National Nursing Home Trend Data

Trends in Nursing Facility Characteristics

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Research Department
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Trends in Nursing Facility Characteristics

TABLE OF CONTENTS

Table of Contents 2

Certified Nursing Facilities, Beds and Patients Over Time 3

Nursing Facility Average Direct Care Staff Hours Per Patient Day Over Time 4

Median Nursing Facility Occupancy for Certified Beds Over Time 5

Nursing Facility Average ADL Dependence Over Time 6

Overview of Nursing Facility Characteristics data 7

Contact Information 8

Source: Center for Medicare & Medicaid Services Certification and Survey Provider Enhanced Reporting (CMS-CASPER) formerly known as OSCAR data.

Trend in Certified Nursing Facilities, Beds and Residents

	Mar-05	Mar-06	Mar-07	Mar-08	Mar-09	Mar-10	Mar-11	Mar-12	Mar-13	Mar-14	Mar-15
Certifed Beds	1,678,634	1,674,807	1,671,645	1,668,815	1,666,800	1,665,845	1,671,226	1,667,884	1,667,033	1,663,537	1,662,757
Patients in Certified Beds	1,434,812	1,430,367	1,426,460	1,415,951	1,407,975	1,397,149	1,394,537	1,386,097	1,380,718	1,368,986	1,368,351
Certified Facilities	16,012	15,914	15,823	15,726	15,684	15,665	15,679	15,673	15,668	15,650	15,632

Source: Computed by AHCA Research staff using CMS Nursing Facility standard health survey data.
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Nursing Facility Average Direct Care Staff Hours Per Patient Day

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
	Mar-05	Mar-06	Mar-07	Mar-08	Mar-09	Mar-10	Mar-11	Mar-12	Mar-13	Mar-14	Mar-15
DCS HPPD	3.35	3.37	3.39	3.44	3.48	3.59	3.63	3.66	3.68	3.72	3.75
Aide HPPD	2.30	2.30	2.30	2.33	2.35	2.40	2.42	2.42	2.42	2.44	2.43
LPN HPPD	0.72	0.74	0.77	0.79	0.81	0.83	0.82	0.83	0.82	0.83	0.83
RN HPPD	0.32	0.32	0.31	0.32	0.32	0.36	0.39	0.42	0.44	0.46	0.48

Note: Staff positions are measured in full-time equivalents, which is based on a 35-hour work week. Aide staff is equal to the sum of certified nurse aides+nurse aides in training+medication aides. Due to invalid or incomplete data, some facilities are eliminated from the staffing analysis.
Source: Computed by AHCA Research staff using CMS Nursing Facility standard health survey data (Form 671: F41 - F45).
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Median Nursing Facility Occupancy Rate for Certified Beds

Year	Occupancy rate
2005	88.4%
2006	88.7%
2007	89.0%
2008	88.6%
2009	88.0%
2010	87.5%
2011	87.0%
2012	86.6%
2013	86.0%
2014	85.6%
2015	85.8%

