



NURSING HOME CARE: A CITIZENS GUIDE FOR INFORMED DECISION-MAKING

Pennsylvania Department of the Auditor General

November 2016

Introduction and Overview

Our Performance Audit of the Department of Health's Oversight of Nursing Homes

In July 2016, Auditor General Eugene DePasquale released a comprehensive performance audit of the Department of Health (DoH) and its responsibility to oversee Pennsylvania's long-term care facilities (nursing homes).

Our audit report highlighted a number of concerns, including that DoH was not adequately ensuring that nursing homes were meeting the state's minimum staffing standard and that DoH had changed certain aspects of its complaint handling policies and procedures. Our report can be found at www.PaAuditor.gov.

How this document may help

Choosing to place a loved one in a nursing home is a difficult decision. Often the decision is made hastily, as there may be overriding medical concerns that necessitate a quick placement. Consequently, knowing how to access the right information, ask the right questions, and understand the information being presented is of critical importance.

This document is designed to help citizens who are facing these life-changing events make informed decisions. We want all Pennsylvanians to have access to the best information available to help make these difficult and emotional decisions.



Auditor General Eugene DePasquale

Information gathered for this citizens guide was collected from audit procedures performed during our recent performance audit of DoH. Where necessary, we conducted follow-up interviews with DoH and conducted other research necessary to compile the information.

"Having to place a loved one in a nursing home is a difficult decision. Making an informed decision will help aid that transition."

— Auditor General DePasquale

In This Guide

- Differences between nursing homes and assisted living/personal care facilities
- Concepts and terminology
- Need to know: Nursing home staffing
- Where to file a complaint
- What happens when a complaint is filed
- Where to go for more information about nursing homes



Nursing homes, assisted living facilities, personal care homes — is there a difference?

Yes. Sometimes these terms are used interchangeably, but there are distinct differences.

Assisted Living/Personal Care Facilities

Assisted living facilities and personal care homes do not provide skilled nursing care. In fact, these facilities may not even be staffed with nursing personnel (see page 3). Assisted living facilities help to provide custodial care for their residents, meaning help with activities of daily living, such as bathing, dressing, etc. Personal care homes provide similar types of care for both the elderly and for people with physical, behavioral health, or cognitive disabilities.

While every facility is different, assisted living facilities generally provide apartment-like living. The facility will provide meals, housekeeping, social activities, and transportation. Residents in assisted living facilities tend to be more independent and not in need of 24-hour medical care. Again, personal care homes — which are licensed by the state Department of Human Services, not the Department of Health — provide similar types of environments for residents.

Nursing Homes

Nursing homes are sometimes referred to as long-term care facilities, or skilled nursing facilities. The key distinction is that these facilities provide 24-hour direct nursing care. Further, the facilities are licensed by the Department of Health and may be certified by the federal government to receive reimbursement from Medicare or Medicaid for care provided to residents.

Nursing home residents tend to be more frail and/or suffer from deteriorating health conditions that require daily monitoring by skilled medical staff. Many residents in nursing homes may be in a “transitional” status while they recover from injuries or health conditions that require advanced physical, speech, and/or occupational therapies.

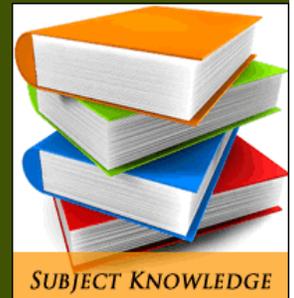
Know the type of care your loved one needs, then research which type of facility can meet those needs for both the short and long term.

Concepts and terminology to know

Licensure: Every nursing home in Pennsylvania must be licensed by the Department of Health. Licensure determines a facility’s compliance with state regulations.

Certification: Nursing homes that receive reimbursement from Medicare/Medicaid must be certified to ensure they are meeting federal regulatory standards. The Department of Health performs this function for the federal government. A nursing home must be licensed before it can be certified.

Relicensure and Recertification Survey: Annual inspections by the Department of Health. Surveys are surprise inspections conducted by specially trained surveyors (nurses, dietitians, and social workers) who look for deficient care practices.



Complaint Survey: The Department of Health also investigates all complaints about nursing homes. Complaints are investigated through an “abbreviated survey,” which looks at care issues at a facility.

Deficiency: A facility that fails to meet either a state/federal standard is issued a “Statement of Deficiency.” These statements are listed on a form called the CMS 2567, which can be reviewed at the nursing home or the [Department of Health’s website](#).

Scope and Severity: Deficiencies related to federal regulatory standards are ranked on an alphabetical grid according to scope (the number of residents potentially affected) and severity (the potential for recurrence of harm). The most severe deficiencies may result in “immediate jeopardy” to residents.

Plan of Correction: Nursing homes must correct deficiencies through a “plan of correction.” These plans are listed on the CMS 2567 form and detail the steps the nursing home will take to prevent recurrence. This information is also available for review at either the nursing home or on the [department’s website](#).

