



The National
CONSUMER VOICE
for Quality Long-Term Care
formerly NCCNHR

BRIEFING

The Need for Federal Staffing Standards in Nursing Homes

December 9, 2021

About the Consumer Voice

The leading national voice representing consumers in issues related to long-term care.

- **Advocate for public policies** that support quality of care and quality of life responsive to consumers' needs in all long-term care settings
- **Empower and educate** consumers and families with the knowledge and tools they need to advocate for themselves
- **Train and support** individuals and groups that empower and advocate for consumers of long-term care
- **Promote the critical role of direct-care workers and best practices** in quality-care delivery

Welcome and Reminders

- The program is being **recorded**
- Use the **Q&A feature** for questions for the speakers
- Use the **chat feature** to make comments or respond to questions from speakers or other attendees
- Links to the **PowerPoint** and resources – in the chat box

House version:
Build Back Better
Reconciliation Bill

Creates a process for establishing minimum staffing requirements

Requires nursing homes to have a Registered Nurse on duty 24 hours per day

Provides necessary funds to improve the survey and oversight process

Improves the accuracy and reliability of certain skilled nursing facility data

Requires auditing of Medicare cost reports

Also:

Provides \$4 billion for workforce recruitment, retention, and training

Speakers



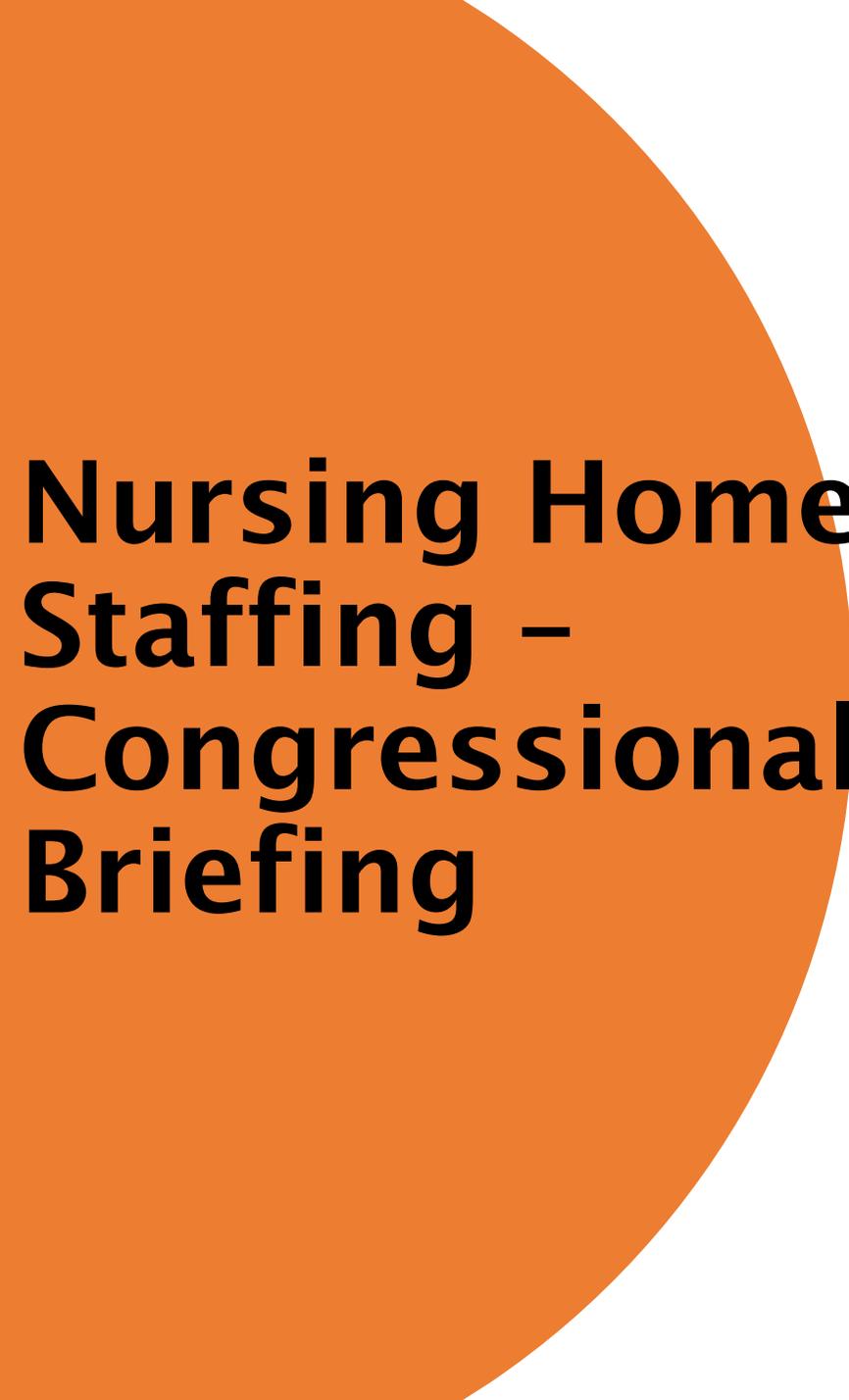
Charlene Harrington
Professor Emerita,
School of Nursing,
UCSF



