

USING CMS CARE COMPARE AND NYS NURSING HOME PROFILES

FEBRUARY 25, 2022

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New York StateWide Senior Action Council, Inc
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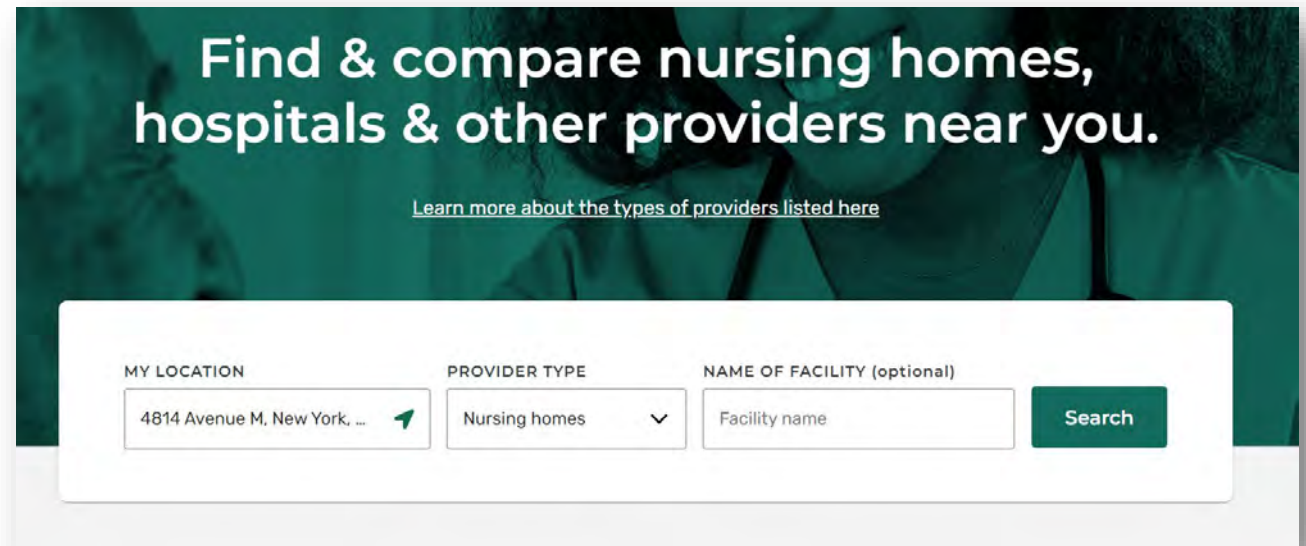
INFORMATION ON NURSING HOMES CAN HELP YOU?

- **CHOOSE AN APPROPRIATE NURSING HOME**
 - **HELP TO IMPROVE THE NURSING HOME THEY ARE IN**
-

CMS CARE COMPARE**

- Nursing homes
- Doctors
- Hospitals
- Home health services
- Hospice Care
- Inpatient Rehab Facilities
- Long-Term Care Hospitals
- Dialysis

You can search by care provider:



Find & compare nursing homes, hospitals & other providers near you.

[Learn more about the types of providers listed here](#)

MY LOCATION: 4814 Avenue M, New York, ...

PROVIDER TYPE: Nursing homes

NAME OF FACILITY (optional): Facility name

Search

**Find Healthcare Providers: Compare Care Near You | Medicare

CMS CARE COMPARE: NURSING HOMES

5 Star Rating System



WHAT INFORMATION CAN YOU FIND?

RATINGS:

- Overall Rating
- Health Inspections
- Staffing
- Quality of Care

HOW RELIABLE IS THE INFORMATION?

- Quality of Care is reported by the facility
 - Staffing is now reported based upon payroll information
 - Health Inspections are based upon State Surveys
-

WHAT INFORMATION CAN YOU FIND?

- Covid Vaccination Rates
 - Fire Safety Inspections and Emergency Preparedness
 - Penalties
 - General Information
-

Nursing home

Villagecare Rehabilitation and Nursing Center

Overall rating:



RATINGS

Overall rating




Much above average

LOCATION

214 W Houston Street
New York, NY 10014

PHONE NUMBER

(212) 337-9400

 Save to Favorites

Online example

The overall rating is based on a nursing home's performance on 3 sources: health inspections, staffing, and quality measures.

[Learn how Medicare calculates this rating](#)

Health inspections



Much above average

[View Inspection Results](#)

Staffing



Above average

[View Staffing Information](#)

Quality measures



Much above average

[View Quality Measures](#)

Nursing home

Villagecare Rehabilitation and Nursing Center

Overall rating:




LOCATION

214 W Houston Street
New York, NY 10014

PHONE NUMBER

(212) 337-9400

 Save to Favorites

DETAILS

COVID-19 vaccination and booster rates

The percent of residents and staff who are vaccinated for COVID-19 in the nursing home, as well as the percent of residents and staff with completed vaccinations who received boosters, along with the state and national rates.