Note: Results reflect data for patients who occupy certified beds. Observations with occupancy less than 0% and greater than 100% were eliminated from this analysis.
Source: Computed by AHCA Research staff using CMS Nursing Facility standard health survey data (CMS Forms 671: L18, L37 -- L39 and 672:F78). Various years. March
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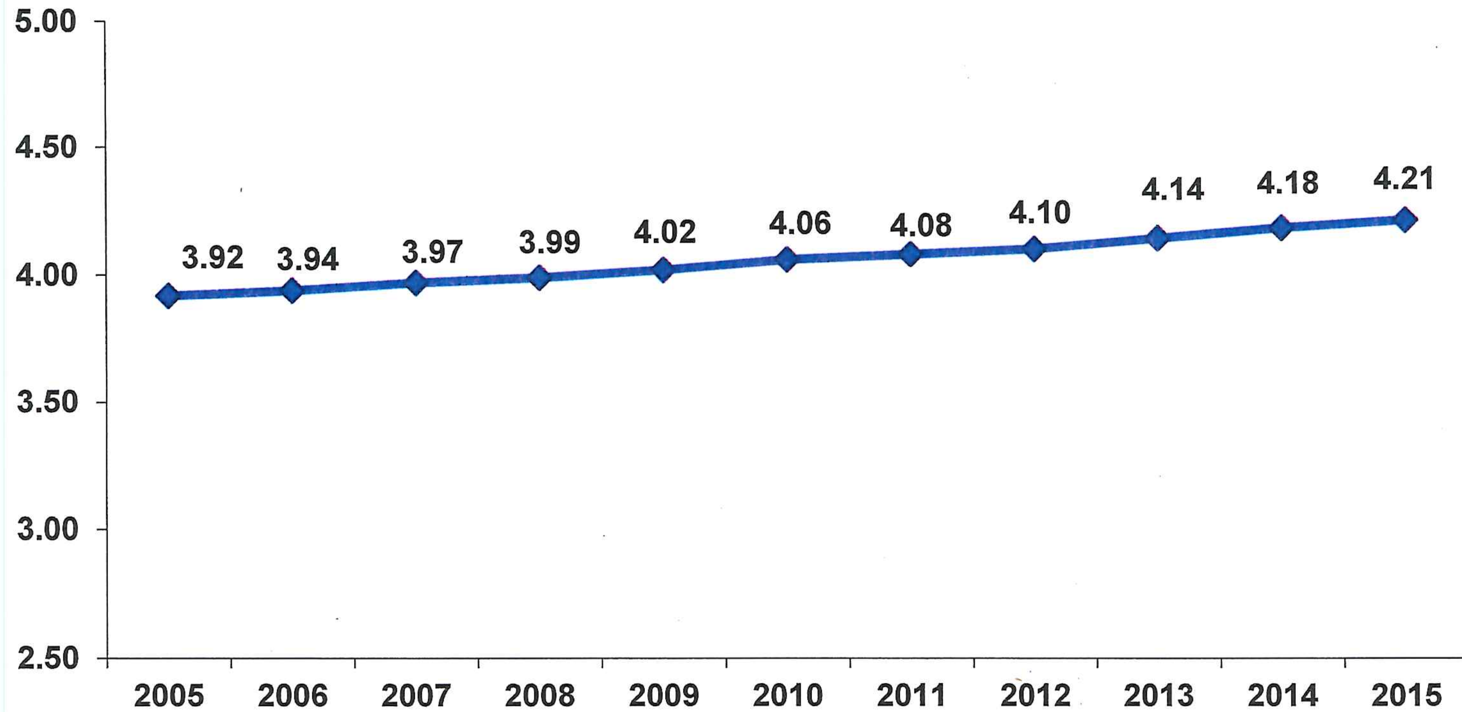
Trend in Resident ADL Dependence



Source: Computed by AHCA Research staff using CMS Nursing Facility standard health survey data. Various years. March
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Overview of Nursing Facility Characteristics Data

Certification and Survey Provider Enhanced Reporting (CASPER) formerly known as Online Survey, Certification and Reporting (OSCAR) is a data network maintained by the Centers for Medicare and Medicaid Services (CMS) in cooperation with the state long-term care surveying agencies. CASPER is a compilation of all the data elements collected by surveyors during the inspection survey conducted at nursing facilities for the purpose of certification for participation the Medicare and Medicaid programs.

Onsite evaluations are conducted by state survey agencies. The findings of these surveys are entered into the CASPER database. The evaluations occur at least once during a 15-month period, or as a result of a complaint being investigated. The state survey agencies are responsible for entering survey information into the CASPER database and providing updates as needed. Every attempt is made by CMS to assure the accuracy and timeliness of the data.

Information on the nursing homes operational characteristics are reported on CMS Form 671 and patient characteristics are reported on CMS Form 672. CASPER captures facility level information on the operations, patient census and regulatory compliance of nursing facilities.

