



The National

CONSUMER VOICE

for Quality Long-Term Care

Using Data to Protect Nursing Home Residents

January 25, 2024

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

- ▶ The program is being **recorded**
- ▶ Use the **Q&A feature** for questions for the speakers
- ▶ Use the **chat feature** to submit comments or respond to questions from speakers or other attendees
- ▶ Please complete the **evaluation** questionnaire when the webinar is over.
- ▶ Links to **resources** will be posted in the chat box and will be posted to the Consumer Voice website – theconsumervoice.org

Speakers

- ▶ **Lori Smetanka**, Executive Director, Consumer Voice
- ▶ **Sam Brooks**, Director of Public Policy, Consumer Voice
- ▶ **Charlene Harrington**, Ph.D., RN, Professor Emerita, University of California San Francisco
- ▶ **Eric Goldwein**, Director of Policy and Communications, Long Term Care Community Coalition
- ▶ **Anne Montgomery**, Senior Analyst, NCPSSM



Related Party Transactions: A Before and After Examination

The Rise of Private Equity Ownership



- ▶ Private equity are investment companies seeking short term profit.
- ▶ Model is to siphon out as much money from a company within 7 years and then move on.
- ▶ According to CMS, private equity owns roughly 11% of nursing homes (citing MEDPAC report).

Private Equity = Bad Care

- ▶ Ample evidence shows residents in nursing homes owned by P/E receive poorer care when compared to other homes.
 - ▶ Private equity nursing home ownership increased mortality of Medicare residents by 10% (National Bureau of Economic Research).
 - ▶ CMS itself cites ample evidence of the poor quality of care, in recent proposed regulation, and is taking action to require owners to disclose whether they are P/E.
- ▶ **IMPORTANT: Private Equity did not create the current dysfunctional financial system, it identified and exploited it**

Portopiccolo Group

- ▶ Two primary individuals.
 - ▶ In 2015, when they created Portopiccolo, they were 25 and 32 y.o., respectively.
 - ▶ According to the New Yorker, they now own roughly 130 homes across the country.
- ▶ Poster child for P/E and care declines.
- ▶ CMS continues to allow them to purchase homes, despite story after story of horrible care.

Portopiccolo in TN

- ▶ Purchased Roughly 12 homes in TN over the past 4-5 years.

MIDTOWN CENTER FOR HEALTH AND REHABILITATION	141 N MCLEAN BLVD	MEMPHIS	TN	38104
SMITH COUNTY HEALTH AND REHABILITATION	112 HEALTH CARE DR	CARTHAGE	TN	37030
WILLOW BRANCH HEALTH AND REHABILITATION	415 PACE STREET	MCMINNVILLE	TN	37110
FOOTHILLS TRANSITIONAL CARE AND REHABILITATION	1012 JAMESTOWN WAY	MARYVILLE	TN	37803
RIVER GROVE HEALTH AND REHABILITATION	1520 GROVE ST BOX 190	LOUDON	TN	37774
FAIRPARK HEALTH AND REHABILITATION	307 N FIFTH ST BOX 5477	MARYVILLE	TN	37801
CREEKVIEW HEALTH AND REHABILITATION	3300 BROADWAY NE	KNOXVILLE	TN	37917
RED BOILING SPRINGS TN OPCO LLC	309 MAIN ST	RED BOILING SPRINGS	TN	37150
MT PLEASANT HEALTHCARE AND REHABILITATION	904 HIDDEN ACRES DR	MOUNT PLEASANT	TN	38474
SODDY-DAISY HEALTH CARE CENTER	701 SEQUOYAH ROAD	SODDY-DAISY	TN	37379
MAGNOLIA CREEK NURSING AND REHABILITATION	1992 HWY 51 S	COVINGTON	TN	38019

▶ Related Party Transactions

- ▶ A related party is a company that does business with a nursing home, but it is owned by owners of the nursing home.
 - ▶ Lease payments, management fees, home office costs, PT, OT, etc.
- ▶ Even though these are payments to the owners of the nursing home, they show up as expenses on Medicare cost reports.
 - ▶ Makes nursing homes look less profitable.
- ▶ Estimated that 75% of nursing homes use related parties, which total roughly \$11 billion dollars per year

Midtown Center, Memphis

- ▶ Related party transaction from 2018, the year before being purchased by Portopiccolo

05-11 FORM CMS-2540-10 4190 (Cont.)

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	PROVIDER CCN:	PERIOD: FROM _____ TO _____	WORKSHEET A-8-1
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PART I - COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS

	Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A., col. 5	Adjustments (col. 4 minus col. 5)	
	1	2	3	4	5	6	
1	4.	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE		444,587.	(444,587.)	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10	TOTALS (sum of lines 1-9) (Transfer column 6, line 10 to Wkst. A-8, col. 3, line 12)				444,587.	(444,587.)	10

Midtown Center, Memphis

- ▶ Related party transaction from 2020, after being purchased by Portopiccolo

05-11 FORM CMS-2540-10 4190 (Cont.)

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1	4. ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	700,631.	834,467.	(133,836.)	1
2	1. CAP REL COSTS - BLDGS & FIXTURES	RENT		1,760,000.	(1,760,000.)	2
3	1. CAP REL COSTS - BLDGS & FIXTURES	DEPRECIATION	447,677.		447,677.	3
4	1. CAP REL COSTS - BLDGS & FIXTURES	INTEREST	1,304,878.		1,304,878.	4
5						5
6	44. PHYSICAL THERAPY	THERAPY CO	552,377.	593,954.	(41,577.)	6
7	45. OCCUPATIONAL THERAPY	THERAPY CO	512,681.	551,270.	(38,589.)	7
8	46. SPEECH PATHOLOGY	THERAPY CO	361,000.	388,172.	(27,172.)	8
9	49. DRUGS CHARGED TO PATIENTS	PHARMACY	229,068.	229,068.		9
10	TOTALS (sum of lines 1-9) (Transfer column 6, line 10 to Wkst. A-8, col. 3, line 12)		5,241,733.	5,490,352.	(248,619.)	10

Midtown Center, Memphis

2018 Related Party Transactions Before Portopiccolo
\$444,587

05-11	FORM CMS-2540-10	4190 (Cont.)
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2020 Related Party Transactions After Portopiccolo
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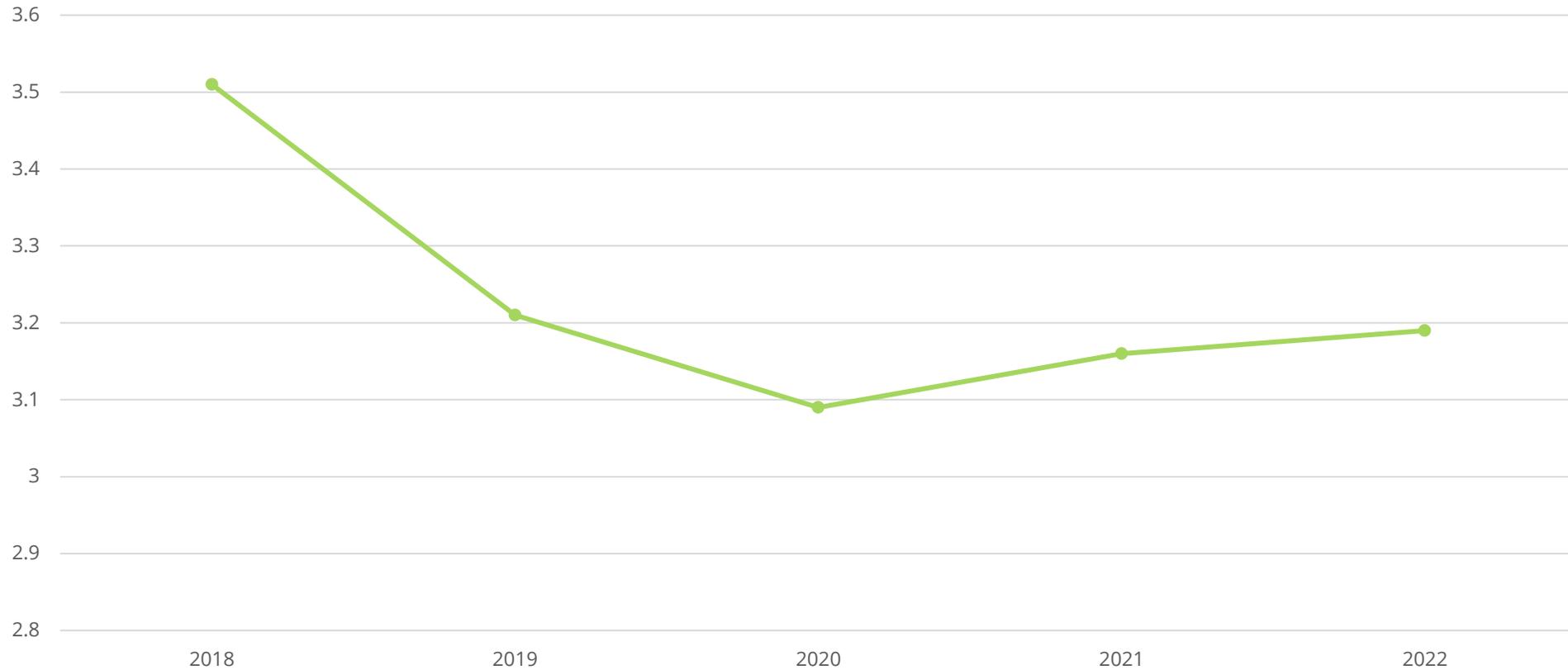
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Staffing Declines for All TN Homes

Direct Care Hours Per Resident Per Day



CMS has no idea where this money goes

- ▶ When the payments are made to the related party, the money disappears into a black hole.
- ▶ Not scrutiny of cost reports.
- ▶ CMS has the authority to require related parties to “open up their books” but it is unclear if this ever done.

