

**Department of Health and Human Services**

**OFFICE OF  
INSPECTOR GENERAL**

**Public Access to Nursing Home  
Survey and Certification Results**



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# ))))))))) EXECUTIVE SUMMARY )))))))

## **PURPOSE**

To assess the availability and usefulness to the public of the results of survey and certification reviews of nursing homes.

## **BACKGROUND**

Recent reports by the Health Care Financing Administration (HCFA), the General Accounting Office, and the Office of Inspector General (OIG) have raised serious concerns about nursing home patients' care and well-being. The Senate Special Committee on Aging held two hearings in the summer of 1998 on these results.

### **Survey and Certification**

The most important Congressional response to prior concerns for nursing home patients was the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987). The Act served to strengthen the standards and HCFA's survey and enforcement processes for nursing homes. These reforms require that onsite surveys be conducted in nursing homes once every 12 to 15 months for continued certification of all nursing homes. These annual surveys of nursing homes are critical because they represent the only current "report card" of a nursing home's quality of medical care.

### **Availability of Survey Results**

Nursing home residents and their families need accurate information about the quality of care in nursing homes in order to make informed choices about which nursing home will provide the necessary care. Selecting a nursing home depends, in part, on the most complete, timely information available. The nursing home's most recent annual survey results are, theoretically, ideally suited for this purpose. Various laws and regulations are intended to make them publicly available.

In order to assess that availability and usefulness of the nursing home survey results, we tried to simulate a family member's experience in obtaining copies of the survey and certification results of nursing homes being considered for a potential patient. To find out what families and others might experience, we made onsite visits to nursing homes, conducted telephone requests to State and HCFA offices for survey results, and accessed HCFA's new Internet site for obtaining summary survey results for nursing homes. We also talked to a sample of families and others to find out their actual experiences and reviewed pertinent State and Federal rules and procedures regarding access to nursing home survey results. We conducted our study in eight cities.

## **FINDINGS**

**General Family Awareness** - Two-thirds of the 155 families and others we interviewed did not know that the results of the Federal and State nursing home inspections are available on request. Fifty-two percent were also unaware that such inspections are required. Only 15 individuals had requested a copy of the survey results. Eleven of these obtained the results;

however, 6 of the 11 said the results were not based on a recent survey conducted in the previous 15 months.

**Onsite Visits to Nursing Homes** - Most of the 32 sampled nursing homes visited by OIG staff did not fully meet the requirements for making survey results available. In 17 of the nursing homes, the notice identifying the location of the survey results was not posted; the OIG staff had to ask for the survey results in 24 of them; and for 17 of the nursing homes, the survey results were in locations directly observed by staff, contrary to regulations. Twenty-seven of the 32 nursing homes visited did, ultimately, make available the nursing home's survey results. However, the OIG staff had an advantage over other members of the public in that they were aware of the type and form of the material they were seeking and knew, specifically, what information to request.

**Telephone Requests** - Four of the eight nursing homes from whom we requested survey results by telephone refused the request and did not provide a referral for the caller. Of the ten HCFA regional offices we called, five agreed to provide the survey results; three of the ten made inappropriate referrals to the Social Security Administration. In contrast, seven of eight State offices we called agreed to provide the requested information.

**Mail Requests** - Processing and delivery procedures may delay timely response to requests made by mail to States and HCFA regional offices. Also, both the States and HCFA charge for processing and providing requested survey results. The amount of these charges may be unclear to the requester at the time the request is made and are potentially expensive.

**Internet Requests** - The HCFA's Internet site, *Nursing Home Compare*, was somewhat difficult to locate, but once located, was easy to use. We found survey and certification reports for 56 of the 64 nursing homes in our study sample. Sixty-five percent of the families and others we interviewed said the Internet could be very helpful in providing useful nursing home information.

**Legibility of Reports** - The summary survey and certification reports on HCFA's new Internet site are more readable and understandable than the standard system-generated HCFA survey results.

## **RECOMMENDATIONS**

We conclude that the existing system for providing public access to nursing home survey information does not work as intended. The HCFA's new Internet initiative will prove very helpful to those having access to the Internet. However, it is equally important to strengthen all existing avenues for receiving information and to identify new avenues. To accomplish this, we believe HCFA should:

- ▶ Continue to promote public awareness of the required quality of care standards for nursing homes.
- ▶ Work with States and patient advocacy associations to promote public awareness that nursing home survey results are available for review by any member of the public.
- ▶ Include, in HCFA's *Guide to Choosing a Nursing Home*, language that explains simply what constitutes a nursing home survey and the availability and location of survey results.

- ▶ Work with interested public and private entities to promote public knowledge about how and where to access HCFA survey reports on nursing homes.
- ▶ Work with the States, patient advocacy associations, and nursing home industry associations to develop acceptable laymen's language for HCFA nursing home reports provided in response to public requests for such information. Some improvements can be made by modeling a summary report after the one that appears on HCFA's new Internet page.
- ▶ Consider the feasibility of requiring nursing homes to provide a HCFA-prepared summary survey report as part of the admission process in each nursing home.
- ▶ Promote awareness of the new HCFA Internet site providing summary nursing home survey report information.
- ▶ Create a direct link to the summary nursing home information on HCFA's Internet home page.
- ▶ Require the posting of available nursing home survey information in a standard, readily visible location in each nursing home.
- ▶ Enforce the requirement to post survey results in locations not readily observable by nursing home staff.
- ▶ Explore other avenues of providing nursing home information to the public. For example, determine the feasibility of providing hospital discharge planners with nursing home survey reports to facilitate the choice of a nursing home when patients are transferred from the hospital to a nursing home.
- ▶ Work with States and advocacy associations to explore additional means of providing nursing home profile information (e.g., advertised telephone number in each State and HCFA regional office for consumers to call).

## **AGENCY COMMENTS**

We solicited comments from agencies within the Department of Health and Human Services which have responsibilities for policies related to Medicare and Medicaid, as well as for long term care. We received comments from HCFA concurring with our recommendations. The HCFA further emphasized their continued support of providing sufficient information to the public for their use in making informed decisions regarding long term care. They further indicated their additional interest in exploring the development of a national 1-800 number to provide public access information and reports regarding nursing homes.

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# )))))))))))))))))))))))))) INTRODUCTION ))))))))))))))))))))))))

## **PURPOSE**

To assess the availability to the public of the results of survey and certification reviews of nursing homes.

## **BACKGROUND**

Recent reports of the Health Care Financing Administration (HCFA) on nursing home responsibilities and processes, and General Accounting Office reviews of patient care in California nursing homes raised serious concerns for patients' care and well-being. The Senate Special Committee on Aging held hearings in the summer of 1998 on these results. At the same time, the Office of Inspector General (OIG) undertook additional studies aimed at assessing the quality of care in nursing homes. We recently issued reports on the inadequacy of criminal background checks on nursing homes employees and raised questions about States' responses to reports of patient abuse. Additional OIG reports will examine the extent and nature of reported abuse of nursing home patients, the nursing home survey and certification process, and the Ombudsman's role.

The most important Congressional response to prior concerns for nursing home patients was the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987). The Act served to strengthen quality standards and HCFA's survey and enforcement processes for nursing homes. These reforms require that onsite surveys be conducted in nursing homes once every 12 to 15 months for continued certification of all nursing homes.<sup>1</sup> These annual surveys of nursing homes are critical because they represent the only current "report card" of a nursing home's quality of medical care.

