

Nursing Home Costs—1972

United States: National Nursing Home Survey

August 1973-April 1974

Data on 1972 costs are related to selected facility, staff, and resident characteristics. Cost components are presented according to ownership, certification, size, geographic region, and their interrelationships. The distribution of facilities, resident days, admissions, live discharges, deaths, occupancy rates, selected service characteristics, full-time equivalent employees, full-time equivalent employees per 100 beds, labor cost per full-time equivalent employee, reported chronic conditions and impairments, primary diagnosis at last examination and at admission, measures of activities of daily living, primary reasons for admission, level of patient care, and primary source of payment are presented by facility cost intervals. Based on data collected in the 1973-74 National Nursing Home Survey.

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SYMBOLS

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05-----	0.0
Figure does not meet standards of reliability or precision-----	*

NURSING HOME COSTS — 1972

Mark R. Meiners, formerly with the Division of Health Resources Utilization Statistics

INTRODUCTION

SCOPE OF REPORT

In response to the absence of reliable national information on what it was costing nursing homes to supply the growing demand for long-term care and what factors influenced these costs, the National Center for Health Statistics extended its 1973-74 National Nursing Home Survey to collect nursing home costs. This report presents the cost estimates from that survey and interrelates these data to reveal the relationships that exist between costs and the following pertinent facility, staff, and resident characteristics:

Facility characteristics—ownership, certification, size, geographic region, resident days, admissions, live discharges, deaths, occupancy rate, and selected service characteristics.

Staff characteristics—full-time equivalent employees, full-time equivalent employees per 100 beds, labor cost per full-time equivalent employee.

Resident characteristics—reported chronic conditions and impairments, primary diagnosis at last examination and at admission, measures of activities of daily living, primary reason for admission, level of patient care, and primary source of payment.

BACKGROUND AND QUALIFICATIONS OF DATA

The 1973-74 National Nursing Home Survey was designed and developed by the Division of

Health Resources Utilization Statistics in conjunction with a group of experts in various fields encompassing the broad area of long-term care. It was specifically designed as the first in a continuing series of surveys to satisfy the diverse data needs of those who establish standards for, plan, and provide long-term care. The survey was conducted during the period August 1973-April 1974 in a sample of nursing homes in the coterminous United States which qualified by Center criteria as either a *nursing home* or a *personal care home with nursing* (appendix II). Facilities that provided personal or custodial care at the time the sample was drawn were not included, even if they subsequently began to provide some level of nursing care to residents.

Reports based on data collected in the 1973-74 National Nursing Home Survey that focus on operating and financial characteristics of the facilities,¹ social and demographic characteristics of the residents,² utilization of nursing homes,³ the health status of residents,⁴ general characteristics of the facilities,⁵ and charges and sources of payment for residents in nursing homes⁶ have been published.

Data from the national sample were collected via a combination of mail and personal interview survey techniques. Data on characteristics of the facilities and the data used to estimate the number of full-time equivalent employees were collected by interviewing the administrator. Within each sample facility, data for a subsample of residents were collected by personal interview of the nurse who usually provided care for the resident. Generally, the nurse referred to the resident's medical record in answering the questions. The cost data were col-

lected by first securing the administrator's written release authorizing the facility's accountant or bookkeeper to complete the Expense Questionnaire. If the requested financial information was not kept on the premises, the Expense Questionnaire was mailed or hand-delivered to the accountant or bookkeeper who, upon completing it, mailed it back to the survey headquarters. If the requested financial information was kept on the premises, an effort was made to have the Expense Questionnaire completed before the interviewer left the facility. Because of the complex nature of the Expense Questionnaire, a certified public accountant was available via a toll-free telephone to answer any technical questions that arose.

Although the survey was conducted during the period August 1973-April 1974, all data on costs incurred by the facility for providing care were collected for calendar year 1972 or for the most recently completed fiscal year prior to the survey if the facility's accounting records were on a different fiscal year basis. This was necessary because facility data on costs are usually kept on an annual basis either for tax, reimbursement, or regulatory purposes, and cost data collected for a shorter period tend to be subject to seasonal bias. To be compatible with cost data, output-related measures (i.e., resident days, admissions, live discharges, and deaths) were also collected for 1972, and the number of beds were adjusted to reflect 1972 levels using the 1973-74 figures. All other characteristics presented in this report represent the situation as it existed at the time of the survey. The assumption has been made throughout that the 1973-74 facility, resident, and staff characteristics were substantially similar to those existing during 1972.

