

V O I C E S F O R Q U A L I T Y C A R E (L T C) , I N C .

A state-wide, all-volunteer, non-profit organization of people who need long-term care services, their families and friends, family and resident councils, advocates, and concerned citizens working together for quality long-term care in Maryland & Washington, D.C.

A Report on The State of Nursing Homes in Maryland 2010



Information in this report based on data downloaded from the Center for Medicare & Medicaid Services website Nursing Home Compare 12/26/10, Medicaid percentages valid for 2009 were provided by the Medicaid Division of the Maryland Department of Health & Mental Hygiene Nursing Home Family Survey results valid for 2009 were provided by the Maryland Health Care Commission The information in this report only includes those nursing homes that accept Medicare, Medicaid, or both

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Facts & Figures

- ▶ In 2008, Maryland had 146 nursing homes operate on a for profit basis and 87 nursing homes operate on a non profit basis.
- ▶ In 2010, Maryland had 155 nursing homes operate on a for profit basis and 76 nursing homes operate on a non profit basis.
- ▶ Of the 231 homes currently listed on the CMS Nursing Home Compare web site¹, 130 have in-state owners and 101 have out-of-state owners.
- ▶ Of the 231 Maryland nursing homes listed on the CMS Nursing Home Compare web site¹, 209 are fully sprinklered, 17 are partially sprinklered, and 3 have no sprinkler system at all.
- ▶ Maryland nursing home residents have the highest overall percentage of bed sores in the nation.

Citations of Health Deficiencies

Citations of Health Deficiencies are issued by the Maryland Office of Health Care Quality during their annual surveys of nursing homes or in connection with nursing home complaint investigations. We applaud the following nursing homes that have achieved a 0 health deficiency record in this cycle.

- ▶ Calvert Manor Health Care Center: Cecil County
- ▶ Calvert Memorial Hospital Transitional Care Unit: Calvert County
- ▶ Garrett County Subacute Unit: Garrett County
- ▶ Longview Nursing Home: Carroll County
- ▶ Sacred Heart Home: Prince George's County
- ▶ St. Joseph's Nursing Home: Baltimore County

The following nursing homes had more than 20 health deficiencies in December of 2010. We must also note that all of these nursing homes are owned and/or managed by a nursing home chain.

- 21 Health Deficiencies:** ▶ Fayette Health & Rehabilitation Center, CommuniCare Health Services-Cincinnati; Baltimore City
▶ Waldorf Center, Genesis; Charles County
- 22 Health Deficiencies:** ▶ LaPlata Center, Genesis; Charles County
- 23 Health Deficiencies:** ▶ Heartland Health Care Center-Hyattsville, ManorCare (owned by HCP, a CA REIT); Prince George's County
▶ Manor Care Health Services-Chevy Chase, ManorCare (owned by HCP, a CA REIT); Montgomery County
- 25 Health Deficiencies:** ▶ Manor Care Health Services-Ruxton, ManorCare (owned by HCP, a CA REIT); Baltimore County
▶ Montgomery Village Health Care Center, CareOne LLC Fort Lee, NJ; Montgomery County
- 26 Health Deficiencies:** ▶ Manor Care Health Services-Dulaney, ManorCare (owned by HCP, a CA REIT); Baltimore County
- 27 Health Deficiencies:** ▶ Rock Glen Nsg & Rehab Center, Foundation Health Care, Baton Rouge, LA; Baltimore City
- 28 Health Deficiencies:** ▶ Fox Chase Rehab & Nursing Center, CPI Management, LLC; Montgomery County
▶ Kensington Nursing & Rehabilitation Center, White Oak; Montgomery County
▶ Ravenwood Nsg & Rehab Center, Foundation Health Care, Baton Rouge, LA; Baltimore City
- 30 Health Deficiencies:** ▶ Forestville Health & Rehabilitation Center, CommuniCare Health Services-Cincinnati; Prince George's County
- 52 Health Deficiencies:** ▶ Harford Gardens Care & Rehabilitation Center, Sun Healthcare; Baltimore City