Richard Mollot
Executive Director
Long Term Care
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Robyn Grant
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Consumer Voice



**Nursing Home
Staffing –
Congressional
Briefing**

**Charlene Harrington, Ph.D., RN
Professor Emerita
University of California San
Francisco**



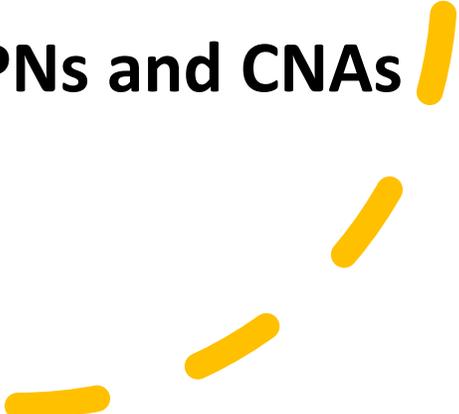
Residents in US nursing homes are highly vulnerable

- **Generally older with multiple chronic conditions (90% are 65+, 34% are 85+)**
 - **60%+ have dementia**
 - **60% are frail and need extensive help**
 - **Take 9+ different medications daily**
- 

**Basic
nursing care
is labor
intensive
24 hours
per day**

- **Basic care – bathing, dressing, toileting, transferring, eating, walking/mobility by certified nursing assistants (CNAs)**
 - **Morning and evening care**
 - **General assistance 24 hours a day**
 - **Assistance by 1-2 CNAs**
- **Licensed practical nurse care - medications, treatments, coordination, communications – 24 hours a day**

**Nursing care
is highly
complex
requiring
RNs 24 hours
a day 7 days
a week**

- **RNs are specifically trained in:**
 - **infection control planning and management**
 - **resident assessment & care planning**
 - **identification and treatment of infections, chronic, and acute care conditions**
 - **surveillance of residents and resident care**
 - **coordination and communication with medical, dietary, therapy, social services, pharmacy, laboratory, and other**
 - **required for supervision of LPNs and CNAs**
- 

Nurse staffing, especially RNs, are associated with higher quality of care

- **improved process and outcome measures**
 - **better functional improvement**
 - **reduced incontinence**
 - **fewer urinary tract infections and catheterization**
 - **less pain**
 - **fewer pressure ulcers**
 - **less weight loss and dehydration**
 - **lower use of antipsychotics**
 - **less restraint use**
 - **fewer infections**
 - **fewer falls with injuries**
 - **less rehospitalization and emergency department use**
 - **less missed care**
 - **fewer adverse outcomes**
 - **lower mortality rates**
 - **fewer deficiencies**
- 

Most nursing homes did not meet recommended staffing before the pandemic

75% of homes almost never met CMS expected RN staffing levels based on resident acuity in 2017-18 Geng et al 2019

54% homes did not meet the federal requirement of 1 licensed nurse on duty every shift for up to 30 days in 2018 OIG 2020

Staffing levels are 15% lower on weekends and holidays

Annual turnover rate of resident care was 100% for all nurses and 141% for RNs in 2017-18 Gandhi et al 2021

Nursing turnover is related to heavy workloads and low wages



COVID-19 had devastating impact on nursing homes

- CA nursing homes were 2x more likely to have COVID-19 resident infections if RN staffing less than .75 hours per resident day ^{Harrington et al 2020}
- In CT, every 20 minute increase in RN staffing had 22% fewer COVID-19 infections and 26% fewer COVID-19 deaths ^{Li et al. 2020}
- Higher nurse aides and total nursing had lower COVID-19 outbreaks & fewer deaths ^{Gorges & Konetzka 2020}
- US nursing homes with higher RN staffing and quality ratings fewer COVID deaths and fewer staffing shortages ^{Williams et al 2021; McGarry et al 2020}