Nursing home residents and their families need accurate information about the quality of care in nursing homes in order to make informed choices about which nursing home will provide the necessary care. Selecting a nursing home depends, in part, on the most complete, timely information available. The nursing home's most recent annual survey results are, theoretically, ideally suited for this purpose. Various laws and regulations are intended to make them publicly available.

***Health Care Financing Administration Nursing Home Reports*** - The State and HCFA do not routinely "notify" the public of nursing home survey results or of any subsequent plans of correction for identified deficiencies. However, HCFA must disclose them to the public *upon request* under the Freedom of Information Act (FOIA).<sup>2,3</sup> Requests can either be by telephone or in writing to each HCFA regional office, in addition to the central office located in Baltimore, Maryland. The HCFA defines and categorizes requesters for billing purposes,<sup>4</sup> using the guidance provided by the FOIA and the Department of Health and Human Services' FOIA policy.<sup>5,6</sup>

Requests for nursing home information can be provided by HCFA on the most recent survey conducted on a nursing home. There are generally four computer-generated reports which can provide this information:

- ▶ The HCFA 2567L (see Appendix B), Statement of Deficiencies and Statement of Isolated Deficiencies, is the form generated by the most recent standard survey and any subsequent extended surveys. This survey report provides a “picture” of any deficiencies noted in the nursing home during the State or Federal survey and is the form available in the nursing home.
- ▶ OSCAR Report 3 (see Appendix C), Facility History Profile, contains provider identification data and deficiencies from the most recent four surveys.
- ▶ OSCAR Report 4 (see Appendix D), Facility Full Profile, contains a comprehensive summary of the most recently completed survey.
- ▶ OSCAR Report 40 (see Appendix E), Complaint Facility History Profile, provides a summary complaint history of the nursing home.

Reports 3 and 4, which provide summaries of the HCFA 2567L, are most often requested or provided in response to a request. In addition to these reports, HCFA has an Internet multi-purpose site. This site provides information about Medicare and Medicaid, as well as about the OSCAR system and processes for requesting nursing home survey information.

***Nursing Homes*** - The HCFA requires each certified nursing home to post a **notice** giving the location and availability of the survey results. The nursing home must also make the results available for examination in a place readily accessible to residents<sup>7</sup> and frequented by most residents, such as in the facility lobby or dining area. The definition of “patient” has been informally extended to also include individuals having responsibility for the patient, family members, and prospective future patients.

***HCFA Internet Initiative*** - The HCFA recently initiated a new Internet site, *Nursing Home Compare*,<sup>8</sup> for public access to summary information on nursing home survey results. This site, an addition to the multi-purpose site already existing, provides consumers access to “simplified” nursing home survey results.

## **METHODOLOGY**

We limited our study to a purposive sample of eight States (California, Georgia, Illinois, Massachusetts, Missouri, New York, Pennsylvania, and Texas). These States represent approximately 40 percent each of (1) the Medicaid recipients receiving services in nursing facilities, including skilled facilities, and (2) the total skilled, non-swing,<sup>9</sup> nursing facility patients.<sup>10</sup> Within each of the States, we selected one city, each having a regional office of the OIG’s Office of Evaluation and Inspections (San Francisco, Atlanta, Chicago, Boston, Kansas City, New York City, Philadelphia, and Dallas).



We employed five parallel lines of inquiry to determine how accessible the nursing home survey results are to nursing home clients, their families, and other supportive persons. In order to assess that availability and usefulness of the nursing home survey results, we tried to simulate a family member's experience in obtaining copies of the survey and certification results of nursing homes being considered for a potential patient. To find out what families and others might experience, we made onsite visits to nursing homes, conducted telephone requests to State and HCFA offices for survey results, and accessed HCFA's new Internet site for obtaining summary survey results for nursing homes. We also talked to a sample of families and others to find out their actual experiences and reviewed pertinent State and Federal rules and procedures regarding access to nursing home survey results.

**OIG Simulation of Access** - We simulated a family member's experience in obtaining a copy of nursing home survey results. We randomly selected five nursing homes within each of the eight cities. In four of the five nursing homes, our staff conducted onsite visits.

In preparation for the onsite visits, OIG staff "assumed" the identity of a family member or friend helping someone review a nursing home for possible future care. As such, they had advance preparation to answer questions concerning this fictitious individual and their relationship with that person. After attempting to seek the requisite posted notice and the survey results of the sampled nursing homes, the OIG staff documented their experiences. However, the reader must understand that the OIG staff had an advantage over other members of the public attempting to obtain nursing home information in that they were aware of the type and form of the material they were seeking.

**OIG Telephone Requests** - We used the fifth facility randomly selected in each of the eight cities to test the process of requesting survey results by telephone. These calls were initially made to the sample nursing home, followed by calls or letters to State offices and HCFA regional offices. All steps in the process of requesting the survey results were documented by OIG staff making the requests.

**Contact with Families or Other Responsible Individuals** - We randomly selected another three nursing homes in each of the eight cities. These 24 facilities provided a listing of all new patients admitted in the first six months of 1998, and the name and telephone number of each patient's principal family contact or other responsible person. From these recent admissions, we randomly selected nine per nursing home. We then contacted, by telephone, 155 individuals having responsibility for the patients (a 72 percent response rate). All respondents provided their perceptions of nursing home inspection requirements; availability of nursing home survey results; and generally, how helpful they believed such reports might be in choosing a nursing home. Two-thirds of the families and others also provided their perceptions of survey accessibility, difficulty of understanding, and whether the nursing home supplied the most recent survey during the admission process.

**State and HCFA Regional Office Processes** - We obtained, from each of the eight State offices having responsibility for nursing home survey visits, information about their requirements and processes for providing nursing home survey results, the number and sources

of nursing home survey information requests, and any State charges to requesters. We obtained similar information from ten HCFA regional offices.

**HCFA’s Internet Site** - We asked an OIG employee, one familiar with performing research on the Internet, to document her attempts to locate the new HCFA site providing nursing home survey results. Upon locating the site, this employee then searched the site for the survey results of all 64 nursing homes which were included in this inspection.

The table below summarizes the five lines of inquiry we used in this study:

<b>Summary of Sampling Units</b>				
<b>Lines of Inquiry and Sample Numbers:</b>	<b>Nursing Homes</b>	<b>Family/Other</b>	<b>State Offices</b>	<b>HCFA Offices</b>
OIG Onsite Nursing Home Visits to Assess Survey Results Availability	32	NA	NA	NA
OIG Telephone Requests to Sample Nursing Home and Applicable State and HCFA Offices	8	NA	8	10
Contact with Family or Other Responsible Persons	24	192*	NA	NA
Survey State and HCFA Offices for Processes to Request and Receive Survey Results	NA	NA	8	10
Access HCFA Internet Site for Survey Results	64	NA	NA	NA

\*The response rate for the 192 was 72 percent or 155 completed interviews.

***Interpretation of Data and Survey Conduct***

Because of the sampling methods, the results of the data analysis cannot be generalized to all nursing homes. However, we believe that the findings provide insight into several issues related to the availability of nursing home survey results.

This inspection was conducted in accordance with the **Quality Standards for Inspections** issued by the President’s Council on Integrity and Efficiency.

