

# THE LTC JOURNAL

Summer 2016

The Long Term Care Coalition

## Note to Our Readers

LTCCC is committed to providing news and information on the issues effecting residents in nursing homes, assisted living and other facilities. In addition to *The LTC Journal*, we invite you to connect with us on **Facebook** (<http://www.facebook.com/ltccc>) & **Twitter** ([twitter.com/LTCconsumer](https://twitter.com/LTCconsumer)). Visit us on the Web at [www.ltccc.org](http://www.ltccc.org), [www.nursinghome411.org](http://www.nursinghome411.org) and [www.assisted-living411.org](http://www.assisted-living411.org) for all of our resources and reports.

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## Update on Federal Efforts to Improve Accuracy of Nursing Home Staffing & Quality Information

### Background

As reported in the last issue of the [LTC Journal](#), the federal Centers for Medicare and Medicaid Services (CMS) is implementing significant changes to improve the accuracy of publicly reported information on each nursing home's staffing and quality indicators. These changes are in response to longstanding concerns raised by LTCCC and other advocates and researchers that the information on nursing homes provided to the public on [Nursing Home Compare](#) and the individual states' websites is, too often, inaccurate due to inflation of staffing numbers and/or quality indicators by the nursing homes and under-identification of substandard care and abuse by state surveyors.

In order to counter this serious problem, as of July 1, 2016 CMS is requiring that nursing homes report their staffing levels based on a payroll system that can be audited by the state or federal government. This information must be reported on, at least, a quarterly basis.

In addition, in March 2016, CMS announced the introduction of six new quality measures (QMs) for nursing homes. The quality measure section is another important component of a nursing home's rating (see box accompanying this article for further information). Previously all of the quality measures were self-reported by nursing homes and unaudited by the government. As a result, they were widely believed to often be inflated by nursing homes (so that the nursing home would look better – and have a higher star rating – on Nursing Home Compare and the state nursing home websites). To counter this problem, three of the new quality measures are based on claims data, rather than

### **What Is Nursing Home Compare?**

To help the public make better, more informed choices about nursing home care, the federal government provides information on all licensed facilities on the [Nursing Home Compare](#) website. This information includes:

- **Five-star quality ratings**, including an overall rating for each facility and individual star ratings for health inspections, quality measures and staffing.
- **Health and fire-safety inspections** with detailed and summary information about deficiencies found during the three most recent comprehensive inspections (conducted annually) and the last three years of complaint investigations.
- **Staffing** information, including the number of registered nurses, licensed practical or vocational nurses and certified nurse aides in each nursing home.
- **Quality measures** that describe the quality of care in nursing homes including % of residents with a pressure sore, % of residents with urinary incontinence and more.
- **Federal penalties** against a nursing home.
- **Ownership** information.

being self-reported. Claims data are derived from actual services provided to individuals. Thus, they are significantly less susceptible to inflation by providers.

### When Will We See The Improvements?

**Nursing Home Staffing:** We expect that it will take some time before the public sees the results of this change. Though the payroll-based reporting requirement became mandatory on June 1, 2016, in actuality this means that the first mandatory reporting period began on that date for the period ending September 30, 2016. Facilities then have until November 14, 2016 to report these data. As of August, CMS has not announced a time frame for public reporting. In addition, any inaccuracies or other problems with the data could further delay public reporting. LTCCC will continue to monitor developments and will report further in this newsletter and on our [Facebook page](#).

**Nursing Home Quality Measures:** CMS began posting the new measures on Nursing Home Compare in April 2016. These measures are:

1. Percentage of short-stay residents who were successfully discharged to the community (Claims-based)
2. Percentage of short-stay residents who have had an outpatient emergency department visit (Claims-based)
3. Percentage of short-stay residents who were re-hospitalized after a nursing home admission (Claims-based)
4. Percentage of short-stay residents who made improvements in function (MDS-based)
5. Percentage of long-stay residents whose ability to move independently worsened (MDS-based)
6. Percentage of long-stay residents who received an anti-anxiety or hypnotic medication (MDS-based)

Five of the six new measures will be phased in to the Five-Star Quality Ratings systems over a nine-month period, beginning in July 2016. The measure on anti-anxiety

and hypnotic medication use will be left out of the Five-Star rating system due to (according to CMS) concerns about specificity and appropriate thresholds for star ratings.