Accountability and Crisis Prevention

- ▶ Increased scrutiny on cost reports would help prevent harm to residents and also help prevent closures or failures that harm residents.
- ▶ Significant related party expenditures inevitably predict poor staffing and harm to residents.
- ▶ CMS could use cost reports to help residents before a facility closes.

Consolidated Cost Reporting

- ▶ CMS should require complete disclosure from all related parties, holding or shell companies, and any other business that is related to the operation of a nursing home and other nursing homes in a chain.
- ▶ This disclosure should extend back to the owners and pull back the veil on how tax dollars are spent.
- ▶ Sunlight is a great sanitizer but it also:
 - ▶ Shows that there is enough money in the system to provide quality care.
 - ▶ Helps ensure the success of a staffing mandate.
 - ▶ Could lead to a direct care spending requirement.

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

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

- **Charlene Harrington, Ph.D., RN, Professor Emerita, University of California San Francisco**
- **Richard J. Mollot, JD, Long Term Care Community Coalition**
- **Robert Tyler Braun, Ph.D., Weill Cornell Medical College, Cornell University**
- **Dunc Williams MHA, Ph.D., Medical University of South Carolina**

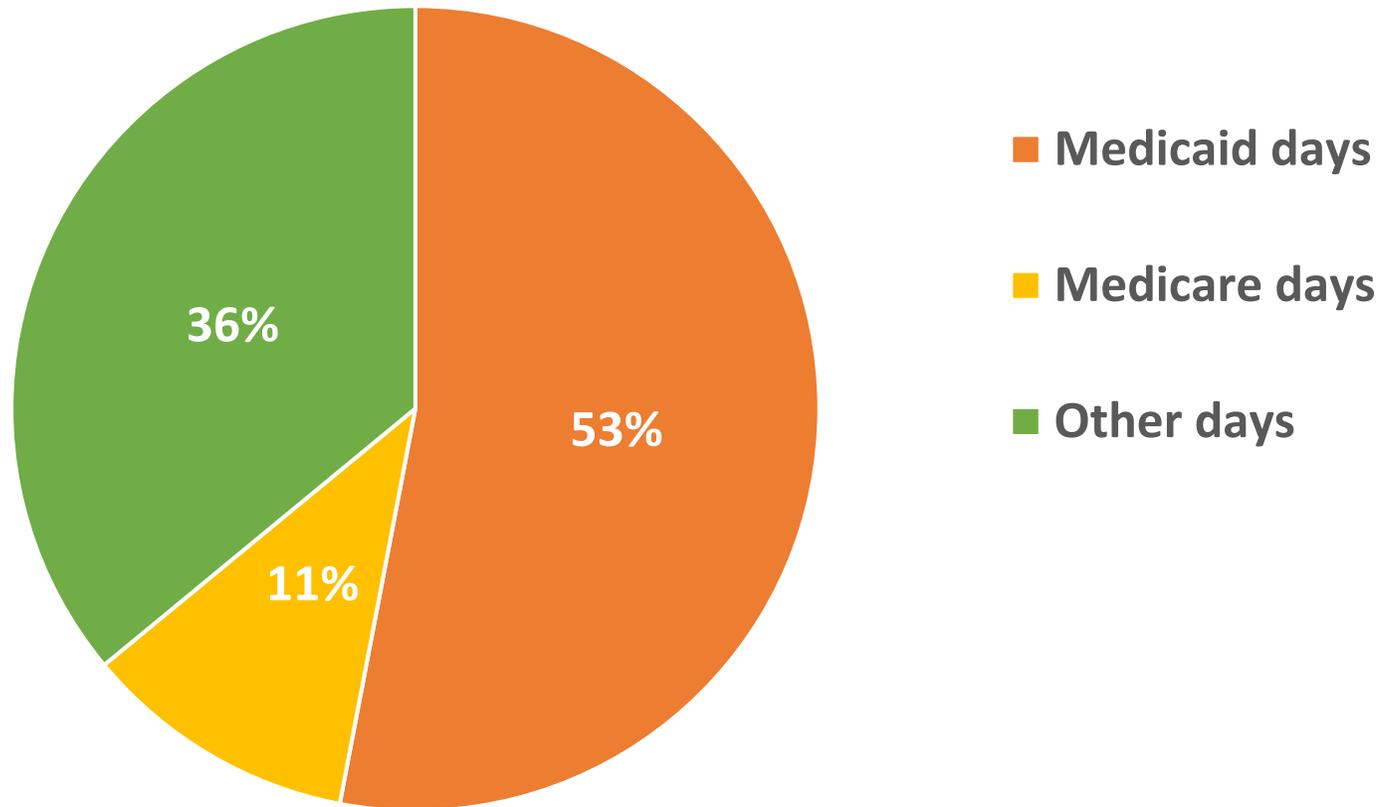


Study of Nursing Home Finances

- **Problem: NH lobby associations provide misleading narrative**
 - **Government rates are inadequate**
 - **Staff shortages make it impossible to hire nurses**
 - **Half NHs face bankruptcy and may close**
- **Study Aims: to examine 2019 Medicare cost report**
 - **revenues, expenses, profits and losses**
 - **related party expenditures (same or common owners)**
 - **expenditures for direct care vs capital, administration and profits**