Actual Harm Level Health Deficiencies

- ▶ **These are citations of deficiencies in which one or more residents were injured. Sometimes, but certainly not always, they are unavoidable if residents are to be allowed to lead normal lives. However, more than one in any given cycle should invite serious attention. In December of 2010, 26 Maryland nursing homes were listed as having 1 health deficiency where actual harm occurred. At the same time, the following 5 nursing homes had 2 health deficiencies in an actual harm category.**

- ▶ Reeder's Memorial Home, Consulate Health Care-Maitland FL; Washington County
- ▶ Golden Living Center-Frederick; Golden Ventures; Frederick County
- ▶ Johns Hopkins Bayview Care Center, Johns Hopkins; Baltimore City
- ▶ Rock Glen Nsg & Rehab Center, Foundation Health Care, Baton Rouge, LA; Baltimore City
- ▶ Ravenwood Nsg & Rehab Center, Foundation Health Care, Baton Rouge, LA; Baltimore City

And one nursing home had three actual harm level health deficiencies.

- ▶ ManorCare Health Services-Ruxton, ManorCare (owned by HCP, a CA REIT; Baltimore County

Immediate Jeopardy Level Health Deficiencies

These are the most serious health deficiencies and they demand immediate correction. In December of 2010, only Forest Hill Health & Rehabilitation Center in Harford County, a part of the SAVA nursing home chain had an Immediate Jeopardy Health Deficiency.

Citations of Deficiencies for Mistreatment of Residents

The highest number of mistreatment deficiencies this cycle was 3 found at the following three nursing homes.

- ▶ Manor Care Health Services-Dulaney, ManorCare (owned by HCP, a CA REIT); Baltimore County
- ▶ Kensington Nursing & Rehabilitation Center, White Oak; Montgomery County
- ▶ Hebrew Home of Greater Washington, Greater Washington Jewish Community Foundation; Montgomery County

Resident Rights Health Deficiencies

We applaud the 76 out of 231 nursing homes that had no citations of deficiencies for violating resident's rights in this cycle. However, we must report that 23 of our Maryland nursing homes had 3 deficiencies for the violation of resident's rights and 10 had 4 resident's rights deficiencies. Those with the highest numbers are listed below.

- ▶ Forestville Health & Rehabilitation Center, CommuniCare Health Services-Cincinnati; Prince George's County-- 5 resident's rights deficiencies
- ▶ Harford Gardens Care & Rehabilitation Center, Sun Healthcare; Baltimore City-- 5 resident's rights deficiencies
- ▶ ManorCare Health Services-Bethesda, ManorCare (owned by HCP, a CA REIT); Montgomery County -- 6 resident's rights deficiencies
- ▶ Manor Care Health Services-Ruxton, ManorCare (owned by HCP, a CA REIT); Baltimore County -- 7 resident's rights deficiencies

Special Focus Facilities

Special Focus Facilities are the worst 100 nursing homes in the country at any given time. Two nursing homes are given this designation in each state. As a home improves, it is removed from the Special Focus Facility list and is replaced by another troublesome home. Currently the two Maryland Special Focus Facilities are

- ▶ ManorCare Health Services-Chevy Chase in Montgomery County
- ▶ ManorCare Health Services-Rossville in Baltimore County.

The 5-Star Ratings System of the Centers for Medicare & Medicaid Services

Under the 5-Star Rating System: 5 stars are far above average, 4 stars are above average, 3 stars are average, 2 stars are below average, and 1 star is far below average.

According to the medicare.gov web site²;

“The Five-Star Quality Rating System was created to help consumers, their families, and caregivers compare nursing homes more easily and help identify areas about which you may want to ask questions. This rating system is based on continued efforts as a result of the Omnibus Reconciliation Act of 1987 (OBRA '87), a nursing home reform law, and more recent quality improvement campaigns such as the Advancing Excellence in America’s Nursing Homes, a coalition of consumers, health care providers, and nursing home professionals.

Nursing home ratings are taken from the following three sources of data:

- * Health Inspections
- * Staffing
- * Quality Measures

We provide a star rating for each of these three sources, in case some areas are more important to you than others. Then, these three ratings are combined to calculate an overall rating.