Sanction: Sanctions may be imposed for non-compliance with state/federal regulations. Sanctions include “provisional” licensure status, which requires more-frequent inspections, or civil monetary penalties. The department can also recommend that the federal government take action, such as denying payment reimbursement or that the facility’s staff attend training to remedy the deficient practice.



Nursing Home Staffing — Issues to understand

What impacts a resident's quality of life and quality of care?

A key factor influencing these outcomes is the nursing home's ability to provide sufficient numbers of nursing staff. Having competent and well-trained staff is one of the factors used by the federal government's Centers for Medicare and Medicaid Services (CMS) to rank nursing home performance. Research varies as to what the ideal minimum staffing ratio should be, but generally the greater number of staff — especially properly trained and supervised staff — the better the outcomes for residents, including improved quality of life and quality of care.

How do I use staffing information?

CMS' [Nursing Home Compare website](#) (see page 5) contains information on nursing home staff levels. This data is one of three factors CMS uses in calculating its five-star rating system — a system used to rank the performance of all Medicare/Medicaid participating nursing homes. The data is collected by Department of Health surveyors (specially trained investigators) when they conduct annual inspections of the facility. DoH also posts facility staffing information to its website, but this information is specific to the facility's ability to meet the state's staffing standard (see article at right).

Are there limitations in using the data?

Yes. As we reported in our performance audit, the data is entirely self-reported and rarely verified for accuracy. As a result, the numbers may be questionable. Furthermore, the data is only a "picture in time" and is not reflective of how the facility is staffed throughout the year.

How should I use the information?

Use staffing information as a starting point when researching a facility. If a facility has low staffing figures, ask more questions of the administration. Some questions to consider asking include the following:

- ◆ What is the average term of employment for your employees?
- ◆ How does the facility ensure the state's minimum staffing standard is met?
- ◆ How frequently will my loved one see a registered nurse, a licensed practical nurse, a nurse aide?
- ◆ How does the facility ensure it has enough staff to meet residents' needs?

Pennsylvania's requirement for nursing homes

Pennsylvania's nursing home regulations (28 Pa. Code § 211.1 *et seq.*) require 2.7 hours of direct nursing care per resident per day — but what is nursing care and who provides it?

Nursing care:

Defined as "a planned program to meet the physical and emotional needs of the resident. The term includes procedures that require nursing skills and techniques applied by properly trained personnel."

Nursing staff:

Includes registered nurses, licensed practical nurses, and nurse aides.



- ◆ **Registered nurse (RN).** A person licensed to practice in Pennsylvania under the Professional Nursing Law (63 P.S. §§ 211-225.5). An RN typically has completed, at the minimum, a two-year degree or three-year diploma; many RNs have four-year college degrees.
- ◆ **Licensed Practical Nurse (LPN).** An individual licensed to practice in Pennsylvania under the Practical Nurse Law (63 P.S. §§ 651—667.8). LPNs have about a year of nursing education, often culminating in a certificate.
- ◆ **Nurse aide.** Nurse aides may assist with meal delivery, mobility, providing support, using bathroom facilities, etc. They must pass a basic examination on five nurse aide skills. PA defines an aide as an individual providing nursing or nursing-related services to residents in a facility and who:
 - i. Does not have a license to practice professional or practical nursing.
 - ii. Does not volunteer services.
 - iii. Has met the prerequisite training and competency evaluation requirements as defined by 42 CFR 483.75(e).
 - iv. Appears on the commonwealth's Nurse Aide Registry.
 - v. Has no substantiated findings of abuse, neglect, or misappropriation of resident property recorded in the Nurse Aide Registry.

What is the first step if I have a complaint about a nursing home?

Generally, the first step is to seek a resolution with the facility. Let the facility know about your concerns, and be sure to document who you spoke with and the actions that were promised.

Facilities maintain “grievance logs,” which are used to document resident issues. Be sure that your grievance is recorded in the log, so that a record exists of your complaint. By recording your complaint in the log, an official paper trail will be established for outside review, such as by Department of Health surveyors.

Another option is to discuss your complaint with the facility’s “resident council.” This group is composed of facility residents who meet to discuss facility-related conditions.

For serious concerns involving quality of care issues, you do not need to contact the facility first. You may contact the Department of Health directly and file a complaint. You may also contact the state’s long-term care ombudsman program.

Department of Health
Complaint Hotline:
1-800-254-5164

On the web:
<http://www.health.pa.gov>

Department of Aging
Long-term Care Ombudsman:
717-783-8975

On the web:
<http://www.aging.pa.gov>

What happens if I file a complaint with the Department of Health?

You may file your complaint online, but it is best if you speak with a department representative by calling the department’s complaint hotline (**1-800-254-5164**). If you decide to file a complaint with the Department of Health, be as specific as possible about your concerns, including dates, times, individuals involved, etc. This information will greatly aid the department’s investigation.