The facility cost data discussed in this report are from the subset of nursing homes surveyed from August 1973 to April 1974 that had been in business for 2 years or more.^a On the recommendation of the economic advisors to the survey, the Expense Questionnaire was administered only at those facilities that had been in business for at least 2 years. It was felt that

^aNinety-four percent or about 14,800 of the estimated 15,700 facilities in the survey were in business 2 years or more.

expenses for newly opened facilities tend to include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the "standard" cost of providing health care. Implicit in this approach is the assumption that the cost data from the survey are most usefully analyzed on an average (i.e., per unit of output) basis. In keeping with this assumption, the cost data will be presented and analyzed in this report on a per resident day basis. The number of resident days is used as the measure of output over which costs are averaged because the long-term nature of the care provided in nursing homes is best represented by a measure that counts each day during which services were provided rather than the number of times services were begun (as with admissions) or ended (as with discharges).

It should be noted that the cost per resident day ratios differ from those published in an earlier report, "Selected Operating and Financial Characteristics of Nursing Homes, United States: 1973-74 National Nursing Home Survey"¹ because the method used to calculate them was different. The earlier report used the simple arithmetic mean of the cost per resident day for each facility. This amounts to dividing the individual facility's costs by the days of resident care it provided and then averaging these ratios among all facilities in a particular classification. This method is consistent with the way data are handled in frequency distributions—i.e., each facility has a cost per resident day experience. The cost per resident day figures in this report were calculated by aggregating separately the costs and the resident days of facilities in a particular classification and then dividing these aggregates to determine the cost per resident day for that classification. This method was chosen for the ratio estimates in this report because the generalized relative standard error curves used to estimate the statistical variation in the data were found to have a smaller bias than those for the simple arithmetic mean.

A detailed description of the sampling frame, the sample design, and the survey procedures used is presented in appendix I. Appendix I also includes imputation procedures and estimation techniques. Since the data in this report are national estimates based on a sample and are subject to sampling errors, tables and charts of

standard errors and illustrations of their use are provided in appendix I.

Two methods of hypothesis testing are used in this report. The z-test is used to determine whether differences between two statistics (means, ratios, percents, etc.) are statistically significant. Where data are presented by continuous intervals of a variable, a weighted least squares regression approach is used to test for overall patterns of association. For example, this report presents selected facility, staff, and resident characteristics by the facility total cost per resident day intervals of less than \$10.00, \$10.00-\$14.99, \$15.00-\$19.99, \$20.00-\$24.99, and \$25.00 or more. It should be noted that a significant positive or negative association can be present although some intervals do not show a

significant difference when compared with adjacent intervals in the characteristic of interest. These methods are discussed more fully in appendix I, and reference to them is useful for understanding the inferences made throughout this report. Unless otherwise mentioned, all statistical comparisons mentioned in this report were tested using a 95-percent confidence interval (i.e., the probability is no more than 1 chance in 20 that the differences noted here as being statistically significant would not be confirmed by a complete enumeration of all facilities). Definitions of terms used in this report are given in appendix II, and facsimiles of the Expense Questionnaire and the other data collection instruments used in this survey are shown in appendix III.

COST COMPONENTS

OVERVIEW

Approximately 14,800 or 94 percent of the nursing homes providing some level of nursing care in the United States during the period August 1973-April 1974 had been in business 2 years or more (table A). In 1972, these facilities provided some 347,913,000 resident days of care at a cost per resident day of \$16.43 (table B). Nearly 60 percent, or \$9.82, of this total went for labor costs (figure 1). A four-way breakdown of labor costs is available from the Expense Questionnaire—nursing payroll, professional payroll, other payroll, and fringe benefits. Wages (i.e., nursing, professional, and other payroll) accounted for about 92 percent of all labor expenses for a cost of \$9.01 per resident day. The high degree of dependence of the nursing home industry on nursing personnel as the primary provider of care is emphasized by the fact that nursing payroll, at \$5.55 per resident day, made up about 62 percent of total wages and about a third of all expenses. The professional payroll, that is, the wages paid to physicians and other professionals (excluding contracted services) providing direct health care to residents, was the smallest component of labor costs. About 1 percent of total costs, amounting to 18¢ per resident day, went for professional payroll.