**Nursing home profile**

Back to Home

General information | Health & fire safety inspections | Staffing | Quality measures | Penalties

**ABSOLUT CTR FOR NURSING & REHAB THREE RIVERS L L C**

Overall rating: ★☆☆☆☆ **Below Average**

101 CREEKSIDE DRIVE  
PAINTED POST, NY 14870  
(607) 936-4108

Add to my Favorites  
Map and Directions

**Nursing home information**

- 120 certified beds
- Participates in Medicare and Medicaid
- Ownership: For profit - Individual
- Automatic sprinkler systems in all required areas: Yes
- Not in a Continuing Care Retirement Community (CCRC)
- Not in a hospital
- Resident council only

**Star rating categories**

Category	Rating
Health inspection	<span style="color: orange;">★☆☆☆☆</span> Below Average
Staffing	<span style="color: orange;">★☆☆☆☆</span> Below Average
Quality measures	<span style="color: orange;">★☆☆☆☆</span> Below Average

## CaringKind Introduces a Model of Residential Palliative Care for People with Dementia

The purpose of providing palliative care is to prevent or alleviate suffering, whether someone has a curable illness, a chronic illness, or an illness that is reaching the terminal stages. The intent is to work with the patient to maximize pain and symptom control, including ensuring that the patient is informed and knowledgeable about the risks and benefits of specific treatments or diagnostic procedures (will this test, this treatment, this hospitalization hurt more than it helps?).

Because Alzheimer's is a progressive, eventually terminal illness, it is especially important to understand how pain and distress may be prevented or lessened, but this can be very challenging because of the memory and cognitive changes that increase over time. Earlier in the illness, people are usually able to report when they are in pain or distress, but this becomes less and less likely as the disease progresses. Later in the disease process it is more likely to be someone's behavior, rather than their words, which communicates that they are in distress. Unfortunately, all too often these behavioral expressions are not understood as distress; rather, they are often assumed to be the inevitable consequences of dementia, as part of the disease itself. Sadly, this assumption has frequently led to the overuse of anti-anxiety and anti-psychotic medications, which means that the actual underlying cause of the distress is never addressed, and the person with dementia is left to suffer.

A hallmark of competent, excellent dementia care, then, is the determination, knowledge and skill that can be brought to bear on getting to the heart of the matter: why is this person upset? What can we do about it? **Some solutions come more quickly than others, but it is always possible to get to the root of the problem, and thus to a way of alleviating the person's distress.** For palliative care to be effective for the person with dementia, special attention to understanding their needs is essential.

While the principles of good palliative care for people with dementia are relevant at any point in the spectrum of the disease, they are especially helpful for the later stages, when the natural bodily functions are slowing down, and the potential for suffering increases. The average time from diagnosis to death is 8 to 10 years, and the average person with Alzheimer's spends 40% of this time in the advanced stage of the illness.

Because so many people with dementia end their lives in nursing homes, CaringKind (formerly the Alzheimer's Association, NYC Chapter) investigated effective models for the care of people with advanced dementia in the nursing home setting, which led us to the Beatitudes Campus in Phoenix, Arizona, where considerable research and development has gone into implementing what they now term their *Comfort Matters*® approach. Results of their efforts include: (1) liberalized diets contributing to stable weights; (2) increased toileting and reduced

LTCCC thanks  
Ann Wyatt,  
Manager,  
Palliative &  
Residential Care  
at CaringKind,  
for writing this  
article.

incontinence; (3) no use of physical restraints (including alarms); (4) almost no anti-psychotic, anxiolytic and sedative use; (5) increase in pharmacologic and non-pharmacologic methods for treating pain; (6) decrease in total number of medications prescribed; (7) elimination of sundowning symptoms; (8) residents receiving active comfort and even enjoyment from meaningful engagement; (10) decreased hospitalizations; (11) increased family engagement and satisfaction; (11) greatly improved staff satisfaction and almost no staff turnover. They now train others all over the country in their *Comfort Matters*® approach.