[View Vaccination Rates](#)

Fire safety inspections & emergency preparedness

Nursing homes are inspected for building design and operational features designed to provide safety from fire, smoke, electrical failures and gas leaks. Nursing homes are also surveyed for emergency preparedness.

[View Inspection Details](#)

Penalties

Medicare may impose penalties on a nursing home when there's a serious health or fire safety citation or if the nursing home fails to correct a citation for a long period of time.

[View Penalties Details](#)

Number of certified beds
105

Participates in Medicare / Medicaid?
Medicare and Medicaid

With a resident and family council?
Resident

Located within a hospital?
No

Automatic sprinkler systems in all required areas?
Yes

In a Continuing Care Retirement Community?
No

Ownership type
Non profit - Corporation

Legal business name
Village Center for Care

[Ownership Details](#)

Online
Example
(cont.)

VILLAGECARE REHABILITATION & NURSING CENTER

OVERALL RATING

- Much above average
- The overall rating is based on a nursing home's performance on 3 sources:
 - ✓ Health inspections
 - ✓ Staffing
 - ✓ quality measures



Health inspections

Much above average

[View Inspection Results](#)

Staffing

Above average

[View Staffing Information](#)

Quality measures

Much above average

[View Quality Measures](#)

Most recent health inspection

Date of most recent inspection

06/28/2019

[View full report](#)

Total number of health citations

Lower is better

15

Average number of health citations in the U.S.: 8.1

Average number of health citations in New York: 4.9

Complaint inspections

Date(s) of complaint inspection(s) between 1/1/2021 - 12/31/2021

11/05/2021

[View full report](#)

Number of complaints in the past 3 years that resulted in a citation

Lower is better

11

Number of times in the past 3 years a facility-reported issue resulted in a citation

Lower is better

3

Infection control inspections

Date(s) of infection control inspection(s) between 1/1/2021 - 12/31/2021

01/29/2021

[View full report](#)

Number of citations from infection control inspections in the past 3 years

Lower is better

CLICK ON VIEW

***INSPECTION* RESULTS**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335027	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2019
NAME OF PROVIDER OR SUPPLIER Villagecare Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 214 W Houston Street New York, NY 10014	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview conducted during the recertification survey, the facility did not maintain infection control practices to help prevent the development and transmission of communicable diseases and infections. Specifically, a resident's ostomy urine drainage bag was observed touching the floor in the resident's room. This was evident for 1 of 2 resident's reviewed for Catheter Care out of a total sample of 40 residents (Resident #149).</p> <p>The finding is:</p> <p>The facility policy titled, Daily Catheter Care- Conduit Care dated 1/19 did not document any information related to maintaining the drainage bag.</p> <p>The facility policy titled, Care of Stoma [CONDITION(S)] dated 11/10 did not document any information related to maintaining the drainage bag.</p> <p>The policy titled, [CONDITION(S)] Care -Irrigation' dated 11/10 did not document any information related to maintaining the drainage bag.</p> <p>The policy titled, Ostomy Care- Irrigation dated 11/10 did not document any information related to maintaining the drainage bag.</p> <p>Resident #149 was admitted to the facility on [DATE] with diagnosis [MEDICAL RECORD OR PHYSICIAN ORDER].</p> <p>The Admission Minimum Data Set (MDS)dated 10/25/19 documented resident with severely impaired cognition, occasionally incontinent of bowel and has a urinary ostomy.</p> <p>Physician order [MEDICAL RECORD OR PHYSICIAN ORDER].</p> <p>On 10/22/19 at 10:09 AM, the resident was observed lying in bed. The resident had an [CONDITION(S)] tube that was attached to a drainage bag. The drainage bag was observed attached to the right-side rail of the bed and touching the floor.</p> <p>On 10/22/19 at 10:39 AM, the [CONDITION(S)] drainage bag was observed attached to the right-side rail of the bed and touching the floor.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335027	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2019
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 10/22/19 at 10:40 AM, Licensed Practical Nurse (LPN) #1 was interviewed and stated I started my shift at 7 AM. I gave the resident medications at 9 AM. I checked the drainage bag then and it was not touching the floor as the bed was higher. The CNA must have lowered the bed. The drainage bag is not supposed to be touching the floor. This is an infection control issue.</p> <p>On 10/22/19 at 10:43 AM, Client Care Associate (CCA) #1 was interviewed and stated, I started my shift today at 7 AM. I came into this room at that time. I see now that the Foley drainage bag is touching the floor. The bed is low that's why it is touching. I lowered the bed to prevent falls. To tell you the truth I did not see the drainage bag on the floor. The drainage bag is not supposed to be on the floor. It could be an infection control issue.</p> <p>On 10/22/19 at 10:50 AM, the Registered Nurse (RN) #1 Unit Manager was interviewed and stated, I see the ostomy drainage bag on the right side is resting on the floor. It is not supposed to be resting on the floor. It is on the floor because the bed is on the lowest position for his safety. The bag should be hanging off the siderail about 6 inches off the floor. This is an infection control problem. I will change the bag and elevate the bed, so the new drainage bag does not touch the floor.</p> <p>On 10/28/19 at 12:36 PM, the Vice President of Clinical Services was interviewed and stated, As far as infection control precautions we do not allow the stoma drainage bag to touch the floor. I was told the Client Care Associate (CCA) lowered the bed to keep the resident safe and the bag touched the floor at that time. The CCA should have unhooked the drainage bag from the side of the bed, lowered the bed and repositioned the drainage bag on the siderail area of the bed and make sure it does not touch the floor. We did education over the weekend to the nursing staff on infection control procedures and expectations. We emphasized that any kind of drainage bags, such as Foley catheter bags, [CONDITION(S)] drainage bags or stoma drainage bags should not be touching the floor. As far as the policy's I presented to you they have general infection control procedures. I do not have a policy in place that specifically addresses the different types of draining bags and that they should be placed so as not to touch the floor.</p> <p>415.19(a)(1-3)</p>		