This was barely 2 percent of the wage bill. The remaining 36 percent of the wage bill went to administrative, clerical, food service, housekeeping, and maintenance personnel as well as to any other staff not performing nursing, medical, or therapeutic functions. This “other” payroll group accounted for 20 percent of total costs for a cost of \$3.28 per resident day. Fringe benefits, the nonwage component of labor costs, were defined to include those expenses incurred by the facility for the current or future benefit of its employees. It included such things as employer contributions to the Federal Insurance Contribution Act, Federal and State Unemployment Insurance, and health and life insurance premiums. At 81¢ per resident day, fringe benefits accounted for about 8 percent of labor costs and 5 percent of total cost.

In addition to labor costs there are two other major cost groupings—operating costs and fixed costs—and a residual category—miscellaneous costs—for which data were collected. The operating cost group is comprised of expenses other than those for labor, which tend to vary because they are dependent on the level of output or services provided during some limited time period such as the 1972 fiscal year. Operating costs accounted for about 21 percent of total costs, amounting to a per resident day cost

Table A. Number and percent distribution of nursing homes in business 2 years or more, by ownership, certification, size, and geographic region:¹ United States, 1973-74

Ownership, certification, size, and geographic region	Number	Percent distribution
All facilities	14,800	100.0
<u>Ownership</u>		
Proprietary	11,200	75.7
Nonprofit	2,500	16.9
Government	1,100	7.4
<u>Certification</u>		
Both Medicare and Medicaid ²	3,800	26.0
Medicaid only:		
SNH's ³	3,300	22.1
ICF's	4,300	29.2
Not certified	3,300	22.6
<u>Size</u>		
Less than 50 beds	6,000	40.8
50-99 beds	5,200	35.0
100-199 beds	3,000	20.3
200 beds or more	600	3.9
<u>Geographic region</u>		
Northeast	2,900	19.8
North Central	5,200	35.1
South	4,100	27.6
West	2,600	17.5

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and, therefore, do not reflect the standard cost of providing health care.

²Of these facilities, 7 percent were certified for Medicare only.

³Of these facilities, 33 percent were certified as both SNH's and ICF's.

NOTE: Figures may not add to totals due to rounding.

to facilities of \$3.39. The expense categories within the operating cost group include food and other dietary items; drugs; supplies and equipment; purchased maintenance of buildings, grounds, and equipment; laundry and linen; health-care-related services purchased from outside sources; non-health-care-related services purchased from outside sources; and utilities. Of these expenses, the \$1.35 spent per resident day on food and other dietary items was the largest amount, accounting for nearly 40 percent of operating costs or about 8 percent of total costs.

Table B. Total cost per resident day and number and percent distribution of resident days for nursing homes in business 2 years or more, by ownership, certification, size, and geographic region:¹ United States, 1972

Ownership, certification, size, and geographic region	Total cost per resident day	Resident days	
		Number (thousands)	Percent distribution
All facilities.....	\$16.43	347,913	100.0
<u>Ownership</u>			
Proprietary	16.01	235,830	67.8
Nonprofit	16.68	72,080	20.7
Government.....	18.42	40,002	11.5
<u>Certification</u>			
Both Medicare and Medicaid ² ..	20.59	128,162	36.8
Medicaid only:			
SNH's ³	15.69	92,150	26.5
ICF's	11.95	80,051	23.0
Not certified.....	14.16	47,549	13.7
<u>Size</u>			
Less than 50 beds	13.90	55,667	16.0
50-99 beds	15.61	119,320	34.3
100-199 beds	16.72	121,583	34.9
200 beds or more.....	20.34	51,343	14.8
<u>Geographic region</u>			
Northeast.....	21.96	77,516	22.3
North Central	15.04	119,835	34.4
South.....	14.12	90,921	26.1
West.....	15.52	59,640	17.1

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and, therefore, do not reflect the standard cost of providing health care.

²Of these facilities, 7 percent were certified for Medicare only.

³Of these facilities, 33 percent were certified as both SNH's and ICF's.

NOTE: Figures may not add to totals due to rounding.