Minimum staffing recommendations by researchers & experts

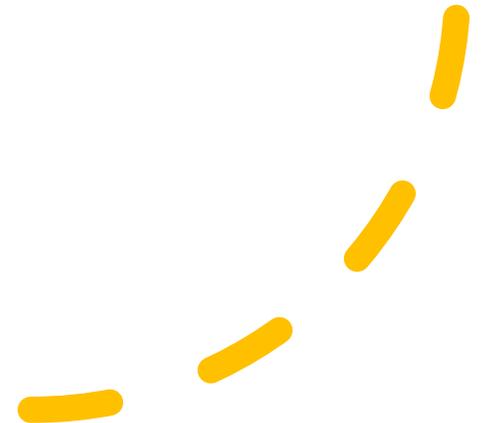
- **Minimum staffing for lowest resident acuity**
 - **1 RN: 28 residents day shift; 1:30 evenings; and 1:40 nights) (45 minutes/resident day)**
 - **1 LPN: 38 residents day shift; 1:40 evenings; 1:56 nights (33 minutes/resident day)**
 - **1 CNA: 7 residents on days/evenings & 1 CNA:15 nights (2.8 hours/resident day)**
- **Total nurse staffing 4.1 hours/ resident day**
CMS 2001; ANA 2014; Schnelle 2014
- **Higher staffing levels are needed and required by CMS for higher acuity**

Conclusions

Residents deserve to have adequate staffing especially RN staffing 24 hours a day every day

Residents deserve to be protected from infections and to have high quality care

Nursing staff deserve to have reasonable workloads, a living wage, and a comfortable and safe working environment





Federal Nursing Home Staffing Standards: Necessary, Affordable, and Achievable

Richard Mollot, Long Term Care Community Coalition

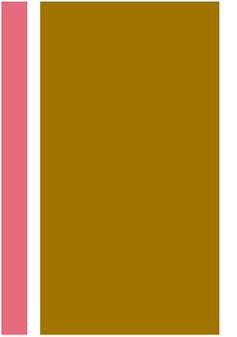
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The Long Term Care Community Coalition

- **LTCCC** is a nonprofit, nonpartisan organization dedicated to improving care & quality of life for the elderly & adult disabled in long term care (LTC).
- **What we do:**
 - Policy research & analysis;
 - Systems advocacy;
 - Public education;
 - Home to two local LTC Ombudsman Programs.
- **Richard Mollot**: Executive director since 2005.

www.nursinghome411.org





What are the Data?

Nursing Home Staffing Data

- **Past.** In the past, nursing homes provided self-reported information on their nurse staffing based on the two-week period prior to their annual survey.
- **Current.** In the face of persistent concerns about both staffing levels and accuracy of the reported information, the 2010 Affordable Care Act required nursing homes to report nursing and other key staff...
 - on a daily basis,
 - for every day of the year,
 - based on payroll records,
 - in auditable files.
- **Why is this important?** We now have excellent information on the extent to which facilities employ sufficient staffing to provide the care and services they promise to residents, families, and tax-payers.



What do the Data Show?

The industry's own data indicate that most facilities are clearly understaffed

Nursing Home Staffing Data

- **Less than a third (31.2%) U.S. nursing homes met the total care staff threshold (4.10 HPRD)** as determined by the 2001 federal study.
- Average total nurse staffing HPRD were 3.75 in Q2 2021. Average RN staffing was 0.66 HPRD. The typical resident needs at least .75 RN HPRD.
- Average total resident census climbed 29,000 (1.1 million) from the previous quarter despite a slight decrease in total number of facilities reporting PBJ data (14,812, down from 14,857). This indicates that **nursing homes are taking in new residents despite insufficient staffing.**
- Contract staff accounted for **5.75% of all nurse staff hours in Q2 2021** after accounting for 5.02% of nurse hours in the previous quarter.

The failure to ensure adequate staffing destabilized the industry and puts residents at risk.



Are Baseline Staffing Standards Achievable?

The industry's own data indicate that decent staffing standards are *affordable* and *achievable*

It is Possible!

- One-third of nursing home **already** meet minimum staffing needs of 4.1 nursing HPRD.
- Over 75% of facilities **already** have enough RNs for 24-hour coverage.
 - However, in the absence of a federally defined minimum, doing so is voluntary.
 - With nursing homes increasingly owned by sophisticated corporations, **we cannot count on the diminishing number of owners who take their commitment to residents seriously.**

It is Affordable!