Health inspection

STAFFING

The star rating considers differences in the levels of residents' care need in each nursing home. For example, a **nursing home with residents who had more severe needs would be expected to have more nursing staff than a nursing home where the resident needs were not as high.**

- Average RN hours per resident per day*
- Average LPN and CNA hours per resident per day
- Total average nurse staffing hours per resident per day
 - ✓ Compared to national and NYS averages
- Total number of nurse staff hours per resident per day on the *weekend*



*The nursing home submits data from their payroll every quarter. Average RN hours per resident day and individual and total nurse staffing (RN, LPN and CNA) per resident per day **over the last 3 months**

STAFFING

Staff *turnover* (percent of nursing staff or number of administrators that stop working in a facility within a given year)

- Total turnover
- RN turnover
- Administrator turnover

Physical therapist staff hours per resident per day



Staffing



Higher staffing levels and lower staffing turnover in a nursing home may mean higher quality of care for residents. Staffing hours of different types of staff are reported by nursing homes, and are used to calculate a ratio of staffing hours per resident per day and the staffing turnover rate.

[Learn more about staffing](#)

Staffing rating



Above average

The staffing rating is based on these measures: 1) Registered Nurse (RN) hours per resident per day; and 2) total nurse staffing (including RN, licensed practical nurse (LPN), and nurse aide) hours per resident per day. The hours per resident per day represent each facility's average over the last reported three-month quarter. Individual residents may experience different staffing levels on any given day.

Average number of residents per day	94.7 National average: 76.1 New York average: 151.9
Total number of nurse staff hours per resident per day ↑ Higher numbers are better.	5 hours and 5 minutes National average: 3 hours and 46 minutes New York average: 3 hours and 29 minutes
Registered Nurse hours per resident per day ↑ Higher numbers are better	1 hour and 4 minutes National average: 42 minutes New York average: 42 minutes
LPN/LVN hours per resident per day ↑ Higher numbers are better	54 minutes National average: 63 minutes New York average: 47 minutes
Nurse aide hours per resident per day ↑ Higher numbers are better	3 hours and 6 minutes National average: 2 hours and 11 minutes New York average: 2 hours and 1 minute
Total number of nurse staff hours per resident per day on the weekend ↑ Higher numbers are better.	4 hours and 26 minutes National average: 3 hours and 16 minutes New York average: 2 hours and 59 minutes

Physical therapist staff hours per resident per day

↑ Higher numbers are better

12 minutes

National average: 4 minutes
New York average: 7 minutes

Registered Nurse (RN) staffing rating



Above average

Registered nurses (RNs) are licensed healthcare professionals who are responsible for the coordination, management and overall delivery of care to the residents. Some nursing home residents who are sicker than others may require a greater level of care, and nursing homes that have more RN staff may be better able to meet the needs of those residents.

Average number of residents per day

94.7

National average: 76.1
New York average: 151.9

Registered Nurse hours per resident per day

↑ Higher numbers are better

1 hour and 4 minutes

National average: 42 minutes
New York average: 42 minutes

Registered Nurse hours per resident per day on the weekend

↑ Higher numbers are better

49 minutes

National average: 29 minutes
New York average: 26 minutes

Staff turnover

Staff turnover is the percent of nursing staff or number of administrators that stop working in a facility within a given year. Low turnover indicates that facilities generally retain their staff for longer periods of time. Lower turnover is preferred because staff who work in facilities for longer periods of time may become more familiar with the residents and the facility's operating procedures.