At 49¢ and 48¢ per resident day, utility costs and the costs of supplies and equipment each contributed another 14 percent of operating costs or about 3 percent of total costs. The remaining operating cost groups were in the range of 16¢-25¢ per resident day.

The fixed-cost group is comprised of expenses for which the facility is responsible, at some set level, regardless of the amount of output or services provided during fiscal year 1972.

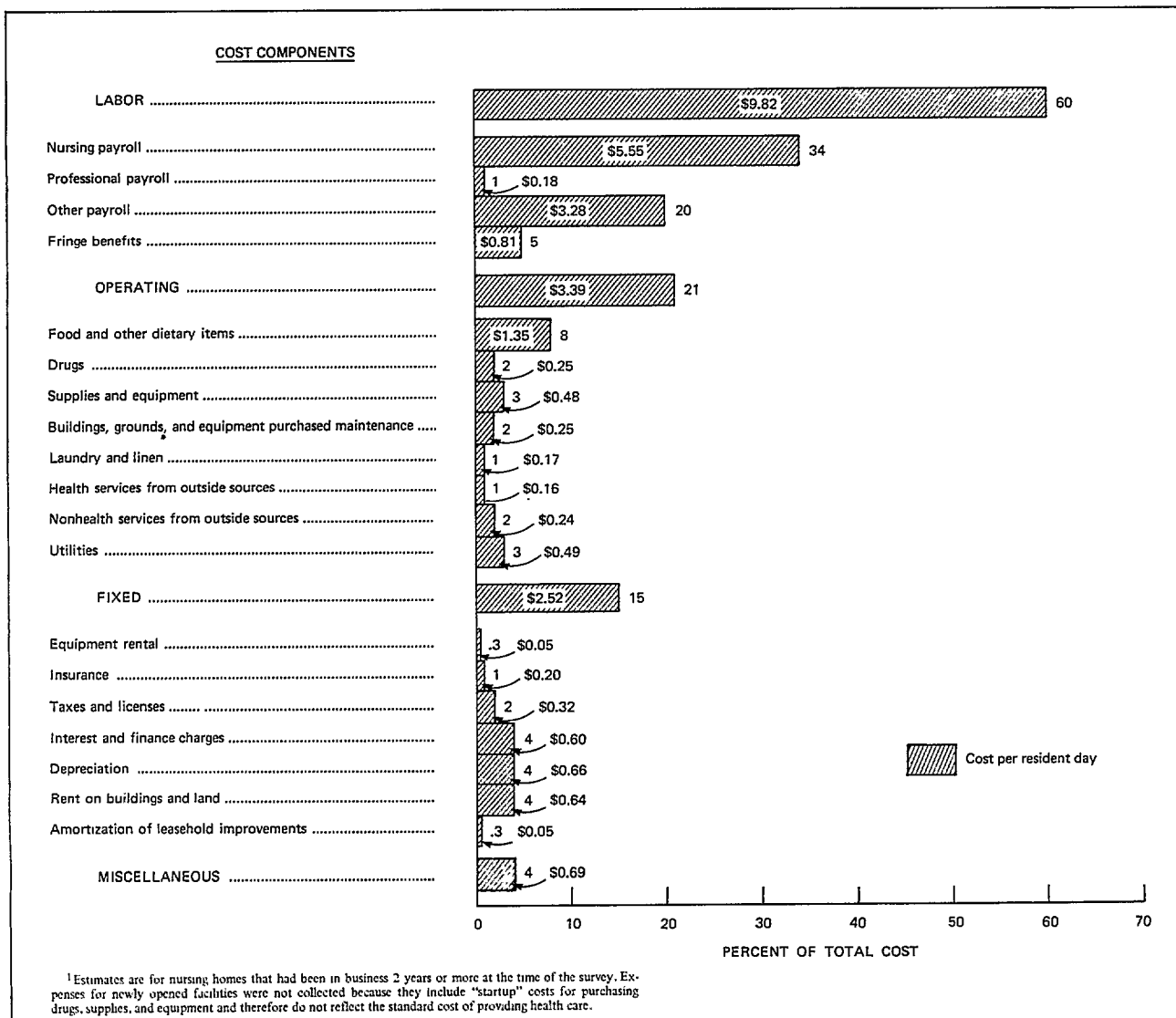


Figure 1. Cost per resident day for nursing homes and percent of total cost by components:¹ United States, 1972