- The average cost to shift to 24-hour RN staffing is **\$61.82 per facility per day.**
- The cost range to achieve 24-hours RN staffing per day ranges from 3¢ to \$141.15 per day.
- The actual costs of achieving 24-hour RN staffing nationwide is \$75.1 million per year.
- National nursing home expenditures were \$173 billion in 2019. The above cost is less than one-tenth of 1% of total US NH expenditures.

Aren't nursing home residents worth it?

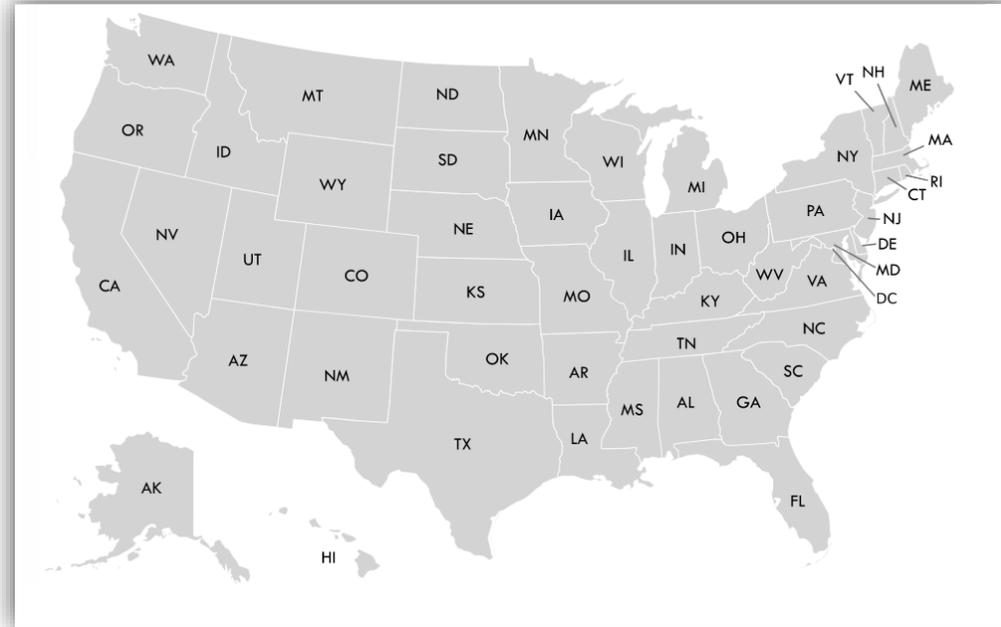


Resources



LTCCC's state pages

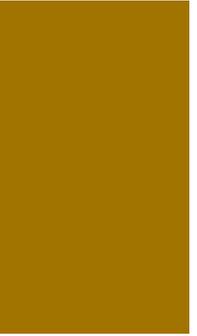
- Use clickable map to find your state
- State pages contain state-specific
 - Staffing
 - Ratings
 - Ombudsman resources
 - And more...



nursinghome411.org/states



Example: Find your facility's or region's staffing data



Facility Nursing Staff (Use Provider filter)

State	Provider	City	County	MDS	Census	RN Hours	LPN Hours	CNA Hours	Total Care Staff Hours	Total Care Staff HPRD	RN Admin & RN DON	RN Care Staff (incl. Admin & DON)	Provider Number
NY	NEW YORK STATE VETERANS HOME AT MONTROSE	MONTROSE	Westchester	158.9	103.3	133.4	573.7	810.4	5.1	5.4	0.7	0.9	335832

County Non-Nursing Staff (Use County filter)

