluntary. Nursing homes that do not wish to meet these standards are free to run private facilities.



+ The Nursing Home Reform Law

- The federal law requires that every nursing home resident is provided the care and quality of life services sufficient to attain and maintain their **highest practicable physical, emotional, & psycho-social well-being**.
- The law emphasizes **individualized, 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**.
- “Effective” infection control and sufficient staffing have been required since the beginning.



+ The Nursing Home Reform Law

Question: If the law and standards are so strong, why aren't nursing homes decent and safe places to live and work?

Answer: Laws and standards can only make a difference if they are enforced.



+ The Problem(s)

Federal data, our studies, and countless federal reports indicate that baseline requirements are largely unenforced.

MARCH 18, 2019

ADDRESSING ABUSE, NEGLECT, AND SUSPICION OF CRIME AGAINST NURSING HOME RESIDENTS
POLICY CONSIDERATIONS & PROMISING PRACTICE

Majestic Care of Columbus LLC

Department of Health and Human Services
OFFICE OF INSPECTOR GENERAL

August 24, 2017

TO: Scott Yonke, MPA, Administrator, Centers for Medicare & Medicaid Services

FROM: Daniel R. Levinson, Inspector General

SUBJECT: Early Alert: The Centers for Medicare & Medicaid Services (CMS) is implementing a new program to identify and address potential quality of care issues in long-term care facilities (LTCFs) that are subject to the Federal Deficit Reduction Act (FRA) 17-0006.

Department of Health and Human Services
OFFICE OF INSPECTOR GENERAL

ADVERSE EVENTS IN SKILLED NURSING FACILITIES: NATIONAL INCIDENCE AMONG MEDICARE BENEFICIARIES

United States Government Accountability Office
Statement for the Record to the Committee on Ways and Means, House of Representatives

THE LONG TO: GAO

NURSING HOMES
Better Oversight Needed to Protect Residents from Abuse

Resident Cases and Deaths per 1,000 Residents

Average Number of Cases per 1,000 Residents

Report to Congressional Requesters

GAO

August 2009

NURSING HOMES
CMS's Special Focus Facility Methodology Should Better Target the Most Poorly Performing Homes, Which Tended to Be Chain Affiliated and For-Profit

Department of Health and Human Services
OFFICE OF INSPECTOR GENERAL
GAO

NURSING FACILITY ASSESSMENTS AND CARE PLANS FOR RESIDENTS RECEIVING ATYPICAL ANTIPSYCHOTIC DRUGS

GAO-09-650

GAO

ANTIPSYCHOTIC DRUG USE
HHS Has Initiatives to Reduce Use among Older Adults in Nursing Homes, but Should Expand Efforts to Other Settings

Forbes

Inside Look At How Covid-19 Is Driving An Epidemic Of Loneliness In Nursing Homes

Howard Gleckman Senior Contributor

Forbes



Weak Enforcement = Opportunities for Predatory Operators & Investors

DYING FOR CARE

Many nursing homes are poorly staffed. How do they get away with it?

President Biden has promised tougher standards, but USA TODAY found the government rarely enforces existing guidelines.


Jayne Fraser and Nick Penzenstadler, USA TODAY, with Jeff Kelly Lowenstein
USA TODAY

Published 5:00 AM EST Dec. 1, 2022 | Updated 6:58 AM EST Dec. 1, 2022

↓

REGULATORS have allowed thousands of nursing homes across America to flout

ILLUSTRATION BY TRACIE KEETON/USA TODAY, AND GETTY IMAGES



Long-term care continues to be understaffed, poorly regulated and vulnerable to predation by for-profit conglomerates and private-equity firms.

E. Tammy Kim, "This Is Why Nursing Homes Failed So Badly," The New York Times (Dec. 31, 2020)

+ LTCCC's 2021 Project

- What can we **expect from those responsible** for ensuring that nursing home residents are safe and treated with dignity?
- To what extent are **requirements for nursing homes – and the agencies responsible for overseeing them – being realized** in the lives of nursing home residents?



This study was conducted with the generous support of **The New York Community Trust**. To view or download, visit <https://nursinghome411.org/survey-enforcement/>



Summary of findings



■ Frequency

- Annually, surveyors recorded **one citation for every 13 residents** in the three-year period from 2018 to 2020.

■ Severity

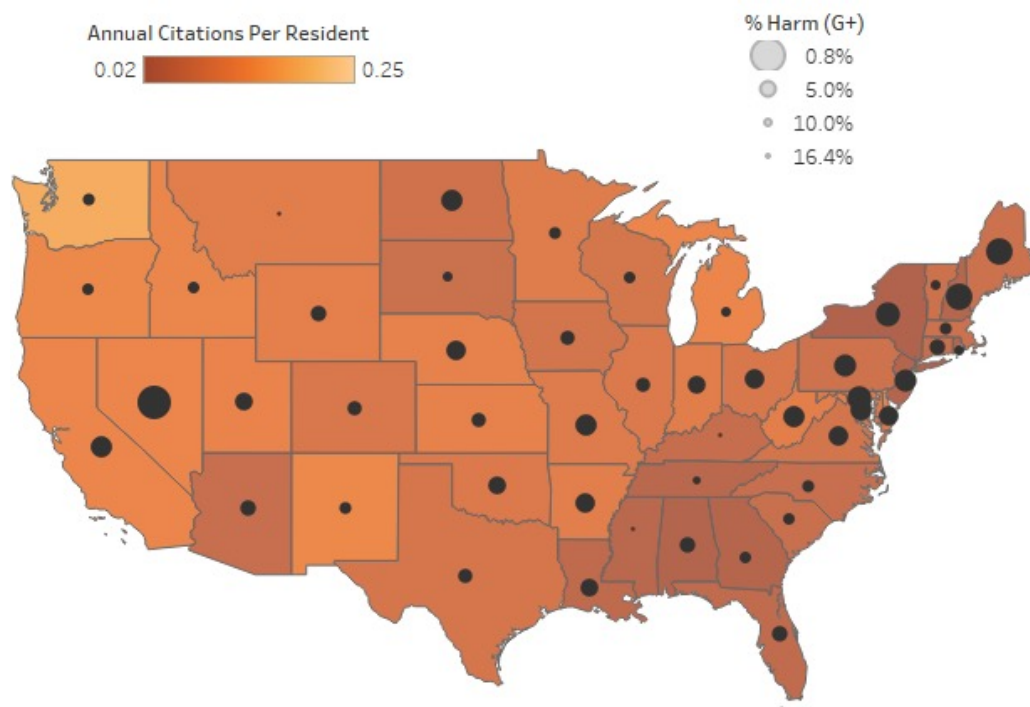
- **Harm (G or above) citations are rare.** Of the 290,000 citations, 5.0% were categorized as Harm. 1.8% were categorized as Immediate Jeopardy (J or above).

■ Citations by Category

- Infection Prevention & Control (F880) citations accounted for 7.8% of all deficiencies.
- Antipsychotics (F758), Pressure Ulcers (F686), and Resident Rights (F550) each accounted for roughly 2%.
- Sufficient Staffing (F725) accounted for 1%.
- Quality of Life (F675) accounted for 0.1%.

+ Summary findings: State & Region

- State and regional enforcement and severity varied considerably but were often consistent across categories of nursing home care.
- New Jersey and New York ranked in the bottom-quintile in most citation metrics evaluated in this report.
 - In an average year in New York, there was one citation for every 50 residents. In Alaska, there was one citation for every four residents.
- Region 2 (New York) ranked at the bottom of most enforcement metrics, meaning the region had lower enforcement rates. Region 10 (Seattle) ranked first and second in most enforcement metrics.