Why is this important?

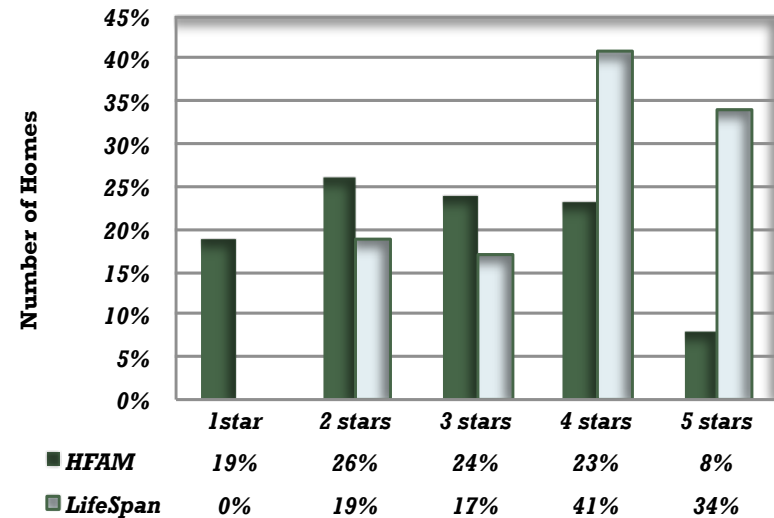
Nursing homes vary in the quality of care and services they provide to their residents. Reviewing health inspection results, staffing data, and quality measure data are three important ways to measure nursing home quality. This information gives you a ‘snap shot’ of the care individual nursing homes give.”²

It is important to remember that staffing numbers and Quality Measure data are reported by the nursing homes and are not independently verified. So far, Voices for Quality Care (Voices) believes that while not perfect, these star ratings do for the most part give an accurate comparative rating of the quality of care provided by each nursing home and we applaud the Center for Medicare & Medicaid Services for making them available to the general public.

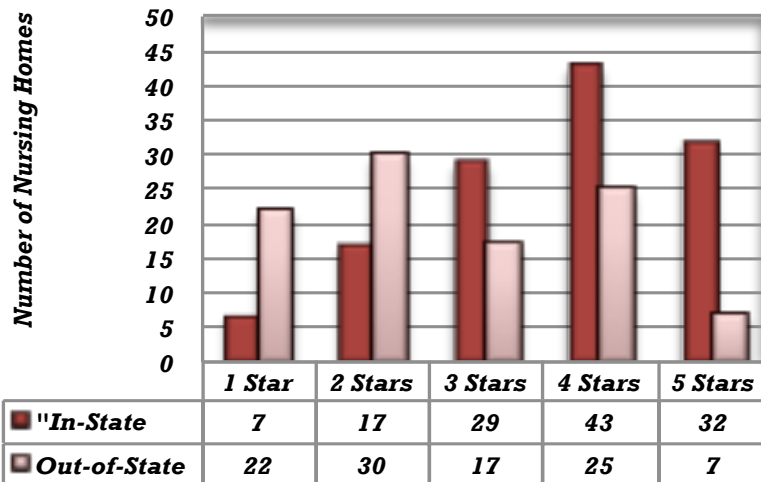
The State of Maryland has two nursing home associations, Health Facilities Association of Maryland (HFAM) and LifeSpan. The characteristics of the nursing homes in each association seem to be somewhat different in terms of both ownership and quality of care. 45% of HFAM's facilities are below or far below average while only 8 % of LifeSpan facilities are below average and none are far below average. Of the for-profit nursing home chains that belong to an association, all belong to HFAM.

National statistics consistently show that on average non profit nursing homes give better care than for profit nursing homes. Maryland statistics are consistent with this national trend. The same seems to be the case for homes with in-state owners as opposed to those with out-of-state owners.