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**FINDINGS**  
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**GENERAL FAMILY AWARENESS OF SURVEY RESULTS**

**Two-thirds of the sampled families and others responsible for nursing home patients did not know that the results of the Federal and State nursing home inspections are available on request.**

While many of the family and other responsible individuals are aware that nursing homes are required to provide good quality care, 52 percent of them were unaware that the State is required to conduct an inspection of each Federally-certified nursing home. Further, 67 percent of the families and others did not know those results of nursing home inspections are available to anyone who wishes to see them.

Only 15 of 155 families and others had requested nursing home survey results. Of these, 11 had obtained them. As a general note, of these 11 individuals, six said the results were not based on the most recent survey conducted within 15 months of their visit.

**ACCESSING SURVEY RESULTS ONSITE IN THE NURSING HOMES**

**Most sampled nursing homes visited by OIG staff did not fully meet the requirements for making survey results available.**

**Posting the Notice** - In 17 of the 32 nursing homes, OIG staff were unable to locate the notice providing information on the location of the survey results. For those nursing homes which posted the notice (15), 13 posted the notice approximately 5 feet above the ground - a location difficult for viewing by patients using wheelchairs. Five nursing homes posted the notice in locations moderately or very difficult to locate.

**Asking for Survey Results** - The law requires that residents should not have to ask a staff person for the survey results.<sup>11</sup> Yet, in 24 of the 32 nursing homes, OIG staff were required to ask employees for the results.

**Availability of Survey Results** - As required by previously described laws and regulations, 27 of 32 nursing homes made available their most recent survey results; five were unable to provide the survey results for OIG review. On the surface, this finding suggests that most nursing homes are complying with requirements to make the survey results available to the public. However, as noted earlier, the OIG staff had an advantage over other members of the public in that they were aware of the type and form of the material they were seeking and knew, specifically, what information to request.

**Location of Survey Results** - The law specifies that patients should be able to read the results alone without being monitored by nursing home staff. Yet, 17 of the 32 nursing homes located their survey results in areas directly observed by staff. The following table identifies the locations of the survey results identified by the OIG staff visiting the nursing homes:

<b>Location of Available Survey Results</b>		Number of <u>Nursing Homes</u>
Near administration/business office	7	} 17
Near or in nurse station	6	
In the administration/business office	4	
Beside the posted notice	1	
Other (entrance, reception, lounge)	5	
Received, location unknown	4	

## **ACCESSING SURVEY RESULTS BY TELEPHONE AND MAIL**

**OIG staff encountered difficulties obtaining survey information by telephone and mail from sampled nursing homes and HCFA regional offices; generally, the State offices were more responsive.**

### **Telephone Requests**

For each of the eight sampled nursing homes, OIG staff contacted the nursing home, applicable State office, and HCFA regional office.

**Nursing Home** - The first request to the nursing home for its survey results was conducted by telephone. None of the nursing homes required subsequent submission of a written request. However, of the eight homes, four denied the request with no referral to another agency for assistance. Three agreed to provide the requested information, while one referred the request to the Social Security Administration (SSA).<sup>12</sup> Of the eight requests made to the nursing homes, only three were received. According to the OIG staff, two of the received results were legible copies of the actual HCFA 2567L; the third was a State survey inspection summary report. Two of the results were received three days from the date requested by OIG; the remaining survey took nine days.

**HCFA** - The first survey results request to each HCFA regional office was conducted by telephone. Half of the offices required subsequent submission of a written request. Of the ten offices, five agreed to provide the requested information, three inappropriately referred callers to SSA, and two did not provide a referral. Due to the time constraints of our study, we specified a date by which the OIG staff had to complete their reviews. From the five HCFA offices which agreed to provide the survey results, we received only one response, 23 days after our request.

**State Agency** - The first request for survey results to each of the eight State offices responsible for surveys was conducted by telephone. As with HCFA, half of the offices required subsequent submission of a written request. Of the eight offices, seven agreed to provide the requested information; one referred the caller to another State agency. However, only four of these seven offices responded. Their response times ranged between one and 12 days.

**Mail Requests to State and HCFA Offices**

**Most requests for nursing home survey results are initiated by mail, and most of the requests are made to the State; patients and their families are the least frequent requesters using this method.**

As the following table indicates, the State offices vary greatly in the numbers of requests for survey results:

<b>State Requests for Survey Results</b> (Calendar Year 1997)	
California	861
Georgia	1,175
Illinois	157
Massachusetts	221
Missouri	1,500
New York	17
Pennsylvania	Not maintained
Texas	Unknown

In contrast, most of the HCFA regional offices indicated they did not receive many requests for survey results. Eight offices reported requests ranging from three to ten in calendar year 1997; two offices did not respond. Regardless of whether the requests are made to the State or HCFA, patients and their families are the least frequent requesters of nursing home survey results. The highest number of requests is received from attorneys, according to six State and eight HCFA offices. The next highest category of requestor was the media according to three HCFA offices and advocacy groups per one State office.

**While all State offices and HCFA regional offices accept written, faxed, or electronic requests, States most often reported to the OIG that they would accept telephone requests.**

Six of the States, as compared to only two of the HCFA regional offices, reported to the OIG that they would accept telephone requests from the public. This may account for one possible reason why individuals do not request information from the HCFA regional offices more often. Possible responses times may be another factor.

**Processing and delivery procedures may delay timely receipt of requested survey results.**

Five of the eight State offices reported responding to a request in less than ten days (from the date received to mailing); one reported less than 30 days, and one reported less than 60 days. For the few requests HCFA regional offices reported receiving, their response times ranged from a low of seven days to a high of 20 days. We did not verify the response times reported by the State or HCFA offices.

Additionally, HCFA’s central office indicates that delivery time may delay receipt of the survey reports.<sup>13</sup> The Freedom of Information Act requires processing of requests within 20 days. However, HCFA suggests that the duration between request and receipt of survey results can be increased five to six weeks. Also, HCFA considers mailing of the request for information as acceptance by the requestor of any associated costs. To ensure the requestor understands this concept, a time delay may occur before shipment of the results while HCFA notifies the requestor of the report costs and requires the requestor to confirm information (as to the purpose and use of the reports) presented in their request letters.<sup>14</sup>

**State and HCFA charges for processing and providing survey results may be unclear to the requestor and are potentially expensive.**

Each of the State offices and HCFA regional offices apply charges for services in response to public requests for nursing home survey information, but what charges will actually be billed is sometimes unclear at the time the request is initiated. For example, four of the eight State offices indicated that they would routinely not assess charges for requests whose final product resulted in a total potential charge ranging from \$1 to \$5. Two States indicated they would not charge for requests resulting in either less than nine pages or less than 19 pages, respectively. Each HCFA regional office has established \$15 as the amount at which charges will begin to be applied.

<b>Type of Fees and Number of Offices Charging Fees</b>		
	State Offices	HCFA Regional Offices
Record Search	3	8
Processing Time	3	6
Reproduction	8	9
Standard Postage	2	2
Special Postage*	3	10

\*Overnight mail, boxes, etc.

