

Selecting a Nursing Home in New York State

A Guide for Consumers

**The Division of Quality and Surveillance
for Nursing Homes and ICFs/MR**

New York State Department of Health

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Nursing homes are places to live where care is available for people who need 24-hour nursing care and supervision outside of a hospital. Although all nursing homes must provide certain basic services, some homes provide special care for certain types of clients. For example, some homes provide services for the head injured, some for those who are ventilator-dependent, some for people with AIDS and some specialize in the care of children.

There are a wide range of alternatives to institutional care that allow individuals to remain in their home or receive care in other types of community-based settings. Homemaker services, Adult Day Healthcare, Housekeeping Services, Meals on Wheels, Personal Care Assistance, or Home Care services are examples of services that can be provided as an alternative to nursing home care. Other types of congregate living such as Adult Homes, family type homes for adults, Assisted Living, and Enriched Housing also provide some care and services to individuals that may meet their needs. In some instances, however, the level of nursing, medical, and psychosocial care that nursing homes provide are most appropriate to meet an individual's needs. After you have explored alternatives and you, your family and involved professional health care professionals agree that a nursing home is an appropriate care setting, it is important that you take care in selecting a nursing facility that fits your needs.

Information contained in this Guide will aid you in selecting the right nursing home. It is written for you, the prospective resident. If someone else must organize the search and make the decisions, you should be as involved as possible in the process.

This information is divided into two sections:

- ❖ **Section I** explains the things you should know when you choose a nursing home.
- ❖ **Section II** provides information on what to look for when you visit a nursing home.

The Department of Health strongly supports patient and resident participation in decision making. We hope this Guide is useful in helping individuals and their loved ones to make informed choices when selecting a nursing home.

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Section I: Information about Nursing Homes

What is a Nursing Home?

Nursing homes are places to live where care is available for people who need 24-hour nursing care and supervision outside of a hospital. Although all nursing homes must provide certain basic services, some homes provide special care for certain types of clients. For example, some homes provide services for individuals with head injuries, some for those who are ventilator-dependent, some for people with AIDS and some specialize in the care of children.

Admission

Finding the nursing home that will best meet your needs can be a difficult and time-consuming task. The more information you have, the easier this task will be and the more likely that you will find the home that is right for you. Making the decision that a nursing home is the right place for you and looking at different homes to identify those that best meet your needs from the services they offer to their cultural environments is important to do.

It is best to have several nursing homes in mind should the need arise. Before it is time for you to be admitted to a nursing home, you should explore what nursing home options are available and research each facility. There are several ways to get information. With the help of your doctor and the hospital discharge planning staff, realistically assess your medical, nursing and social needs and seek facilities that can best meet these needs. For example, a facility with a strong physical therapy department might be important if you are recovering from a stroke.

Discuss nursing home placement with your family so that all possibilities will be fully explored and your feelings known before a crisis occurs.

Watch for articles in newspapers and magazines and for television programs that discuss nursing homes. Pick up information on nursing homes from social service agencies or local offices for the aging and local health departments. Contact community groups and advocacy groups. This Guide lists a number of state and voluntary agencies that may be able to help.

Ask family and friends about their own experiences. If you know someone who is in a nursing home, visit that person and ask questions. Ask questions of key personnel at the facilities you visit: the administrator, social work director, nursing director, and medical director, for example. Make your own judgements. A caring home should welcome both your desire to visit and the questions you ask.

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Medical Need

Medical need and method of payment play a large part in admission. A medical assessment must be performed before you can be admitted to a nursing home. This assessment is done by a registered nurse, who has been certified to perform the assessment. The assessment is a two-step process and is specifically designed by the State Health Department to evaluate your functional status as well as your appropriateness for a nursing home. The Department of Health requires that assessment forms be completed for everyone who applies for residence in a nursing home in New York State. The forms are valid for 30 days for hospitalized individuals and 90 days for those who are in any other setting, including their home.

The nursing home administrator, admissions director or director of social services will be able to explain arrangements for your admission to the facility. If you are receiving care in a hospital, your doctor and the hospital social worker/discharge planner will assist in making arrangements for your placement, hopefully in the nursing home of your choice.

New York State regulations require that a hospitalized patient on Medicaid who no longer needs inpatient hospital care be placed in the first available bed within 50 miles of the patient's home. By telling the hospital which nursing homes to apply to, you or your family can influence the location of the eventual placement.

Admissions Agreement

The admissions agreement (also called the financial agreement, admission contract, entrance contract or some other term) is a legal agreement between the nursing home and the resident to spell out conditions for admission. The contract should state the costs, services included, and all legal responsibilities of the resident. Ideally, it should also include care (in accordance with intensity of need), emergency procedures and standards of food service (for example, availability of therapeutic diets, kosher diets, etc.).

Ask questions about the contract. Ask your attorney, the nursing home administrator or admissions director to explain anything that is not clear. Call an advocacy group with questions. See pages 9 – 12 for a list of organizations that may provide helpful information.

Paying for Nursing Home Care

Few people can afford to pay for nursing home care out of their own pocket for very long (costs range from \$3,000 to \$10,000 or more a month). Ninety percent of New York State nursing home residents are or become reliant upon state and federal subsidies.

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Meet with an elder law attorney to get advice on estate planning, Medicaid, Medicare and long-term care insurance before you apply to a nursing home. The New York State Bar Association Referral Service at 800-342-3661 (LRS@nysba.org), as well as many local bar associations will provide you with a list of elder law attorneys.

Private Payment

Nursing homes charge a basic daily rate for the services they provide and these vary from home to home. Some homes have all-inclusive rates; others have a rate for room and board and add additional charges for physician's services, laboratory tests, physical therapy, prescription drugs, etc.

Private pay rates are not regulated. Homes may charge their private pay residents whatever they wish. These rates can be expected to go up at least once a year. If you are planning to pay for nursing home care out of your own pocket, ask for a list of services that are covered by the basic daily rate. Also ask how the rates are adjusted and how residents are notified of adjustments. (Under current regulation, this notification must occur in writing 30 days prior to any upward adjustment in the daily rate for a service being implemented.)

The basic daily rate must cover room and meals, housekeeping, linen, general nursing care, medical records and services, recreation and personal care. There may be extra charges for items that vary from resident to resident, such as physical therapy and medications. Discuss with the home's admissions director, administrator or social worker what services are standard and what additional services might be required and what they cost.

Homes are permitted to ask for a prepayment or a security deposit. The home can ask for no more than three months' prepayment. Prepayment used as security must be deposited by the home in an interest-bearing account. If you leave the home or die, any amount paid to the home over and above the cost of services already provided must be refunded.