State	Provider	City	County	MDS	Census	Admin Hours	Medical Director Hours	Pharmacist Hours	Dietician Hours	Physician Assistant Hours	Nurse Practitioner Hours	Speech/Language Pathologist Hours	Total Social Work Hours
NY	ADIRA AT RIVERSIDE REHABILITATION AND NURSING	YONKERS	Westchester	107.6	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	39.0
NY	ANDRUS ON HUDSON	HASTINGS ON H	Westchester	189.2	4.8	0.8	0.0	8.0	0.0	0.0	0.0	4.6	13.9
NY	BAYBERRY NURSING HOME	NEW ROCHELL	Westchester	46.9	3.5	1.5	0.0	4.2	0.1	0.0	0.0	0.2	8.3
NY	BETHEL NURSING & REHABILITATION CENTER	CROTON ON H	Westchester	113.9	4.2	0.7	0.8	0.0	0.0	0.0	0.0	3.5	4.7
NY	BETHEL NURSING HOME COMPANY INC	OSSINING	Westchester	32.6	4.6	0.7	0.2	0.0	0.0	0.0	0.0	0.0	5.2
NY	BRIARCLIFF MANOR CENTER FOR REHAB AND NURSING CARE	BRIARCLIFF MA	Westchester	93.9	20.8	0.0	0.0	4.1	0.0	0.0	0.0	2.5	5.1
NY	CEDAR MANOR NURSING & REHABILITATION CENTER	OSSINING	Westchester	120.3	5.6	0.6	0.8	5.6	0.0	0.0	0.0	5.3	12.7
NY	CORTLANDT HEALTHCARE	CORTLANDT M	Westchester	90.5	5.2	0.0	0.0	8.0	0.0	0.0	0.0	5.2	12.3
NY	DUMONT CENTER FOR REHABILITATION AND NURSING CARE	NEW ROCHELL	Westchester	161.7	5.9	1.1	1.0	7.1	0.0	0.0	0.0	4.8	10.4
NY	ELIZABETH SETON PEDIATRIC CENTER	YONKERS	Westchester	167.3	5.4	9.9	32.3	16.9	0.0	44.1	31.4	28.9	
NY	EPIC REHABILITATION AND NURSING AT WHITE PLAINS	WHITE PLAINS	Westchester	45.2	5.3	0.5	0.8	4.2	0.0	0.0	0.0	4.8	7.3
NY	GLEN ISLAND CENTER FOR NURSING AND REHABILITATION	NEW ROCHELL	Westchester	151.6	5.0	0.4	0.0	5.3	0.0	0.1	7.5	4.8	
NY	KENDAL ON HUDSON	SLEEPY HOLLOW	Westchester	21.5	5.1	0.6	0.4	2.7	0.0	1.4	0.1	4.1	
NY	KING STREET HOME INC	PORT CHESTER	Westchester	60.1	5.1	0.3	0.3	5.6	0.0	0.0	3.9	8.0	
NY	MARTINE CENTER FOR REHABILITATION AND NURSING	WHITE PLAINS	Westchester	169.5	5.3	0.0	0.0	5.2	0.0	0.0	4.9	13.0	
NY	NEW YORK STATE VETERANS HOME AT MONTROSE	MONTROSE	Westchester	158.9	4.4	4.8	6.8	17.8	0.0	8.6	0.0	14.9	
NY	NORTH WESTCHESTER RESTORATIVE THERAPY & NRSG CRT	MOHEGAN LAK	Westchester	94.7	14.7	1.1	0.6	6.7	0.0	0.0	10.2	6.5	
NY	NORTHERN WESTCHESTER HOSPITAL T C U	MOUNT KISCO	Westchester	7.3	0.8	0.0	83.2	23.1	0.0	0.0	0.0	4.1	
NY	REGENCY EXTENDED CARE CENTER	YONKERS	Westchester	207.0	5.5	2.8	0.0	0.0	0.0	0.0	7.5	19.2	
NY	SALEM HILLS REHABILITATION AND NURSING CENTER	PURDYS	Westchester	89.9	5.0	0.3	0.7	3.7	0.0	2.4	3.6	5.0	
NY	SANS SOUCI REHABILITATION AND NURSING CENTER	YONKERS	Westchester	103.2	10.6	0.0	0.0	9.0	0.0	0.0	4.6	9.8	
NY	SCHAFFER EXTENDED CARE CENTER	NEW ROCHELL	Westchester	127.1	8.6	1.7	3.8	9.5	0.0	0.0	1.4	12.3	



Nursing Home Oversight & Enforcement: Expectation vs. Reality

The screenshot shows the website for the Long Term Care Community Coalition. The main heading is "Nursing Home Oversight & Enforcement: Expectation vs. Reality". The text explains that most U.S. nursing homes participate in Medicare and Medicaid, and that the law requires them to meet minimum standards. It mentions that the Long Term Care Community Trust, LTCCC, conducted an assessment of state and federal enforcement of nursing home standards. Two reports are highlighted: "A Guide to Nursing Home Oversight" and "Broken Promises".