Information on the nursing homes standard health and life safety deficiencies are reported on CMS Form 2567 by the surveyor at the time of the inspection. Results from the standard health survey are evaluated to determine whether a nursing facility is providing care according to the requirements, which the federal government deems representative of quality care, and whether the care and services provided by the facility meet the assessed needs of each resident. Results from the standard life safety survey are evaluated to determine a facility's compliance with the Life Safety Code fire and building safety standards, which are developed, updated and published by the National Fire Protection Association and incorporated into the federal requirements.

Certified Beds This measure indicates the total number of certified beds in the nursing home. Some nursing homes can have a combination of Medicare, Medicaid, and/or private pay beds. Please check with the nursing home to find out what types of beds are available.

Residents in Certified Beds This measure indicates how many residents in certified beds were living in the nursing home at the time of the inspection.

Occupancy Rate This measure indicates the percentage of certified beds occupied by residents at the time of the inspection. It is obtained by taking the number of residents occupying certified beds at the time of the inspection divided by the total number of certified beds in the nursing home.

Activities of Daily Living (ADL) are activities done during a normal day such as getting in and out of bed, dressing, bathing, eating, and using the bathroom. Residents are considered to be independent if they can execute an activity of daily living independent of direct care staff or with

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From the Albany Business Review:
http://www.bizjournals.com/albany/blog/health-care/2014/05/questions-linger-for-govt-run-nursing-homes.html

Numbers don't add up for future of government-run nursing homes

May 19, 2014, 6:51am EDT

The list of nursing homes owned by New York counties has been shrinking amid upheaval in the health care industry.

THINKSTOCK
The list of nursing homes owned by New York counties has been shrinking amid upheaval in the health care industry.

Of the more than 40 county-owned nursing home facilities, five have closed and 13 have been sold in recent years. Most of those sales have been to for-profit health care businesses within the past 12 months, according to data provided by Toski & Co., an accounting firm that studies health care issues.

A majority of the remaining 23 county nursing homes, including those in New York's Capital Region, are rethinking their strategy.

Some lawmakers are considering joining the ranks of counties that cut their losses and sold nursing home facilities.

Patrick Grattan, chairman of the Columbia County Board of Supervisors, has been pushing for the county to sell Pine Haven Nursing Home in Philmont, New York.

"Pine Haven has now borrowed approximately $4 million from the county, and the funds that will be needed to repay such loans are uncertain at best," he said, addressing recent operating losses at the home.

Grattan made the plea recently to fellow county officials and residents. He is seeking support for the proposed sale, which is headed for a debate Tuesday. A union representing the home's 160 workers is fighting the proposal, saying it threatens jobs and access to care.

Saratoga County is among the communities already trying to balance its budget by selling a nursing home. The county is waiting for state approval to sell its Maplewood Manor for $14.1 million.

Saratoga and Columbia counties each ran nursing homes at a loss, and the facilities harmed the communities' fiscal stability and borrowing power. Albany County has faced similar struggles and is also trying to sell its nursing home.

Still, some residents and health care groups say that counties should maintain ownership of a nursing home, regardless of whether it is losing money.

Accountants at Toski & Co. say some lawmakers and other groups contend "subsidizing the operation is socially responsible in terms of providing quality care to the county residents and maintaining county employment levels."

Other counties have decided to essentially refinance loans while interest rates are low, with an eye on restructuring ownership and upgrading facilities.

The Rensselaer County Legislature recently voted to borrow $24 million to take back ownership of Van Rensselaer Manor in North Greenbush, New York, from a holding corporation. But the operation is expected to keep losing money despite saving money connected to the refinancing.

A handful of communities, however, are constructing new county-owned nursing home facilities, including the $44 million Glendale Home project in Schenectady County.

Still, accountants at Toski & Co., which is based in Williamsville, New York near Buffalo, have been raising alarms about the potential pitfalls in the nursing home market.

Compared to other states, New York ranked 47th in the total number of nursing homes per 100,000 residents, the firm stated in response to questions from the

Albany Business Review.

New York's Capital Region also is among the most costly communities in terms of paying for care in a nursing home.