It is illegal for a nursing home to demand or accept donations (to a building fund, for example) from family members to assure placement of a relative.

Most homes require full financial disclosure from residents who will be paying privately. Since many nursing home residents who enter as private pay residents eventually use up their funds and go on Medicaid, the homes want to know how long the resident will be able to pay privately and when to apply for Medicaid. Once you are eligible for Medicaid, you have the right to have Medicaid pay for your care (if the home accepts Medicaid). When this happens, the nursing home should assist in completing the necessary forms.

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In New York State, you may not be moved out of a nursing home because you have exhausted your personal resources. Also, your spouse need not spend all of his/her personal resources on your care if you are institutionalized.

Some homes suggest that funds be placed in a trust that the home controls, or that the resident's Social Security checks be made payable directly to the home. The law guarantees residents the right to control their own financial affairs as long as they are willing and able to do so, or to assign that responsibility to a friend or family member. The nursing home may be given control over a resident's finances if no one else is willing to handle them.

Private Insurance

Private long-term care insurance policies are becoming more and more available. They are advertised as a possible alternative to Medicaid or as a way to avoid exhausting resources when nursing home care is needed. They vary in the coverage they provide and should be carefully examined before purchasing. In New York State, only a few policies are valid. The State Insurance Department (SID) publishes materials comparing long-term care policies offered by different companies. Call 1-800-342-3736 or contact the SID at www.ins.state.ny.us for more information.

The federal government is now permitting New York State to authorize Medicaid without someone exhausting his/her assets if that person first purchases a long-term care insurance policy sponsored by the state. Such a policy must cover at least three years of long-term care, six years of home care or an equivalent combination of both. Once an individual purchases such a policy and once the benefits for such a policy are exhausted, that person, if income eligible, will be eligible for Medicaid payment for long-term care for the remainder of his/her life without consideration of his/her assets. Most importantly, however, whatever assets that person has will be protected and will not have to be used to meet long-term care costs. You may hear this type of insurance referred to as a "partnership" long-term care policy.

The New York State Partnership for Long-term Care is a program that combines long-term care private insurance and Medicaid to help New Yorkers prepare financially for the possibilities of needing nursing home or home care. Information on the Partnership can be obtained by calling 1-888-697-7582 or from its website at www.nyspltc.org.

Medicaid

Medicaid, established by Congress in 1965, is a government health insurance program for people of all ages whose income is too low to provide for routine health care costs, or whose health care costs are too high to be covered by their income. This health insurance covers the cost of nursing care for as long as the care is required if a resident is eligible.

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A comprehensive application process is used to determine eligibility for the Medicaid program. This process requires that applicants provide detailed information and documentation regarding income and assets. A Medicaid applicant must be a citizen or permanent resident in the United States, must meet New York State income and resource limitations and must show medical need.

Currently, a Medicaid recipient in a nursing home is allowed to retain \$50 of monthly income as a personal needs allowance to meet personal expenses that are not covered by Medicaid. Call your local Department of Social Services office for additional information on Medicaid.

Medicare

Medicare is a federal health insurance program for disabled people and people over age 65. Skilled nursing services must be needed on a daily basis to be eligible for Medicare. Medicare will pay a maximum of 100 days of care in an approved nursing facility for patients in need of skilled care following a hospitalization of at least three full days. To qualify, the patient must be admitted to the nursing home within 30 days of discharge from the hospital.

Many people leave a hospital and enter a nursing home expecting Medicare to continue to pay for health services. This is not the case. Medicare will not pay for a nursing home stay if it is determined that only custodial care is required, or if skilled nursing home care and/or rehabilitative services are needed only on a periodic basis. Under Medicare rules, the need for skilled nursing care must be daily. The program has a number of specifics about what services are included and requires that you be responsible for a co-payment. For further information, contact your local Social Security office or call 1-800-772-1213 for a copy of the Medicare Handbook.

Nursing Home Administration

Nursing homes may be owned by state/local governments (public nursing homes), individuals, corporations and religious or charitable organizations. Most nursing homes are not-for-profit businesses (voluntary nursing homes) or businesses operated for profit (proprietary nursing homes). An individual or a nonprofit organization may own or operate more than one nursing home.

Final responsibility for the operation of a nursing home lies with its governing body (voluntary nursing home) or owner (proprietary nursing home). The governing body (the board of directors or trustees) is legally responsible for the home. The governing body meets to set policies and to adopt and enforce rules and regulations for the health care and safety of the residents. The type of ownership and management are not necessarily an indication of the quality of service that you would receive.

The person in charge of the day-to-day management of a nursing home is called the administrator; the administrator is appointed by the governing body or owner. Other

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key personnel include the director of nursing services, the medical director, the director of social services and the director of admissions.

The administrator of the nursing home must be licensed by New York State, the director of nursing services must be a registered nurse and licensed by New York State and the medical director must be a licensed New York State physician. Speaking with each of these leaders should give you a good understanding of the home's philosophy and operation.

Health Care Decisions

Illness and the possibility of death are subjects few people find easy to discuss. Yet, these issues deserve consideration by both you and your family because they often involve decisions that may have to be made if life-sustaining procedures become necessary. This kind of decision does not have to be left to the family to decide. Decide in advance with the help of your family. Any course of treatment for you will be much easier to determine if your wishes are known in advance (see Appendix B).

Under the New York State Health Care Proxy Law, adults may appoint someone they trust to decide about medical treatment should they become unable to decide on their own. See Appendix C for a copy of the Health Care Proxy form and information about the Health Care Proxy Law. This form can be duplicated and does not have to be executed by an attorney. Additional copies are available from the nursing home administrator or from the New York State Department of Health. Most attorneys in New York State also have these forms.

Adults can also give specific instructions about treatment in advance. Those instructions can be verbal or written, and are referred to as Advance Directives. The right to decide about treatment also includes the right to decide about cardiopulmonary resuscitation (an emergency treatment to restart the heart and lungs when breathing or circulation stops). You and your doctors should decide in advance whether or not you want resuscitation measures taken. If you wish, the doctor will give the medical staff a "do-not-resuscitate" (DNR) order. An explanation of DNR, including your rights under New York State law, is included as Appendix D.

Some nursing homes' moral or religious philosophy may conflict with your wishes about advance directives. Ask about the home's policy regarding advance directives to determine if a particular home is right for you.

Residents' Rights

Policies covering the rights of residents are established by state and federal regulations. The nursing home must implement and explain these policies to its residents and must post a summary of residents' rights (a residents' bill of rights) in the building for easy reading. Be sure to notice it and ask any questions you have about its provisions.