Also unclear are the charges for the OSCAR reports when the request is made to HCFA’s central office. The HCFA Internet site indicates a potential for higher fees. While HCFA’s charge and fee standards follow the Freedom of Information Act standards,<sup>15</sup> the applied

charges appear different for standard and *ad hoc* OSCAR report requests.<sup>16</sup> According to HCFA's Internet information, a charge of \$85 may be assessed for a single profile of a nursing home, such as OSCAR Reports 3 or 4. A notation at the site does identify a \$3,000 limit for requested OSCAR data.<sup>17</sup>

## **ACCESSING SURVEY RESULTS FROM THE INTERNET**

**Locating HCFA's new Internet site for survey results proved somewhat difficult, but once located, it was easy to use. We found survey results for 56 of our 64 sample nursing homes.**

As our methodology previously indicated, an OIG staff person very familiar with Internet research was assigned the project of accessing HCFA's Internet Home Page (main entry to HCFA's site and its accompanying links to other HCFA pages). The staffer then attempted to locate the HCFA Internet site with the nursing home survey results, *Nursing Home Compare*,<sup>18</sup> and obtain that site's summary survey results for the 64 sample nursing homes in this inspection.

The difficulty encountered was actually locating the new site. Upon accessing HCFA's Home Page, several attempts were made to perform a search (asking the HCFA site to search its own location for links to the needed information). Several syntax options were attempted; none were successful in reaching the specific site where the survey results are maintained. Each link from the Home Page was also followed to no avail. After three hours, the staffer resorted to asking for the specific site address. Members of the public may have similar difficulties, especially if they are also unaware of HCFA's identity and responsibility for nursing homes, Medicare, and Medicaid.

Ultimately, the staffer was able to obtain summary survey results information for 56 of our 64 sample nursing homes. Upon reaching the new HCFA Internet site, the searcher identifies the State in which the nursing home is located, and an automatic link takes the searcher to that State's nursing home database. Searches for specific nursing home information may then be made in several ways, allowing the individual every opportunity for success.

**Sixty-five percent of the families and others said the Internet could be helpful in providing useful nursing home information; another 28 percent were uncertain as to its usefulness.**

When we initiated this study, we knew that HCFA was planning to add nursing home summary survey information to its Internet site. Given this, we asked the family and other individuals responsible for nursing home patients about the perceived usefulness of an Internet site providing such information. Fully 65 percent of the families and others said Internet access to survey results would be helpful in making their decision concerning a nursing home. However,

some of these individuals also said it would only be useful for those having access. Another 28 percent did not know the usefulness of the Internet, and six percent said it would not be helpful.

## **REPORT LEGIBILITY**

### **The nursing home reports on HCFA's new Internet site appear far more readable and understandable than the OSCAR reports.**

Only 11 of our 155 families and others asked to see the survey results. Of these, two said the results were not readable and three said they were somewhat difficult to understand.

Further, a review of the one HCFA regional office response received by the OIG indicated the survey results (HCFA 2567L) lacked information, such as definitions, needed to understand and interpret the survey results. We also found that the survey results were not sufficiently readable or understandable to assist a layman in making a decision.

The OIG staff review of the five State responses received indicated the survey results for four did provide sufficient information to understand and interpret the results. However, based on our review, we judged these survey results as not easily readable or understandable by a layman.

As previously indicated, HCFA's new Internet site, *Nursing Home Compare*, provides public access to summary information about certified nursing home survey results. The nursing home summary survey results format appeared very legible and understandable (Appendix A). We compared this summary information on one sampled nursing home against the HCFA 2567L (Appendix B) of the same facility. In our opinion, the HCFA Internet summary report is much more legible and understandable than the standard OSCAR report. We have attached copies of both reports so that the reader may personally assess the differences between them.



# RECOMMENDATIONS

We conclude that the existing system for providing public access to nursing home survey information does not work as intended. While HCFA's new Internet initiative will prove very helpful to those having access to the Internet, we believe it is equally important to strengthen all existing avenues for receiving information as well as to identify new avenues. To accomplish this, we believe HCFA should:

- ▶ Continue to promote public awareness of the required quality of care standards for nursing homes.
- ▶ Work with States and patient advocacy associations to promote public awareness that nursing home survey results are available for review by any member of the public.
- ▶ Include, in HCFA's *Guide to Choosing a Nursing Home*, language that explains simply what constitutes a nursing home survey and the availability and location of survey results.
- ▶ Work with interested public and private entities to promote public knowledge about how and where to access HCFA survey reports on nursing homes.
- ▶ Work with the States, patient advocacy associations, and nursing home industry associations to develop acceptable laymen's language for HCFA nursing home reports provided in response to public requests for such information. Some improvements can be made by modeling a summary report after the one that appears on HCFA's new Internet page.
- ▶ Consider the feasibility of requiring nursing homes to provide a HCFA-prepared summary survey report as part of the admission process in each nursing home.
- ▶ Promote awareness of the new HCFA Internet site providing summary nursing home survey report information.
- ▶ Create a direct link to the summary nursing home information on HCFA's Internet home page.
- ▶ Require the posting of available nursing home survey information in a standard, readily visible location in each nursing home.
- ▶ Enforce the requirement to post survey results in locations not readily observable by nursing home staff.
- ▶ Explore other avenues of providing nursing home information to the public. For example, determine the feasibility of providing hospital discharge planners with nursing home survey reports to facilitate the choice of a nursing home when patients are transferred from the hospital to a nursing home.
- ▶ Work with States and advocacy associations to explore additional means of providing nursing home profile information (e.g., advertised telephone number in each State and HCFA regional office for consumers to call).

# ))))))))) AGENCY COMMENTS )))))))

We solicited comments from agencies within the Department of Health and Human Services which have responsibilities for policies related to Medicare and Medicaid, as well as for long term care. We received comments from HCFA concurring with each of our recommendations. The HCFA further emphasized their continued support for ensuring sufficient information is available to the public for their use in making informed decisions regarding long term care. They further indicated their additional interest in exploring the development of a national 1-800 number to provide public access information and reports regarding nursing homes. Comments of HCFA may be reviewed in total at Appendix F.

# ENDNOTES

1. Sections 1819(g) and 1919(g)(3) of the Social Security Act.
2. Code of Federal Regulations Title 42, Section 401, implements section 1106(a) of the Act as it applies to HCFA. Specifically, they relate to the availability to the public, under 5 U. S. C. 552 (Freedom of Information Act (FOIA)), of records of HCFA and its components and how those records are available and may be obtained.
3. The FOIA defines “request” as asking for the information, regardless of whether the individual refers specifically to the FOIA.
4. DHHS Requester Types and General Charges Applied:
  - ▶ Commercial - DHHS will charge for costs of search, review, and duplication
  - ▶ Education and Non-commercial Scientific Institutions and News Media - If operating primarily for scholarly or scientific research and the request is not for a commercial use, DHHS will charge only for duplication of documents and will not charge copying costs for the first 100 pages of duplication.
  - ▶ Other Requesters (the general public) - DHHS will charge for search and duplication, except that the first two hours of search time and the first 100 pages of duplication are free.
5. Code of Federal Regulations, Title 45, Volume I, Parts 1 to 199, revised October 1997, via U.S. Government Printing Office, Internet cite 45CFR5.
6. Each DHHS agency follows FOIA guidelines for assessing fees for searches, reviews, and photocopying. Generally, DHHS policy allows charges for the following fees:

(a) Manual searching for records	Based on hourly rate and grade level grouping of each employee performing the activity (usually \$10, \$20, or \$37)
(b) Computer searching and printing	The actual cost of operating the computer plus charges for the time spent by the operator, at the same rates as a manual search
(c) Photocopying standard size paper	\$0.10 per page (which may be lowered in some instances)
(d) Photocopying odd-size paper	The actual costs of operating the equipment, plus the actual cost of the materials used, plus charges for the time spent by the operator at the same rates as a manual search
(e) Reproducing other records (tapes)	Same as (d) above
7. *State Operations Manual*, Section 483.10(g)(1)-(2), Health Care Financing Administration.
8. HCFA site: <http://www.medicare.gov/nursing/home.asp>.
9. The entire facility is certified only for Medicare; no beds are in the facility which may be converted to use by a Medicaid patient.