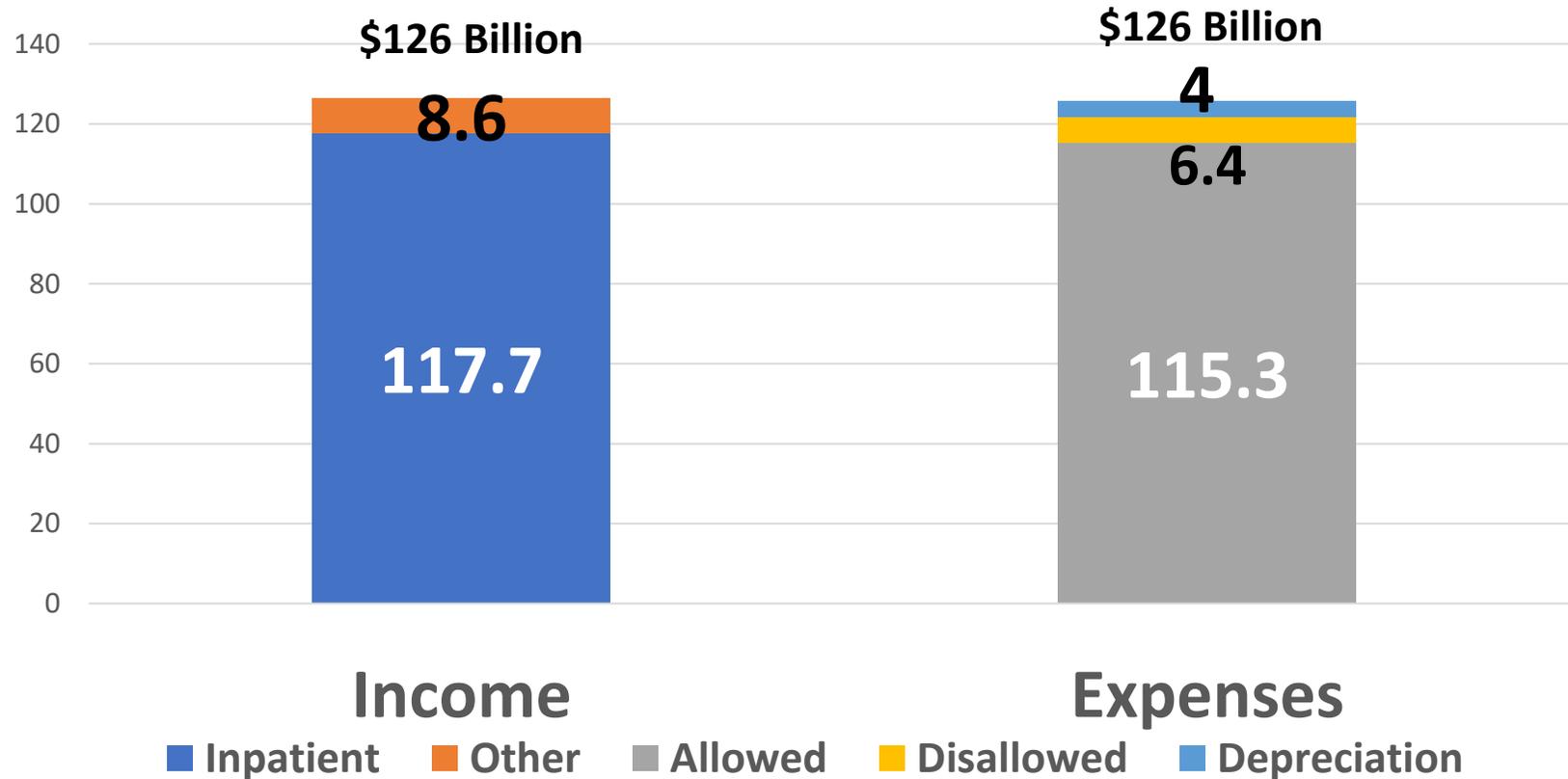
US Nursing Home Payer Mix, 2019

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



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

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



Profit Margin .58 %

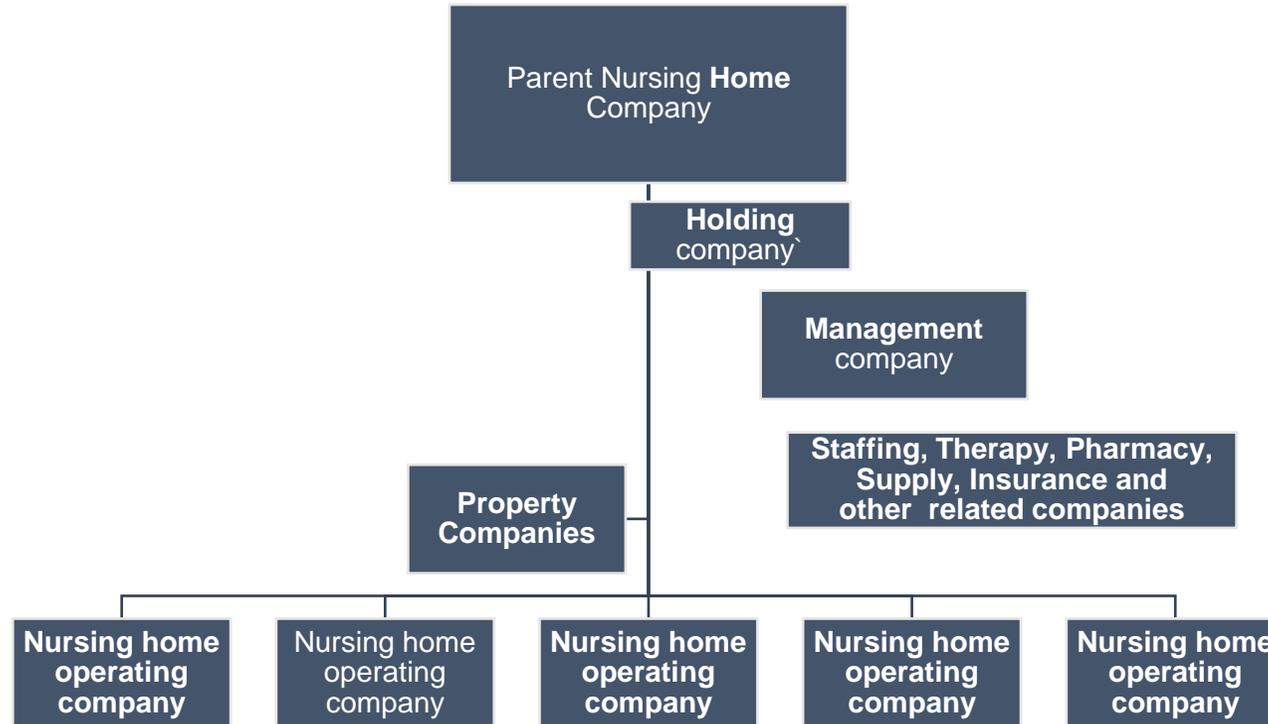
Profit Margin minus disallowances 5.7%

Profit Margin minus disallowances & depreciation 8.8%

Range from 83% profit to 161% loss

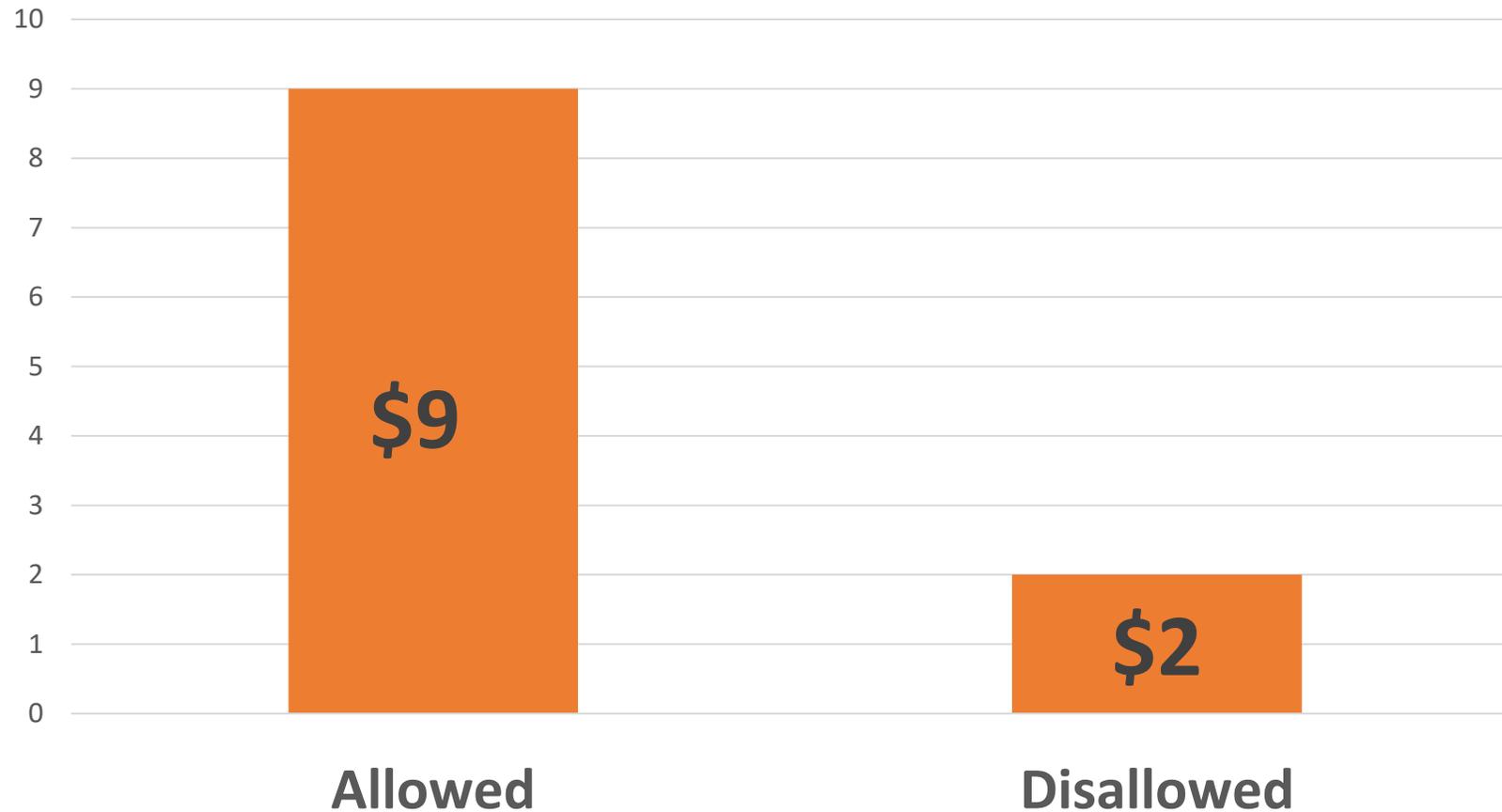
Harrington, Mollot, Braun, & Williams. US Nursing Home Finances; Spending, Profitability & Capital Structure. 2023