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Every resident in a nursing home should receive appropriate care, be treated with courtesy and enjoy continued civil and legal rights. The Residents' Bill of Rights is as follows:

In New York State, nursing home residents have the right to:

- ❖ Dignity, respect and a comfortable living environment;
- ❖ Quality of care and treatment without discrimination;
- ❖ Freedom of choice to make independent decisions;
- ❖ Safeguard of money and property;
- ❖ Safeguards in admission, transfer and discharge;
- ❖ Privacy in communications;
- ❖ Participate in organizations and activities of their choice;
- ❖ An easy-to-use and responsive complaint procedure; and
- ❖ Exercise all rights without fear of reprisals.

For a more thorough explanation of nursing home residents' rights, ask the nursing home administrator for policies on residents' rights and for the booklet ["Your Rights as a Nursing Home Resident in New York State and Nursing Home Responsibilities"](#).

Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program in the State Office for the Aging (SOFA) can help you throughout the nursing home placement process. It provides another source of information about how to go about choosing a facility, understanding the rights of residents and learning about good standards of care. However, the program does not rate or recommend specific facilities and will not choose a facility for a family or a prospective resident.

The State Ombudsman also investigates and resolves complaints made by, or on behalf of, nursing home residents, and monitors the development and implementation of laws, regulations and policies that affect nursing homes.

You may find a phone number and e-mail address for your local Ombudsman through the following listing:

[Listing of New York State Office for the Aging Long Term Care Ombudsmen](#)

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Further Information

For further information, you may contact the following agencies:

- **New York State Office for the Aging
Agency Building #2, Empire State Plaza
Albany, NY 12223**

Contact the Office at 800-342-9871 or on the web at www.aging.state.ny.us, or check your [Local Offices for the Aging](#).

- **The Commission on Quality of Care and Advocacy for Persons with Disabilities, which may be contacted at (800) 624-4143.**

Centralized Complaint Intake Program

The New York State Department of Health operates a toll-free hotline to receive complaints about nursing home care in New York State. The hotline can be called 24 hours per day. The Department's Centralized Complaint Intake Program (CCIP) manages the hotline. CCIP professionals speak with all individuals who call the hotline to get specific information about the individual's concerns. The Department's surveyors then investigate the issue and make a determination. To contact the hotline, use the following:

**Centralized Complaint Intake Program
161 Delaware Avenue
Delmar, New York 12054
1-(888)-201-4563
Fax: (518) 408-1157**

You can also contact the following advocacy organizations. They may be able to help you if your questions or concerns about a nursing home cannot be resolved by speaking with nursing home staff and administrators.

**Coalition of Institutionalized Aged & Disabled (CIAD)
c/o Hunter-Brookdale Center on Aging
425 E. 25th St., Room 910W
New York, New York 10010
212-481-7572**

CIAD was founded in 1973 to protect the rights of nursing home residents and provide them with the information and skills they need to advocate for themselves. The coalition educates residents about their rights, provides technical assistance to resident councils to make them more effective and promotes residents' participation in public issues. Its board consists of nursing home and adult home residents.

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**Friends and Relatives of Institutionalized Aged, Inc. (FRIA)
18 John St., Suite 905
New York, New York 10038
212-732-4455**

FRIA is an independent nonprofit advocacy group organized in 1976 to speak on behalf of the families and friends of adult home and nursing home residents in the New York City area. Through a telephone hotline, FRIA helps families in the selection of a facility and in understanding financial arrangements and admission contracts. It supports families and family councils seeking to safeguard resident rights, responds to problems of care and advances the independence of all residents.

**Medicare Rights Center
1460 Broadway, 17th Floor
New York, New York 10036-7393
212-869-3850**

The center is exclusively devoted to promoting and protecting Medicare beneficiaries' rights through education, advocacy and representation. The center assists Medicare recipients to recover funds by teaching them how to assert their Medicare rights, and assists recipients with appealing their Medicare determinations, distributing self-help literature and enforcing federal and state physician charge limits for Medicare beneficiaries.

**National Citizens' Coalition for Nursing Home Reform
1828 L. Street, N.W., Suite 801
Washington, D.C. 20036-2211
202-332-2275**

The coalition provides information (through a clearinghouse and a bimonthly newsletter) and leadership on federal and state regulatory and legislative policy development, and models and strategies to improve nursing home care and life for residents. Established in 1975, the coalition promotes community involvement in nursing homes; assists in resolving individual complaints and problems; collaborates with health care workers to improve care in nursing homes; monitors regulatory activities to generate effective government enforcement of standards; and supports resident and family council and other forms of consumer empowerment.

**New York Statewide Senior Action Council, Inc.
275 State St.
Albany, New York 12210
518-436-1006
Patient's Rights Hotline: 800-333-4374 (in New York City: 212-316-9393)**

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Formed in 1972, Statewide Senior Action Council is a grassroots nonprofit advocacy organization for senior citizens. The Albany office maintains regular contact with state agencies and legislative leaders on important issues for seniors and has been instrumental in establishing a prescription drug assistance program in the state known as EPIC, maintaining quality care in the Medicare program and establishing the patients' bill of rights. The Statewide hotline is for anyone who has a problem with hospital admissions or discharges, unwanted transfers between hospitals, an unsafe transfer to another hospital, poor quality care, poor discharge planning or lack of post hospital services.

Long Term Care Community Coalition of New York State
242 W. 30th Street Suite 306
New York, New York 10001
212-385-0355

This organization provides leadership for its 33-member statewide consumer advocacy organizations. The coalition works to upgrade state regulations, and the state's surveillance and enforcement of existing regulations. The group also educates consumers on key nursing home problems and issues.

Nursing home provider associations also have useful information about nursing homes that are their members. The following organizations represent and provide assistance to nursing homes:

Association

County Nursing Facilities of New York

111 Pine Street
Albany, New York 12207
Phone: 518-465-1473

Greater NY Healthcare Facilities Association

360 W. 31st St., Ste. 303
New York, New York 10001
212-643-2828

Greater NY Hospital Association

555 West 57th Street
New York, New York 10019
212-246-7100

Healthcare Association of NYS

1 Empire Drive
Rensselaer, New York 12144
518-431-7600

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Intercounty Health Facilities Assoc.

1615 Northern Blvd. Suite 306
Manhasset, New York 11030
516-627-3131

**NY Association of Homes and Services for
the Aging**

150 State Street, Suite 301
Albany, New York 12207-1698
518-449-2707

NYS Health Facilities Association

33 Elk Street, Suite 300
Albany, New York 12207-1010
518-462-4800

Southern New York Association, Inc.

39 Broadway, Room 2805
New York, New York 10006
212-425-5050

Section II: When You Visit a Nursing Home

Visiting the Facility

You can find a great deal of information about a nursing home from the various resources and websites that have been provided in this consumer guide. However, visiting any nursing home that you might consider as a future home is one of the best ways to determine if the facility is suitable to you. Call the nursing homes you are interested in and make an appointment to meet with the admissions staff (usually a social worker).