10. *1997 Data Compendium and Medicaid Program and Financial Statistics Fiscal Year 1996*, Health Care Financing Administration.
11. Revision 273, *State Operations Manual*, PP-25, June 1995.
12. The Social Security Administration, once a component in the Department of Health and Human Services, has historically been a source of Medicare information to the communities being serviced. Today, they still maintain many materials for public use; however, they are not required to maintain nursing home survey results. According to the SSA Dallas regional office, such a request would probably be sent to the Health Care Financing Administration.
13. This information is provided by HCFA on its Internet site.
14. HCFA Internet site location of costs associated with most standard and ad hoc OSCAR reports: <http://www.hcfa.gov/wwwroot/medicare/hsqb/oscar1.htm>.
15. Refer to Endnote 6.
16. Refer to Endnote 12.
17. The HCFA Internet site location explains its Freedom of Information and Privacy Act policy. It also explains processing times and internal requirements for making survey results requests, including the potential charges. The site address is <http://www.hcfa.gov/foip/default.htm#contacts>.
18. HCFA site: <http://www.medicare.gov/nursing/home.asp>.

)))))))))))))))))))))))))))))**APPENDIX A**)))))))))))))))))))))))))))))

**Sample HCFA Internet Nursing Home Summary Report**

**Contact Information for Arkansas**

Long-Term Care Ombudsman: (501) 682-2441  
 State Survey Agency: (501) 682-8430

**Search Results**

To get information on the scope and severity of a deficiency, click on the graphic in the center column. The scope ranges from a small box (isolated) to a large box (widespread). The severity ranges from a completely white box (potential for minimal harm) to a solid red box (immediate jeopardy).




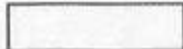






**Type of ownership:** For profit - Corporation  
**Medicare/Medicaid participation:** Both  
**Number of beds:** 126  
**Date of last inspection:** Feb 13, 1998 ✓








**Health Deficiencies:**

- Average number (and range) of health deficiencies in this state: 6 (0 to 37)
- Total number of health deficiencies for this nursing home: 20

**Requirements NOT MET during last inspection**

Requirements NOT MET during last inspection	Date of Correction	Scope/Severity of problem	Description
1. Discharge summary to include recapitulation & final summary		<input type="text"/>	Pattern /Potential for minimal harm
2. Facility has necessary housekeeping & maintenance		<input type="text"/>	Pattern /Potential for minimal harm
3. Facility must develop comprehensive care plans		<input type="text"/>	Pattern /Potential for minimal harm

4. Facility must make comprehensive assess which meet min requirements			Pattern /Potential for minimal harm
5. Frequency of meals & intervals between evening & morning meals	Mar 30, 1998		Isolated /Minimal harm or potential for actual harm
6. Inform physician/legal representative of accidents, significant change in resident	Jul 31, 1998		Isolated /Minimal harm or potential for actual harm
7. Maintain clinical records that meet professional standards			Pattern /Potential for minimal harm
8. Manner/environment maintains/enhances resident dignity/respect	Aug 01, 1998		Pattern /Minimal harm or potential for actual harm
9. Not employ guilty employees/report & investigate violations	Jul 31, 1998		Isolated /Minimal harm or potential for actual harm
10. Physician responsibilities during visits	Mar 30, 1998		Isolated /Minimal harm or potential for actual harm
11. Privacy & confidentiality of resident's personal & clinical records	Jul 31, 1998		Isolated /Minimal harm or potential for actual harm
12. Proper treatment to prevent/heal pressure sores	Aug 01, 1998		Pattern /Minimal harm or potential for actual harm
13. Provide quality of care to attain/maintain well being	Mar 30, 1998		Isolated /Minimal harm or potential for actual harm

14. Range of motion treatment & services			Pattern /Potential for minimal harm
15. Resident incontinent of bladder receives treatment & services	Aug 01, 1998		Isolated /Minimal harm or potential for actual harm
16. Resident maintains acceptable nutritional status unless unavoidable	Aug 01, 1998		Isolated /Actual harm
17. Residents unable to carry out ADLs receive necessary services			Pattern /Potential for minimal harm
18. Store, prepare, distribute food under sanitary conditions	Jul 31, 1998		Pattern /Potential for minimal harm
19. Survey results readily accessible to residents	Feb 13, 1998		Pattern /Potential for minimal harm
20. The facility is free of accident hazards	Mar 30, 1998		Isolated /Minimal harm or potential for actual harm

**Life/Safety Deficiencies:**

- Average number (and range) of life/safety deficiencies in this state: 0 (0 to 6)
- Total number of life/safety deficiencies for this nursing home: 0

[Click here for the regulatory definitions \(Scope/Severity of the problem\).](#)

Data Last Updated: Oct 28, 1998

[Home](#) | [Nursing Home Search](#) | [Phone Directory](#) | [Helpful Hints](#) | [Q&As](#) | [Important Information](#) | [Guestbook](#)

[Medicare home page](#)



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**Sample HCFA Form 2567L**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVE  
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/98 ✓
--	--	--	--

NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

F 000	MEMO TAG: INITIAL COMMENTS  P316 substantiates Complaint #4-25.	F 000		
-------	--	-------	--	--

F 316 SS-D	482.25(d)(2) REQUIREMENT: QUALITY OF CARE  A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by:  Based on observation, record review, and interview, the facility failed to ensure that the catheter tubing for 2 of 4 casemix residents was secured or positioned properly to drainage. The findings include:  1. Resident #9 had diagnoses of Urinary Tract Infection and Neurogenic Bladder. On 4/8/98 at 11:46 p.m. and 1:00 p.m. and on 4/9/98 at 8:30 a.m. and 11:50 a.m., the supra pubic catheter tubing of Resident #9 was not secured.	F 316		
---------------	---	-------	--	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are discloseable whether or not a plan of correction is provided. The findings are discloseable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVE  
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/10/98
--	--	--	--

NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 316	( Continued From Page 1 )  2. Resident #11 was lying in bed on 4/8/98 at 3:40 p.m., the resident's foley catheter tubing containing sediment was looped on the top of her right hand and her right shoulder less than one inch from her head. This placement of the catheter tubing impeded the flow urine.			
F 371 SS-B	483.35(h)(2) REQUIREMENT: DIETARY SERVICES  The facility must store, prepare, distribute, and serve food under sanitary conditions.  This REQUIREMENT is not met as evidenced by:  Based on observation, the facility failed to ensure that trays were clean and failed to ensure that hot foods were maintained at 140 degrees Fahrenheit (F). The findings include:  1. On 4/8/98 at 3:10 p.m., wet food particles remained on 24 of 55 divider serving trays which had been washed, stacked and ready for serving.  2. On 4/9/98 at 8:00 a.m., the temperature of the pureed eggs on the steam table was 122 degrees F. and the temperature of the scrambled eggs was 134 degrees F.	F 371		