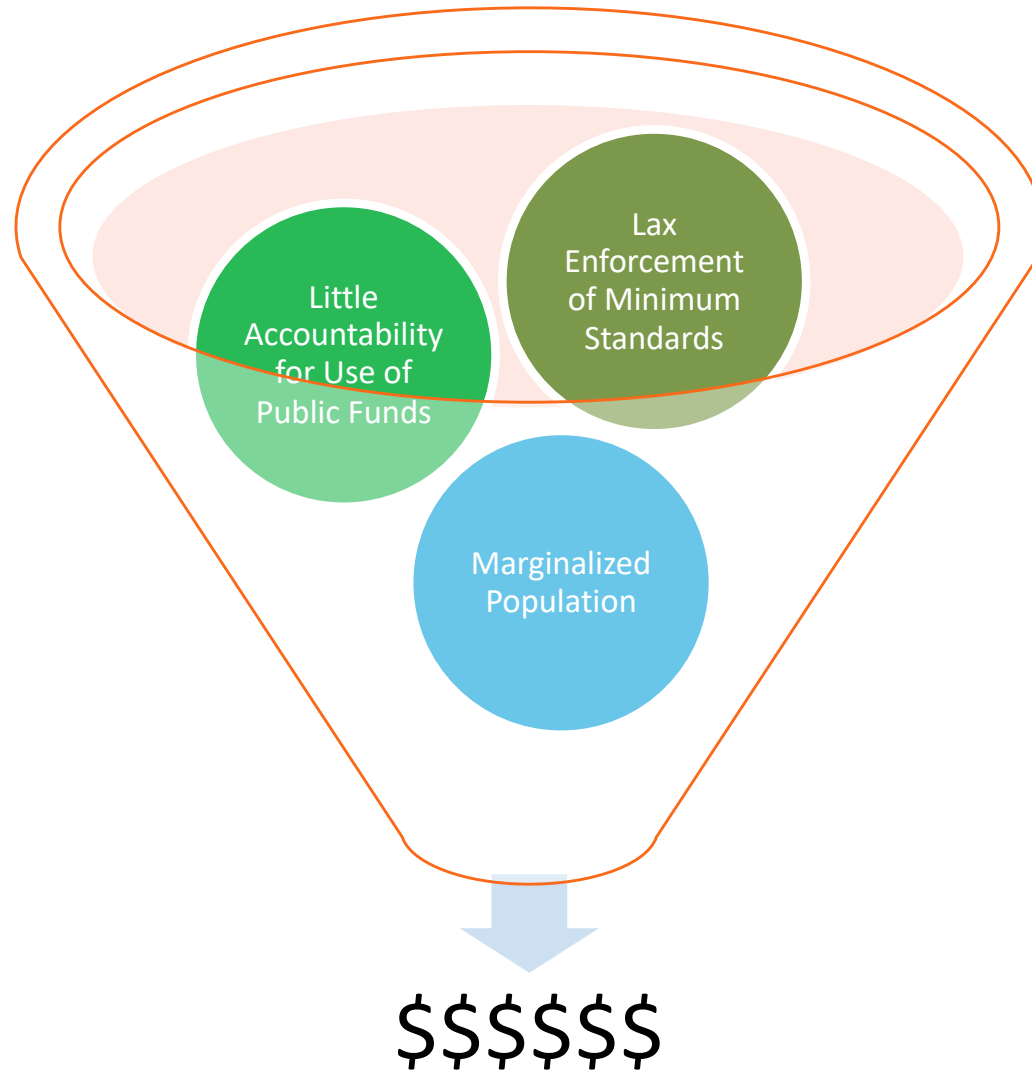
Darker → lower citation rate.


Larger circles → lower % of Harm citations.

To download the Guide or Report, go to

[https://nursinghome411.org/survey-enforcement.](https://nursinghome411.org/survey-enforcement)

+ The U.S. System Enables Operators to Maximize Profits by Providing Substandard Care & Conditions





+ Nursing Home Profits and the
Inevitability of Low Staffing &
Poor Care

Separating Truth From Fiction

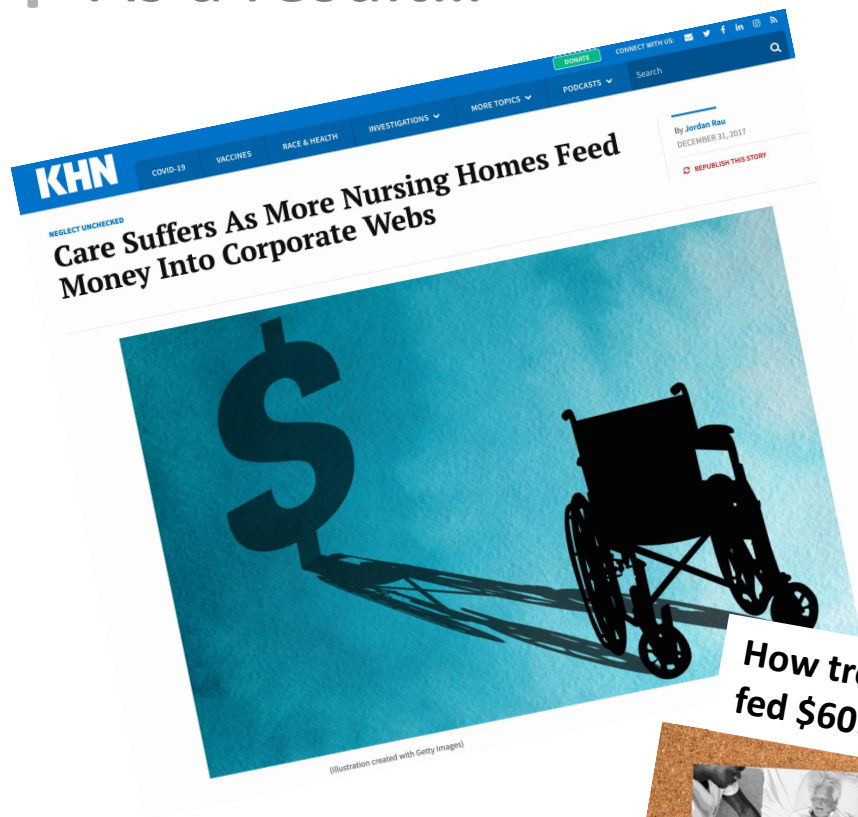


- Despite claims of “razor-thin margins” for-profit ownership has been increasing for many years.
- Over the years, the nursing home industry has become increasingly sophisticated and opaque.



- These mechanisms were originally employed as a means to escape legal and financial accountability for death and suffering caused by substandard care.
- In recent years, Real Estate Investment Trusts (REITs), private equity, and other, similarly sophisticated investors have entered the market.

+ As a result...



75% of U.S. nursing homes use related party transactions, a mechanism through which operators can hide profits while falsely claiming to the public that they operate on “razor-thin” margins, lose money on Medicaid beneficiaries, or cannot afford to hire the staff necessary to provide promised care.





+

Myth #1

Nursing homes are underpaid

+ **Myth:** Nursing home payment is insufficient to provide good care.

Reality: Most nursing homes are run for-profit and are seen as attractive investments.

- The industry's longstanding argument that it does not get paid enough to provide sufficient staffing, baseline infection control protocols, etc... is unsubstantiated by independent data.
- In fact, nursing homes are increasingly operated by for-profit entities.
- Private equity and REITs have increasing, substantial investment in the sector.
- There are virtually no limitations on the use of public funds to pay for administrative staff or siphon off into profits.
- As noted above, operators commonly use related party transactions to hide profits (and perpetuate the myth of "razor-thin margins").

+ Medicaid Funding

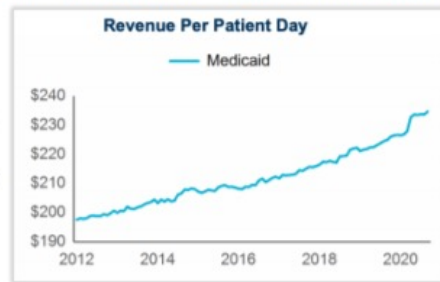
LTCCC POLICY BRIEF

NURSING HOME MEDICAID FUNDING: SEPARATING FACT FROM FICTION

Background. [Medicaid](#) is the primary funding source for the majority of nursing home services in the US. Managed by states using a mix of state and federal funding, Medicaid covers more than [60% of residents nationwide](#). Each state has broad flexibility to determine eligibility standards and payment methods and design reimbursement rates.

Industry Claims vs. Facts. Nursing home providers and trade associations claim that Medicaid rates are inadequate and [less than the cost of actual care](#), which then leads providers to [leverage other payor sources](#), such as Medicare and private pay. The industry also blames low Medicaid rates for substandard care. However, recent studies suggest that [for-profit facilities have maximized profits](#) for owners and investors while skimping on resident care.