Each nursing home has its own policies and procedures, but all must follow certain state and federal regulations and respect residents' rights. A copy of the home's policies should be available upon request. Following is a list of some policies to check:

- ❖ the use of personal belongings and furniture;
- ❖ the availability of ethnic foods or special diet preferences;
- ❖ room assignments and changes;
- ❖ reserving a bed if transferred to a hospital;
- ❖ visiting hours (should cover a 10-hour period and two meal times);
- ❖ emergency procedures;
- ❖ self-care;
- ❖ phone calls;
- ❖ leaving the facility for short visits with family or friends;
- ❖ procedures for handling theft;
- ❖ complaint procedures;
- ❖ access to personal funds.

When you visit a nursing home, look for its license. It will be prominently displayed, usually in the lobby. It is also very important to see firsthand what the environment of the home is like. This will also give you an opportunity to ask questions on the care and services that the nursing home provides and to clarify any issues with regard to placing an individual in the nursing home. During the visit be observant of the interaction between caregivers and residents and pay close attention to the following:

Physical Appearance

Take a good look around at everything.

- [] Do residents have personal belongings decorating their rooms?
- [] Does each resident have at least one comfortable chair?
- [] Does each resident have his/her own dresser and closet space with a locked drawer or other secured compartment?
- [] Is there an out-of-doors area where residents can walk or sit and is it used?
- [] Does the equipment—wheelchairs, therapy devices—appear in good condition?
- [] Is there a lounge or other area where residents can entertain visitors privately?

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Safety

State standards require that a home provide a safe environment for residents whether they are mobile or in wheelchairs, whether they are confused or have poor eyesight.

Look for:

- [] handrails in hallways and other critical places;
- [] wide, clear walking areas;
- [] the absence of hazards that might cause accidents;
- [] good lighting;
- [] telephones and large print notices placed so that wheelchair-bound residents can make use of them;
- [] appropriate inside temperature and whether or not residents are dressed appropriately;
- [] clearly marked exits and well-lighted elevators.

Find out if the local fire department participates in fire drills and how often drills are held in the nursing home.

Cleanliness

A good home should be clean. Look in the corners of residents' rooms, bathrooms, kitchens, nurses' stations, etc., as well as in the main visiting lounges. Look for cleanliness **EVERYWHERE**.

Unpleasant odors reflect problems. If there is an odor in a particular section of the home go back to see if it has been eliminated within a reasonable amount of time. This will give you an idea of how long it takes the home to deal with the cause of the unpleasant odor.

Room Assignments

- [] Do residents socialize with each other?
- [] Is there activity in the corridors?
- [] Are residents engaged in doing things or just sitting in a lounge or in the hallways?
- [] Are residents neatly dressed and do they appear to be wearing their own clothing?
- [] Are residents out of bed?
- [] Do staff interact with residents in a warm and friendly manner?
- [] Do staff address the residents by name?
- [] Do staff respond to someone calling for help?
- [] Are people assisted in walking for the purpose of exercising or retraining?

Ask several residents how they keep occupied, and what they particularly like doing at the facility.

- [] Do residents share rooms? How many people to a room?
- [] Does the facility select compatible roommates?
- [] Are rooms assigned based on severity of illness?
- [] How does the facility deal with problems between roommates?

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Food

Mealtime is an important part of the residents' day. Try to visit during mealtime and observe the way food is served and how the staff and residents interact.

- [] Is food appetizing and of good quality?
- [] Do residents have an alternative to the main menu?
- [] Are residents encouraged and assisted with eating (if necessary) while the food is served?
- [] Is this a time when socializing is encouraged?
- [] Is the dining room clean, attractive and colorful?

Many facilities try to be less "institutional" and use tablecloths, china and silver, enhancing mealtime.

Medical/Nursing Care

It is hard to observe medical/nursing practices, but you can ask questions:

- [] Does the same nurse or aide care for the resident during each shift?
- [] Will your family doctor be able to care for you in the facility?
- [] If you do not have a private doctor, who will the physician be and what relationship will you or a family member have with this doctor?
- [] How often will visits be made, and how will medical emergencies be handled?
- [] Ask when and how often the facility performs assessments for attaining Information regarding the resident, including information for the Minimum Data Set (MDS) and Patient Review Instrument (PRI)?
- [] Ask the procedures for Preadmission Screening and Resident Review (PASRR) for patients with Alzheimer or other psychosocial impairments?

If you need more than routine medical care, ask if a specialist can be called in and how this is done. Find out with which hospital(s) the nursing home may be affiliated.

Special Therapies

If you might need speech, physical or special therapy, look at the therapy rooms. If possible, speak to the staff person in charge.

- [] How frequently will therapy be offered?
- [] Can therapies be provided on an optional basis or a for-private-pay basis?
- [] Is the physician involved in assessing the therapy and your response to it?

Dementia Units/Alzheimer Units

- [] What additional services does your Dementia Unit offer?
- [] What additional training does the staff of your Dementia Unit receive?
- [] Does your facility float staff from other units to work on your Dementia Unit at times when staffing may be short?
- [] What special activities does your facility offer the residents on the Dementia Unit?
- [] Is there a time or situation my loved one would be required to leave the Dementia Unit?

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- [] Does your Dementia Unit have specific precautions or safety features to protect my loved one from wandering out of the facility?
- [] Are there other types of safety features your facility offers on your Dementia Unit that you would like to show me?
- [] Does your facility offer assistance or education on Dementia for the family members?
- [] What are your policies on toileting/incontinence care?

Things to look for:

- Beds
- Lighting
- Bright colors
- Safety features

Mental Health/Mental Retardation Services

Anyone who applies to a nursing home must be evaluated to determine if the nursing home can provide the services the individual needs. One of the tools that is used to conduct this evaluation is the Pre-Admission Screening and Resident Review (PASRR).

The PASRR must be conducted before admission to a nursing home. The PASRR determines whether a nursing home applicant qualifies for nursing home level of care and whether the person is suspected of having mental illness or mental retardation.

The first step in the PASRR process is for the referring entity – a hospital or home health care agency, for example -- to complete what is known as a Level I Patient Review Instrument and Screen. The Level I Screen determines the need for nursing facility services, and also identifies the presence or possible presence of mental illness or mental retardation. If there is no evidence of mental illness or mental retardation, and the applicant is determined to need nursing facility level of care, the person may be admitted to a nursing home.

A Level II PASRR evaluation is completed when the Level I evaluation determines a possible presence of mental illness or mental retardation. A Level II evaluation may also be completed for residents already residing in nursing facilities who are suspected of having a significant change in their physical or mental condition.