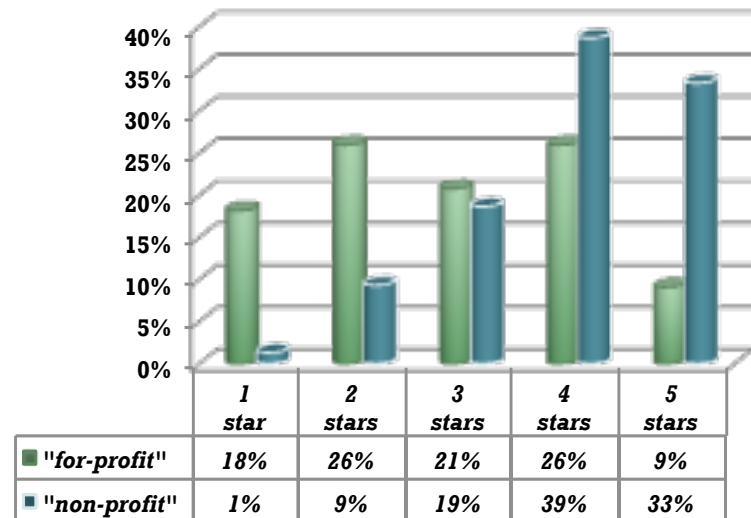
Number of Nursing Homes by Association In Each Star Rating Category



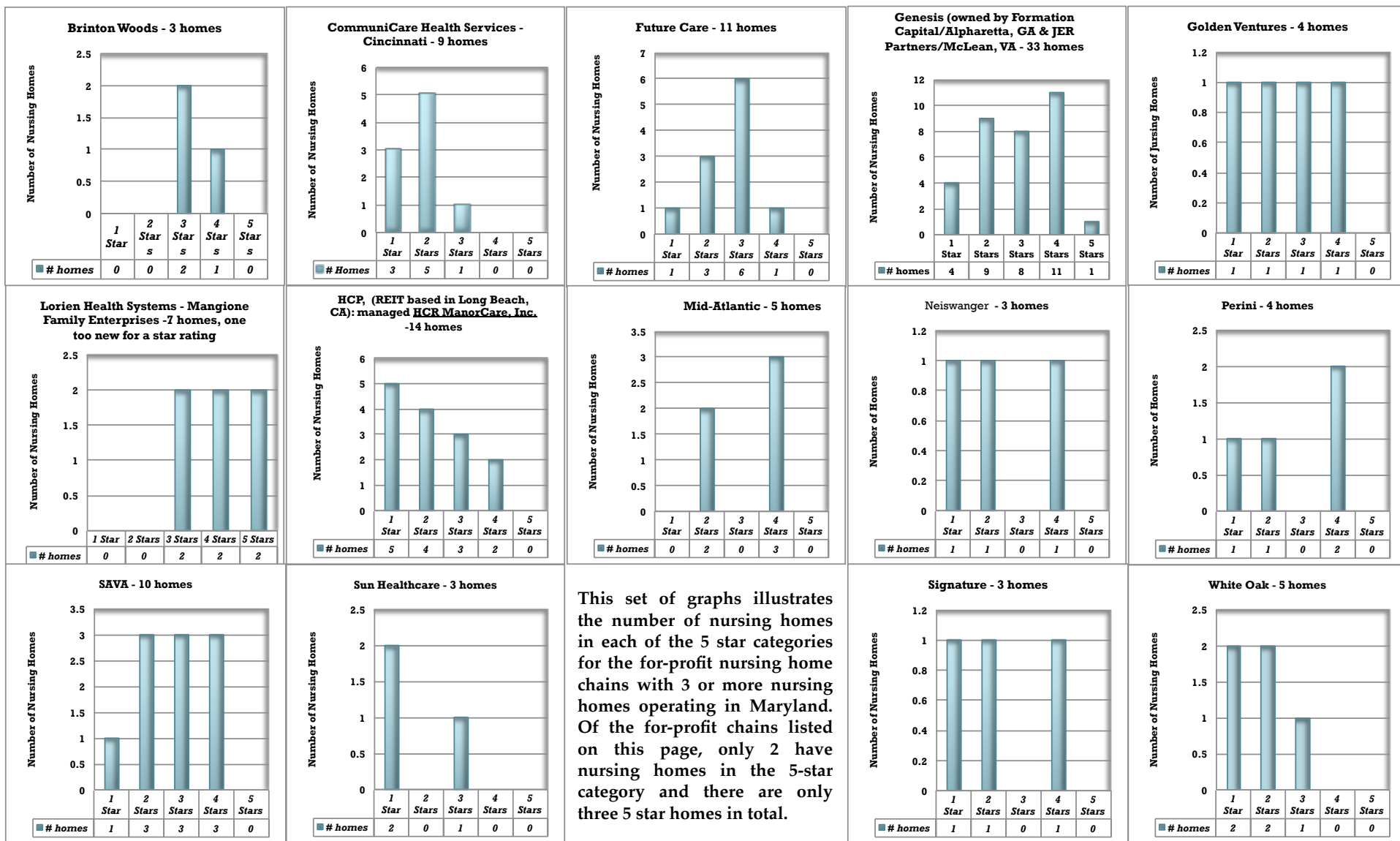
Number of Nursing Homes in Each Star Category for In-State and Out-of-State Owners