Total nursing staff turnover

↓ Lower numbers are better

100%

National average: 51.6%
New York average: 44%

Registered Nurse turnover

↓ Lower numbers are better

100%

National average: 49.0%
New York average: 46.2%

Number of administrators who have left the nursing home

↓ Lower numbers are better

1

National average: 11
New York average: 0.5

[CLICK ON VIEW STAFFING INFORMATION](#)

INFORMATION ON QUALITY

QUALITY MEASURES RAISE **RED FLAGS**. THEY ARE THE START OF QUESTIONS YOU MIGHT WANT TO ASK.

REMEMBER: QUALITY INFORMATION IS REPORTED BY THE FACILITY

FACILITY MAY NOT WANT TO REPORT QUALITY PROBLEMS, BUT THEY ALSO KNOW THEIR REIMBURSEMENT IS BASED UPON THE NEED FOR TREATMENT.



QUALITY MEASURES: **SHORT STAY** RESIDENTS

Most based on the MDS

Percentage of short-stay residents who:

- Were rehospitalized
- Have had an outpatient emergency room visit
- Were given antipsychotic med for first time



QUALITY: *SHORT STAY* RESIDENTS

- Got pressure ulcers that are new or worsened
- Improved in their ability to move on their own
- Needed and got a flu shot and a pneumonia vaccine



QUALITY: *SHORT STAY* RESIDENTS

For Medicare short-stay using the Medicare Part A benefit

- Had their meds reviewed and received follow up care if needed
- Experience one or more falls with major injury
- Had their functional abilities assessed and included in their care plan
- Are at or above an expected ability to care for themselves at discharge



QUALITY: *SHORT STAY* RESIDENTS

- Are at or above an expected ability to move around at discharge
- Change in their ability to care for themselves
- Change in their ability to move around
- Rate of successful return to home and community
- Rate of potentially preventable hospital readmissions 30 days after discharge
- Medicare spending per beneficiary

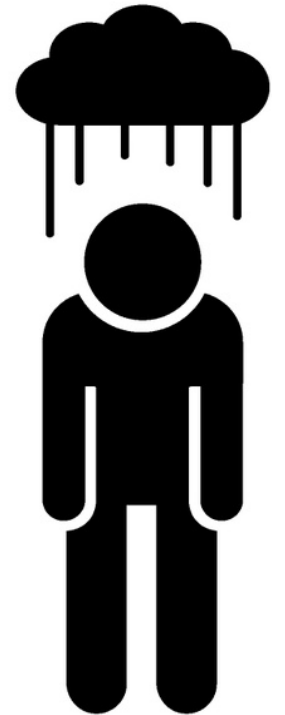
QUALITY: *LONG STAY* RESIDENTS: LESS IS BETTER

Number of hospitalizations per 1,000 long-stay resident days

Number of outpatient emergency department visits per 1,000 long-stay resident days

Percentage of *long-stay* residents who:

- Received an antipsychotic medication
- Experienced one or more falls with major injury
- Have symptoms of depression



QUALITY: *LONG STAY* RESIDENTS



- Have pressure ulcers
- Have a urinary tract infection
- Have or had a catheter inserted and left in their bladder
- Had their ability to move independently worsened
- Had a need for help with daily activities has increased

NEED HELP WITH ACTIVITIES OF DAILY LIVING



Dressing



Bathing



Transferring



Toileting



Eating



Walking

1-2: 26%

3-4: 24%

5-6: 33%

Average number of ADLs with which participants need assistance

QUALITY: *LONG STAY* RESIDENTS

- Were physically restrained
- Lost control of their bowels or bladder
- Lost too much weight
- Got an antianxiety or hypnotic medication

More is better:

- Needed and got a flu shot for the current flu season
- Needed and got a vaccine to prevent pneumonia



"Reduced Expectations"

Researchers found low levels of toileting assistance to nursing home residents, even for those on a toileting program: 1.3 assists/per day

Not surprisingly, older adults in nursing homes needing toileting of assistance have come to expect very low levels of toileting assistance. (Schelle et al. 2003)



CLICK ON *VIEW QUALITY MEASURES*, THIS IS WHAT YOU WILL SEE

Quality of resident care rating



Above Average

Short-stay quality of resident care



Above Average

Long-stay quality of resident care



Above Average

CLICK ON **LONG-STAY QUALITY MEASURES** AND THIS IS WHAT YOU WILL SEE FOR EACH MEASURE

Percentage of long-stay residents
who got an antipsychotic medication 4.2%

Lower percentages are better

National average: 14.5%

New York average: 11.6%

OTHER INFORMATION

COVID-19 vaccination rates: staff and residents

Fire safety inspections & emergency preparedness

Number of citations

- Number of beds
- Ownership
- Not for profit, For Profit or Public
- Legal business name and contact information
- Located within a hospital?



OTHER INFORMATION

- Has a resident and family council?
- Automatic sprinkler systems?
- In a Continuing Care Retirement Community?