If a Level II evaluation detects the presence of mental illness or mental retardation, a determination must be made whether the mental illness/mental retardation is severe enough to require Specialized Services, or is less severe and requires less intense mental health services (Services of a Lesser Intensity). If a nursing facility applicant or resident is determined to require Specialized Services for mental illness, he/she MAY NOT be admitted to or allowed to continue to reside in a nursing home. Specialized Services must be provided on an inpatient basis by a mental health facility, such as a psychiatric hospital, psychiatric center, or, in case of a minor, a residential treatment facility.

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If a nursing facility applicant or resident requires Mental Retardation Specialized Services or Services of a Lesser Intensity, he/she may be admitted to a nursing facility provided the admitting facility is equipped to provide the services required or makes arrangements for the services. Nursing home applicants or their legal representative may appeal the final Level II Determination as defined in the Letter of Determination that was mailed to them.

Questions to Ask Regarding the Provision of Mental Health/Mental Retardation Services When Reviewing Nursing Homes:

- [] What specific types of mental health/mental retardation services does the facility provide?
- [] Does the facility provide these services in-house, or are residents required to travel elsewhere to receive the services?
- [] Does the facility have psychiatrists or other mental health/mental retardation professionals on-site?
- [] What types of therapeutic activities does the facility offer to meet mental health or mental retardation needs? Ask for available calendars of activities.
- [] What kind of follow-up does the facility have in place to ensure required services are being received?

Pediatric Units

Currently there are nine nursing homes in New York State that deliver skilled nursing care for infants and children up to 21 years of age. Pediatric nursing homes are required to meet all of the same federal and State regulations that all other nursing homes in the State meet, with the addition of meeting each child's educational, developmental, emotional, and spiritual needs.

- [] What services does your facility offer for children, what are the age specific activities your facility offers?
- [] What are the ages of the children you serve?
- [] What additional training has your staff received to serve children?
- [] What safety checks have you done to ensure my child is safe and being cared for by your staff?
- [] Does your facility serve all pediatrics residents?
- [] Do you congregate residents based on their ages, clinical needs or by other definitions?
- [] Do you care for kids that require mechanical ventilation?
- [] Do you care for children that require respiratory assistance at night, similar to a Bi-Pap machine?
- [] Can I bring my child's medical equipment in for use in your facility?
- [] Do you have a pediatric respiratory therapist on staff at your facility? If so, how many hours a day is the therapist on-site?
- [] How does your facility assure my child will meet his/her educational requirements?
- [] Do I have to pay for my child's education while he/she is in the nursing home?
- [] My child has a learning disability and many medical problems that are contributing to his/her lack of coping, does your facility offer assistance or programming to respond to my child's needs?
- [] What are your visiting hours and rules for siblings and friends?

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- [] Can I bring my child's clothes and will they be laundered for me?
- [] If there is a problem with my child how quickly will I be notified? May I stay with my child overnight if I chose? May I decide on which acute care hospital my child will be transported to in an emergency event?
- [] How many staff will be caring for my child? How do you protect my children from other children, visitors and staff that may have behavioral problems or criminal backgrounds?
- [] My pediatrician is planning on maintaining his professional relationship with my child during his/her stay in your facility, do you allow this?
- [] Will you assist in my child's admission to the Nursing Home? If my child has any psychosocial needs, will my child have a preadmission assessment?
- [] Will you assist in my child's discharge to home? If I need assistance, education or support after my child is discharged home will your facility be the contact for me?

Other items to look for in Pediatric Units:

- Age specific decorations
- Bright colors
- Clutter of units
- Space of room/unit and areas of space

Activities Program

All homes are required to offer activities for residents. As you visit homes, you may find a great difference in the way activities are offered. Ideally, a program should be designed to fit the interests and skills of each person and be available on a daily basis at various times of the day including weekends.

- [] Ask if residents are taken out for events in the community. How often? Where do they go?
- [] Do people in wheelchairs get to participate?
- [] How often are outside events brought in for the entertainment of residents?
- [] What activities are provided for bed-bound residents?

Staffing

- [] How many staff work on the unit my loved one will live in, on each shift?
- [] How do you ensure that staff really know the resident they are assigned to?
- [] Is each resident cared for by the same staff?

Pastoral Care

- [] What religious denominations are served at the facility?
- [] What services are offered at the facility? How frequently are these offered?

Personal Property

- [] What system is in place for inventory of resident personal property?
- [] How does the facility investigate missing items?
- [] How is personal property safeguarded?
- [] Upon discharge, how is personal property handled, and returned to the family?

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Financial Arrangements

If you will be paying privately for care, ask about the fee schedule and be sure you find out what services and supplies **ARE NOT INCLUDED** and what these items will cost.

To determine how often fees increase, ask how often fees increased in the past and what the increases were.

State law prohibits residents from being asked to pay more than three months in advance upon admission. (People admitted under Medicare do not have to pay anything in advance.)

Nursing Home Quality of Service Delivery

Standards governing the operation of a nursing home are set by state regulation (Part 415 of 10 NYCRR) and federal regulation (Part 483 of 42 CFR). These standards intend to assure the highest possible quality of care and most meaningful quality of life for all residents in nursing homes. Standards cover a range of requirements including but not limited to residents' rights, clinical services (including nursing, dietary, medical and rehabilitation services, for example), and administrative services (including quality assurance and the physical environment, for example). There are specific regulations that also address care for residents with head injuries, people with AIDS, ventilator-dependent residents, and residents requiring adult day health care services.

Look for the latest state survey (inspection) report of how the home met the state and federal standards. Nursing homes are required to make accessible in a public place the most recent Department of Health survey, so that you can review findings of the latest inspection.

In New York State, the Department of Health, acting as the agent for the Federal Government's Centers for Medicare and Medicaid Services (CMS), has the responsibility to monitor quality of care in nursing homes. State surveyors conduct unannounced inspections of each New York State nursing home every nine to fifteen months. Surveyors interview residents, review residents' records, inspect the premises and assess compliance with state and federal standards (see Appendix A). Surveyors may issue a statement of deficiencies any time they visit a nursing home if they determine that the home is in violation of federal and/or state regulations. If the need arises, state or federal survey staff may visit nursing homes more often to respond to complaints by residents or families or to monitor the progress as nursing homes correct deficiencies.

Based on the results of the inspection and the seriousness of problems noted, the Department of Health decides whether to take enforcement action. Repeat problems can result in fines, and in extreme cases, closure.

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Remember, deficiencies are not necessarily the only indication of the quality of care and administration of the home. Ask to look at the results of a few surveys so you can see if there is a pattern of deficiencies in certain areas.