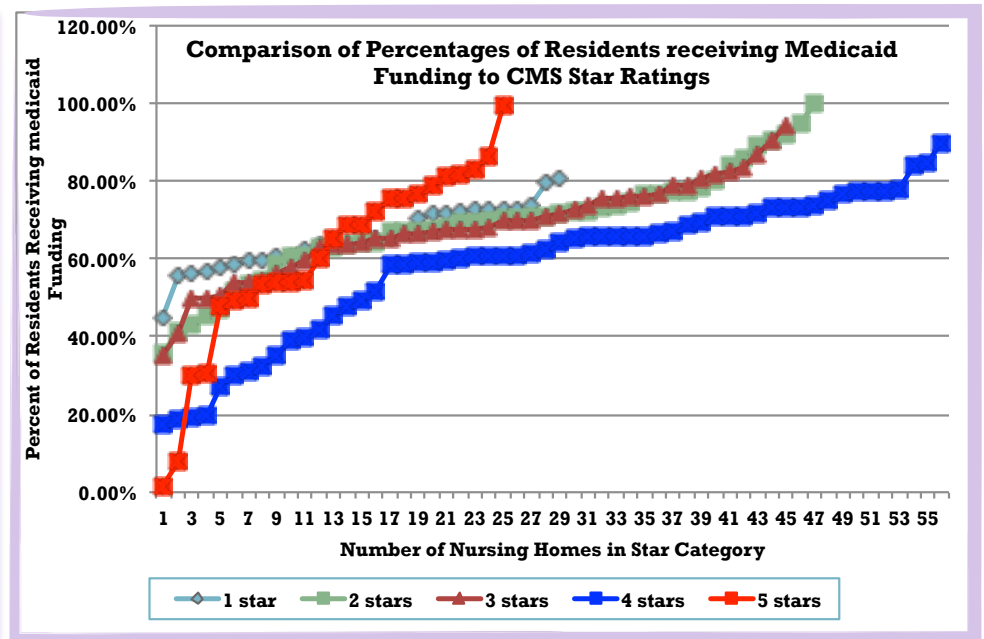
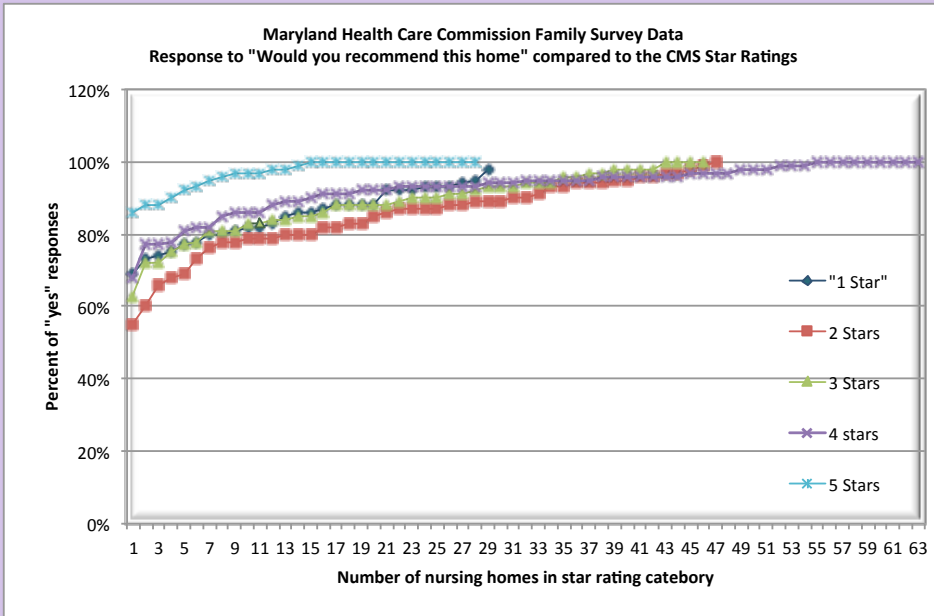