NHs hide profits in multiple related party companies



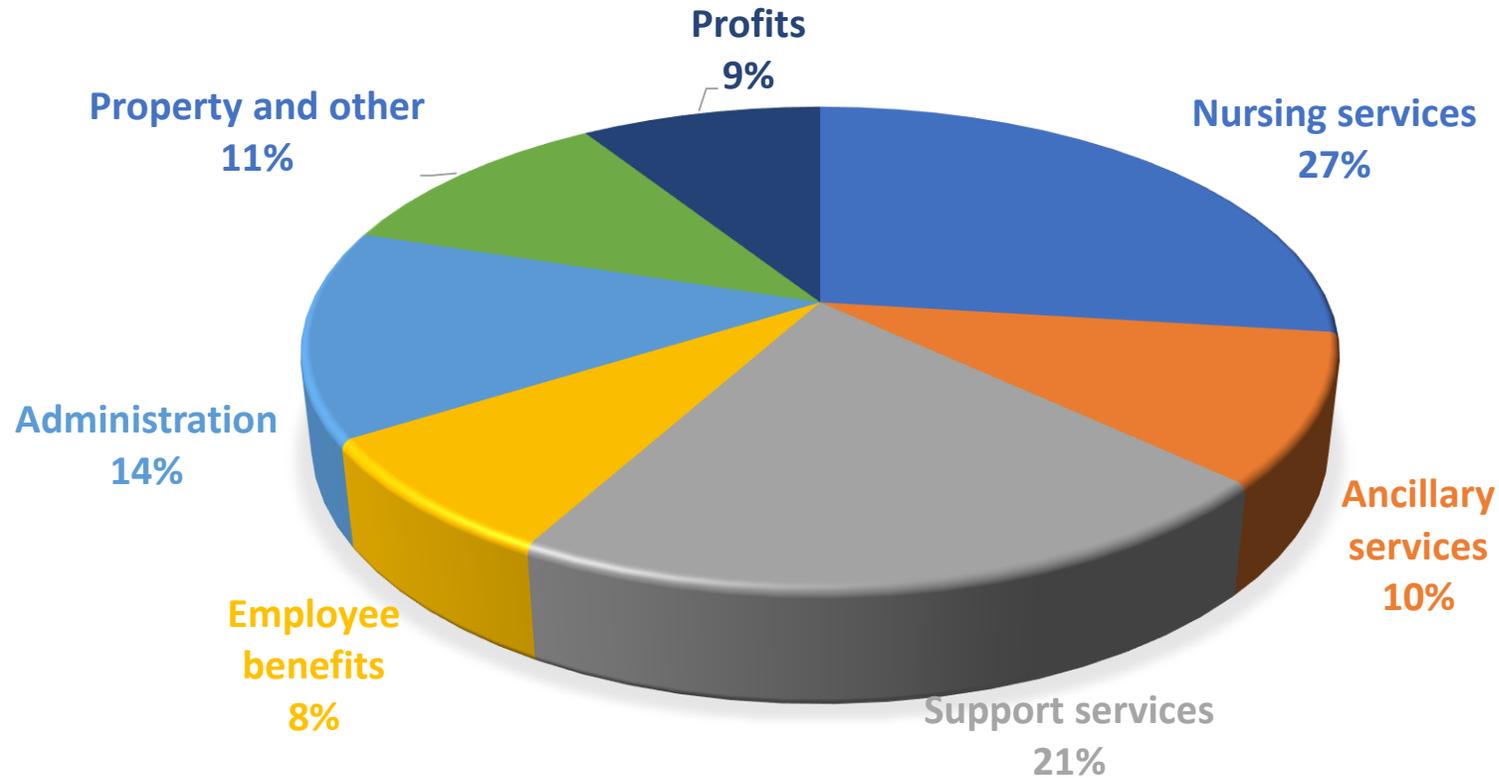
Related-party organizations are used to hide profits and funnel money away from resident care, reduce taxes, and reduce liability

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



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

US NH Expenditures as a Percent of Net Revenues in 2019



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

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

Summary of Major Policy Reforms Needed

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

Using Data to Protect Nursing Home Residents

Understanding and Accessing Payroll-Based Journal Staffing Data

Eric Goldwein, MPH
Long Term Care Community Coalition (LTCCC)
NursingHome411.org
January 25, 2024



Payroll-Based Journal (PBJ) Staffing Data



PBJ 101

- PBJ staffing datasets provide info on nurse & non-nurse positions for every U.S. nursing home.
 - Nurse: RN, LPN, CNA...
 - Non-Nurse: Admin, Medical Director, Social Worker, OT, PT...
- Submitted quarterly (~90 days of data for each position; contract & non-contract).
- CMS states data is auditable to ensure accuracy.

Why PBJ Staffing Data Matter

- **Staffing is CRITICAL**
 - Studies consistently show more staffing, less turnover → less abuse, neglect, antipsychotic drugging, substandard care, COVID, etc. **Better and higher staffing levels save lives!**
- **PBJ staffing data can protect residents by informing:**
 - Residents & consumers (choosing or evaluating a nursing home)
 - Ombudsmen (reviewing nursing homes in a region)
 - Surveyors/investigators (identifying current staffing levels, historical trends, data from specific day)
 - Policymakers, researchers, media, advocates, and more...

Where/How to Find PBJ Data

- **Where can I find PBJ staffing data?**

- **CMS PBJ Datasets** (<https://data.cms.gov/search?keywords=pbj>): Super large files with quarterly nursing home payroll-based journal (PBJ) nurse & non-nurse staffing data. **(Hard to use)**
 - PBJ files have **1.3 million (!) rows of data**. They *will* crash your computer...
 - Lucky for you, CMS & LTCCC post user-friendly PBJ data!
- **LTCCC Staffing Data @ NursingHome411.org** **(Easy to use!)**
 - Quarterly staffing for data every nursing home; 90-day average *for every position*; total staffing hours per resident day (HPRD), direct care HPRD (excl. admin), RN, LPN, contract...
 - Summary data for US, CMS Region, states. (*What state has highest/lowest staffing?*)
 - Interactive map showing state staffing levels.
- **CMS Care Compare** (<https://www.medicare.gov/care-compare/>): Website with consumer-friendly info on some staffing incl. ratios, weekend, turnover, PT, ratings. **(Easy to use!)**
- **CMS Provider Info Dataset** (<https://data.cms.gov/provider-data/dataset/4pq5-n9py>): File with general info on all U.S. nursing homes, including staffing (reported & adjusted), weekend, turnover. Contains other important data too!

Finding US & State Staffing Data Using NursingHome411

[CHECK OUT YOUR STATE'S STAFFING DATA USING OUR INTERACTIVE MAP.](#)

LTCCC's **Q2 2023 Staffing Report** provides user-friendly files containing data on: 1) Nurse staff levels (RN, LPN, and CNA, including Admin & DON, NA in Training, Med Aide/Tech), including contract staff ratios; 2) Important non-nursing staff levels, including administrators and activities staff; 3) Summary nurse and non-nurse staffing data at the state, CMS region, and national levels; 4) Turnover rates, weekend staffing levels, staffing ratings, and other data. 5) A staffing alert with our key findings from Q2 2023.

Download US nursing home staffing datasets by clicking the purple buttons below. Files can be modified to isolate locations and identify variables of interest. For example, a file can be filtered and sorted to identify nursing homes in a selected state and/or county with the highest or lowest RN staffing levels.

See table below for state summary data on total nurse staff HPRD (hours per resident day), RN HPRD, and % Contract Staff Hours.

Source: CMS payroll-based journal data.