Consumers may obtain nursing home survey and complaint information on specific nursing homes from the New York State Department of Health website at www.nyhealth.gov or from the Centers for Medicare and Medicaid Services at www.medicare.gov.

The New York State web page at www.nyhealth.gov lists Nursing Home information by county, including facility name, address, telephone number, type of ownership, number of beds, and occupancy rates. Also noted is whether or not the nursing home is certified by the New York State Department of Health to provide services for residents with special needs (for example, AIDS patients, individuals who are ventilator dependent, traumatic brain injured). Unless otherwise noted, all nursing homes listed accept Medicaid and Medicare residents.

Complete results of the most recent survey must be available in the facility in a place readily accessible to residents and visitors without staff assistance. Ask questions about deficiencies, if any, and how they were corrected. If you have additional questions after leaving the nursing home, call back with follow-up questions. [You can also contact the local office of the New York State Department of Health here.](#)

The nursing home program's Central office establishes program policy, monitors trends and activity in nursing homes across the state, and ensures appropriate oversight of nursing home care throughout New York. Contact the office at the following number:

**New York State Department of Health
Division of Quality and Surveillance for Nursing Homes and ICFs/MR
518-408-1267
Fax: 518-408-1271**

Glossary

Advance Directives

An instruction plan that is prepared in writing or orally in advance of an incapacitating illness or injury. The plan ensures that the resident's wishes about treatment will be followed. This includes, but is not limited to a health care proxy, a do-not-resuscitate (DNR) order recorded in the resident's medical record and a living will.

Baseline Services

Those services included in the daily rate. At the time of admission, a written copy of the following basic services must be made available to all residents:

- ❖ the daily, weekly or monthly rate;
- ❖ board, including therapeutic or modified diets, as prescribed by a doctor;
- ❖ lodging - a clean, healthful, sheltered environment, properly outfitted;
- ❖ dietary services;
- ❖ 24-hour-per-day nursing care;
- ❖ pharmacy services;
- ❖ diagnostic services;
- ❖ the use of all equipment, medical supplies and modalities used in the care of nursing home residents, including but not limited to catheters, hypodermic syringes and needles, irrigation outfits, dressings and pads, etc.;
- ❖ fresh bed linen, as required, changed at least twice weekly, including sufficient quantities of necessary bed linen or appropriate substitutes changed as often as required for incontinent residents;
- ❖ hospital gowns or pajamas as required by the clinical condition of the resident, unless the resident, family member or designated representative elects to furnish them, and laundry services for these and other launderable personal clothing items;
- ❖ general household medicine cabinet supplies, including but not limited nonprescription medications, materials for routine skin care, dental hygiene, care of hair, etc., except when specific items are medically indicated and prescribed for exceptional use for a specific resident;
- ❖ assistance and/or supervision, when required, with activities of daily living, including but not limited to toileting, bathing, feeding and assistance with getting from place to place;
- ❖ services, in the daily performance of their assigned duties, by members of the nursing home staff assigned to resident care;
- ❖ use of customarily stocked equipment, including but not limited to crutches, walkers, wheelchairs or other supportive equipment, including training in their use when necessary, unless such items are prescribed by a doctor for regular and sole use by a specific resident;
- ❖ activities program, including but not limited to a planned schedule of recreational, motivational, social and other activities together with the necessary materials and supplies to make the resident's life more meaningful;

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- ❖ social services as needed;
- ❖ provision of optician and optometrist services;
- ❖ physical therapy, occupational therapy, speech pathology services, audiology services and dental services, on either a staff or fee-for-services basis, as prescribed by a doctor, administered by or under the direct supervision of a licensed and currently registered physical therapist, occupational therapist, speech pathologist, qualified audiologist or registered dentist.

Special Services

These services may be offered in addition to those considered standard.

- ❖ Adult Day Health Care (ADHC) - ADHC program provides the health care services and activities provided to a group of persons, who are not residents of a residential health care facility, but are functionally impaired and not homebound. Require supervision, monitoring, preventive, diagnostic, therapeutic, rehabilitative or palliative care or services but do not require continuous 24-hour-a-day inpatient care and services to maintain their health status and enable them to remain in the community.
- ❖ Each approved adult day health care session must operate for a minimum of five hours duration, not including time spent in transportation. It must also provide, at a minimum, nutritional services in the form of at least one meal and necessary supplemental nourishment, planned activities, ongoing assessment of each registrant's health status in order to provide coordinated care planning, case management and other health care services as determined by the registrant's needs.
- ❖ Adult Day Health Care – AIDS - An adult day health care program may be approved as a provider of specialized services for registrants with AIDS (acquired immune deficiency syndrome), and other human immunodeficiency virus (HIV) related illness. The program shall provide comprehensive and coordinated health services and the operator must provide or make arrangements for case management services; substance abuse services, if appropriate; mental health services; HIV prevention and counseling services; pastoral counseling; TB screening and on-going follow up, and specialized medical services including gynecology, as needed.
- ❖ AIDS - The facility shall provide comprehensive and coordinated health services and the operator must provide or make arrangements for: case management services; substance abuse services, if appropriate; mental health services; HIV prevention and counseling services; pastoral counseling; TB screening and on-going follow up, and specialized medical services including gynecology, as needed.
- ❖ Behavioral Intervention Services - This program must include a discrete unit with a planned combination of services with staffing, equipment and physical facilities

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designed to serve individuals whose severe behavior cannot be managed in a less restrictive setting. The program shall provide goal-directed, comprehensive and interdisciplinary services directed at attaining or maintaining the individual at the highest practicable level of physical, affective, behavioral and cognitive functioning.

- ❖ Clinical Laboratory Service - Clinical laboratory means a facility for the microbiological, immunological, chemical, hematological, biophysical, cytological, pathological, genetic or other examination of materials derived from the human body, for the purpose of obtaining information for the diagnosis, prevention or treatment of disease, or the assessment of a health condition, or for identification purposes. Such examinations shall include procedures to determine, measure, or otherwise describe the presence or absence of various substances, components or organisms in the human body.
- ❖ Coma Services - A resident admitted for coma management shall be a person who has suffered a traumatic brain injury with structural non-degenerative brain damage, and is in a coma. The resident may be completely unresponsive to any stimuli or may exhibit a generalized response by reacting inconsistently and non-purposefully to stimuli in a nonspecific manner.
- ❖ Dementia Programs - Dementia programs seek to improve the quality and treatment of patients with dementia. Architectural designs and interior finishes are required to implement special programs for residents with dementia. Staff are trained to manage behavior and promote effective care of dementia patients by arranging the environment in ways that produce positive outcomes for patients. Special activities are offered to the residents with the goal of maintaining and promoting autonomy and decision making on the part of dementia patients.
- ❖ Diagnostic Radiology - When this service is provided, the operator shall ensure that: the radiographic procedures requiring the use of contrast media or fluoroscopic interpretation and control are performed with the active participation of a qualified specialist in diagnostic radiology or a physician qualified in a medical specialty related to the radiographic procedure.
- ❖ Hospice - Hospice shall mean a coordinated program of home and inpatient care which treats the terminally ill patient and family as a unit, employing an interdisciplinary team acting under the direction of an autonomous hospice administration. The program provides palliative and supportive care to meet the special needs arising out of physical, psychological, spiritual, social and economic stresses which are experienced during the final stages of illness, and during dying and bereavement.