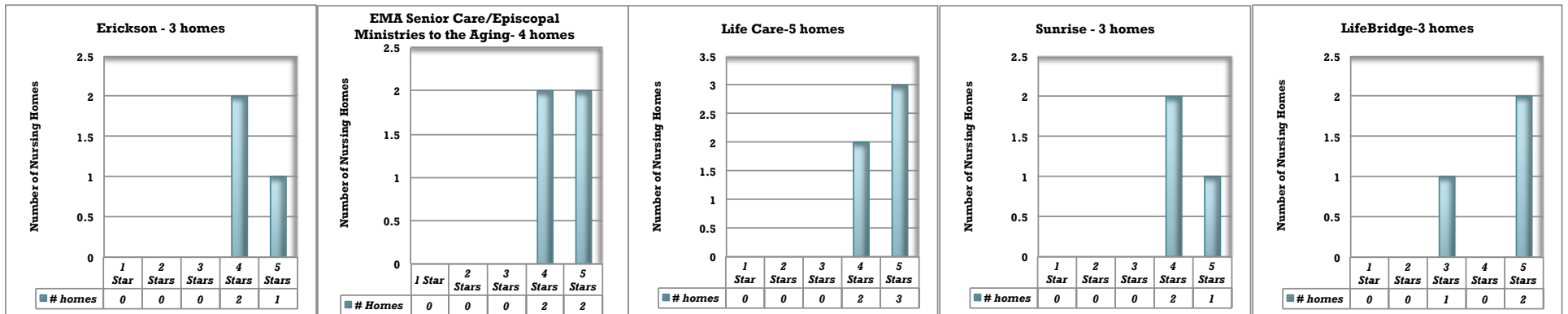
Percent of For & Non Profit Nursing Homes by Star Rating