For the past few years, CaringKind has been working with three New York City nursing homes (Cobble Hill Health Center, Isabella Geriatric Center and The New Jewish Home, Manhattan) and the three hospices with which they work (Calvary, MJHS, and VNSNY), to introduce the Beatitudes Campus model to New York City. The intent of the project has been for each of these homes to implement, both on their dementia units as well as wherever else in their facilities people with dementia reside, the care practices promoted by Beatitudes.

The results have been excellent, with all three homes working to achieve accreditation by *Comfort Matters*® in November. Adoption of behavior-based pain scales, reductions in rejection of care, increased staff and family satisfaction and no evidence of increased costs to the homes have been among the results. CaringKind just issued a new publication, ***Palliative Care for People with Dementia: Why Comfort Matters in Long-Term Care***, which is downloadable for free from our website [www.caringkindnyc.org](http://www.caringkindnyc.org). We are extremely proud to usher in this improved standard of care. In the absence of a medical cure or effective treatment, families and professional caregivers often retreat, feeling helpless and hopeless. The principles behind this project offer help and the promise that we can make the lives of residents better, as well as the lives of their families and friends, and the lives of those staff who care for them. The practices described here not only help to prevent unnecessary suffering, they also bring the possibility of moments of real pleasure, even when people reach the most advanced stages of dementia.

## **Study Examines Prevalence of Dementia & Use of Antipsychotic Drugs in Assisted Living**

Assisted living continues to grow as the preferred option for people who want or need residential care but would prefer to live in a less institutional setting than that provided by most nursing homes. However, due to the lack of national standards, minimal state standards and private (rather than public) funding for most services, little is known about the assisted living resident population and the extent to which they are receiving appropriate monitoring and services.

In July, the Journal of the American Medical Directors Association published the results of a study which examined clinical records to determine (1) the prevalence of dementia in assisted living and (2) the extent to which residents with dementia are being treated with dementia-specific medications and antipsychotic medications.

**Results:** Seventy-six percent (76%) of assisted living residents had a documented diagnosis of dementia, 41% were treated with a medication for dementia (other than an antipsychotic) and

37% received antipsychotic drugs. Residents in an assisted living that had a “memory care unit” were more likely to be treated with both dementia medications and antipsychotic drugs. The authors conclude that “[t]he 76% prevalence rate of dementia... may be a more accurate reflection of the prevalence of dementia [than that] reported elsewhere, because it is based on diagnoses documented by patients' primary care clinicians.”

**Editor’s Note:** Antipsychotic drugs carry an FDA “Black Box” warning - the highest warning possible - against use on the elderly with dementia due to significant risk of harmful side effects including falls, stroke, heart attack and death. Over the last five years there has been significant focus on inappropriate and dangerous antipsychotic drugging of nursing home residents which, despite a national campaign to reduce inappropriate drugging, still affects close to one-in-five nursing home residents. There has been little focus on the use of dangerous antipsychotics among people with dementia living in assisted living or the community. The results of this study clearly indicate that attention must be paid to care of people living with dementia in those settings as well. For more information and resources on dementia care and antipsychotic drugging, visit <http://www.nursinghome411.org/articles/?category=antipsychotic>.

## NY State Begins \$850 Million Payoff to Nursing Homes

### Background

As reported in the Winter 2016 LTC Journal, the NY State nursing home industry was successful in negotiating an \$850 Million “Universal Settlement” with the NY Department of Health. Under the terms of the settlement, the state’s nursing homes will be given \$850 Million to settle all outstanding rate appeals and litigation. There are thousands of nursing home rate appeals and litigation relating, for the most part, to facilities seeking an increase to their payment rates for past services provided to residents. These funds are being given to nursing homes no matter what quality of care they are providing to their residents – or provided during the time for which they were seeking more money. As noted in our Winter article, many of the facilities have a serious record of substandard care, neglect and abuse.



### Payouts to Nursing Homes Have Begun

LeadingAge NY, the lobby association for non-profit nursing homes, reported on its website in June that the \$850 Million is being divided into five installments. According to LeadingAge NY, as of June 28, 2016 the first installment had been given to nursing homes and the second was expected in the second week of July. This is in keeping with the schedule (roughly) that LeadingAge NY reported to its members in March.