A resident of a nursing home who becomes terminally ill may receive hospice services. In order to establish eligibility for hospice care, the patient's physician and the hospice medical director must certify that the patient is terminally ill, the

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patient or authorized representative must elect the hospice benefit in writing, and a hospice plan of care must be established. Terminal illness is defined as a medical life expectancy of six months or less if the illness runs its normal course.

- ❖ Limited Transfusion Services - Limited transfusion service means a facility, which transfuses blood and may temporarily store blood and distribute it within its own organization, but relies on a blood bank holding a permit in blood services-transfusion to perform laboratory tests.
- ❖ Outpatient Services
 - ❖ Occupational Therapy - This consists of instructing patients in prescribed academic subjects to prevent mental deconditioning, improving patients' mental and physical conditions and aiding in the attainment of knowledge and skills that will further residents' progress toward vocational objectives.
 - ❖ Physical Therapy - Physical therapy employs therapeutic exercises and massage and utilizing effective properties of heat, light, cold water and electricity for diagnosis and rehabilitation of patients with neuromuscular, orthopedic and other impairments. Such services are provided in a coordinated and integrated program under the direction and prescription of a physician or a registered physical therapist. Additional activities include but are not limited to the following: the provision of clinical and consultative services; the direction of patients in the use, function and care of braces, artificial limbs and other devices; prescribing therapeutic exercises; counseling patients and their relatives; organizing and conducting medically prescribed physical therapy programs; applying diagnostic muscle tests; administering whirlpool and compact baths; changing linen on physical therapy department beds and treatment tables; assisting patients in changing clothes and other personal needs and participating in discharge coordination.
 - ❖ Speech Pathology - Rehabilitation services shall be made available, only at the direction of a physician, to eligible persons as medically needed and as an integral part of a comprehensive medical care program. Such services include not only service to the patient but also instructions to responsible members of the family in follow-up procedures necessary for the care of the patient.
- ❖ Pediatric - The facility provides extensive age specific nursing, medical, psychological and counseling support services to children with diverse and complex medical, emotional and social problems in a program recognized and approved by the department to provide these services.
- ❖ Respite Care Services (Short Term) - Scheduled short term nursing home care provided on a temporary basis to an individual who needs this level of care, but who is normally cared for in the community. The goal of scheduled short term

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care is to provide relief for the caregiver(s) while providing nursing home care for the individual. Schedules for scheduled short term care are generally pre-arranged and shall be limited to one or more periods of from one to 30 days and shall not exceed 42 days in any one year except in extraordinary circumstances, such as sudden illness of the primary caregiver or temporary unfitness of the individual's principal residence.

- ❖ **Traumatic Brain-Injured (TBI)** - A planned combination of specialized services provided in a nursing home unit for head-injured residents, where the unit consists of at least 20 beds. The head-injury program shall be designed specifically to serve medically stable, traumatically brain-injured individuals with an expected length of stay from 3 to 12 months. The program shall provide goal-oriented, comprehensive, interdisciplinary and coordinated services directed at restoring the individual to the optimal level of physical, cognitive and behavioral functioning. The population served shall consist primarily of individuals with traumatically acquired, non-degenerative, structural brain damage resulting in residual deficits and disability. The program shall not admit or retain individuals who are determined to be a danger to self or others.

A resident admitted for long-term rehabilitation shall be a person who has suffered a traumatic brain injury with structural non-degenerative brain damage, is medically stable, is not in a persistent vegetative state, demonstrates potential for physical, behavioral and cognitive rehabilitation and may evidence moderate to severe behavior abnormalities. The resident must be capable of exhibiting at least localized responses by reacting specifically but inconsistently to stimuli; education and counseling services are available and offered to the residents and families

- ❖ **Ventilator Dependent** - This program is intended to serve long-term ventilator dependent residents. Services shall be directed at restoring each resident to his or her optimal level of functioning and assisting each resident to achieve maximum independence from mechanical ventilation.

Residents shall be assessed as to their ability to be weaned from their ventilatory dependence. Those residents who are assessed as potentially able to be weaned from dependence on support with mechanical ventilation or whose daily use of ventilator support may be reduced shall receive an active program of therapy and other supportive services designed for that resident to reduce or eliminate his or her need for use of a ventilator.

Residents shall be assessed as to their ability to be discharged to home or to a home-like setting with or without supportive services. When such potential is identified, the facility shall initiate an active program of therapy and other supportive services designed to assist the resident in the transition to the new setting. Facility discharge planning staff shall arrange for any home

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modifications, equipment or assistance expected to be required of the resident in the new setting.

Designated Representative

The individual or individuals designated to receive information and to assist and/or act on behalf of a particular resident to the extent permitted by New York State law. The representation occurs by a court of law if sought; by the resident if he or she has the capacity to make such a designation; or by family members and others who have an interest in the well being of the resident. The name of the designated representative must be noted in the resident's clinical record at the facility.

The designated representative: (1) receives any written and verbal information required to be provided to the resident if the resident lacks the capacity to understand or make use of the information, and receives any information required to be provided to both the resident and the designated representative; (2) participates (to the extent authorized by New York State law) in decisions and choices regarding the care, treatment and well-being of the resident if such resident lacks the capacity to make decisions and choices. These decisions are not the same as those made by a health care agent, unless the same person has been appointed both the designated representative and the health care agent.

Governing Body

The governing body of the facility constitutes the board of directors or trustees of the facility or the owner or owners of the facility.

Health Care Agent

Someone appointed by the resident to decide about treatment if the resident becomes incapable of making decisions for himself or herself. The resident has the right to appoint someone by filling out a form called a Health Care Proxy. These forms should be available at the facility, should be kept at the facility and made known to the medical staff.

Health Care Proxy

A document that delegates the authority to another individual known as a Health Care Agent to make health care decisions on behalf of the resident when that resident is incapacitated.