Nursing Homes by Star Ratings in the Various For Profit Nursing Home Chains



Nursing Homes by Star Ratings in the Various Non Profit Nursing Home Chains



- Of the 218 Nursing Homes listed in the 2009 MHCC Family Nursing Home Survey, 58% of the listed homes had less than a 60% response.

While there is a slight correlation between the family responses in the 5 star homes, generally speaking, there is little correlation between the verified quality of care in these nursing homes and whether or not a family member would recommend that home to others. We suspect that one reason for this is that there is no level of expectation built into this survey process.



This data is always a surprise to us. Despite claims to the contrary, there still is no significant correlation between the percentage of residents on Medicaid in a nursing home and the quality of care in the home.

Maryland Has The Highest Nursing Home Pressure Ulcer Rate In The Nation³

COMAR: Turning & Repositioning 10.07.02.12 .12 Nursing Services...

S. Program of Restorative Nursing Care. There shall be an active program of restorative nursing care aimed at assisting each patient to achieve and maintain his highest level of independent function including activities of daily living. This program shall include:...

(3) Encouraging and assisting patients to change positions at least every 2 hours to stimulate circulation and prevent decubiti [bed sores, pressure ulcers] and deformities;

- ▶ Maryland Medicaid pays a separate per diem fee for any residents on Medicaid that need turning and repositioning to prevent or heal bed sores. Yet Voices members, family council members, and helpline callers tell us that it just is not happening in many nursing homes.
- ▶ In New York, New Mexico, and other states, the Attorneys General in addition to the licensing and survey agencies are actively engaged in enforcing regulations such as these. Despite numerous unsuccessful attempts over a period of years, we have not yet managed to engage the Maryland Attorney General's Office in a discussion of this or any other long-term care issue.
- ▶ We have 3 nursing homes where the percentage of long-stay high-risk residents with pressure ulcers was 0% in December of 2010 -- proving that it can be done. They were
 - Hartley Hall Nursing Home, Inc.
 - Hillhaven Nursing Center
 - Coffman Nursing Home
- ▶ Unfortunately, we also had nursing homes with high percentages of long-stay high-risk residents with pressure ulcers in December. Among them were
 - Western Maryland Health System Frostburg Nursing & Rehabilitation Center; 32%
 - ManorCare Health Services - Rossville, Manor Care; 27%
 - Waldorf Center, Genesis; 26%
 - Future Care Homewood, Future Care; 26%
 - Clinton Nursing & Rehabilitation Center, White Oak; 25%
- ▶ The Maryland LANE (Local Chapter) of the national Advancing Excellence in America's Nursing Homes Campaign spent 3 years focused almost entirely on reducing pressure ulcer rates in Maryland nursing homes.
- ▶ Maryland's overall pressure sore rate of 8.39% is the highest in the nation and 1.88 percentage points greater than the national average of 6.51%⁴ This rate includes an average percentage for all resident categories for pressure sore statistics.⁵
- ▶ During the years from 2007 through 2010, the Maryland Office of Health Care Quality issued a total of 11,495 citations of deficiency to nursing homes. Of those citations of deficiency, a total of 154 were issued for F314, the federal designation that pertains to bed sores or pressure ulcers. Of those citations of deficiency,
 - 8 were in a category indicating that Actual Harm had occurred. (G=7, H=1)
 - 91 were listed as isolated incidents with 21 listed as indicating a pattern
 - 91 of the deficiencies occurred in homes that are a part of a for-profit chain
 - 27 deficiencies were given in 2007, 46 were given in 2008, 51 in 2009, and 30 in 2010
 - 19 homes were cited for this deficiency twice between 2007 and 2010
 - 5 homes were cited on three separate occasions for this same deficiency during these years
- ▶ The Center for Medicare and Medicaid Services has declared that Stage 3 and Stage 4 pressure ulcers are "never events", inexcusable outcomes in a health care setting. Other events in this category are things like surgically removing the wrong limb, leaving a foreign object in a patient after surgery, infants discharged to the wrong person, death or serious disability due to a medication error, etc.



http://en.wikipedia.org/wiki/File:Nekrose_dekubitus01.jpg

From the Federal Office of the Inspector General:

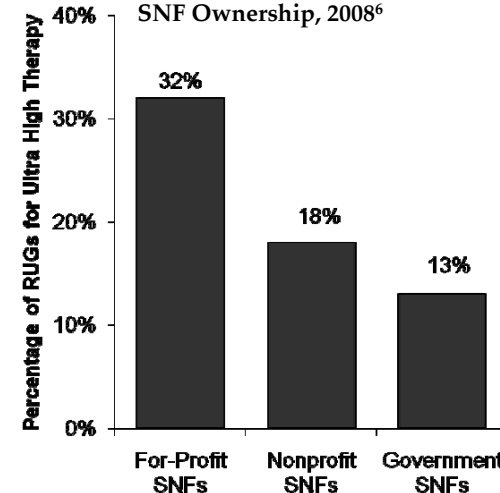
Medicare pays Skilled Nursing Facilities (SNFs *i.e.* nursing homes) under a prospective payment system. Under this system, SNFs classify each beneficiary into a group based on his or her care and resource needs. These groups are called resource utilization groups (RUGs), and each RUG has a different Medicare per diem payment rate.