## What Could the \$\$\$\$ Have Done for NYS Residents & Workers?

The \$850 Million that is being given to New York's nursing homes comes with no strings attached whatsoever. When the NYS Department of Health (DOH) first proposed a "Universal Settlement" of all outstanding rate appeals, without regard to either their merit or a facility's record of resident care and dignity, LTCCC requested that at least some of the money be required to be used to improve resident care and quality of life. At that time, DOH was proposing a \$100 Million settlement. DOH refused to require, or even request, that facilities put any of the money towards resident care. Since then, the amount of the settlement (which was negotiated behind closed doors) has grown to \$850 Million, and there is still no requirement that a single dollar go to improve resident care or nursing home staffing.

While we have no idea what the facility owners and operators will do with the money, we do have some ideas of how the money could have made a difference in the lives of residents and workers.



### What Could \$850 Million Pay For?

- **Thousands of More Certified Nurse Aides.** \$850M would pay for the annual salaries of over 24,000 CNAs. Failure to provide adequate staffing is a problem in too many NY nursing homes, which have among the lowest overall staffing in the United States. Imagine what a difference this could have made in the lives of both residents and the CNAs who provide the majority of resident care! [Data on current NYS CNA salaries from [www.salary.com](http://www.salary.com).]
- **Over 22 Million Restaurant Dinners for Residents.** Unappetizing and unpleasant food is one of the most frequent complaints of nursing home residents. SmartAsset reports that the average cost of dinner out in NY City is about \$37.50 per person. \$850M could buy 22,666,666 restaurant dinners for nursing home residents.
- **Over 80 Million Home Care Hours for Residents Who Want to Go Home.** According to the U.S. Bureau of Labor Statistics, the mean salary for a home health aide in NY is \$10.25 per hour. At that rate, the Universal Settlement could have paid for 82,926,829.3 hours of home aide care.
- **Music in every resident's life.** The power of music to improve residents' lives, particularly residents with dementia, is widely acknowledged. The Apple iPod Shuffle costs \$49. At that rate, the Universal Settlement could have been used to purchase over 17 million iPods, enough for not only every nursing home resident in NY, but for every nursing home resident in the country. In fact, if the state had only mandated that 1% of the Universal Settlement go to improving resident life, that would have been more than enough to give every single NY nursing home resident his or her own iPod.

## LTC NEWS & BRIEFS

### Research Results: Home Care Visits Reduce Admissions to Nursing Homes & Hospitals

A study of Medicare beneficiaries published in [HealthAffairs](#) has found that clinical home visit programs “are a promising approach to supporting aging in place and avoiding high-cost institutional care.”

### Members of Congress Send Letter Urging CMS to Strengthen Nursing Home Standards

In July, 32 members of Congress sent a joint letter to the head of the U.S. Centers for Medicare and Medicaid Services (CMS) requesting that the [forthcoming changes to national nursing home standards](#) include specific improvements to better protect our nation’s nursing home residents from substandard care, abuse and neglect.

### Research Results: Videoconference Sessions With Nursing Home Staff Reduce Restraint Use on Residents With Dementia

Despite the five year national campaign to crackdown on inappropriate antipsychotic drugging of nursing home residents with dementia, close to 20% of residents are still being given these dangerous drugs. In this study, published in the [Journal of the American Medical Directors Association](#), researchers used a biweekly online video case discussion and training with nursing home staff on the management of the so-called behavioral and psychological symptoms of dementia. Following an 18 month intervention, they found that residents with dementia were 75% less likely to be physically restrained and 17% less likely to receive antipsychotic drugs (i.e., be chemically restrained).

### WNYC Reports on NYC and NYS Dept. of Health Failures to Protect Nursing Home Residents

In August, public radio station WNYC reported on the failure of both NYC Mayor DeBlasio’s administration and the NYS Department of Health to ensure that residents were protected from providers and real estate investors who “flouted state rules that protect patients” when they bought and sold their nursing homes.