- Medicaid rates have [steadily increased in the past decade](#), rising 12.6% since 2012, according to the [National Investment Center for Seniors Housing & Care \(NIC\)](#)
- Nursing homes received an average of [\\$214 per resident per day](#) in Medicaid funding in 2019, a 2.2% increase from 2018
- An NIC report with data through September 2020 shows a [national average reimbursement rate of \\$235](#), though this \$21 increase from 2019 is likely a [COVID-related boost](#)
- Although industry leaders claim that nursing homes are [losing money](#) on Medicaid residents and blame [closures and financial struggles on low reimbursement rates](#), [typical nursing home profits are in the 3 to 4 percent range](#), according to Bill Ulrich, a nursing home financial consultant
- In fact, [most nursing homes “outsource a wide variety of goods and services](#) to companies in which they have a financial interest or that they control.” This practice, called related-party transactions, can be used to “siphon off higher profits, which are not recorded on the nursing home’s accounts,” giving the false impression that a nursing home has low profits or is losing



Source: NIC MAP Data Service

One Penn Plaza, Suite 6252, New York, NY 10119 | P: 212-385-0355 | E: info@ltccc.org
www.NursingHome411.org

Medicaid rates have steadily increased in the past decade...

More financial accountability for facilities would decrease the likelihood of facilities funneling cash to owners and investors at the expense of better resident care.

nursinghome411.org/ltc-medicaid-funding/

+ Medicare Funding

According to the Medicare Payment Advisory Commission...

- The marginal profit from Medicare nursing home patients in 2020 averaged 25%.
- The average Medicare profit margin has been above 10% for over 20 years.

Unfortunately, the focus of Medicare rate setting has been almost entirely on controlling costs rather than ensuring quality. Medicare prospective payments are based on estimated costs and not on actual expenditures. This system allows nursing homes to keep staffing and operating expenses low in order to maximize profits.

* Medicare Payment Advisory Commission, *Report to the Congress: Medicare Payment Policy*, Chapter 7 (March 2022).

NOTE: These profit margins do not take into account profits hidden in administrative costs or related-party transactions.

+ Funding is NOT the Problem

OIG: *Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries*

- OIG found that **one-third of residents who were in a nursing home for short-term care were harmed** w/in an average of 15.5 days.
- **Almost 60 percent of the injuries were preventable and attributable to poor care.**
- Much of the **preventable harm was due to substandard care**, inadequate resident monitoring, and failure or delay of necessary care.
- As a result, six percent of those who were harmed died, and more than half were rehospitalized.
- “Because many of the events that we identified were preventable, our study confirms the need and opportunity for SNFs to significantly reduce the incidence of resident harm events.”

Even when profits are high, nursing homes fail to provide adequate care, safety, or treat residents humanely.



+

Myth #2

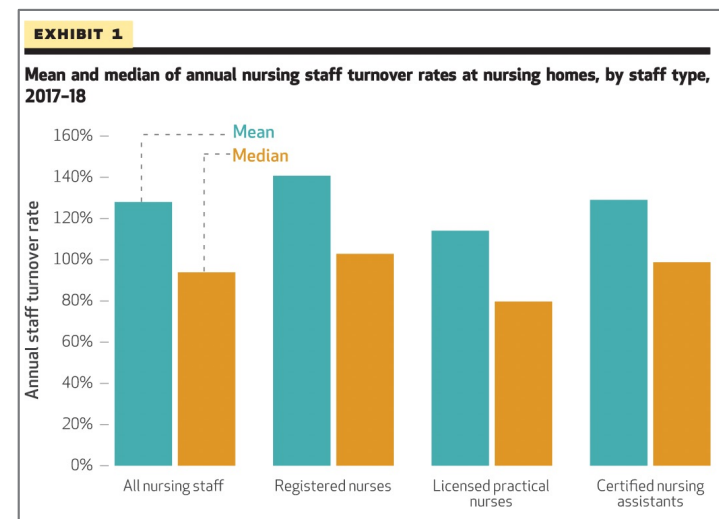
It's impossible to find enough
nursing staff

+ **Myth:** Nursing homes cannot find sufficient nursing staff to provide appropriate care & life with dignity.

Reality: Too many nursing homes don't *retain* sufficient staffing due to poor & dangerous working conditions & low pay.

■ **2009 Study:** “As far back as the mid 1970s studies have documented average turnover rates for registered nurses (RNs), licensed vocational nurses (LVNs) and certified nurses aides (CNAs) ranging between 55% and 75%. Rates have remained high throughout the decades, often exceeding 100% for CNAs, the most common type of care giver in nursing homes.”¹

■ **2021 Study:** “Mean and median annual turnover rates for total nursing staff were roughly 128 percent and 94 percent, respectively. Turnover rates were correlated with facility location, for-profit status, chain ownership, Medicaid patient census, and star ratings.”²



1. Mukamel, Dana B et al. “The costs of turnover in nursing homes.” *Medical care* vol. 47,10 (2009): 1039-45. <https://doi.org/10.1097/MLR.0b013e3181a3cc6>
2. Gandhi, Ashvin, Yu, Huizi, and Grabowski, David. “High Nursing Staff Turnover In Nursing Homes Offers Important Quality Information.” *Health Affairs* vol. 40, No. 3 (2021). <https://doi.org/10.1377/hlthaff.2020.00957>



**+ US Nursing Home Finances:
Spending, Profitability and Capital
Structure**

First ever study of the income and expenses which nursing homes report to the government every year

<https://journals.sagepub.com/doi/10.1177/27551938231221509>



Study of Nursing Home Finances



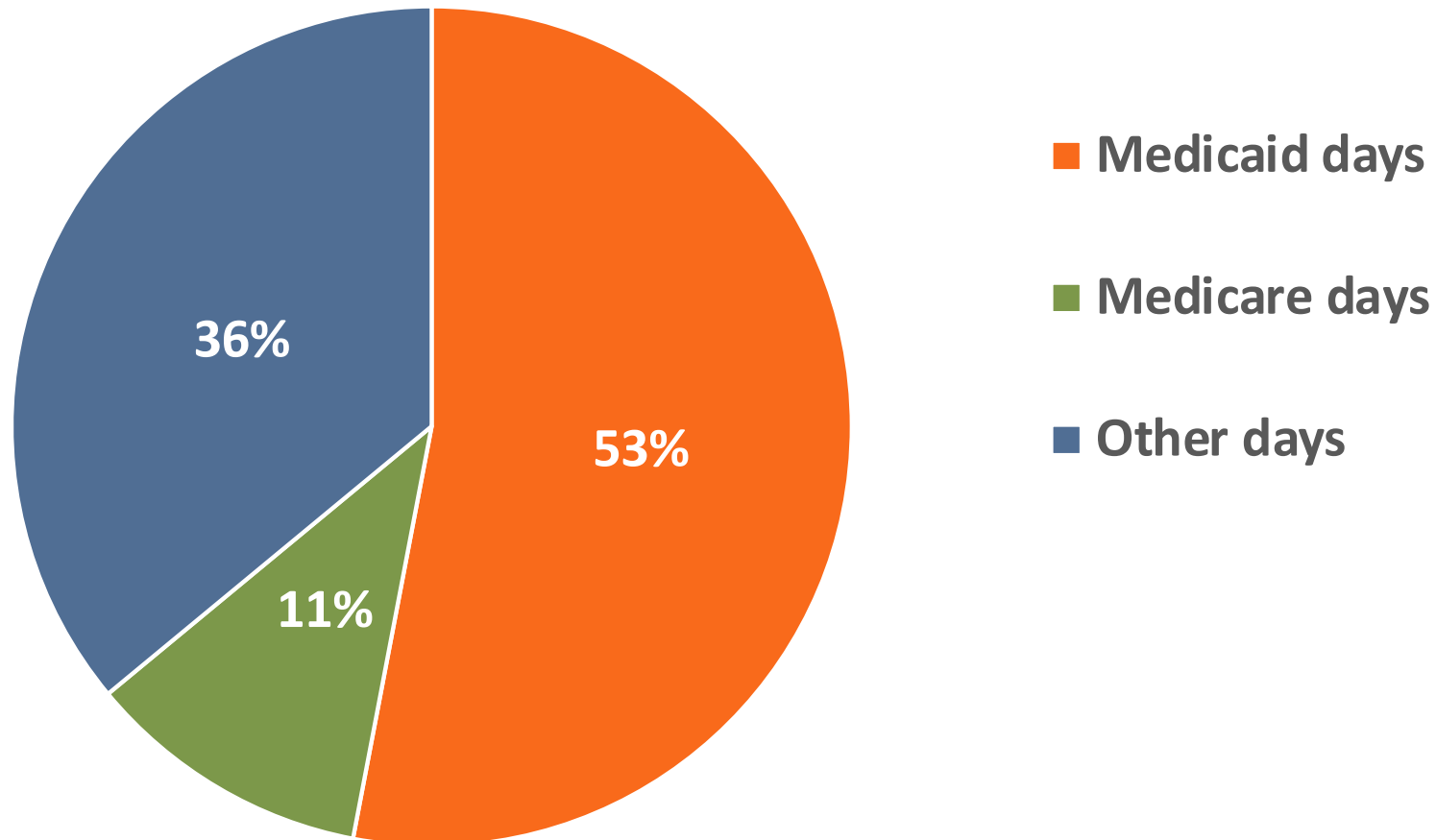
- **Problem: NH lobby associations provide misleading narrative**
 - Government rates are inadequate
 - Staff shortages make it impossible to hire nurses
 - Some NHs face bankruptcy and may close