Q2 2023 Staffing Summary		US Avg. (Previous quarter)	
Total Nurse Staff HPRD	3.66 (3.63)		
Total Direct Care Staff HPRD	3.40 (3.36)		
Total RN HPRD	0.59 (0.59)		
RN Care Staff HPRD (excl. Admin/DON)	0.40 (0.40)		
% Providers ≥ 4.1 HPRD	26.7% (25.6%)		
MDS Census (Daily Avg.)	1,187,769 (1,194,492)		
NHs Reporting PBJ Data	14,595 (14,699)		

Edit

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[NON-NURSE STAFF](#)
[SUMMARY DATA](#)
[TURNOVER & WEEKENDS](#)
[KEY FINDINGS](#)
[INTERACTIVE MAP](#)

Show 52 entries Search:

State	Total Census	Total Nurse Staff HPRD	Rank: Total Nurse Staff HPRD	% Providers ≥ 4.1 HPRD	RN Staff HPRD	% Contract
Alaska	651	6.13	1	100.0%	1.78	10.6%
Alabama	20,606	3.73	26	28.3%	0.53	3.0%
Arkansas	15,753	3.93	16	28.8%	0.36	2.1%
Arizona	11,026	3.95	15	34.5%	0.64	7.0%
California	96,514	4.16	10	49.3%	0.49	4.1%
Colorado	14,633	3.68	30	27.7%	0.79	9.8%
Connecticut	19,385	3.64	35	19.2%	0.63	7.1%
DC	1,981	4.29	6	76.5%	1.13	7.8%

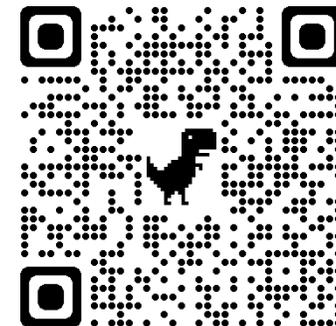
Methodology Note

Starting in Q1 2021, LTCCC's reporting of federal staffing data has been modified in two important ways. 1) Highlighting "Total Nurse Staff HPRD," a more expansive metric that includes all PBJ nurse staffing categories; and 2) Expanding "Total Direct Care Staff HPRD" to include Med Aide/Tech and NA TR. Med Aide/Tech and NA TR were not included in previous LTCCC staffing reports.

[Read more on methodology >](#)

PBJ data show most US nursing homes are understaffed...

- US Total Nurse, Q2 2023: 3.66 HPRD
- Nearly **four in five (79%) residents** live in understaffed nursing homes (< 4.1 HPRD).
- Total RN HPRD: 0.59
- % Contract: 9.7% (2.3% median)
 - Note: % Contract down after consistent increase for several years.
- Total Census: 1,187,769
- **Bottom five states (Total HPRD):** Missouri, Illinois, Texas, New Mexico, Georgia



nursinghome411.org/staffing-q2-2023/

Finding Nursing Home Staffing Data Using NursingHome411

Filter by State(s): AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO

CMS Region Number: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

Staff HPRD (Hours Per Resident Day) is calculated by dividing a nursing home's daily staff hours by its MDS census. Example: A nursing home averaging 300 total nurse staff hours and 100 residents per day would have a 3.0 Total Nurse Staff HPRD (300/100 = 3.0).

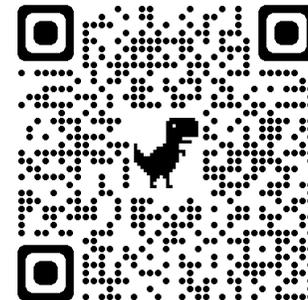
Total Hours: the nursing home's average daily staff hours in a given category for the quarter. Example: A nursing home with 22.5 RN care staff hours provides 22.5 RN care staff hours per day.

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

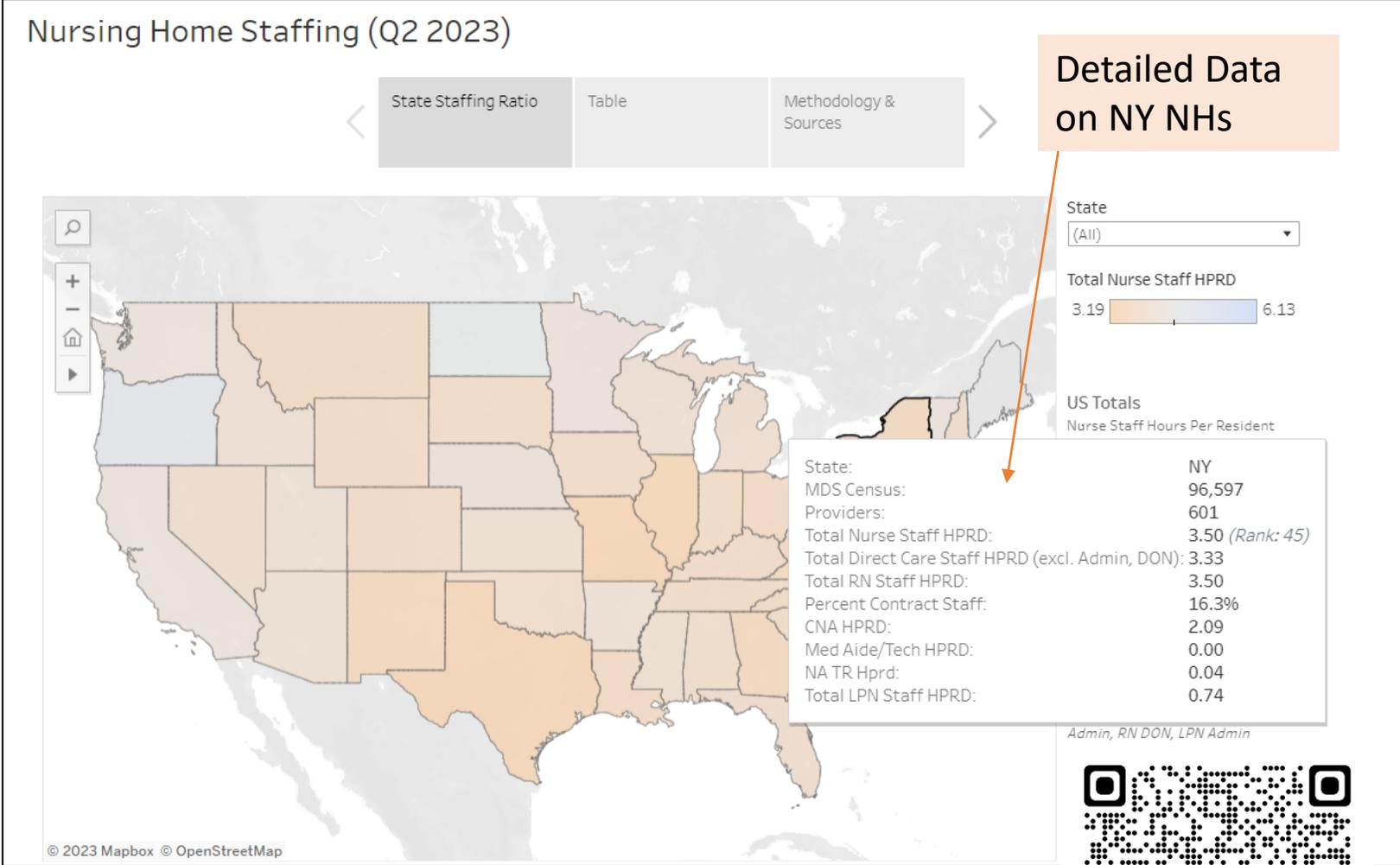
Percent Contract Hours: percentage of a nursing home's total staff hours belonging to contract staff. Example: A nursing home averaging 100 total nurse hours, including 40 contract staff hours, has 40% contract staffing.