Fixed-cost categories include equipment rental, insurance, taxes and licenses, interest and finance charges, depreciation, rent on building and land, and amortization of leasehold improvements. As a group, fixed costs were \$2.52 per resident day and accounted for about 15 percent of total costs. About 75 percent of fixed costs were attributed to three categories. Depreciation charges cost 66¢ per resident day, rent on building and land cost 64¢ per resident day, and interest and finance charges cost 60¢ per resident day. Taxes and licenses (32¢) and insurance (20¢) accounted for an additional 13 and 8 percent, respectively, of fixed costs.

The residual category, miscellaneous expenses, was included to capture those costs that could not be classified elsewhere. These costs amounted to 69¢ per resident day or about 4 percent of total costs.

COST COMPONENTS BY FACILITY CHARACTERISTICS

Tables 1-4 present the detailed cost data available from the survey according to the facility characteristics of ownership, certification, size, and region. Of the facility characteristics

available from the survey which might be expected to have some impact on the cost of providing long-term care in nursing homes, these are of basic importance. They provide some indication of the relationship between costs and the facility's operating motivation, level of care provided, scale of operation, and regional cost-of-living differentials.

Ownership

Three types of ownership control are represented in this report—proprietary, voluntary nonprofit, and government. Proprietary facilities are generally assumed to be motivated to provide services in a manner that will maximize their revenues at a minimum cost. The incentives for efficiency implicit in the profit motive are considered less likely to be present in nonprofit and government facilities. These facilities are more apt to have philanthropic objectives or considerations of prestige such as facility growth or reputation as their primary operating motive. In addition, the types of services provided by government-sponsored nursing homes are motivated by the public interest and can be expected to receive public funding should revenues be insufficient to cover costs. In any case, the absence of the profit motive in nonprofit and government nursing homes is expected to result in higher labor and operating costs per resident day. Fixed costs, however, are expected to be lower in nonprofit and government nursing homes because these facilities benefit from preferential tax treatment and the availability of subsidy funds in the form of loans, grants, and interest subsidies from the Hill-Burton program for the construction of nonprofit health facilities. These expectations are generally consistent with the data presented in this section.

The majority (76 percent) of the 14,800 facilities for which cost estimates were made operated under proprietary auspices (table A). Another 17 percent, operated as nonprofit facilities and the remaining 7 percent operated as government facilities. Facilities in these ownership categories accounted for 68, 21, and 12 percent, respectively, of the 347,913,000 resident days of care provided at a cost of \$16.01, \$16.68, and \$18.42 per resident day, respectively (table

B). Although the cost difference was statistically significant only when the proprietary and government facilities were compared, a closer look at the major subgroups of total cost is more revealing.

The total amount spent on labor per resident day varied significantly by ownership. Government facilities had higher labor costs per resident day (\$13.12) than either nonprofit (\$10.14) or proprietary (\$9.16) facilities had (table 1). The difference was also significant between proprietary and nonprofit facilities. Despite this difference in total labor costs, there was little difference in the amounts spent by nonprofit and proprietary facilities on the important nursing component. Nursing payroll cost proprietary facilities \$5.42 per resident day and nonprofit facilities spent \$5.29 per resident day. The amount spent by government facilities on nursing staff (\$6.85), however, was substantially larger.

Operating costs as a group were less for proprietary facilities (\$3.20) than for either nonprofit or government facilities. The operating costs for the nonprofit facilities (\$3.83) and the government facilities (\$3.77), however, were not significantly different. The differences by ownership in the amounts spent on the components of operating costs were generally not noteworthy.

As expected, the proprietary facilities had higher fixed costs on a per resident day basis (\$2.90) than either the nonprofit or government facilities had. Government facilities in particular tended to have low fixed costs per resident day (\$1.10) even in comparison with those experienced by the nonprofit facilities (\$2.09). One possible explanation for the extraordinarily low fixed costs reported by the government facilities is the tendency for these facilities to underreport or ignore certain fixed costs because they are not included as part of the bookkeeping records of the facility. County nursing homes, in particular, have been known to have their building provided by the county government. Often in this situation the fixed costs associated with the building are included in the county's general expenditure records and not in the nursing home records. Although the respondents were requested to allocate to the appropriate cost cate-

gory an estimate of the reasonable value of donated services, supplies, or space, the survey procedures had no way to guarantee that these expenses were properly allocated to the nursing home.