)))))))))))))**APPENDIX C**)))))))))))))

**Sample HCFA OSCAR Report 3**

OSCAR REPORT 3  
HISTORY FACILITY PROFILE

PROVIDER #: FACILITY BEDS TYPE ACTION: RECERTIFICATION  
 PHONE NUMBER: TOTAL: 126  
 PARTICIPATION DATE: 07/01/1996 CERTIFIED: 126 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 02/13/1998		LIC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 126			
TOTAL:	117	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	4	SUSPENSION RESCINDED:		--	--	--	--
MEDICAID:	108				8	118	
OTHER:	5						

CURRENT SURVEY REVISIT DATES - 08/11/1998 06/10/1998 04/10/1998

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		04/1996		02/1997		02/13/1998			
						X C	D	07/31/1998	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
						X C	D	07/31/1998	REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
						X C	B	02/13/1998	REQ F0167-SURVEY RESULTS READILY ACCESSIBLE TO RESIDENTS
						X C	D	07/31/1998	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
						X C	B	08/01/1998	REQ F0241-DIGNITY
				X	B				REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
X	B								REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
				X	B	X P	B	03/30/1998	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
X	B								REQ F0254-CLEAN LINENS IN GOOD CONDITION
						X P	B	03/30/1998	REQ F0272-COMPREHENSIVE ASSESSMENTS
				X	B	X P	B	03/27/1998	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	B	X P	B	03/30/1998	REQ F0283-DISCHARGE SUMMARY: RECAPITULATION/FINAL SUMMARY
X	B	X	D			X C	D	03/30/1998	REQ F0309-PROVIDE NCESS CARE FOR HIGHEST PRAC WELL BEING
						X P	B	03/30/1998	REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
						X C	E	08/01/1998	REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
						X C	D	08/01/1998	REQ F0316-APPROPRIATE TREATMENT FOR INCONTINENT RES
				X	B	X P	B	03/30/1998	REQ F0118-RANGE OF MOTION TREATMENT & SERVICES
				X	B	X C	D	03/30/1998	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
						X C	C	08/01/1998	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
X	B								REQ F0325-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
				X	D				REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
				X	B				REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
				X	B				REQ F0365-FOOD IS PREPARED TO MEET INDIVIDUAL NEEDS
						X C	D	03/30/1998	REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
				X	E	X C	B	07/31/1998	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
						X C	D	03/30/1998	REQ F0386-PHYSICIAN RESPONSIBILITIES DURING VISITS
				X	B				REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.

C-DATE OF CORRECTION N-NO DATE GIVEN P-PLAN OF CORRECTION R-REFUSED TO CORRECT W-WAIVED X-DEFICIENT  
 COP - CONDITION REQ = REQUIREMENT

)))))))))))))))))))))) APPENDIX D ))))))))))))))))))))))))

**Sample HCFA OSCAR Report 4**

OSCAR REPORT 4  
FULL FACILITY PROFILE

PROVIDER #: FACILITY BEDS TYPE ACTION: RECERTIFICATION  
PHONE NUMBER: TOTAL: 126  
PARTICIPATION DATE: 07/01/1998 CERTIFIED: 126 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 02/13/1998

TOTAL: 117  
MEDICARE: 4  
MEDICAID: 108  
OTHER: 5

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 126

18	18/19	19	ICF/MR
--	---	--	---
		8	118

SURVEY DATES FROM: 02/09/1998 TO: 02/13/1998 ✓

PROGRAM REQUIREMENTS

EXTENDED SURVEY DATES FROM: TO:

DATE PROVIDER SIGNED POC: 02/27/1998

REVISIT DATES: 08/11/1998 06/10/1998 04/10/1998

# AND PERCENT OF FACILITIES  
NOT MEETING REQUIREMENT - AFTER 09/30/1990

S/S CODE	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT - AFTER 09/30/1990					
					STATE		REGION		NATION	
					#	%	#	%	#	%
D	F0157	INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC	07/31/1998	DEFICIENCY CORRECTED	10	6.0	75	5.3	657	6.9
D	F0164	PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS	07/31/1998	DEFICIENCY CORRECTED	17	10.3	69	4.9	689	7.3
B	F0167	SURVEY RESULTS READILY ACCESSIBLE TO RESIDENTS	02/13/1998	DEFICIENCY CORRECTED	5	3.6	28	2.0	298	3.1
D	F0225	NOT EMPLOY PERSONS GUILTY OF ABUSE	07/31/1998	DEFICIENCY CORRECTED	5	3.0	57	4.1	641	6.8
E	F0241	DIGNITY	08/01/1998	DEFICIENCY CORRECTED	16	9.6	129	9.2	1513	16.0
B	F0253	HOUSEKEEPING & MAINTENANCE SERVICES	03/30/1998	PLAN OF CORRECTION	70	42.4	354	25.4	1496	15.8
B	F0272	COMPREHENSIVE ASSESSMENTS	03/30/1998	PLAN OF CORRECTION	21	12.7	102	7.3	1574	16.7
B	F0279	DEVELOP COMPREHENSIVE CARE PLANS	03/27/1998	PLAN OF CORRECTION	42	25.4	196	14.1	1671	17.7
B	F0283	DISCHARGE SUMMARY: RECAPITULATION/FINAL SUMMARY	03/30/1998	PLAN OF CORRECTION	2	1.2	19	1.3	126	1.3
D	F0309	PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING	03/30/1998	DEFICIENCY CORRECTED	31	18.7	209	15.0	1683	17.8
B	F0312	ADL CARE PROVIDED FOR DEPENDENT RESIDENTS	03/30/1998	PLAN OF CORRECTION	49	29.6	214	15.4	1256	13.3
E	F0314	PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES	08/01/1998	DEFICIENCY CORRECTED	49	29.6	226	16.2	1777	18.8
D	F0316	APPROPRIATE TREATMENT FOR INCONTINENT RES	08/01/1998	DEFICIENCY CORRECTED	37	22.4	108	7.7	1153	12.2
B	F0318	RANGE OF MOTION TREATMENT & SERVICES	03/30/1998	PLAN OF CORRECTION	39	23.6	142	10.2	950	10.0
D	F0323	FACILITY IS FREE OF ACCIDENT HAZARDS	03/30/1998	DEFICIENCY CORRECTED	41	24.8	189	13.6	1696	18.0
G	F0325	RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDAB	08/01/1998	DEFICIENCY CORRECTED	22	13.3	154	11.0	908	9.6
D	F0368	FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS	03/30/1998	DEFICIENCY CORRECTED	20	12.1	63	4.5	464	4.9
D	F0371	STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS	07/31/1998	DEFICIENCY CORRECTED	81	49.0	382	27.5	2388	24.3
D	F0386	PHYSICIAN RESPONSIBILITIES DURING VISITS	03/30/1998	DEFICIENCY CORRECTED	3	1.8	21	1.5	132	1.4
B	F0514	CLINICAL RECORDS MEET PROFESSIONAL STANDARDS	08/01/1998	PLAN OF CORRECTION	28	16.9	203	14.6	976	10.3

BUILDING CHARACTERISTICS

BUILDING NUMBER	TYPE OF BUILDING	EDITION OF LSC APPLIED	LSC COMPLIANCE STATUS
01	BUILDING	85 NEW	FACILITY MEETS REQUIREMENTS

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.