State	Provider	City	County	MDS Census	Total Nurse Staff HPRD	Total Direct Care Staff HPRD	Total RN Staff HPRD	Total RN Care Staff HPRD (excl. Admin/DON)	Total Nurse Staff Hours	Total Contract Hours	Percent Total Nurse Contract	Provider Number	CMS Region Number
AK	CORDOVA COMMUNITY MED LTC	CORDOVA	Valdez Cordova	10.00	7.96	7.24	2.58	1.86	79.58	8.91	11.20	025028	10
AK	DENALI CENTER	FAIRBANKS	Fairbanks North Star	73.51	5.77	5.36	1.61	1.21	424.31	22.78	5.37	025020	10
AK	HERITAGE PLACE	SOLDOTNA	Kenai Peninsula	51.39	5.90	5.67	1.59	1.37	303.27	0.00	0.00	025021	10
AK	KETCHIKAN MED CTR NEW HORIZONS TRANSITIONAL CARE	KETCHIKAN	Ketchikan Gateway	22.32	8.34	7.64	3.51	2.82	186.06	57.19	30.74	025010	10
AK	MAPLE SPRINGS OF PALMER	PALMER	Matanuska-Susitna	53.72	5.22	4.90	1.50	1.30	280.23	0.00	0.00	025039	10
AK	MAPLE SPRINGS OF WASILLA	WASILLA	Matanuska-Susitna	55.12	5.31	4.72	2.28	1.75	292.78	0.00	0.00	025038	10
AK	PRESTIGE CARE & REHAB CENTER OF ANCHORAGE	ANCHORAGE	Anchorage	97.20	4.85	4.52	0.79	0.57	471.50	15.58	3.31	025025	10
AK	PROVIDENCE EXTENDED CARE	ANCHORAGE	Anchorage	94.29	5.24	4.68	1.77	1.21	494.15	86.78	17.56	025036	10
AK	PROVIDENCE SEWARD MOUNTAIN HAVEN	SEWARD	Kenai Peninsula	37.63	6.86	6.20	1.72	1.19	258.33	110.38	42.73	025024	10
AK	PROVIDENCE TRANSITIONAL CARE CENTER	ANCHORAGE	Anchorage	44.59	6.80	5.74	2.66	1.60	303.04	6.12	2.02	025018	10
AK	SEARHC SITKA LONG TERM CARE	SITKA	Sitka Borough	15.99	8.95	8.56	3.56	3.18	143.12	3.65	2.55	025032	10
AK	SOUTH PENINSULA HOSPITAL LTC	HOMER	Kenai Peninsula	23.64	8.50	7.49	3.10	2.09	200.94	6.38	3.18	025031	10
AK	WILDFLOWER COURT	JUNEAU	Juneau	45.60	5.56	5.44	1.35	1.23	253.51	80.95	31.93	025027	10
AL	ADAMS NURSING HOME	ALEXANDER CITY	Tallapoosa	42.58	4.87	4.60	0.52	0.27	207.16	1.77	0.86	015386	4
AL	AHC MILLENIUM	HUNTSVILLE	Madison	84.01	3.64	3.16	0.59	0.36	305.83	2.77	0.91	015458	4
AL	ALBERTVILLE NURSING HOME	ALBERTVILLE	Marshall	154.97	4.95	4.60	0.75	0.56	767.64	0.00	0.00	015163	4
AL	ALICEVILLE MANOR NURSING HOME	ALICEVILLE	Pickens	89.74	4.94	4.36	0.77	0.39	443.18	2.78	0.63	015137	4
AL	ALLEN HEALTH AND REHABILITATION	MOBILE	Mobile	65.17	4.08	3.38	0.60	0.00	266.07	0.00	0.00	015098	4
AL	ALTOONA HEALTH & REHAB	ALTOONA	Etowah	48.58	3.99	3.33	1.01	0.56	193.95	0.77	0.40	015101	4
AL	ANDALUSIA MANOR	ANDALUSIA	Covington	83.03	4.26	3.64	1.03	0.55	353.67	0.00	0.00	015416	4
AL	ANNISTON HEALTH AND REHAB SERVICES	ANNISTON	Calhoun	78.17	2.88	2.41	0.56	0.09	224.87	0.00	0.00	015375	4
AL	ARABELLA HEALTH & WELLNESS OF PHENIX CITY	PHENIX CITY	Russell	74.47	2.96	2.70	0.44	0.18	220.38	0.00	0.00	015331	4
AL	ARABELLA HEALTH & WELLNESS OF RUSSELLVILLE	RUSSELLVILLE	Franklin	35.54	3.56	3.07	1.02	0.53	126.49	0.00	0.00	015071	4
AL	ARBOR SPRINGS HEALTH AND REHAB CENTER, LTD	OPELIKA	Lee	116.28	4.23	3.83	0.48	0.27	491.67	0.00	0.00	015192	4
AL	ARBOR WOODS HEALTH AND REHAB	REFORM	Pickens	48.22	4.76	4.64	0.72	0.60	229.45	0.00	0.00	015141	4
AL	ARLINGTON REHABILITATION & HEALTHCARE CENTER	BIRMINGHAM	Jefferson	114.42	2.73	2.68	0.40	0.34	312.45	0.00	0.00	015153	4

nursinghome411.org/staffing-q2-2023/



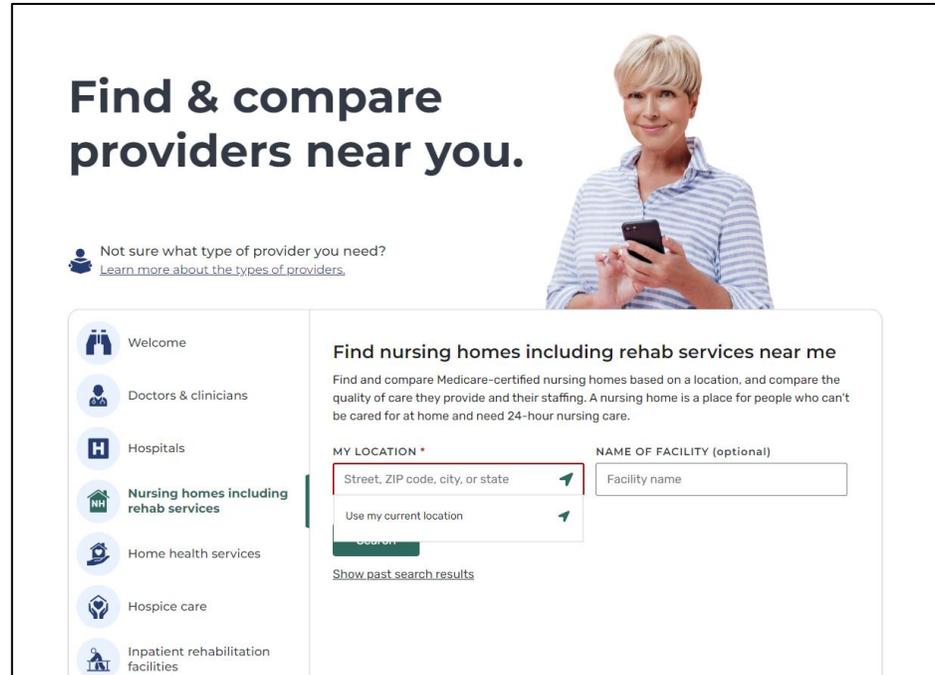
Staffing Data by State (Interactive)



<https://tabsoft.co/3uRtZ5o>



Finding Staffing Data Using Care Compare



Find & compare providers near you.

Not sure what type of provider you need?
[Learn more about the types of providers.](#)

Find nursing homes including rehab services near me

Find and compare Medicare-certified nursing homes based on a location, and compare the quality of care they provide and their staffing. A nursing home is a place for people who can't be cared for at home and need 24-hour nursing care.

MY LOCATION * **NAME OF FACILITY (optional)**

Street, ZIP code, city, or state

Use my current location

Facility name

[Show past search results](#)

Navigation menu:

- Welcome
- Doctors & clinicians
- Hospitals
- Nursing homes including rehab services**
- Home health services
- Hospice care
- Inpatient rehabilitation facilities

This info is more user-friendly. Use it for:

- Researching individual nursing homes or nursing homes within a region;
- User-friendly data including overall staffing, turnover, weekend....
- Comparing to state & national averages.

[medicare.gov/care-compare/?providerType=NursingHome](https://www.medicare.gov/care-compare/?providerType=NursingHome)



Care Compare Data: Staffing, Weekends, Turnover, and More

Average number of residents per day	132.3 National average: 80.8 Maryland average: 101.5
Total number of nurse staff hours per resident per day ↑ Higher numbers are better	3 hours and 22 minutes National average: 3 hours and 46 minutes Maryland average: 3 hours and 52 minutes
Registered Nurse hours per resident per day ↑ Higher numbers are better	39 minutes National average: 40 minutes Maryland average: 51 minutes
LPN/LVN hours per resident per day ↑ Higher numbers are better	51 minutes National average: 53 minutes Maryland average: 54 minutes
Nurse aide hours per resident per day ↑ Higher numbers are better	1 hour and 51 minutes National average: 2 hours and 13 minutes Maryland average: 2 hours and 7 minutes
Total number of nurse staff hours per resident per day on the weekend ↑ Higher numbers are better	2 hours and 52 minutes National average: 3 hours and 17 minutes Maryland average: 3 hours and 23 minutes
Physical therapist staff hours per resident per day ↑ Higher numbers are better	3 minutes National average: 4 minutes Maryland average: 5 minutes

Care Compare posts data on:

- Total staffing
- RN, LPN, Nurse Aide
- Weekend staffing
- PT
- Turnover (staff, RN, Admin)
- Comparisons to state & US averages

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	55.3% National average: 53.5% Maryland average: 49.4%
Registered Nurse turnover ↓ Lower numbers are better	73.9% National average: 50.4% Maryland average: 48.9%
Number of administrators who have left the nursing home ↓ Lower numbers are better	0 National average: 0.8 Maryland average: 0.8