Minimum Data Set

The Minimum Data Set (MDS) a tool that nursing homes that receive Medicare or Medicaid payment, are required to use to assess all residents in the facility. This tool provides a comprehensive assessment of each resident's functional capabilities and helps nursing home staff identify health problems. Resident Assessment Protocols

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(RAPs), another part of the process that nursing homes must follow, provide the foundation upon which a resident's individual care plan is formulated.

MDS assessment forms are completed for all residents in certified nursing homes, regardless of who pays for the individual's care. MDS assessments are required for residents on admission to the nursing facility and then periodically, within specific guidelines and time frames. In most cases, participants in the assessment process are licensed health care professionals employed by the nursing home. MDS information is transmitted electronically by nursing homes to the MDS database in their respective States. MDS information from the State databases is captured into a national MDS database maintained by the federal government.

The MDS includes a comprehensive assessment of many factors concerning a resident's care during a stay in a nursing home facility. The initial basic assessment tracking form may be considered by some to be similar to a long-form tax form of about 11 pages, in which information on a resident is categorized by section. Each section addresses a different aspect of the resident's status, from head to toe, including physical and psychological issues.

The MDS is used by nursing home staff to formulate each resident's individualized plan of care. The MDS and care plan should be updated if there is a significant change in the resident's status. The basic assessment covers the following areas:

- resident demographics
- customary routine, cognitive patterns
- communication / hearing / vision patterns
- psychosocial well-being
- physical functioning and structural problems
- continence
- disease diagnoses and health conditions
- oral / dental / nutritional status
- skin condition
- activity pursuit patterns
- medications
- special treatments and procedures
- discharge potential, and
- influenza and pneumococcal vaccine immunization status.

The Minimum Data Set is an important tool that nursing homes use to evaluate each resident and develop a plan to provide the services that best meet the resident's needs. The State uses the MDS information when it inspects nursing homes to ensure that each resident's assessment is accurate, that the services being provided reflect the resident's needs, and that services are being provided appropriately. MDS information must be handled confidentially, due to the personal and medical information. For more detail on the MDS, please see 42 C of the Federal Register, Part 483, Subpart F.

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Nursing Home

A facility (subject to Article 28 of the New York State Public Health Law) providing lodging for 24 or more consecutive hours to three or more nursing home residents who are not related to the facility operator by marriage or by blood, who need regular nursing services or other professional services, but who do not need the services of a general hospital.

Patient Review Instrument (PRI)

The Patient Review Instrument (PRI) is an assessment tool developed by the New York State Department of Health to assess selected physical, medical, and cognitive characteristics of nursing home residents, as well as to document selected services that they may receive. Each of the State's nursing facilities are visited bi-annually and all residents in the facility are assessed with the PRI. The PRI includes assessment items in each of the following general areas:

- ❖ Administrative Data, used to identify and track both the resident being assessed (name, social security number, date of birth, etc.) and the facility in which the assessment takes place;
- ❖ Medical Conditions and Treatments, whether or not the resident has any of twelve conditions (for example, whether or not the resident has diabetes or a urinary tract infection), and whether or not the resident is receiving any of thirteen medical treatments (for example, wound care, transfusions, etc.);
- ❖ Activities of Daily Living, the degree to which the resident is independent in each of four areas: eating, mobility, ability to transfer between positions (for example, move from bed to chair), and toileting;
- ❖ Selected Behaviors, the frequency which the resident has exhibited any of the following behaviors: verbally disruptive, physically aggressive, disruptive or socially inappropriate behavior, or has had hallucinations
- ❖ Specialized Services, the frequency and level that the resident has received any physical or occupational therapies, the frequency of physician visits the resident has had in the past month, and the monthly average number of medications and psychoactive medications that have been ordered for the resident; and
- ❖ Diagnosis, the medical condition that requires the largest amount of nursing time.

The information collected from the PRI is used to determine Medicaid reimbursement for nursing homes in New York State. These data are audited after they are submitted in order to ensure their accuracy.

PASRR

Anyone who applies to a nursing home must be evaluated to determine if the nursing home can provide the services the individual needs. One of the tools that is used to conduct this evaluation is the Pre-Admission Screening and Resident Review (PASRR).

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Resident

A resident is an individual who has been admitted to and who resides in a long-term care facility (nursing home) and is entitled to receive care, treatment and services required by New York State law.

Appendix A - Nursing Home Inspections

The U. S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS), has developed a national process for nursing home inspections to ensure quality care. In New York State, this is carried out by the Department of Health. The state's survey team most often includes a nurse, dietitian, sanitarian and social worker, but other health professionals such as physicians, physical therapists and pharmacists may also participate. Surveyors spend most of their time evaluating the care and services residents receive. Surveyors observe meals, drug administration and recreational activities and also speak with residents and their families regarding the treatment they receive and their opinions about the nursing home.

The inspection survey includes the following steps:

- ❖ touring the nursing home;
- ❖ meeting with staff and administrators;
- ❖ meeting with members of the resident council and/or other residents;
- ❖ assessing the safety of the building;
- ❖ observing meals to assure that residents' nutritional needs are being met;
- ❖ interviewing nursing home residents, examining residents' medical records and observing clinical procedures; and
- ❖ summarizing the results of the survey and reporting findings to the nursing home administrator.

During an inspection survey any violations of the nursing home requirements are identified by the survey team and communicated verbally and through a formal written report, known as a Statement of Deficiencies (SOD). The nursing home has ten days once the SOD is received to provide the Department of Health with a Plan of Correction (POC) as to how the violations identified will be corrected. Depending on the seriousness of the deficiency the Department of Health may apply additional penalties as a result of the survey findings. Penalties may include fines, denial of payment for new admissions, or Department of Health mandated inservices or mandated correction. In instances where the findings are particularly egregious and the facility fails to correct the violations, termination from the Medicare/Medicaid Program is possible along with closure of the nursing home.

Nursing home surveys are unannounced and revisits to determine whether the facility has corrected the identified deficiencies are unannounced as well. Surveys may occur anywhere from 9 to 15 months from the previous survey with the statewide average for inspections no greater than 12 months.

Every nursing home receives a copy of the Department of Health's most recent survey report and federal law guarantees the report be made available for inspection by the public.

Appendix B – Planning in Advance for Your Medical Treatment

[Planning In Advance for Your Medical Treatment](#)

Appendix C – Health Care Proxy

[About the Health Care Proxy and Appointing Your Health Care Agent](#)

Appendix D – CPR and DNR Orders

Deciding about “CPR: Do-Not-Resuscitate (DNR) Orders”, and “Do-Not-Resuscitate Orders-A Guide for Patients and Families” may be found in the following booklet:

[Your Rights as a Hospital Patient in New York State](#)

Please note that the guidelines for these items are identical for nursing home residents.

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