Department representatives are trained to ask certain questions to ensure they are capturing all necessary information. Before proceeding with an investigation, representatives will need to ensure that the department has regulatory authority over the facility and that your allegations fall under an area of state or federal regulation. All information is strictly confidential and will not be shared with the facility. Additionally, you may file your complaint anonymously.

Once the department has captured all necessary information about your complaint, it will be assigned to a district office and to a surveyor for investigation. A surveyor is a registered nurse, social worker, or dietician who has received special training from the Centers for Medicare and Medicaid Services (CMS) and is qualified to conduct the investigation. Depending on the nature of the allegation, the surveyor will likely visit the facility and will conduct an “abbreviated survey,” which is a type of unannounced facility inspection. The surveyor may make observations, review medical records, or interview staff to determine if the facility is noncompliant with state or federal regulations. The surveyor should ensure that the resident’s privacy and confidentiality are protected during his/her inspection.

If the surveyor documents a deficient practice, the facility will be issued a deficiency citation and will be required to submit a plan of correction for the department’s approval. The department will review the facility’s progress to ensure that the deficient practice has been corrected. If the deficient practice has not been corrected, a sanction may be imposed. Information related to the investigation is posted on the department’s website generally within 41 days.

Although every complaint and complaint investigation is different, generally after filing a complaint with the department, you should:

- ◆ Within 3 business days, receive a letter from the department that the complaint is being investigated.
- ◆ After the complaint is investigated (which can take up to 21 business days), receive a final letter notifying you of the results.

If you have any questions about how the complaint was investigated, you should contact the appropriate district office supervisor and seek clarification.





Auditor General Eugene DePasquale

Eugene A. DePasquale became the 51st Auditor General on Jan. 15, 2013. As the state's chief fiscal watchdog, DePasquale is committed to seeing that taxpayer dollars are spent properly and effectively.

Auditor General DePasquale is focusing audits on areas that will improve the lives of all Pennsylvanians and prepare our state for a brighter future. He is also ensuring transparency and accountability in state government.

Recently, Auditor General DePasquale released an audit of the Department of Health's oversight of nursing homes. The audit is bringing about much-needed improvement at the Department of Health. As part of that audit, Auditor General DePasquale wants Pennsylvanians to learn more about the resources available to them should they need the services provided by a nursing home.

Contact Us

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Where to go for more information:

There are two primary sources for information on nursing home performance: CMS' Nursing Home Compare and the Department of Health's Nursing Home Locator. Citizens should use these resources as a starting point when searching for a facility.

[Nursing Home Compare](#)

Nursing Home Compare provides information on all Medicare/Medicaid-certified facilities. The website provides information based on CMS' five-star rating system, which rates facilities based on three key factors: staffing, health inspections, and quality measures. The website is fairly intuitive and allows users to search for facilities based on proximity or by name. Caution should be used though when reviewing some of the information. For example, facility staffing data is self-reported by the facility. Additionally, only facilities that accept Medicare reimbursements are included. CMS is planning changes to its rating system, which should provide users with better comparative data.

[Nursing Home Locator](#)

DoH also lists nursing home information on its website. From DoH's website, users can review the latest surveys (inspections) that DoH conducted. These results are listed on a form called the CMS 2567, which details any deficient practices that surveyors found. The CMS 2567 will also list the facility's "plan of correction" for the deficiencies cited. Keep in mind that the CMS 2567 is just a snapshot of the conditions at the facility, so it will not describe any lingering or ongoing issues. However, if users review the forms over a period of time, it may be possible to identify certain recurring issues (e.g., complaints about staffing, food, cleanliness, etc.)

More Info



◆ CMS — Nursing Home Compare

See article at left.

<https://www.medicare.gov/nursinghomecompare/search.html>

◆ Department of Health — Nursing Home Locator

See article at left.

<http://sais.health.pa.gov/commonpoc/nhlocator.asp>

◆ Department of Human Services — Office of Long-Term Living

Information on long-term care services and available support, including how to pay for long-term care services.

<http://www.dhs.pa.gov/learnaboutdhs/dhsorganization/officeoflongtermliving/index.htm>

◆ PA Department of Aging — Ombudsman Program

Information on the Long-Term Care Ombudsman program, which helps monitor nursing home issues.

<http://www.aging.pa.gov/aging-services/Pages/Ombudsman.aspx>

◆ Dr. Linda Rhodes' Nursing Home Navigator

Dr. Linda Rhodes is a national expert on aging issues and a former Secretary of Aging. She has developed a helpful checklist, [and other resources](#), to be used when evaluating nursing homes. <http://lindarhodescaregiving.com/nhn1116.pdf>

◆ Department of Human Services — Personal Care Homes Directory

Search for personal care homes across Pennsylvania .

<http://www.dhs.pa.gov/citizens/searchforprovider/pchdirectory/index.htm>

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