Penalties

- Number of **Federal** fines in the last 3 years
 - Amount and date
 - Number of Payment Denials by Medicare (deny reimbursement until correction)
-

CLICK ON **VIEW PENALTIES DETAILS** FROM THE FIRST PAGE THAT OPENS, THIS IS WHAT YOU WILL SEE

Federal Fines

Federal fines in the last 3 years

1

Amount(s) and date(s)

\$47,954
06/02/2020

Payment Denials

Payment denials by Medicare in the last 3 years

0

Date(s)

N/A



NEW YORK
STATE OF
OPPORTUNITY™

**Department
of Health**



Department
of Health

NYS Health Profiles

Find and Compare New York Health Care Providers

****https://profiles.health.ny.gov/nursing_home/#13/42.65117/-73.75497****

Hospitals ▾

Nursing Homes ▾

Home Care ▾

Hospice ▾

Adult Care ▾

Other Providers ▾

NYS Nursing Home Profiles

We make it easy to find quality and safety information on New York's nursing homes.

Compare quality, find specialty homes, and view inspection information! Nursing Home Profiles provides useful information about every nursing home in New York State. Examine nursing performance through a set of metrics that look at:



- Quality of care received
- Quality of life achieved
- Safety of residents
- Preventive care practices
- Inspections and complaint information
- The Nursing Home Profiles quality data for all the nursing homes can be downloaded from the [Health Data NY website](#)

Learn more about selecting a nursing home, long-term care alternatives, and average costs by region.

The Department of Health provides educational materials for you and your family. Download our [consumer guide for selecting nursing homes](#), or get more information about [assisted living](#) or [community-based care options](#).

CLICK ON **A NAME** AND IT LOOKS LIKE THIS

🏠 St. Margaret's Center

Overview  Quality  Inspections

🏠 St. Margaret's Center

27 Hackett Boulevard
Albany, NY 12208
(518) 591-3300

- Services
- Beds
- Administrative
- Statistics
- Ombudsman



Department of Health

NYS Health Profiles
Find and Compare New York Health Care
Providers

Terrace View Long Term Care Facility

OVERVIEW

462 Grider Street
Buffalo, NY 14215
(716) 551-7100

Services

Baseline Services
Behavioral Intervention Program
Clinical Laboratory Service
Radiology - Diagnostic
Ventilator Dependent

Beds

<u>Residential Health Care</u>	<u>354</u>
<u>Behavioral Intervention</u>	<u>16</u>
<u>Ventilator Dependent</u>	<u>20</u>
<u>Total Number Of Beds</u>	<u>390 Health Care</u> <u>354</u>

Administrative

Ownership: Public--Public Benefit Corporation
Operated by: Erie County Medical Center Corporation
Operating certificate: 1401005N
DOH Regional Office: [Western NY - Buffalo](#)
Medicaid, Medicare certified

Statistics

Employee Flu Vaccination Rate: 94.0%
Occupancy Rate: 99.0%

Ombudsman

CLICK ON *QUALITY* TAB AT TOP

- Overall Rating 
- Preventive Care 
- Quality of Care 
- Quality of Life 
- Resident Safety 
- Resident Status 

NYS: QUALITY INFORMATION

Overall Ratings in 5 domains -



Preventive care

- Assessed and given pneumococcal vaccine
- Assessed and given flu shot

Quality of care

- Low risk long-term care who lose control of bowels or bladder
 - Long-stay with UTI
 - Short-stay outpatient emergency room visit
 - Short-stay rehospitalized after admission
 - High risk long term care with pressure ulcers
-

NYS: QUALITY INFORMATION

Overall Ratings in 5 domains -



Preventive care

- Assessed and given pneumococcal vaccine
- Assessed and given flu shot

Quality of care

- Low risk long-term care who lose control of bowels or bladder
- Long-stay with UTI
- Short-stay outpatient emergency room visit
- Short-stay rehospitalized after admission
- High risk long term care with pressure ulcers
- Pressure ulcers new or worsened.

NYS: QUALITY INFORMATION

Quality of Life



- Depressive symptoms
- Rate of successful return to community or home

Resident safety and resident status

- Short-stay and long-stay receiving antipsychotic med
- Long-stay physically restrained
- Falls causing major injury
- Long-stay receiving anti-anxiety or hypnotics

CLICK ON ONE OF THE **DOMAINS**, IT WILL LOOK LIKE THIS

Percentage of high risk long-stay residents with pressure ulcers	14.3%
Percentage of long-stay residents with a urinary tract infection	2.1%
Percentage of low risk long-stay residents who lose control of their bladder	65.0%
Percentage of residents with pressure ulcers/pressure...	9.3%
Percentage of short-stay residents who had an outpatient emergency visit	16.0%
Percentage of short-stay residents who were rehospitalized...	16.0%