The vast majority of U.S. nursing homes participate in the Medicare and/or Medicaid programs, deriving most of their income and profits from taxpayers. In order to do so, they are required to meet the minimum standards laid out in the federal Nursing Home Reform Law. Fundamentally, the law requires that residents are provided the care and quality of life services sufficient to attain and maintain their highest practicable physical, emotional, and psychosocial well-being.

Though the law and regulatory standards are strong, serious nursing home problems are persistent and widespread. With funding from The New York Community Trust, LTCCC undertook an assessment of the expectations and reality of state and federal enforcement of nursing home standards. The following two reports, and accompanying maps and tables, provide the results of our study and resources for stakeholders to improve resident care and the integrity of the Medicare and Medicaid programs.

- **A Guide to Nursing Home Oversight** is about the expectations of oversight. It details key aspects of state agency responsibilities for ensuring quality care. LTCCC reviewed and identified key requirements for state agencies in the federal regulatory requirements and the State Operations Manual which lays out detailed expectations and guidance for state surveyors.
- **Broken Promises** is about the reality of oversight. It presents an assessment of federal data on important areas of nursing home enforcement including survey citations on antipsychotics, infection control, and staffing.

Access the two reports by clicking the boxes below. [Click here to access interactive data.](#)

The Expectation: Oversight & Enforcement
Exploring the state's role in nursing home oversight: certification, surveys, enforcement, and more.

The Reality: Broken Promises
An assessment of state and federal enforcement agency performance.

Register for our 12/21 webinar:
<https://nursinghome411.org/event/data-oversight-program/>
for the story behind the data.

nursinghome411.org/news-reports/reports/survey-enforcement/



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STATE NURSING HOME STAFFING STANDARDS

Robyn Grant

Director of Public Policy & Advocacy

Federal statute and regulation

Registered nurse on-site eight hours a day, seven days a week. 42 C.F.R. § 483.35(b)(1).

Licensed nurse—either a registered or licensed practical/vocational nurse—serving as a Charge Nurse on-site twenty-four hours daily. 42 C.F.R. § 483.35(a)(2).

Sufficient nursing staff to meet residents' needs. 42 C.F.R. § 483.35(a)(1).

State Requirements for Total Nursing Staff Time

Recommended Staffing Standard: 4.1

Total hprd	# of States	States
4.10+	1	DC
3.50 – 4.09	6	CA, FL, IL, MA, NY, RI
3.00 – 3.49	6	AR, CT, DE, MD, VT, WA
2.50 – 2.99	8	ME, MS, NJ, NM, OH, OK, PA, WI
2.00 – 2.49	13	CO, GA, IA, ID, KS, LA, MI, MN, OR, SC, TN, WV, WY
1.50 – 1.99	1	MT
1.00 – 1.49	0	
<1.00	1	AZ

Twenty-four Hour Registered Nurse

Only 6 states require an RN 24/7

CO, CT, DC, DE, MD, RI

×
“Do the
best you
can until
you know
better.

Then when
you know
better, do
better.”

- *Maya Angelou*



Public Dollars for Nursing Homes

Medicare > \$25 billion annually

Medicaid > \$50 billion annually

COVID Support & Relief Funds

- **\$21 billion from CARES Act**
- **Paycheck Protection Program loans to keep workers**
- **Temporary suspension of Medicare sequestration**
- **State funding from the Federal Medical Assistance Percentage Program**
- **Medicare accelerated and advance payment program**
- **Deferral of employer payroll taxes**
- **Higher Medicaid reimbursement rates in some states**
- **Higher Medicare payment rates in 2020**
- **Higher Medicaid and Medicare revenues related to higher resident acuity**
- **Economic injury disaster loans (not limited to nursing homes)**
- **Other non-monetary support (e.g. PPE, tests, training, national guard, strike teams)**

https://medicareadvocacy.org/report-snf-financial-support-during-covid/#_edn15

We can support minimum staffing standards

- **Increase Transparency and Accountability for Public Funds**

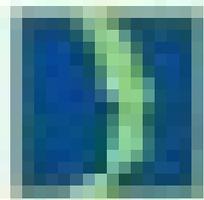
- Require funds to be spent on resident care
- Audited consolidated cost reports
- Target any new dollars toward resident care and staff support

- **Support Caregivers by improving jobs**

- Living wages and benefits
- Invest in training
- Address turnover, retention, advancement opportunities
- Address racial and gender equity and disparities

RESIDENT VOICES ON STAFFING

The importance of adequate staffing in long-term care facilities.



CONSUMER VOICE

ADVOCACY FOR THE ELDERLY
2025



QUESTIONS?



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