- **Study Aims: to examine 2019 Medicare cost report data**
 - revenues, expenses, profits and losses
 - related party expenditures (same or common owners)
 - expenditures for direct care vs capital, administration and profits



US Nursing Home Payer Mix, 2019

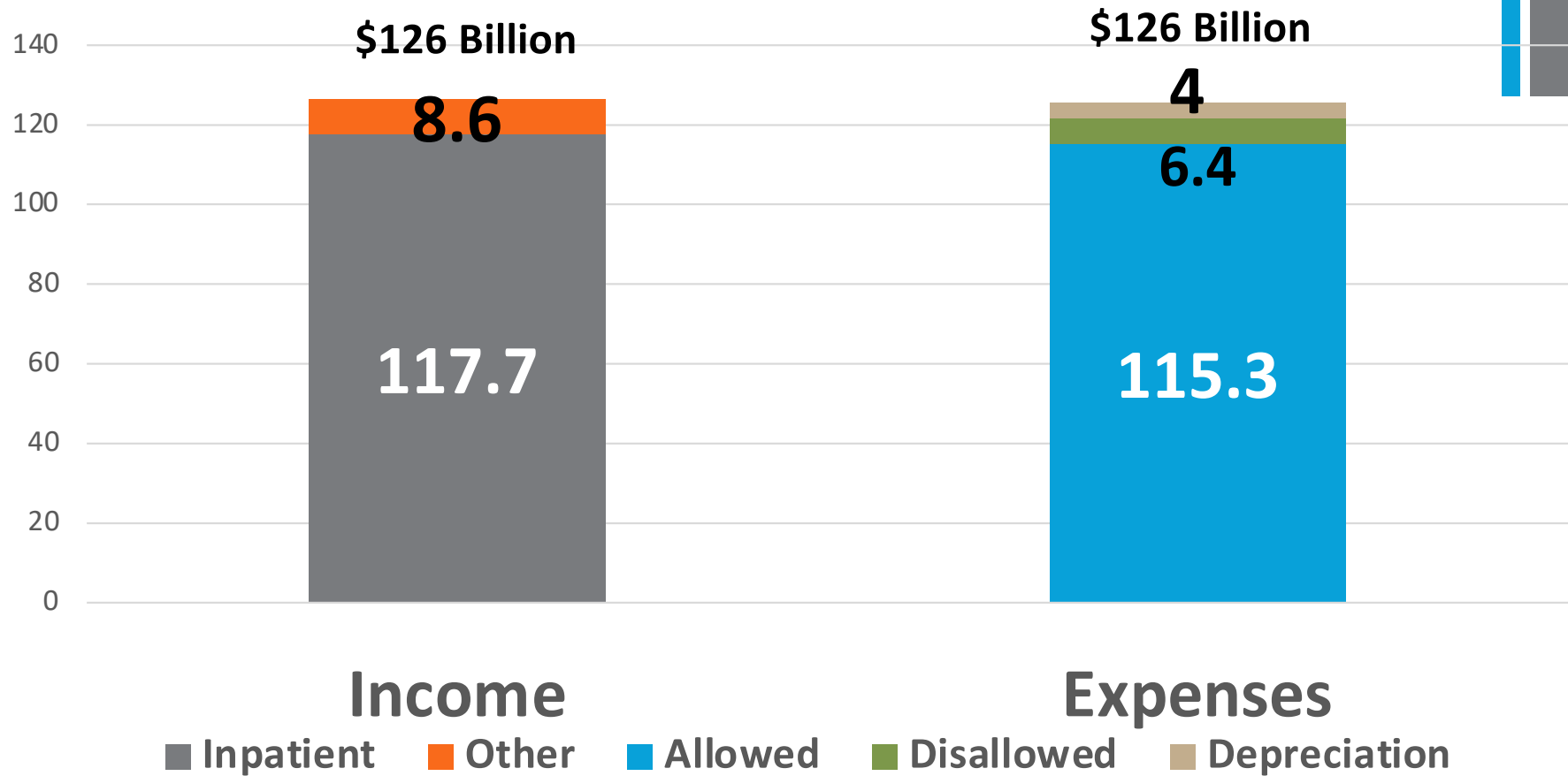
(11,752 NHs, 1,355,000 beds, 81% occupancy)



Harrington, Mollot, Braun, & Williams. US Nursing Home Finances; Spending, Profitability & Capital Structure. 2023



US Nursing Home Revenues and Expenses in Billions, 2019 (N=11,752)



Profit Margin .58 %

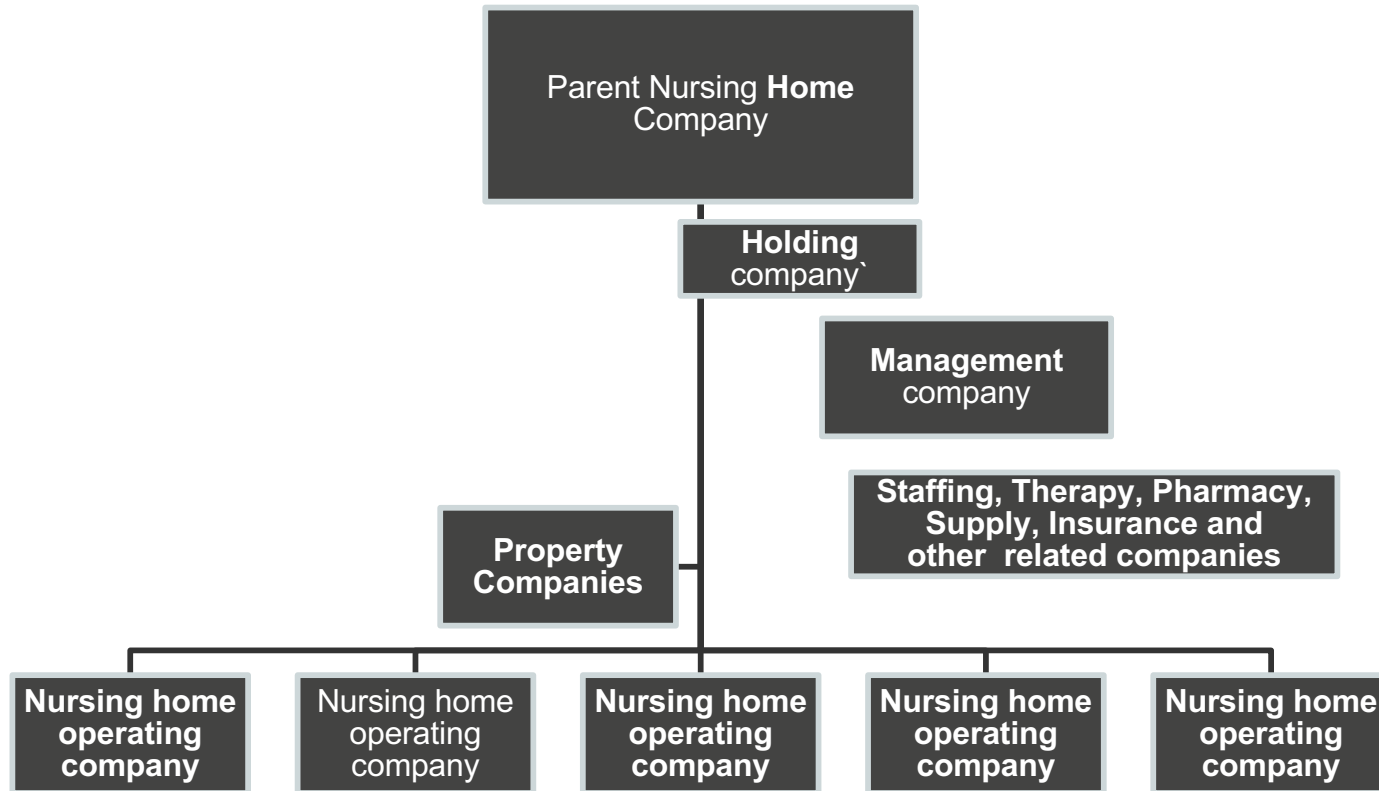
Profit Margin minus disallowances 5.7%

Profit Margin minus disallowances & depreciation 8.8%

Range from 83% profit to 161% loss

Harrington, Mollot, Braun, & Williams. US Nursing Home Finances; Spending, Profitability & Capital Structure. 2023