CLICK ON *INSPECTIONS* TAB AT TOP

- Complaints
- Citations
- Enforcement

CLICK ON COMPLAINTS, IT LOOKS LIKE THIS

Category	This Facility	Statewide
Number of Complaints	367	52,120
Number of Complaints per 100 Occupied Beds	134.7	50.0
Percentage of Complaints Representing Facility-Reported Incidents	83.0%	53.0%
All Complaint-Related On-Site Inspections	51	10,487
Citations	11	2,292
Citations per 100 Occupied Beds	4.0	2.2

CLICK ON COMPLAINTS, IT LOOKS LIKE THIS

Category	Number of Citations
Administration	0
Dietary Services	0
Other Services	0
Physical Environment	0
Quality of Care	3
Resident Rights	7
Total Complaints-Related Citations	10

CLICK ON CITATIONS, IT LOOKS LIKE THIS

Measure	This Facility	Statewide Average
Standard Health Citations	15	14
Life Safety Code Citations	10	9
Total Citations	25	23
Citations Related to Actual Harm or Immediate Jeopardy	3	0
Percentage of Citations Related to Actual Harm or Immediate Jeopardy	12.0%	2.0%

Citations Summary













The citations above resulted from a total of 9 inspections. There were also 8 inspections resulting in no citations.

Citation Details

February 13, 2020 **CERTIFICATION/COMPLAINT** Survey [View](#)

[full details](#)

Standard Health Citations

Deficiency	Severity	Scope	SQC Corrected
Accuracy of assessments			April 12, 2020
Free of accident hazards/supervision/devices			April 12, 2020
Infection prevention & control			April 12, 2020
Investigate/prevent/correct alleged violation			April 12, 2020
Safe/clean/comfortable/homelike environment			April 12, 2020
Treatment/devices to maintain hearing/vision			April 12, 2020

Scope: Isolated

Severity: Potential to cause more than minimal harm

Citation date: February 13, 2020

Corrected date: April 12, 2020

Citation Details	Plan of Correction: Approved March 9, 2020
<p>NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interviews and record reviews conducted during the Recertification Survey and complaint investigations (#NY 278 and #NY 525) at [MEDICAL CONDITION] Living Center, it was determined that for two (Residents #78 and #101) of four residents reviewed for abuse, the facility did not ensure that alleged incidents, including injuries of unknown origin were thoroughly investigated to rule out abuse, neglect, or mistreatment. Specifically, the facility did not complete thorough investigations into injuries of unknown origin for Residents #78 and #101, and Resident #101's complaint of roughness by staff.</p> <p>This is evidenced by the following:</p>	<p>Preparation and execution of this plan of correction does not constitute admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies.</p> <p>This plan of correction is prepared and executed solely because it is required by the provisions of State and Federal law.</p> <p>Resident #78 and Resident #101 were re-assessed by the RN Nurse Manager with no injuries noted. Social Worker met with the residents to ensure there are no psychosocial issues and the residents had an opportunity to express any other concerns. The Administrator/DON and/or Designee will review all event reports for the last month to ensure that any incident of alleged abuse or injuries of unknown origin have been thoroughly investigated and completed. A formal check list will be developed that will serve as a guide for investigations into allegations of abuse, including injuries of unknown origin. This check list will ensure that all necessary documents are gathered and reviewed, and all pertinent interviews are conducted to ensure that the investigation is thorough and complete. Thereafter, all facility staff involved in the investigative process will be trained by the Administrator/DON and/or Designee. Utilizing a standardized and uniform Quality Assurance audit tool, the Director of Nursing/or Designee will conduct audits of all allegations of abuse, including injuries of unknown origin to ensure that all investigations are thorough and complete. The QA monitoring will be conducted monthly for 3 months and then periodically thereafter to ensure compliance. Findings and actions taken will be reported to the Quality Assurance Committee quarterly with continued auditing determined by QAPI. The Director of Nursing/designee is responsible for the correction of this deficiency.</p>

CLICK ON **ENFORCEMENTS** & IT LOOKS LIKE THIS

Survey Date	Details
April 12, 2021	<ul style="list-style-type: none">•Stipulation & Order #: NH_21_139•Stipulation and Order date: July 29, 2021•Fine: \$10,000•Description: Resident Rights
August 27, 2019	<ul style="list-style-type: none">•Stipulation & Order #: NH_20_001•Stipulation and Order date: January 7, 2020•Fine: \$2,000•Description: Multiple Deficiencies
September 26, 2019	<ul style="list-style-type: none">•Stipulation & Order #: NH_20_002•Stipulation and Order date: January 3, 2020•Fine: \$10,000•Description: Multiple Deficiencies

KNOW WHY QUALITY INDICATORS MATTER

[Quality of resident care | Provider Data Catalog \(cms.gov\)](#)

Percentage of **short-stay** residents who were re-hospitalized after a nursing home admission

Why important? Nursing homes help residents recover after being in the hospital and keep from going back to the hospital.