Certification

In 1966, the Medicare and Medicaid programs began to provide financial coverage of care for the elderly in nursing care institutions. In 1973-74, nearly 8 out of 10 (77 percent) of the facilities providing some level of nursing care in the United States were participating in either the Medicare or Medicaid program or both.¹ Participating Medicare facilities, designated as extended care facilities (ECF), provided inpatient skilled nursing care and related services to Medicare enrollees eligible for post-hospital benefits. To be certified by the Medicare program, a facility had to meet specific regulatory standards required by the Medicare legislation (title XVIII of the Social Security Act) in effect at the time of the survey. The Medicaid program offered coverage for both skilled and intermediate nursing care services to the medically indigent. Nursing homes participating in the Medicaid program were certified as either skilled nursing homes (SNH's) or as intermediate care facilities (ICF's) or as both according to the requirements of the Medicaid legislation (title XIX of the Social Security Act). In July 1973, the extended care facility designation under Medicare and the skilled nursing home designation under Medicaid were replaced by the term "skilled nursing facility" (SNF). Both types of facilities were required to meet the same standards. In this report, the extended care facility and skilled nursing home designations are used since most of the survey was conducted prior to the legislation that created the skilled nursing facility.

Of the facilities that were certified some were certified under *both* the Medicare and the Medicaid programs. Other facilities certified only by the Medicaid program were certified to participate as both an SNH and an ICF. In order to provide detailed data by certification status, some small certification subgroups were combined with larger ones when both provided similar levels of care. Thus, the 3,800 facilities in

this report classified as having been certified by *both* Medicare and Medicaid include 7 percent that were certified by Medicare only. Similarly, the 3,300 facilities in this report classified as having been certified by Medicaid as SNH's included 33 percent that were also certified as ICF's.

Seventy-seven percent of the nursing homes for which cost estimates were made were certified by Medicare, by Medicaid, or by both programs; about 51 percent of them were certified for Medicaid only (table A). Facilities certified by both Medicare and Medicaid or by Medicare only (BM&M) accounted for 26 percent of the facilities and provided about 128,162,000 (37 percent) of the resident days of care at a cost of \$20.59 per resident day (tables A and B). Facilities certified as SNH's by Medicaid with no Medicare certification made up 22 percent of the facilities and provided about 92,150,000 (27 percent) of the resident days of care at a cost of \$15.69 per resident day. Facilities certified only as ICF's accounted for 29 percent of the facilities and provided about 80,051,000 (23 percent) of the resident days of care at a cost of \$11.95 per resident day. Twenty-three percent of the facilities were not certified for Medicare or Medicaid. These facilities provided about 47,549,000 (14 percent) of the resident days of care at a cost of \$14.16 per resident. Each total cost per resident day difference is statistically significant except that between the \$15.69 of the SNH group and the \$14.16 of the noncertified group.

The pattern of relationships between each of the major cost components by certification was similar to that indicated above for total costs (table 2). The large difference in total costs per resident day between the BM&M group and any of the other certification groups was distributed among the major cost components in such a way that labor, operating, fixed, and miscellaneous costs were each significantly larger on a per resident day basis than their respective categories in any of the other certification groups. These higher costs apparently resulted from the expense of meeting the standards for staffing, construction, equipment, and provision of services required for Medicare certification. For facilities certified only for Medicaid (the SNH group and the ICF group) the data are similarly consistent

with the assumption that higher standards result in higher expenses. Labor, operating, fixed, and miscellaneous costs were each significantly larger per resident day for the SNH group than their respective cost category in the ICF group.

Size

The size or scale of nursing home operations is represented throughout this report by four bed-size breakdowns—less than 50 beds, 50-99 beds, 100-199 beds, and 200 beds or more. The choice of the number of beds as an index of nursing home size is based on more than simple convenience. The number of beds in health care facilities is frequently used as a rough indicator of the supply of care. A familiar example is the bed-population ratio as an indicator of the amount of facility-based health services available. The assumption is, of course, that there is a strong relationship between the number of beds and the volume of other service characteristics in the facility. In the case of nursing homes, it is likely that the building space, equipment, personnel, and other factors used in providing services have been adjusted to be compatible with the number of beds regularly maintained for resident care.