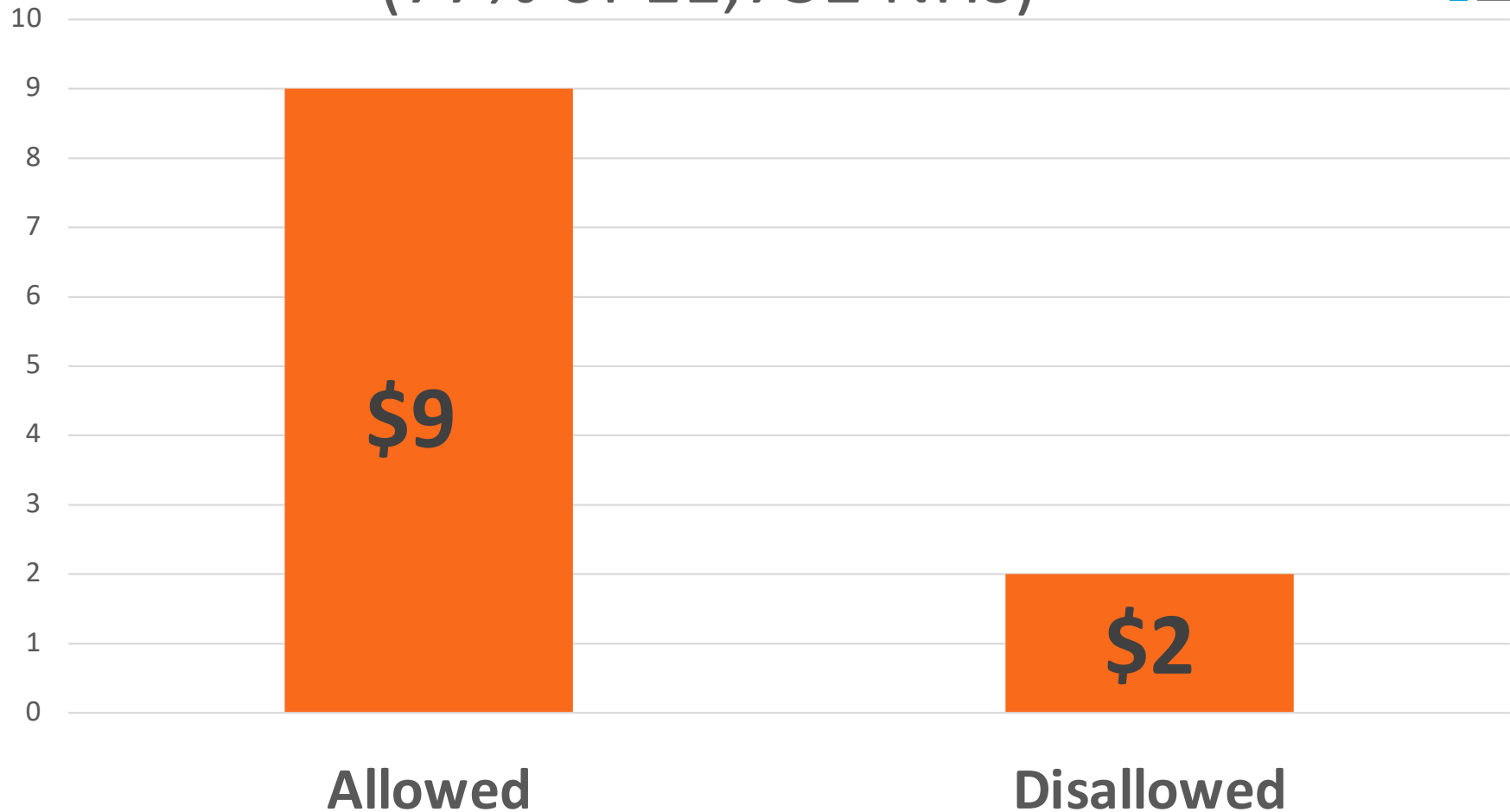
+ NHs hide profits in multiple related party companies



Related-party organizations are used to hide profits and funnel money away from resident care, reduce taxes, and reduce liability

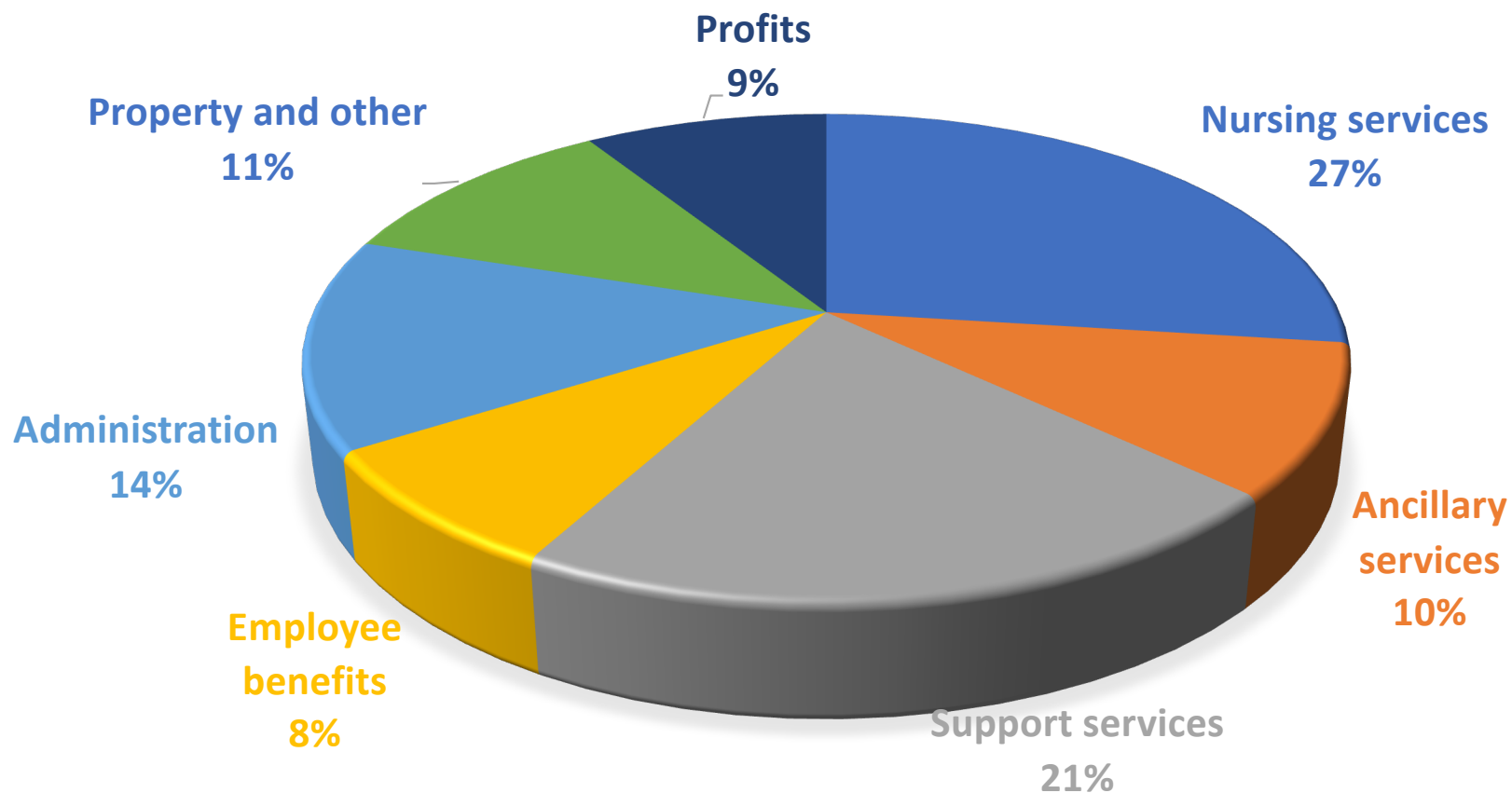


US Related Party Expenses Were \$11 Billion in 2019 (9.5% of revenues) (77% of 11,752 NHs)



**Harrington, Mollot, Braun, & Williams. US Nursing Home
Finances; Spending, Profitability & Capital Structure. 2023.**

+ US NH Expenditures as a Percent of Net Revenues in 2019



Direct Care Expenses = 66%
Administration, Capital and Profits = 34%

Harrington, Mollot, Braun, & Williams. US Nursing Home Finances; Spending, Profitability & Capital Structure. 2023.