)))))))))))))))))) **APPENDIX E** ))))))))))))))))))))

**Sample HCFA OSCAR Report 40**



OSCAR REPORT 40  
COMPLAINT HISTORY FACILITY PROFILE  
CRITERIA APPLIED TO CURRENT SURVEY 01/01/1997 TO 08/30/1998

PROVIDER #: CONTROL #: 1113 DATE OF CURRENT CERT. SURVEY: 02/11/1998 ✓  
PHONE NUMBER: FACILITY BEDS DATE OF CURRENT COMP. SURVEY: 01/12/1998  
EFFECTIVE DATE: 07/01/1996 TOTAL: 126 TOTAL COMPLAINT SURVEYS IN OSCAR: 2 ✓  
STATE'S REGION CODE: 001 CERTIFIED: 126 OWNERSHIP: FOR PROFIT - CORPORATION

HCFA-562	CURRENT SURVEY	PRIOR-1 SURVEY	PRIOR-2 SURVEY	PRIOR-3 SURVEY
	01/12/1998 ✓	04/15/1997		
DATE COMPLAINT RECEIVED	11/05/1997	02/24/1997		
SOURCE (1)	RES./PATIENT/FAMILY	RES./PATIENT/FAMILY		
SOURCE (2)				
SOURCE (3)				
TOTAL NUMBER OF COMPLAINANTS	01	08		
ALLEGATIONS/FINDINGS/TOTAL (1)	RESIDENT ABUSE/U/01	CARE OR SERVICES/U/08		
ALLEGATIONS/FINDINGS/TOTAL (2)				
ALLEGATIONS/FINDINGS/TOTAL (3)				
ALLEGATIONS/FINDINGS/TOTAL (4)				
ALLEGATIONS/FINDINGS/TOTAL (5)				
INVESTIGATED BY	SA	SA		
COMPLAINT SURVEY DATE	01/12/1998	04/15/1997		
PROPOSED RO/SA ACTIONS (1)	NONE	NONE		
PROPOSED RO/SA ACTIONS (2)				
PROPOSED RO/SA ACTIONS (3)				
PROPOSED ACTION DATE	01/12/1998	04/15/1997		
DATE FORWARDED TO RO/MSA				
DATE OF RO/MSA RECEIPT				
HCFA/MSA ACTION				
FINAL ACTION DATE				
STATUS	COMPLETED	COMPLETED		
TYPE	UNSUBSTANTIATED	UNSUBSTANTIATED		

S=SUBSTANTIATED U=UNSUBSTANTIATED/UNABLE TO VERIFY

COMPLAINT CURRENT SURVEY: NONE

PROGRAM REQUIREMENTS	PLAN/DATE OF CORRECTION	CURRENT SURVEY	S/S CODE	PRIOR-1 SURVEY	S/S CODE	PRIOR-2 SURVEY	S/S CODE	PRIOR-3 SURVEY	S/S CODE
-----		01/12/1998		04/15/1997					

\*\*\* NO HEALTH DEFICIENCIES WERE FOUND \*\*\*

LSC DEFICIENCIES - BLDG NO.	PLAN/DATE OF CORRECTION	CURRENT SURVEY	PRIOR-1 SURVEY	PRIOR-2 SURVEY	PRIOR-3 SURVEY
-----		01/12/1998	04/15/1997		

\*\*\* NO LSC DEFICIENCIES WERE FOUND \*\*\*

\*\* HCFA-670 SURVEY TEAM COMPOSITION AND WORKLOAD INFORMATION \*\*

SURVEY TYPE: HEALTH

\*-REGIONAL OFFICE FLAG

#-INVALID REQUIREMENT FOR THE PROVIDER TYPE

C-DATE OF CORRECTION N-NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSRS K=DEFICIENCIES

COMPLAINT HISTORY FACILITY PROFILE

CRITERIA APPLIED TO CURRENT SURVEY 01/01/1997 TO 08/30/1998

PROVIDER #:

CURRENT SURVEY: 01/12/1998 ✓

1 GENERALIST SURVEYOR 03497

TOTAL UNIQUE ONSITE SURVEYORS: 1

PRIOR 1 SURVEY: 04/15/1997

1 REGISTERED NURSE 11342

TOTAL UNIQUE ONSITE SURVEYORS: 1

SURVEY TYPE: LIFE SAFETY

\*\* NO LSC 670 INFORMATION FOUND FOR THIS PROVIDER \*\*

\*\*REGIONAL OFFICE FLAG

#-INVALID REQUIREMENT FOR THE PROVIDER TYPE

C-DATE OF CORRECTION N-NO DATE GIVEN P-PLAN OF CORRECTION R-REFUSED TO CORRECT W-WAIVED F-PSRS X-DEFICIENCIES

)))))))))))))))))))))))))) **APPENDIX F** ))))))))))))))))))))))))

**HCFA Comments on Draft Report**



DEPARTMENT OF HEALTH & HUMAN SERVICES

The Administrator  
Washington, D.C. 20201

**DATE:** MAR 2 1999

**TO:** June Gibbs Brown  
Inspector General

**FROM:** Nancy-Ann Min DeParle  
Administrator

NMD

**SUBJECT:** Office of Inspector General (OIG) Draft Report: "Public Access to Nursing Home Survey and Certification Results," (OEI-06-98-00280)

I appreciate the opportunity to review and comment on this draft report that discusses the availability and usefulness of nursing home survey results to the public. I am pleased to see that the report acknowledges the Health Care Financing Administration's (HCFA's) new Internet site, Nursing Home Compare, as a source of providing summary nursing home survey results. More and more Americans, including seniors, use the Internet, and many more have access through their children and grandchildren, their advocates, and others who help them make decisions about their health care. But it is just one part of our efforts to make useful information available to beneficiaries, their families and the public.

Making survey results more accessible fits into our broader consumer-education strategy, which includes the National Medicare Education Program and the enhancement of our consumer Internet site, [www.medicare.gov](http://www.medicare.gov). Additionally, we are developing public awareness campaigns which address most of this report's recommendations.

As you know, improving the quality of care for nursing home residents remains a top priority for this administration. In 1995, the Clinton Administration implemented the toughest-ever enforcement regulations, which resulted in measurable improvements in the quality of care in our nation's almost 17,000 nursing homes. Building on that foundation, the President announced an aggressive new initiative in July 1998 to further strengthen oversight of the state enforcement efforts and to ensure that all nursing home residents receive the quality care they deserve and their families expect.

We have already implemented many aspects of this initiative, including the creation of Nursing Home Compare, which allows consumers to obtain and compare nursing-home survey results in an easy-to-use format. We also have issued new guidance to states to

Page 2 - June Gibbs Brown

strengthen their nursing home inspection systems and to crack down on nursing homes that repeatedly violate safety rules. We have taken other steps to reduce the incidence of bed sores, verbal and physical abuse, dehydration and malnutrition. And the President's Fiscal Year 2000 budget request includes additional resources to fully implement all aspects of the initiative.

Our specific comments follow:

OIG Recommendation #1

HCFA should continue to promote public awareness of the required quality of care standards for nursing homes.