- Sometimes residents have to go back to the hospital.
- If nursing homes send many residents back to the hospital, it may be because the nursing homes aren't assessing or taking care of their residents well.

KNOW WHY QUALITY INDICATORS MATTER

Percentage of **long-stay** residents who have lost their ability to move about independently

Why important? When residents become less able to move, they're more likely to:

- Be hospitalized
 - Get pressure ulcers
 - Get disorders of the muscles or joints
 - Get pneumonia
 - Have problems with circulation
 - Be constipated
 - Live a lower quality of life
-

KNOW WHY QUALITY INDICATORS MATTER

Percentage of **long-stay** residents who have who lost control of their bowels and bladder.

Why important:

- Having bowel and bladder control can prevent infections and pressure ulcers.
- When residents get treatment to help them have bowel and bladder control, it can help their well-being by giving them dignity and helping them be more social.
- Loss of bowel or bladder control isn't a normal sign of aging and can often be successfully treated. Loss of bowel and bladder control can be caused by:
 - Physical problems
 - Long-distances to the toilet

KNOW WHY QUALITY INDICATORS MATTER

Percentage of **long-stay** residents who have who lost control of their bowels and bladder.

- Reaction to medication
 - Diet and fluid intake
 - Many other reasons
 - Usually with the right treatment and help from nursing home staff, residents who are low-risk can control their bowels or bladder.
-

KNOW WHY QUALITY INDICATORS MATTER

Percentage of **long-stay** residents who got an antipsychotic medication

WHY IMPORTANT: If possible, nursing homes should try to manage behavior without medications first.

- If antipsychotics have to be used, the resident should be watched carefully.
 - You should ask nursing homes how they manage behavior.
 - Managing behavior without using medications, like higher staffing ratios, many and varied activities, and regular assignment of nursing staff, have lowered the use of medications in many cases.
-

WHAT TO DO WITH THE INFORMATION: CHOOSING A NURSING HOME

**The most important thing to consider if you are a family member:
Is it close enough for you to visit on a regular basis?**

Look for homes with high ratings

Nursing homes with 5 stars are considered to have much above average quality & nursing homes with 1 star are considered to have quality much below average.

For-Profit or Not-for-Profit?

For-profit homes have been shown to have the lowest staff and more deficiencies than not-for-profit

Large or small home?

Some studies indicate that smaller facilities have higher quality.

QUESTIONS TO ASK WHEN VISITING A HOME BEFORE SELECTION

- If a facility has received a deficiency in a particular area, ask what that is about. Check the **Plan of Correction**. Discuss the Plan.
- “I notice you have higher levels of psychotropic use. What approaches do you use to prevent the use of physical or chemical restraints?”
- “I notice you had a high percentage of **long-stay** residents who lost control of their bowels and bladder. Why so many?” “How many residents are on bowel and bladder training?”



QUESTIONS TO ASK STAFF WHEN VISITING A HOME BEFORE SELECTION

- “Why do you compare unfavorable to other facilities in the area or the state?”
- “Why do you have such low staffing?”
- “I notice you have many residents who have lost their ability to move about independently. Why do you think that is so? Do you have enough staff to help them remain independent?”



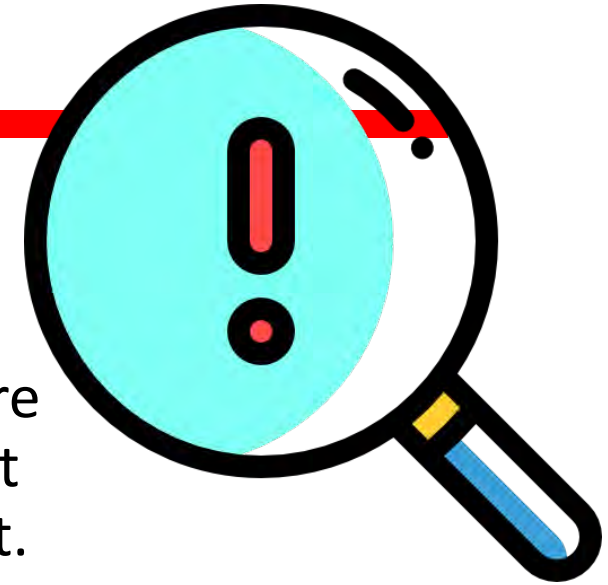
QUESTIONS TO ASK WHEN VISITING A HOME BEFORE SELECTION

- If the facilities had deficiencies in fire safety: ask if there is an evacuation plan in place and how does the facility make sure the staff knows the plan?
- What is the plan for notifying family of any disaster?
- If the facility has a high level of antipsychotic drug use, ask how they manage behavior.
- “What methods do you try before using antipsychotic medications?”