Summary of Major Policy Reforms Needed



1. **Establish adequate, evidence-based federal staffing minimums with adjustments for resident acuity**
2. **Strengthen enforcement, especially on chains**
3. **Increase ownership transparency and set federal certification criteria for ownership**
4. **Require greater financial transparency and accuracy**
5. **Improve financial accountability with direct care spending requirements and return of excess payments**



+

LTCCC Data Insights & Resources

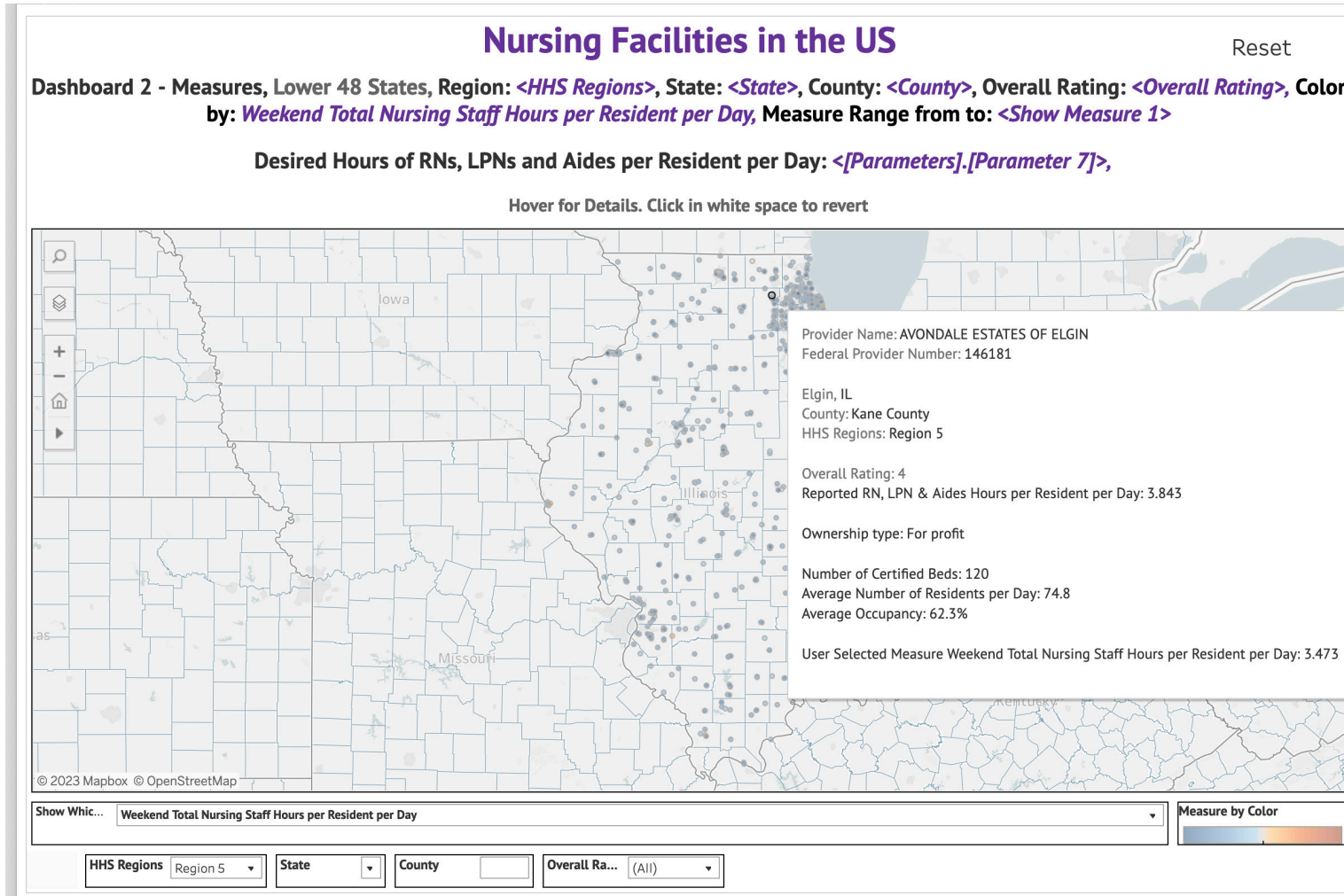
+ Data are our friends

- Over the years, the availability of public data on nursing homes has greatly increased...
 - Staffing
 - Inspection results
 - So-called “quality measures”
- In response to the increased corporatization of the nursing home sector, CMS has required more and better reporting of ownership information
- Some of these data are better than others
- Transparency is **not** a substitute for effective oversight. However, it can be used to both inform and improve oversight and accountability.



+ Staffing, Quality, & Ownership

Searchable & Sortable Information on national, regional, state, county, and individual levels



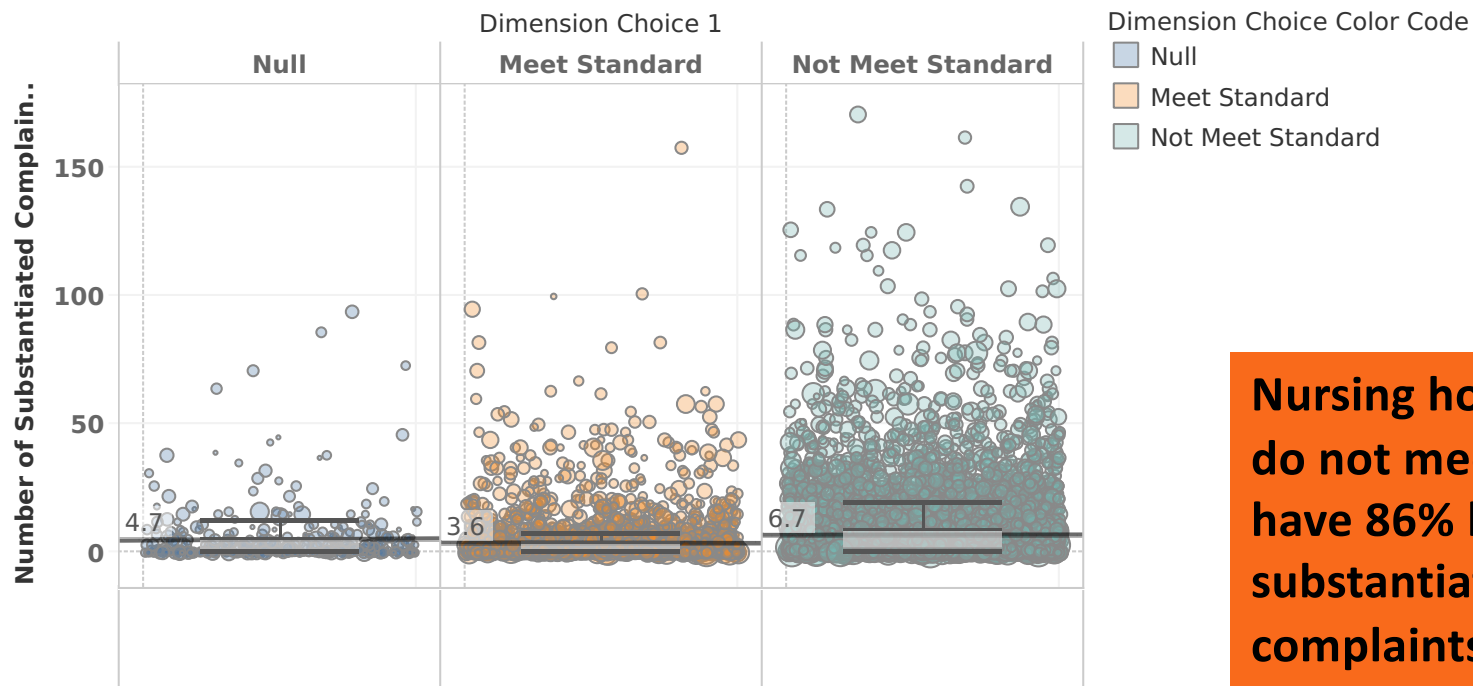
+ Data Visualizations: Why is a Good Staffing Standard So Important?



Does Measure **Number of Substantiated Complaints** (Vertical Scale) with Range: 0.0 to 171.0, vary by **Meet Staff Standard** (Horizontal Scale)?