HCFA Response

We concur. HCFA has taken a series of steps to help the public know more about quality standards for nursing homes and to ensure that states enforce those standards effectively. These steps also include the nursing home initiative's campaigns of improving quality of care by focusing on nutrition, hydration, and prevention of abuse, and pressure sores.

OIG Recommendation #2

HCFA should work with states and patient advocacy associations to promote public awareness that nursing home survey results are available for review by any member of the public.

HCFA Response

We concur. We are working with our partner organizations to promote public awareness regarding access to HCFA survey reports on nursing homes. HCFA provides information to over 200 organizations which include advocacy groups, corporations, unions, and professional and trade organizations that have direct contact with beneficiaries. Our partners have been informed of the format and content of the Nursing Home Compare database, which serves as HCFA's public resource for nursing home survey results. In addition, the database includes language referring consumers to their state survey agency for the complete survey (HCFA-2567). We are also taking steps in cooperation with the state survey agencies to ensure that each nursing facility complies with requirements for posting survey results for public inspection.

The database went live in October 1998, and it has received about roughly 150,000 page views each month. Since then, we've modified the site to make it easier to use and will continue to take steps to increase public awareness and incorporate public comments.

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OIG Recommendation #3

HCFA should include in its Guide to Choosing a Nursing Home, language that explains simply what constitutes a nursing home survey and the availability and location of survey results.

HCFA Response

We concur. HCFA is currently working on several projects pertaining to the nursing home survey process. For example, we are updating the Guide to Choosing a Nursing Home which includes language about where to find the latest survey results in nursing homes and an explanation of the scope and severity measures in the context of our determination of deficiencies. The Guide is in final draft and expected to be printed in May 1999. The Guide will be distributed to the state health insurance programs, regional offices, libraries, and others upon request. It also will be available on the Internet.

Also, HCFA is developing a video titled "What to Look for in a Nursing Home." The video will describe the survey process and how families and others can use survey results in choosing a nursing facility. When it is completed this spring, the video will be distributed to the area agencies on aging, advocacy groups, Social Security Administration (SSA), and others upon request.

Furthermore, we developed a nursing home brochure that includes a section on where to get more information about the performance of facilities. It explains how consumers can obtain survey results from the Nursing Home Compare database and the state survey agencies.

OIG Recommendation #4

HCFA should work with interested public and private entities to promote public knowledge about how and where to access HCFA survey reports on nursing homes.

HCFA Response

We concur. As stated in recommendation #2 above, we are working with our partner organizations to promote public awareness on how and where to access HCFA survey reports on nursing homes. HCFA provides information to over 200 organizations which include advocacy groups, corporations, unions, and professional and trade organizations that have direct contact with beneficiaries. Our partners have been informed of the format and content of the Nursing Home Compare database. This database serves as HCFA's public resource for nursing home survey results, and also includes language referring consumers to their state survey agency for the complete survey (HCFA-2567).

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In addition, we post news items for our partners that pertain to the database on the partner website.

As indicated in recommendation #2 above, the database went live in October 1998, and has received about 150,000 page views each month.

#### OIG Recommendation #5

HCFA should work with the states, patient advocacy associations, and nursing home industry associations to develop acceptable laymen's language for HCFA nursing home reports provided in response to public requests for such information. Some improvements can be made by modeling a summary report after the one that appears on HCFA's new Internet page.

#### HCFA Response

We concur. The regulatory statements that serve as the basis for the Federal deficiency tags on the survey report (HCFA-2567) are written using the HCFA Principles of Documentation. These principles (writing rules), were created to provide surveyors with deficiency documentation language that can be applied and interpreted consistently across the country. Without such guidelines in preparing deficiency documentation on the HCFA-2567, there would be differences in language and descriptors nationwide that would make comparisons of deficiencies more difficult and subject to misinterpretation. We agree that, while the use of technical language on the HCFA-2567 better ensures that a facility gets a clear, specific explanation of the deficiencies detected (and thus has no misunderstandings about what is being said) and provides a legally sufficient justification under later legal scrutiny, it is not easily used by the nursing home resident, a family member, or perspective customers looking to make fully informed decisions about the facility. We will work with patient advocacy groups, the states, and nursing home provider associations in order to determine available methods for communicating facility related survey information to this audience in a more easily understood manner. We will also work to identify the methods and resources necessary to move forward in providing this information in a manner that does not compromise the survey and certification tools required to properly ensure Federal enforcement.

#### OIG Recommendation #6

HCFA should consider the feasibility of requiring nursing homes to provide a HCFA-prepared summary survey report as part of the admission process in each nursing home.

#### HCFA Response

We concur. We will explore with our partners and stakeholders the various dimensions (regulatory, financial, legal, and enforceability) of this recommendation.

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OIG Recommendation #7

HCFA should promote awareness of the new HCFA Internet site providing summary nursing home survey report information.

HCFA Response

We concur. HCFA continues to refine and improve this very informative and useful website, using input received from area focus groups of seniors and their families, and other comments from the public. We have made senior and advocacy groups, the press, and Congress aware of the site, and will continue to make sure the public knows about it.

OIG Recommendation #8

HCFA should create a direct link to the summary nursing home information on HCFA's Internet home page.

HCFA Response

We concur. We have now established a direct link from HCFA's websites -- [www.hcfa.gov](http://www.hcfa.gov) and [www.medicare.gov](http://www.medicare.gov) -- to the Nursing Home Compare site and are exploring other common sense "hotlink" connections. These links will make the information easily accessible by virtually anyone looking for the site.

OIG Recommendation #9

HCFA should require the posting of available nursing home survey information in a standard, readily visible location in each nursing home.

HCFA Response

We concur. While HCFA has required that the nursing home survey information should be accessible, we agree it should be posted in an accessible public location where it could be seen by anyone wishing to see the last survey findings. We will emphasize compliance with existing requirements and insist that State surveyors enforce them.

OIG Recommendation #10

HCFA should enforce the requirement to post survey results in locations not readily observable by nursing home staff.

HCFA Response

We concur with the intent and will strive to emphasize public placement that is openly accessible. In creating such a location, we must be careful not to put frail residents at risk by encouraging them to leave the sight of their caregivers.



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OIG Recommendation #11

HCFA should explore other avenues of providing nursing home information to the public. For example, determine the feasibility of providing hospital discharge planners with nursing home survey reports to facilitate the choice of a nursing home when patients are transferred from the hospital to a nursing home.

HCFA Response

We concur. HCFA already instructs the states to send information to the ombudsmen and SSA district offices. HCFA will explore ways to provide information to hospital discharge planners.

OIG Recommendation #12

HCFA should work with states and advocacy associations in order to explore additional means of providing nursing home profile information.

HCFA Response

We concur. We are meeting with advocacy groups regarding the nursing home enforcement initiative. In addition, HCFA's Provider Enrollment and Chain Ownership System will capture additional information about facility ownership that will be accessible through HCFA's website. HCFA plans to add additional information to the website, and will seek input from the public, states, advocacy groups, and associations.

Additional Comment

One suggestion not in the OIG report is the development of a national 1-800 number to access information and reports.

HCFA will explore this idea and will identify public information access options that may be made available and the financial impact of providing such a service.

We also believe that HCFA information on nursing home choices should indicate that home and community-based services are frequently an alternative to nursing homes or other long-term care institutional facilities. This is consistent with HCFA instructions to state agencies, and is an integral part of the Medicaid waiver process.