The Albany, New York, metropolitan market is the 13th most expensive place for nursing home costs, with an annual average bill of nearly $127,000, according to a report by health insurers, including New York Life.

Still, many counties are selling the comparatively affordable public nursing homes for a variety of reasons.

Among the reasons is the increase in chronically ill people using Medicaid, the federal program providing health insurance for low-income residents, Toski & Co. accountants said.

Nursing homes are basically losing money because Medicaid doesn't pay enough money to cover the amount of care delivered.

In 2012, nursing homes took another hit with reductions in some payments under Medicare, the federal program providing health insurance for people generally older than 65.

Accountants with Toski & Co. also tell counties that many additional increased risks and other uncertainties are tied to the federal Affordable Care Act, or ACA, which is expanding health insurance and overhauling other regulations.

In the meantime, public nursing homes are nearly extinct nationally.

Of the nearly 15,700 total nursing homes in the U.S., just 912 were public in 2012, according to Toski & Co.

In New York, there were 632 total nursing homes in 2012, with less than 45 public. In a sign of the lack of public nursing homes, that ratio ranked the state fourth highest.

David Robinson
Reporter
Albany Business Review

The Washington Post

Local

D.C. program reflects national trend toward moving older Americans out of nursing homes

By Tara Bahrampour January 2, 2014

For 60 years, Bobbie Jones, 88, had lived in the same Petworth rowhouse where she raised four children — including one born in an upstairs bedroom — and became a grandmother to 10 and a great-grandmother to nine. But last year, a stroke and a fall landed her in the hospital and then in a nursing home.

In the past, a nursing home might have wound up being where she lived out the rest of her days. But through a new program that helps District residents receive care in their homes and communities, Jones was able to go home. She is among 58 people who have been relocated since the D.C. Office on Aging launched its Nursing Home Transition Program in April.

Those who qualify for Medicaid can receive Medicaid-funded services at home; for those who don't, the Office on Aging helps find other funding for in-home care. The office also offers nonmedical help such as transportation, meals, and homemaker services to all District residents 60 and older, regardless of income, in accordance with the federal Older Americans Act.

The program reflects a trend nationwide toward providing older and disabled people with in-home care rather than keeping them in nursing homes. To encourage this shift, the 2010 Affordable Care Act makes Medicaid benefits more broadly available to people living at home and increases federal funding to states that make more home care services available to those who would otherwise be in nursing homes. So far, 17 states, including Maryland, have been approved for additional funding.

Since she returned home, Jones receives services such as an aide who comes to the house every morning and evening, a physical therapist who comes twice a week, and transportation five days a week to a day facility, all at a lower cost to taxpayers than the nursing home.

This approach is a stark change from the past, when institutionalization was the preferred solution for those who needed help with day-to-day living.

"If they qualified for nursing home level of care, they would just put them in a nursing home," said John Thompson, executive director of the D.C. Office on Aging.

Surveys have long shown that older people prefer to stay in their homes as long as possible. In recent years, grass-roots

movements such as senior villages, in which older people pay a fee in exchange for help from community volunteers, have gained in popularity across the country. But federal and local government policies have also reflected a change in philosophy and a recognition of elder care as a looming economic problem.

One impetus for change was a 1999 Supreme Court ruling that public entities must provide community-based services to people with disabilities whenever possible.

Another reason for the change in thinking is the high cost of institutional care. As the population of older Americans grows, advocates say, it won't be economically sustainable to have so many live in nursing homes. The average annual cost per person for nursing home care is about $75,000 nationwide. In the District, it is $110,000. Providing in-home services costs an estimated $30,000 to $60,000 a year, according to the city's Office on Aging.

Demand for home care has also increased as a more vocal generation ages, said Alayna Waldrum, executive director of LeadingAge DC, an advocacy group for aging services.

"Consumer preferences haven't changed, but generational personalities have changed," she said. "The people currently in nursing homes, the Silent Generation, they are the ones who don't complain. They aren't really rabble-rousers for change. What's happened is that as the young disabled and baby boomers are looking at their options, what people want has become more of a driver in how our long-term care system is going to look."