Color by **Meet Staff Standard**, Desired Staff Hours per Resident per Day: **4.1**, Meet Staffing Standard? **All**

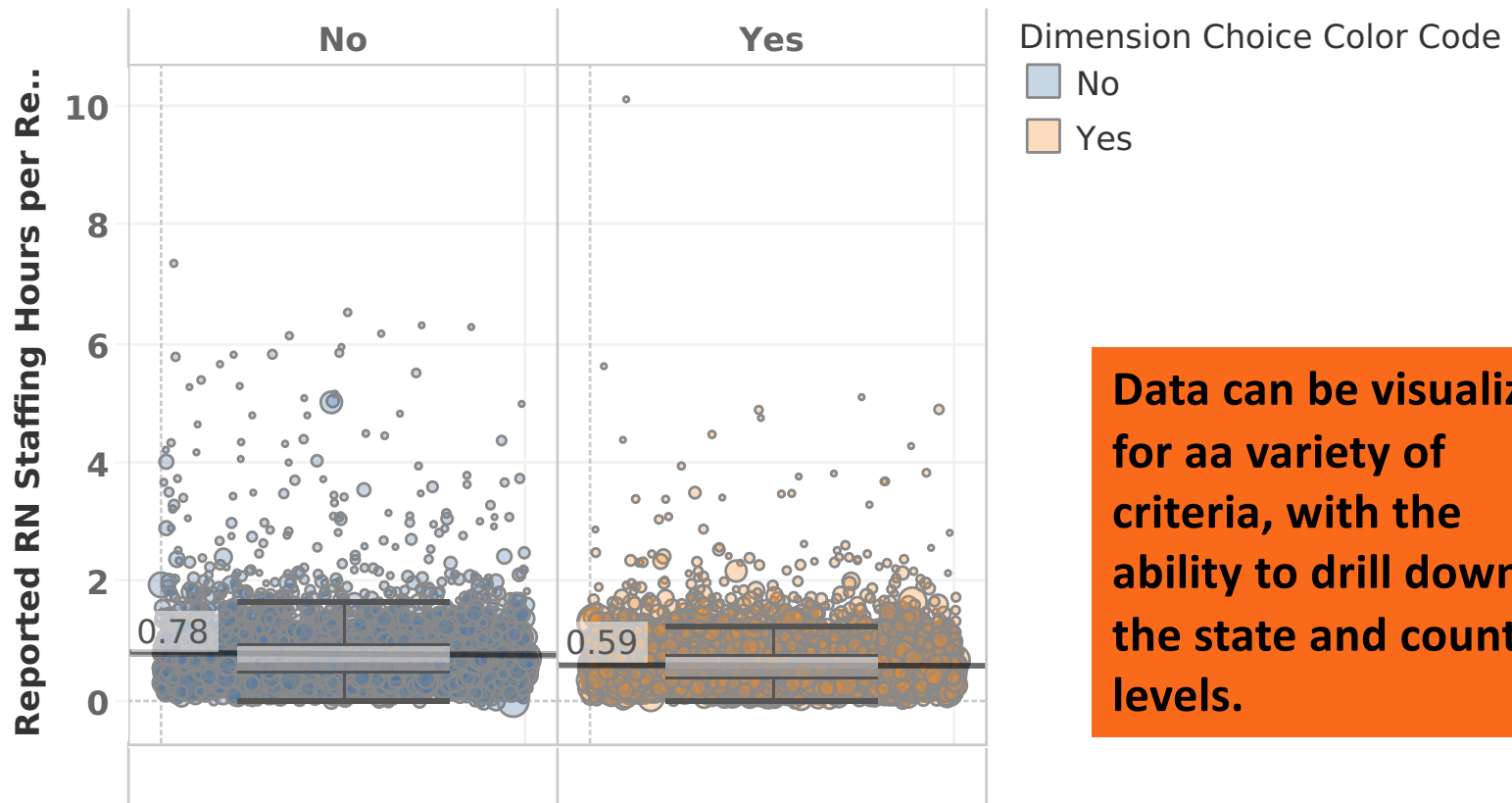
Ownership Type: **All**, HHS Regions: **All**, State/s: **All**



Nursing homes that do not meet 4.1 HPRD have 86% higher substantiated complaints.

- + Data Visualization: Chains have 24% lower RN staffing than non-affiliated nursing homes

Ownership Summary: *For profit, Government, Non profit, HHS Regions: Region 1, Region 10, Region 2 and 7 more, State/s: All*

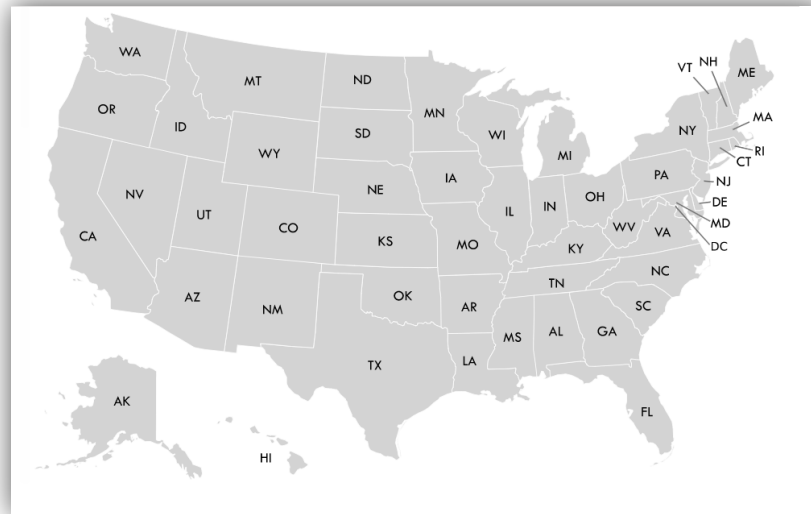


Data can be visualized for a variety of criteria, with the ability to drill down to the state and county levels.



LTCCC's state pages

- Use clickable map to find your state
- State pages contain state-specific
 - Staffing
 - Ratings
 - Ombudsman resources
 - And more...



nursinghome411.org/states

+ Nursing Home Staffing Info – Updated Quarterly

LONG TERM CARE COMMUNITY COALITION

Who We Are | Learning Center | Data Center | Our Work | LTC in NY

Nursing Home Staffing Q3 2021

Home » Nursing Home Data & Information » Staffing » Nursing Home Staffing Q3 2021

LTCCC's **Q3 2021 Staffing Report** provides user-friendly files for every state that contain facility-level data on: **1) Nurse staff levels** (RN, LPN, and CNA, including Admin & DON, NA in Training, Med Aide/Tech.); **2) Important non-nursing staff levels**, including administrators and activities staff; **3) Contract workers.** **4) Summary staffing data** at the state, CMS region, and national levels.

Download your state's file by clicking the state in the first column of the table below. Files can be modified to isolate locations and identify variables of interest. For example, a state file can be filtered and sorted to identify nursing homes in a selected county (or counties) with the highest or lowest RN staffing levels. See [LTCCC's staffing alert for Q3 2021 summary findings and other information](#).

ALL U.S. NURSING HOME NURSE STAFF

ALL U.S. NURSING HOME NON-NURSE STAFFING

ALL U.S. NURSING HOME USE OF CONTRACT STAFF

SUMMARY DATA

State	Total Census	Total Nurse Staff HPRD	Rank: Total Nurse Staff HPRD	RN Staff HPRD	Rank: RN Staff HPRD
ALASKA	500	5.61	1	1.68	1
ALABAMA	19,399	3.68	27	0.57	40
ARKANSAS	14,870	3.86	18	0.37	49
ARIZONA	10,305	3.99	12	0.66	31
CALIFORNIA	90,442	4.17	7	0.56	41

Methodology Note

Starting in Q1 2021, LTCCC's reporting of federal staffing data has been modified in two important ways.