ADVICE

- Beware of choosing a facility with a very high number of deficiencies compared to other facilities in the area or state.
- Don't assume a deficiency-free rating necessarily means there are no problems at the facility. The inspection team does not always identify problems and rarely identify harm to resident.
- Pay close attention to the number of CNA staffing hours. They provide most of the hands-on-care.
- Look for facilities with high RN hours. Shown to be crucial in quality.
- Look for facilities that do better than other facilities in the state.



ADVICE

- Don't assume that information on quality data is 100% accurate. They are provided by the facility.
- The quality data only suggest good or bad care. One measure that is worse than others in the state does not necessarily mean the facility will be lower in other areas.
- Staffing data is more reliable now that states must use payroll data.

[consumer-guide-to-choosing-a-nursing-home-final.pdf](#)
[\(theconsumervoice.org\)](#)

WHAT TO DO WITH THE INFORMATION: SUGGESTIONS TO IMPROVE CARE IN THE HOME

The information may support the issues you have found or been raising

You can use it to bring to a Resident or Family Council

- Bring these information to the group may help encourage participation
- Develop a strategy to bring these issues to the Administration

You can use it to bring to an individual discussion of your specific issue with the Administrator



WHAT TO DO WITH THE INFORMATION

Present your findings at a Resident or Family Council Meeting

- Develop a plan to meet with the Administrator **as a group** to discuss the findings.
- Use individual issues related to the findings.
- Focus on any **Plans of Correction** the facility had to submit.
- Invite the Administrator to a meeting to discuss the findings



WHAT TO DO WITH THE INFORMATION

Meet with the Administrator as a small group. If the facility seems to be **performing poorly** compared to other facilities in the state or in the area on quality

- Ask why the administrator thinks that is
- If she/he disagrees with the information or says the residents' are sicker than others, ask how they are sicker and remind her that compared to others in the area and in the state, the facility is not doing so well. Why is that?
- Ask what steps she/he is taking to improve the resident outcomes
- Ask how the group can help



WHAT TO DO WITH THE INFORMATION

If the facility's **staffing levels are low** compared to others:

- Ask why that is
- Discuss specific examples of where you believe more staff is needed using your own experiences
- If the administrator says it is impossible to get staff, ask what they are doing to recruit staff
- If the administrator says the facility does not need more staff because the acuity of the residents is low, tell her you know the ratings used acuity levels.



WHAT TO DO WITH THE INFORMATION

If the facility's turnover of staff is high compared to others:

- Ask why she/he thinks that is
- Ask if the facility is doing anything to improve the situation
- If you have spoken to staff and have an idea why they do not want to work at the home, let the Administrator know. Do not use anyone's name.

If a facility's weekend staff levels are poor compared to others:

- Ask why she/he thinks that is
 - Ask if the facility is doing anything to improve the situation
 - Discuss specific examples of where you think the lack of staff on the weekend is a problem.
-

WHAT TO DO WITH THE INFORMATION: MEETING ALONE WITH ADMINISTRATOR

Tell her/him that you saw that the facility has had problems in the very issues you have been raising:

- Not enough staff generally
- Not enough staff on weekends
- Poor quality of care (pressure ulcers, psychotropic drugs, incontinence, etc)
- Problems related to fire safety or disaster preparedness or infection control

Use the CMS resource ([Quality of resident care | Provider Data Catalog \(cms.gov\)](#)) discussing why high numbers on quality issues are major problems for the residents.

WHAT TO DO WITH THE INFORMATION

PLANS OR CORRECTIONS

- If a facility has few stars on its health inspections, review the past few survey reports. Look at the deficiencies listed. Read the facility's Plan of Correction.
- If you do not believe the plan worked, tell the administrator why, using your own experiences.
- Ask the Administrator if the Plan worked. If she/he says it worked, ask how she knows.

WHAT TO DO WITH THE INFORMATION: SUGGESTIONS FOR CONSUMERS

If you have a good relationship with the Administrator you might suggest some ideas for improving staffing levels:

1. CMS: “Guide to Improving Nursing Home Employee Satisfaction”
(<https://www.cms.gov/files/document/cmprp-toolkit-3-guide-staff-satisfaction.pdf>)
For nursing home management who want to improve employee satisfaction.
 2. McKnight’s Industry Directory 2022, “Workplace,” p. 10. Survey of 1400 workers.
 - a. Offer mental well-being support
 - b. Benefits should promote health and safety
 - c. Gift cards, transportation and flexible schedules
 - d. Support and empower
 - e. Employees must feel valued and comfortable
-

WHAT TO DO WITH THE INFORMATION

- [Hiring CNAs to work in nursing homes - Marketplace Experts - McKnight's Long-Term Care News \(mcknights.com\)](#)
 - Help CNAs advance
- [New McKnight's survey shows nursing homes' most popular strategies for recruiting, keeping staff and fighting resident depression during pandemic – News - McKnight's Long-Term Care News \(mcknights.com\)](#)