[medicare.gov/care-compare/?providerType=NursingHome](https://www.medicare.gov/care-compare/?providerType=NursingHome)

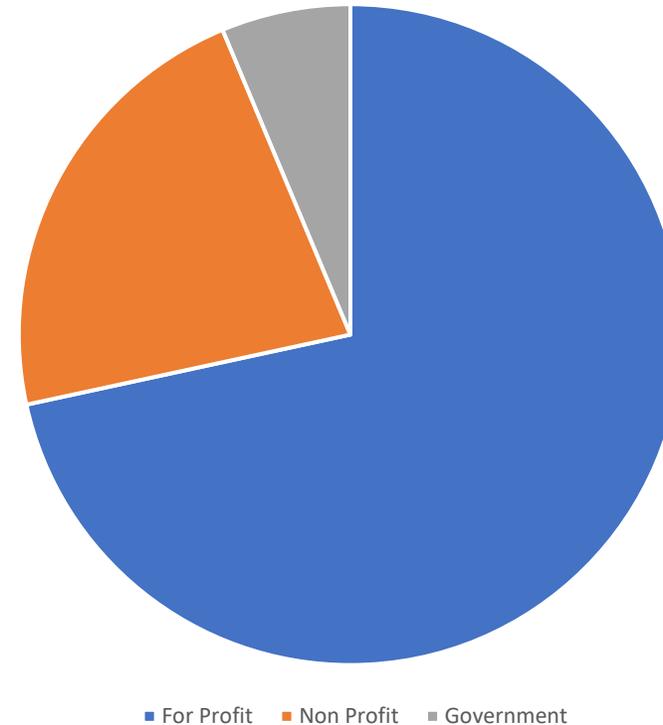
Finding Staffing & Other Data via CMS Provider Info

- Dataset with staffing levels, staffing ratings, weekend, turnover, and more on the 15,000 US nursing homes.
 - Also includes info on surveys, ownership type, affiliated entities, etc.
- Reported (raw) staffing data and case-mix adjusted (based on resident acuity).
- Available at CMS <https://data.cms.gov/provider-data/dataset/4pq5-n9py> or NursingHome411: <https://nursinghome411.org/ratings-info>

Provider Info Findings

- Dataset includes 14,924 nursing homes
 - 86 Special Focus Facilities (SFFs)
 - 440 SFF Candidates
 - 3,680 “Problem Facilities” (SFFs/Candidates, one-star NHs)
- 71.6% For Profit, 22.1% Non Profit, 6.3% Government.
- 7.9% of US nursing homes have “Abuse Icon,” though there is significant variation by state.
 - In New York, only 2.5% of nursing homes have abuse icon.

US Nursing Homes by Ownership Type



Provider Info @ NursingHome411

Example: Staffing data in Provider Info dataset filtered by state (NY) and county (Bronx).

This dataset contains general information on currently active nursing homes, including number of certified beds, quality measure scores, staffing, and other information used in the Five-Star Rating System.

See "Notes" tab below for more info on ratings, staffing, data categories, and footnotes.

Source: <https://data.cms.gov/provider-data/dataset/4pq5-n9ty>
Data updated Nov. 1, 2023 and released Dec. 6, 2023.

State	CMS Certification Number (CCN)	Provider Name	Reported Nurse Aide		Reported LPN		Reported RN		Reported Staffing		Total number of nurse staff		Registered nurse		Physical Therapist		Total nursing staff	Total nursing turnover	Number of administrators		Case-Mix Nurse Aide		Case-Mix LPN		Case-Mix RN		Adjusted Nurse Aide		Adjusted LPN		Adjusted RN		Adjusted Total Nurse								
			Hours per Resident	per Day	Hours per Resident	per Day	Hours per Resident	per Day	Hours per Resident	per Day	hours per resident	hours per resident	hours per resident	hours per resident	hours per resident	hours per resident			hours per resident	hours per resident	turnover	turnover	turnover	turnover	turnover	turnover	turnover	turnover	turnover	turnover	turnover	turnover	turnover	turnover	turnover	turnover	turnover				
NY	335373	BAINBRIDGE NURSING & REHABILITATION CENTER	1.90167	0.58382	0.48042	1.06423	2.96591	2.44055	0.23092	0.07747	28.6	21.7	1.9388	0.8187	0.42958	3.18707	1.99987	0.5274	0.42729	2.94125	2.42026	0	2.02765	0.84838	0.47047	3.3465	2.18822	0.83508	0.26534	3.26851	2.86775	0	2.27145	0.93939	0.53918	3.73002	1.9017	0.67306	0.22884	2.77805	2.36614
NY	335201	BETH ABRAHAM CENTER FOR REHABILITATION AND NURSING	2.17614	0.95792	0.32673	1.28465	3.46079	3.03645	0.1709	0.1165	29	26.5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
NY	335506	BRONX CENTER FOR REHABILITATION & HEALTH CARE	2.11859	0.83706	0.32294	1.15999	3.27858	2.79245	0.14603	0.13691	24.5	22.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
NY	335775	BRONX GARDENS REHABILITATION AND NURSING CENTER	2.20921	0.59685	0.84391	1.44077	3.64908	3.23738	0.54276	0.10619	30.7	32.6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
NY	335358	BRONX PARK REHABILITATION & NURSING CENTER	1.90097	0.60683	0.28742	0.89425	2.79522	2.50677	0.12872	0.03435	28.6	26.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335753	BRONXCARE SPECIAL CARE CENTER	2.05291	0.43914	0.44811	0.88725	2.94016	2.34038	0.16336	0.06358	32.9	31.7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335780	CASA PROMESA	2.23432	1.04536	0.3408	1.38616	3.62048	3.13794	0.23641	0.01185	26.9	27.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335493	CONCOURSE REHABILITATION AND NURSING CENTER INC	2.24864	0.52458	0.57039	1.09497	3.34351	2.74311	0.29315	0.07037	26.9	17.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335723	EAST HAVEN NURSING & REHABILITATION CENTER	1.93069	0.30585	0.5171	0.82295	2.75364	2.29295	0.31887	0.12908	28.3	47.8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335214	EASTCHESTER REHABILITATION AND HEALTH CARE CENTER	2.17432	0.72898	0.53078	1.25976	3.43408	3.1671	0.38373	0.10979	21.8	33.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335659	FORDHAM NURSING AND REHABILITATION CENTER	1.95686	0.33373	0.4175	0.75122	2.70809	2.16846	0.2604	0.08	43.5	55.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335079	GOLD CREST CARE CENTER	2.29135	0.55635	0.57395	1.1303	3.42165	3.02462	0.41185	0.05936	27.7	40.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NY	335744	GRAND MANOR NURSING & REHABILITATION CENTER	1.30736	0.35484	0.286	0.64084	1.9482	1.48576	0.18681	0.07434	27.7	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NY	335751	HIGHBRIDGE WOODCREST CENTER	1.33503	0.69551	0.45636	1.15187	2.4879	2.17598	0.30291	0.03515	98.5	90	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335725	HOPE CENTER FOR H I V AND NURSING CARE	1.35492	0.53899	0.76088	1.29987	2.65479	2.04443	0.70241	0.15359	32.6	35.7	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NY	335187	HUDSON POINT AT RIVERDALE CTR FOR NURSING & REHAB	1.9599	0.3967	0.49726	0.89396	2.48987	2.2511	0.36833	0.14607	27.8	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NY	335644	KINGS HARBOR MULTICARE CENTER	2.18403	0.6708	0.39887	1.06968	3.25371	2.92491	0.20279	0.06076	31	35.7	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335188	LACONIA NURSING HOME	2.72072	0.54412	0.47118	1.01531	3.73603	3.28784	0.28788	0.20214	27.7	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NY	335695	MANHATTANVILLE HEALTH CARE CENTER	1.79385	0.38831	0.4514	0.83971	2.63356	2.32005	0.30983	0.06997	21.5	23.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335224	METHODIST HOME FOR NURSING AND REHABILITATION	2.20291	0.43912	0.97628	1.4154	3.61831	3.17887	0.7013	0.23581	27.7	36	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335484	MORNINGSIDES NURSING AND REHABILITATION CENTER	1.99505	0.24742	0.90749	1.15491	3.14997	2.6223	0.67414	0.10573	56.5	71.4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335347	MORRIS PARK REHABILITATION AND NURSING CENTER	1.91222	0.52865	0.36493	0.89358	2.80581	2.3781	0.11951	0.0648	17.6	7.7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335030	MOSHOLU PARKWAY NURSING & REHABILITATION CENTER	1.86752	0.66254	0.27608	0.93862	2.80614	2.49431	0.19041	0.12244	27	33.3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335096	NEW RIVERDALE REHAB AND NURSING	1.74046	0.46784	0.43649	0.90433	2.64479	2.21593	0.23257	0.14519	37.6	69.6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335486	PELLHAM PARKWAY NURSING CARE & REHAB FACILITY LLC	1.79129	0.57518	0.34578	0.92196	2.71236	2.5051	0.19811	0.09446	17.6	12.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335581	PINNACLE MULTICARE NURSING AND REHAB CENTER	2.16923	0.64165	0.45468	1.18733	3.35656	2.93668	0.38231	0.05382	32.6	32	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335583	PROVIDENCE REST INC	1.53102	0.36061	0.66616	1.02677	2.55779	2.03803	0.43506	0.11131	40	36.4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335557	REBEKAH REHAB AND EXTENDED CARE CENTER	1.67299	0.73594	0.37802	1.11396	2.78694	2.32598	0.18804	0.06822	41	41.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335019	REGIS CARE CENTER	2.12593	0.64767	0.81634	1.46401	3.58993	2.89166	0.38361	0.07878	29.9	31.0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NY	335015	SCHERVEN NURSING CARE CENTER	2.06007	0.66211	0.45275	1.11485	3.17492	2.9567	0.30174	0.05964	46	42.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335321	SPLIT ROCK REHABILITATION AND HEALTH CARE CENTER	2.09005	0.60189	0.84794	1.44983	3.52988	3.10945	0.37379	0.09709	34.1	37.8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NY	335011	ST PATRICKS HOME	2.03066	0.76428	0.43354	1.19783	3.22849	2.69332	0.33283	0.1286	27	30	0																												