### U.K. Gov’t. Report Finds Dementia Care “Black Spots”; Web-Based Atlas Provides Community Info

[The Daily Mail](#) reported in August that, in the United Kingdom, “...dementia standards vary hugely from area to area. Elderly sufferers can go a year without their needs being assessed. Emergency admission rates are three times higher in some regions than in others – suggesting problems are spotted too late. And huge numbers are being forced to die in hospital, away from the comfort and security of home.”

These findings are based on data collected and published by the U.K.’s National Health Service (NHS). The NHS has published an [interactive Dementia Atlas](#) that can be used to identify an individual community’s relative strength (or weakness) on a variety of relevant criteria, including: whether one’s community is “dementia friendly,” whether the community is supporting people with dementia in living well and whether people with dementia in that community are “dying well” (for instance, dying in the place in which they usually live).



## LTC Ombudsman Program Seeks Volunteers Across NY State

The LTC Ombudsman Program (LTCOP) is dedicated to ensuring that residents in long term care facilities have good care and are treated with dignity. Being an Ombudsman volunteer is both challenging and rewarding. Volunteers receive extensive training to advocate for, educate and empower family members and residents living in nursing homes, assisted living, and family type homes. They can make a big difference in the lives of some of the most vulnerable people in our communities.

The LTCOP is seeking volunteers who can contribute a minimum of two hours a week to help residents in facilities in their communities. The Hudson Valley LTCOP currently has volunteer opportunities in Dutchess, Ulster, Orange, Sullivan, Columbia and Greene counties.

To volunteer in the Hudson Valley, please call 845-229-4680 or email [Gloria@hudsonvalleyltcop.org](mailto:Gloria@hudsonvalleyltcop.org). To volunteer in another area of New York State, please go to the “Who is My Ombudsman” page on the NYS LTC Ombudsman Program’s website: <http://www.ltcombudsman.ny.gov/whois/index.cfm>.

## LTCCC to Host Annual Cocktail Party November 9, 2016

Please join us for our eighth annual cocktail party celebrating our mission to improve care, quality of life and dignity for the elderly and disabled.

***This year we are pleased to be honoring Thomas P. DiNapoli, New York State Comptroller, for his leadership in improving integrity, and fighting fraud and abuse, in services provided to nursing home residents and other long term care beneficiaries across New York State.***

**Date:** Wednesday, November 9, 2016 from 6-8pm

**Place:** 360 Lexington Avenue, New York City 10017

Tickets are \$200 a person. Tickets for non-profit consumer organizations are \$150. [To find out if you qualify as a non-profit consumer organization e-mail [sara@ltccc.org](mailto:sara@ltccc.org) or call 212-385-0355 and ask for Sara.]

**To Attend:** Make check payable to “Long Term Care Community Coalition” and mail to: LTCCC, One Penn Plaza, Suite 6252, NY, NY 10119. To pay by credit card or for more information call 212-385-0355 or email [sara@ltccc.org](mailto:sara@ltccc.org). All but \$50 of the ticket price is tax-deductible. Due to space limitations it is recommended that tickets be purchased in advance.

[Click here](#) for more information on tickets and sponsorship opportunities or contact Sara Rosenberg at [sara@ltccc.org](mailto:sara@ltccc.org) or 212-385-0355.



## NY State Nursing Home Enforcement Actions

### Where to Find the Latest NYS Nursing Home Enforcements & Penalties

LTCCC is now posting all available enforcement actions from the state and federal governments on our dedicated website page, New York State Nursing Home Enforcements (<http://www.ltccc.org/enforcements/archives.shtml>). While in the past we have posted quarterly data on our website and in our newsletter, these data will now be provided in files that cover each calendar year in its entirety. This way, visitors can look in one file to see any fine issued in 2015, rather than having to view four different files separately. For the current year, we will update the file for the year on a quarterly basis (or when we receive the information).

In addition, we are now posting, on a semi-annual basis, all of the NY State nursing home deficiencies that are currently on the federal website, Nursing Home Compare. Nursing Home Compare provides information on nursing home staffing, inspections and quality for the last three years. We believe that this information will be useful to consumers, families and LTC Ombudsmen now and in the future since it will enable them to access current and historical information on nursing homes in their communities.

# *The LTC Journal*

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