The District program serves people who are ineligible for a federal Medicaid program called Money Follows the Person, which also helps older people and those with disabilities return to their communities from nursing homes, but has requirements such as that a person must have been in a nursing home or hospital for at least 90 days and must have received Medicaid in the last month of services there.

Some states, along with the District, offer waivers for people who are older or disabled to receive Medicaid-funded long-term care in their homes.

Such programs represent the "next big thing" in elder care, said Mary Ann Parker, a staff attorney with the Legal Counsel for the Elderly's D.C. Longterm Care Ombudsman Program, which advocates for older District residents.

"It's really kind of a new way to try to fund long-term nursing," Parker said, adding that studies have shown that older people do better if they can stay in their homes and communities.

Advocates of in-home care acknowledge that there is a place for nursing homes, for those who need a level of care that cannot be provided in a private home. But about one-third of the people in nursing homes are capable of receiving services at home, Thompson said.

The numbers are part of a movement away from institutionalization. In the past 20 years, the percentage of people 65

and older who live in nursing homes has steadily decreased, from 5.1 percent in 1990 to 3.1 in 2010, according to the Census Bureau.

During that time, there has been an estimated 125 percent increase in investment in keeping people in their homes and communities, said Elaine Ryan, AARP's vice president for state advocacy and strategy. Her organization, along with two other advocacy groups, the Commonwealth Fund and the Scan Foundation, released a scorecard in 2011 that ranks states in how well they provide long-term services and supports, including alternatives to nursing home care. The District ranked 10th, Virginia was 12th, and Maryland was 24th.

In the District, the budget for services for older residents has increased from $26.4 million to $40 million in the past two years. About a quarter of this is federal funding, but the increase came from the city's budget, to catch up with the growing population of older residents, according to the Office on Aging.

Along with that commitment has come a rising awareness of what is possible, said Margaret Woods, the transition program's coordinator. "Before, family members really didn't know what their options were," she said. "Now, people are more aware that it is possible to bring Mom or Dad home."

Jon Pynoos, a gerontology professor at the University of Southern California and director of the National Resource Center on Supportive Housing and Home Modification, praised the District's program, saying it is "on the forward cusp of what we should be doing."

Other local support for in-home care includes Virginia's Livable Home tax credit, which rewards people who make their homes more accessible for older and disabled people.

In Maryland, the Johns Hopkins University School of Nursing is conducting trials for a program that assesses people's home environment in addition to medical status, with an eye to meeting their needs more comprehensively.

In the District's transition program, individual circumstances are screened before a person is allowed to leave a nursing home. "We have to consider does a person have a home to go back to, the condition of that home, whether it requires any modifications, the person's health status, the proper care they would require, if there is a need for meal preparation," said Chantelle Teasdell, associate director at the D.C. Office on Aging's Aging and Disability Resource Center.

In areas such as the District where real estate values have soared, returning to the community is not always easy, particularly if a person does not have a home to move back into. To address this, some advocates are pushing for new housing developments to include affordable housing specifically for older people.

RemainHome Solutions, a Baltimore-based organization, works with private and public health systems nationwide to adapt homes to meet the needs of older residents and to set up systems, such as wearable glucose or heart rate

monitors, to transmit information digitally about their health.

For Jones, life in the nursing home was colorless. "You got up, and you ate," she said, adding that she was told what to eat and when to eat and had to ask permission to go to the bathroom. "It was just so depressing."

Now, sitting in her dining room, Jones grinned as she pulled a yellow therapy band taut and a physical therapist counted her repetitions. Behind her sat a cabinet full of ceramic figurines she had made over the years; in front of her sat her two daughters, as well as a son who moved back into the house to help care for her.

The possibility of returning home was what kept Jones from losing hope at the nursing home, said her younger daughter, Laura Jones Jackson.

"Once she found out that she may be eligible for the program, she got really motivated," Jackson said. "She said, 'Anything they tell me to do, I'll do.'"

Tara Bahrampour, a staff writer based in Washington, D.C., writes about aging and generations.