A Note on Staffing Citations...

- CMS publishes detailed info on health deficiencies, including category of citation (F-tag) and scope/severity.
- Based on this data, we find nursing homes are *rarely* cited for failing to provide sufficient staff every day to meet the needs of every resident (F725).
- Of the 3,377 sufficient staffing deficiencies in last three years, **only 189 (5.7%) were cited as causing harm.**

CMS Region Number	Total Deficiencies	Harm (G or above)	% Harm Deficiencies	Rank: % Harm Deficiencies	Immediate Jeopardy (J or above)	% IJ Deficiencies	Rank: % IJ Deficiencies
1	147	14	9.5%	3	6	4.1%	2
2	107	5	4.7%	4	3	2.8%	3
3	274	8	2.9%	9	7	2.6%	4
4	298	56	18.8%	1	28	9.4%	1
5	1,062	46	4.3%	5	20	1.9%	7
6	294	10	3.4%	7	4	1.4%	9
7	368	12	3.3%	8	9	2.4%	5
8	134	20	14.9%	2	3	2.2%	6
9	439	11	2.5%	10	7	1.6%	8
10	254	10	3.9%	6	3	1.2%	10

Figure above shows F725 citations by CMS Region in the last three years

PBJ Staffing Data Takeaways...

- Staffing AND staffing data can protect residents!
- Unfortunately, federal PBJ data show most nursing homes are understaffed (and understaffed NHs are underenforced...)
- Still, PBJ staffing data can inform consumers, advocates, researchers, surveyors, and investigators about a nursing home's staffing levels. This *can* lead to better enforcement, policy, and resident outcomes.
- PBJ staffing data is available at CMS, Care Compare, and LTCCC's NursingHome411!

Thank
You!

Get LTCCC data updates at
NursingHome411.org/join or
email me at eric@ltccc.org.

Sign up for LTCCC's
NursingHome411
data updates!!



CORPORATE-LEVEL ENFORCEMENT IS NECESSARY TO ADDRESS COMPANIES WITH POOR COMPLIANCE RECORDS

- CMS enforces standards of care on a facility-by-facility basis; it does not consider facilities under common ownership/management, even though many policies affecting staffing and spending are made at the owner/manager level.
- CMS's view: a facility that is licensed by a state is eligible for certification.
- A good regulatory system sets standards to prevent/minimize avoidable poor outcomes. Robust, strategic enforcement of standards is a necessary corollary.
- Best predictor of future performance is past performance.
- Nina [Kohn](#), "Using What We Have: How Existing Legal Authorities Can Help Fix America's Nursing Home Crisis," <https://scholarship.law.wm.edu/wmlr/vol65/iss1/4/>, shows that the Nursing Home Reform Law (42 U.S.C. §§1395i-3(f)(1), 1396r(f)(1), Medicare and Medicaid, respectively) gives CMS comprehensive authority to consider owners' and operators' performance records as a whole, since CMS makes certification decisions, and has the authority to issue denials and to revoke the certification of poor performers.

ANALYSIS, MONITORING & ENFORCEMENT

- Longstanding trends of catastrophically poor care in the nursing home sector, which causes major unnecessary suffering, could be addressed more forcefully and actions taken by CMS to PREVENT harm.
- Preventive monitoring and tougher federal enforcement would complement and strengthen what state surveyors do in their once-a-year inspections, as well as what the Dept. of Justice and State Attorneys General do, who can address only a tiny fraction of the worst of the worst.
- Preventive monitoring can be accomplished through straightforward data analysis -- which would then provide the necessary leverage for proactive monitoring -- and targeted strategic, data-informed enforcement -- that holds the entire nursing home sector accountable. These data analyses could also be used to drive evidence-based quality improvement initiatives.
- To strengthen enforcement, CMS can take a leading role in sharing data and analyses to coordinate with DOJ, and with states, to create the conditions for widespread change.

ANALYSIS, MONITORING & ENFORCEMENT (2)

- Four streams of data are key for analysis: **survey and certification** data, notably data on penalties levied; **staffing data** that are submitted through the **Payroll-Based Journal system** every quarter, as required under the Affordable Care Act; **ownership data and affiliated financial and managerial partner data** of nursing homes across the country, which all nursing homes must submit as required under the ACA; and **cost report data**, which the ACA requires be submitted by Medicare SNFs in 4 categories – expenditures on direct care, on indirect care, on administrative activities, and on capital costs.
- If these key sources of data are examined, CMS can conduct the kind of oversight of the nursing home sector that is needed, and for which there is no other substitute.
- **Tough federal enforcement is essential for public trust** – Former FAA Acting Administrator Billy Nolen recently voiced at a National Safety Summit: “Safety is our North star.....Recent [near-collision] events remind us that we must not become complacent. *Now is the time to stare into the data and ask hard questions.*”

EXAMPLE OF WHY MUCH TOUGHER ENFORCEMENT IS NEEDED

- Poster child for a broader view of enforcement: **Northview Village Nursing Home**, largest nursing home in St. Louis, which abruptly closed Dec. 15, 2023 and moved all 170 remaining residents overnight. Sec. 6113 of the ACA prohibits this – yet it happened.
 - Facility has poor record of care: twice as many deficiencies as statewide average; 12 federal fines in past 3 years (totaling \$142,026); inadequate RN care (18 minutes of RN hours per resident day (HPRD), 2/3 of the 27 minutes in Missouri and less than half the national average of 40 minutes); inadequate total nursing time (1.95 HPRD, compared to Missouri's 3.3 HPRD and nation's 3.78 HPRD).
 - Facility is affiliated with 6 other facilities with exceptionally poor records for care: low star ratings (2 stars in health inspections, 1.3 stars in staffing); 3 facilities (42.9%) with abuse icon; 45 federal fines (totaling \$925,915.66 and averaging \$132,273.67 per facility); 8 denials of payment for new admissions.

RECOMMENDATIONS

- Publication of the **affiliated ownership file** is a major step forward that can and should be used to scrutinize nursing home chains and groups that have the worst quality problems on an ongoing basis.
- We urge CMS to **link key Medicare cost report data to the affiliated ownership data on an ongoing basis**. We have previously recommended that the agency use current authority under Sec. 6104 of the Affordable Care Act, which requires SNFs to report expenditures in four categories – direct care, indirect care, administrative costs and capital costs – to distinguish Medicare expenditures from other payers. We have further suggested that Medicare cost report data should be expanded further identify details on profits, disallowed costs and related party/additional disclosable party costs.
- CMS should assemble an **interagency task force** or **working group** with data experts from different parts of the agency who work with **PECOS data; PBJ data; penalty and sanctions data and cost report data**. Such a task force (which has been suggested by experts and advocates in previous correspondence with CMS, HHS and White House officials) would regularly meet to analyze and combine data, and create an effective monitoring and tracking approach to assessing the performance of the NH sector. **This monitoring would complement, not replace, the work of state-based survey and cert inspectors, state-focused enforcement, and DOJ enforcement.**



Questions



The National
CONSUMER VOICE
for Quality Long-Term Care

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