1) Highlighting "Total Nurse Staff HPRD," a more expansive metric that includes all PBJ nurse staffing categories; and 2) Expanding "Total Direct Care Staff HPRD" to include Med Aide/Tech and NA TR, Med Aide/Tech

+ Searchable Staffing Data: State, County, City, & Facility Level

1	State	Provider	City	County	MDS Census	Total Nurse Staff HPRD	Total Direct Care Staff HPRD	Total RN Staff HPRD	Total RN Care Staff HPRD (excl. Admin/DON)	Total Nurse Staff Hours	Total Contract Hours	Percent Total Nurse Contract	Provider Number	CMS Region Number
3083	NY	CARING FAMILY NURSING AND REHABILITATION CENTER	FAR ROCKAWAY	Queens	173.81	4.08	3.93	1.14	0.99	708.96	172.38	24.31	335165	2
3098	NY	CARMEL RICHMOND HEALTHCARE AND REHAB CENTER	STATEN ISLAND	Richmond	299.93	3.17	3.02	0.87	0.73	949.46	28.96	3.05	335455	2
3105	NY	CARTHAGE CENTER FOR REHABILITATION AND NURSING	CARTHAGE	Jefferson	85.04	3.08	3.01	0.43	0.37	261.79	62.63	23.92	335579	2
3120	NY	CASA PROMESA	BRONX	Bronx	68.50	3.29	2.92	0.33	0.09	225.10	0.00	0.00	335780	2
3124	NY	CATON PARK REHAB AND NURSING CENTER, L L C	BROOKLYN	Kings	115.09	2.80	2.75	0.40	0.35	322.18	78.68	24.42	335245	2
3127	NY	CAYUGA NURSING AND REHABILITATION CENTER	ITHACA	Tompkins	106.24	3.53	3.39	0.46	0.31	375.46	64.63	17.21	335249	2
3130	NY	CEDAR MANOR NURSING & REHABILITATION CENTER	OSSINING	Westchester	138.57	3.16	3.03	0.88	0.75	437.32	47.77	10.92	335185	2
3156	NY	CENTRAL ISLAND HEALTHCARE	PLAINVIEW	Nassau	174.80	3.65	3.20	0.73	0.31	637.71	68.11	10.68	335284	2
3199	NY	CENTRAL PARK REHABILITATION AND NURSING CENTER	SYRACUSE	Onondaga	155.12	3.10	2.97	0.48	0.36	480.19	14.82	3.09	335253	2
3227	NY	CHAMPLAIN VALLEY PHYSICIANS HOSP MED CTR S N F	PLATTSBURGH	Clinton	36.59	3.75	3.60	1.30	1.14	137.37	0.00	0.00	335442	2
3248	NY	CHAPIN HOME FOR THE AGING	JAMAICA	Queens	136.97	3.51	3.47	0.51	0.46	481.41	151.50	31.47	335631	2
3251	NY	CHARLES T SITRIN HEALTH CARE CENTER INC	NEW HARTFORD	Oneida	163.28	4.34	3.93	0.53	0.19	708.60	248.52	35.07	335475	2
3340	NY	CHASEHEALTH REHAB AND RESIDENTIAL CARE	NEW BERLIN	Chenango	73.39	2.96	2.68	0.40	0.21	217.14	28.81	13.27	335344	2
3361	NY	CHAUTAUQUA NURSING AND REHABILITATION CENTER	DUNKIRK	Chautauqua	198.21	3.06	2.92	0.43	0.33	606.02	26.48	4.37	335485	2
3371	NY	CHEMUNG COUNTY HEALTH CENTER - NURSING FACILITY	ELMIRA	Chemung	117.16	3.85	3.48	0.79	0.57	450.47	41.27	9.16	335480	2
3398	NY	CHENANGO MEMORIAL HOSPITAL INC S N F	NORWICH	Chenango	27.52	4.91	4.72	0.69	0.50	135.18	0.00	0.00	335355	2
3402	NY	CHESTNUT PARK REHABILITATION AND NURSING CENTER	ONEONTA	Otsego	77.40	2.98	2.72	0.63	0.36	231.01	20.93	9.06	335243	2
3403	NY	CHURCH HOME OF THE PROTESTANT EPISCOPAL CHURCH	ROCHESTER	Monroe	142.62	3.99	3.89	0.48	0.41	569.63	10.22	1.79	335263	2
3427	NY	CLIFFSIDE REHAB & RESIDENTIAL HEALTH CARE CENTER	FLUSHING	Queens	211.69	3.95	3.93	0.66	0.64	835.89	239.89	28.70	335349	2
3435	NY	CLIFTON SPRINGS HOSPITAL AND CLINIC EXTENDED CARE	CLIFTON SPRINGS	Ontario	103.36	3.86	3.55	0.71	0.43	398.44	113.45	28.47	335361	2
3470	NY	CLINTON COUNTY NURSING HOME	PLATTSBURGH	Clinton	39.93	3.39	3.33	1.01	0.95	135.50	0.00	0.00	335598	2
3475	NY	CLOVE LAKES HEALTH CARE AND REHAB CENTER, INC	STATEN ISLAND	Richmond	378.91	3.19	3.09	0.72	0.66	1208.91	208.80	17.27	335239	2
3481	NY	COBBLE HILL HEALTH CENTER INC	BROOKLYN	Kings	338.33	3.70	3.44	0.73	0.47	1253.10	101.36	8.09	335174	2
3511	NY	COLD SPRING HILLS CENTER FOR NURSING AND REHAB	WOODBURY	Nassau	487.86	3.97	3.92	0.54	0.49	1936.68	26.60	1.37	335555	2
3546	NY	COLER REHABILITATION AND NURSING CARE CENTER	ROOSEVELT ISLAND	New York	486.81	4.59	4.33	1.36	1.10	2236.88	247.60	11.07	335063	2
3559	NY	COLLAR CITY NURSING AND REHABILITATION CENTER	TROY	Rensselaer	113.31	2.55	2.40	0.48	0.33	288.45	0.00	0.00	335377	2
3564	NY	COLONIAL PARK REHABILITATION AND NURSING CENTER	ROME	Oneida	74.47	2.69	2.47	0.64	0.42	200.41	11.67	5.82	335233	2
3568	NY	COMPREHENSIVE REHAB & NURSING CTR AT WILLIAMSVILLE	WILLIAMSVILLE	Erie	108.83	3.59	3.50	0.43	0.39	390.83	254.73	65.18	335172	2
3604	NY	CONCORD NURSING AND REHABILITATION CENTER	BROOKLYN	Kings	136.10	3.11	3.02	0.62	0.54	422.71	58.29	13.79	335538	2
3633	NY	CONCOURSE REHABILITATION AND NURSING CENTER INC	BRONX	Bronx	239.69	3.16	2.98	0.55	0.36	758.55	753.62	99.35	335493	2
3687	NY	CONESUS LAKE NURSING HOME	LIVONIA	Livingston	41.53	2.91	2.60	0.59	0.29	120.91	0.00	0.00	335069	2
3691	NY	COOPERSTOWN CENTER FOR REHABILITATION AND NURSING	COOPERSTOWN	Otsego	169.04	3.38	3.18	0.36	0.30	570.70	196.92	34.50	335412	2
3738	NY	CORNING CENTER FOR REHABILITATION AND HEALTHCARE	CORNING	Steuben	115.50	2.86	2.54	0.45	0.35	330.39	40.32	12.20	335330	2
3740	NY	CORTLAND PARK REHABILITATION AND NURSING CENTER	CORTLAND	Cortland	108.13	2.88	2.68	0.26	0.09	311.21	72.76	23.38	335218	2
3764	NY	CORTLANDT HEALTHCARE	CORTLANDT MANOR	Westchester	114.84	3.23	3.01	0.47	0.25	371.45	105.92	28.52	335441	2
3811	NY	CREST MANOR LIVING AND REHABILITATION CENTER	FAIRPORT	Monroe	75.56	3.18	3.10	0.60	0.52	239.98	13.46	5.61	335467	2

Filter by State(s)

GA	HI	IA	ID	IL
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MS	MT	NC	ND	NE
NH	NJ	NM	NV	NY

CMS Region Number

2	1	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.*

Select plus signs (+) above to expand data categories.

Percent Contract Hours: percentage of a nursing home's total staff hours belonging to contract staff. *Example: A nursing home averaging 100 total nurse hours, including 40 contract staff hours, has 40% contract staffing.*

+ Conclusions

Federal data and numerous study clearly indicate that...

- The U.S. nursing home industry is increasingly run by for-profit entities.
- Operators have become increasingly sophisticated in obscuring information about ownership, related-parties, and where public funds allocated for care actually go.
- Oversight mechanisms, always weak, have not kept up.
- Industry arguments in defense of longstanding problems – insufficient staffing, poor infection control, degrading conditions – are....

→ ***Unsubstantiated*** and

→ ***Irrelevant***... nursing homes are not warehouses or chicken farms (!?).

- Access to good data and information can be the basis for good and effective reporting.





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- Webinars and podcasts with useful information and insights; and
- Resources for the public, including the Dementia Care Advocacy Toolkit.

Thank You!



Questions?



Comments?

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