“From 2006 to 2008, SNFs increasingly billed for higher paying RUGs, even though beneficiary characteristics remained largely unchanged.”⁴

For-profit SNFs were far more likely than nonprofit or government SNFs to bill for higher paying RUGs.”

“It is also worth noting that the billing by the for-profit SNFs purchased by large chains changed soon after the SNFs were acquired. Between 2006 and 2008, nine large for-profit chains acquired a total of 159 SNFs. In all nine chains, the percentage of RUGs for ultra high therapy increased in the newly acquired SNFs. Notably, for three chains, the increase was at least 9 percentage points.”⁵

Chart 2: Billing for Ultra High Therapy... by Type of SNF Ownership, 2008⁶



From “The Promise of Resident-Centered Nursing Home Care”:

“The Nursing Home Reform Act—passed as part of the Omnibus Budget Reconciliation Act of 1987—has defined the nursing home regulatory environment for more than two decades. Commonly referred to as OBRA '87, the law addressed major shortcomings identified at the time by advocacy groups, the federal government, and the Institute of Medicine...

Several studies have documented improvements that occurred subsequent to OBRA '87, including increased staffing levels and decreased rates of pressure ulcers, restraint use, and catheter use for residents. Nevertheless, nursing home quality problems have occurred with troubling regularity, with facilities often cycling in and out of regulatory compliance. Even more fundamentally, the broader nature of nursing home care in the United States does not yet match consumer preferences for homelike environments, resident autonomy, and individualized care...

Broadly defined as practices that help and encourage nursing home residents to make choices and set priorities about their own care and daily routines, “resident-centered care” (RCC) is arguably at the heart of the OBRA '87 standards emphasizing residents' rights and quality of life. RCC orients staffing assignments, physical environments, and daily routines around resident preferences, and it actively involves residents in decision-making. A range of stakeholders agree that these ideals remain largely unrealized...

CONCLUSION

Through regulations, technical assistance, and payment policies, government action can be a force for positive change in nursing home care. Rhode Island's Individualized Care Pilot made the regulator's role central to encouraging and requiring the provision of resident-centered care, but other mechanisms could be used as well. For example, following a recent recommendation by the National Commission for Quality Long-Term Care, state survey agencies could work iteratively with their QIO counterparts to help facilities address identified quality problems. Similarly, quality measurement could place greater emphasis on RCC and its determinants. Efforts to assess resident quality of life and satisfaction signify progress in this area, as do efforts to document facility practices that are consistent with RCC. If measurement of RCC continues to advance, publicly reporting these measures to consumers could be a logical next step; incorporating the measures into a pay-for-performance framework would also be an option. Both steps could help create a market as well as a regulatory incentive to provide RCC. Ultimately, aligning the expectations of regulators, providers, and consumers around resident-centered care will help move us closer to fulfilling the promise of the Nursing Home Reform Act.”⁷

¹Center for Medicare & Medicaid Services (CMS) Nursing Home Compare web site, <http://www.medicare.gov/nhcompare/>

²Source: <http://www.medicare.gov/NHCompare/static/tabhelp.asp?language=English&activeTab=6&subTab=0&version=default>

³Charlene Harrington et al. *Nursing Facilities, Staffing, Residents and Facility Deficiencies, 2004 through 2009*: Department of Social and Behavioral Sciences, University of California, San Francisco, California 94118.

⁴Daniel R. Levinson: Inspector General, Office of Inspector General, Department of Health and Human Services, *Questionable Billing By Skilled Nursing Facilities*, December 2010; OEI-02-09-00202; page 11.

⁵Daniel R. Levinson: Inspector General, Office of Inspector General, Department of Health and Human Services, *Questionable Billing By Skilled Nursing Facilities*, December 2010; OEI-02-09-00202; page 13.

⁶*Ibid*

⁷David G. Stevenson and David R. Gifford: Issue Brief, The Commonwealth Fund, *The Impact of a Regulatory Intervention on Resident-Centered Nursing Home Care: Rhode Island's Individualized Care Pilot*, December 2010