When computed within the four size groupings, total cost per resident day increased with scale. Facilities with less than 50 beds provided 55,667,000 (16 percent) of the resident days of care at a cost of \$13.90 per resident day (table B). Facilities whose size ranged from 50 to 99 beds provided 119,320,000 (34 percent) of the resident days of care at a cost of \$15.61 per resident day. Facilities having 100 to 199 beds provided 121,583,000 (35 percent) of the resident days of care at a cost of \$16.72 per resident day. Only about 4 percent of the facilities had 200 beds or more, although they provided around 15 percent (51,343,000) of the resident days of care. At \$20.34 per resident day, these facilities provided the most costly nursing home services. Additional discussion of the relationship between total costs and size is given in the section that considers the interrelationships of size with other facility characteristics.

A positive relationship to size was also evident when the labor, operating, and fixed components were individually considered using the

test of trend described in appendix I (table 3). The pattern, however, differed somewhat for each of the components. For labor and operating costs, the positive trend was most influenced by the largest facilities. Labor costs in facilities with less than 100 beds tended to be similar on a per resident day basis and the same was true of operating costs in facilities of less than 200 beds. In contrast, fixed costs tended to be similar in facilities with 50 or more beds. The slight drop in fixed costs per resident day for facilities with 200 beds or more cannot be confirmed as statistically significant when the standard errors of the estimates are considered.

Geographic Region

Nursing homes, like most other firms, show regional variation in their costs due to general cost-of-living differences or to differences in the supply and demand of one or more of their factors of production (i.e., labor, capital, and materials). The data are presented in this report by the following U.S. Bureau of the Census geographic regions: Northeast, North Central, South, and West. About 35 percent of the nursing homes for which cost estimates were made were located in the North Central Region; the South, Northeast, and West Regions had about 28, 20, and 18 percent of the facilities, respectively (table A). At \$21.96 per resident day for some 77,516,000 resident days, the cost of nursing home services was substantially higher in the Northeast than in any of the other regions (table B). The individual comparisons between the other regions, however, showed no statistically significant differences in total cost per resident day. Facilities in the West provided an estimated 59,640,000 days of care at a cost of \$15.52 per resident day. Facilities in the North Central Region provided 119,835,000 resident days of care at a cost of \$15.04 per resident day. Facilities located in the South provided 90,921,000 resident days at a cost of \$14.12 per resident day.

Of the major components, labor costs were primarily responsible for the large disparity between costs in the Northeast and those in the rest of the country (table 4). At \$13.82 per resident day, labor costs in the Northeast were about 53 percent higher than the next highest

figure for this category (\$9.06 in the North Central Region). The operating, fixed, and miscellaneous components also contributed to the higher costs in the Northeast, although not significantly so in the case of the latter two components when compared to the West.

Interrelationships of Ownership, Certification, Size, and Region Characteristics

Considering the impact of ownership, certification, size, and region on the costs of producing nursing home services shows that these costs tended to be highest in government facilities, in facilities with Medicare certification (the BM&M group), in large facilities, and in facilities located in the Northeast. It should be kept in mind, however, that these findings do not take into account the effect of the interrelationships of these and other factors on costs. For example, traditional economic theory postulates a U-shaped relationship between average costs and size. Theoretically, as the scale of production expands over the lower range of output, certain economies (e.g., quantity discounts, full use of labor and equipment) are realized that result in decreasing average costs of production. After some point, however, diseconomies associated with the management of large-scale production are thought to predominate, resulting in increasing average costs. The data in table 3, however, show a continuing increase of total cost per resident with increasing bed-size groups. The positive relationship between cost and size was probably due in part to the greater number of services that larger facilities tended to offer. Some services are economically feasible only in facilities that are large enough to spread the costs so that the resident will be able to afford them. The additional costs associated with a broader scope of services may overshadow opportunities for more efficient use of labor and equipment that are available as the scale of operations increases.

The effects of the interrelationships of certification, ownership, size, and region on the major components of costs are presented in tables 5 and 6. The nonprofit and government facilities have been grouped in these tables to

allow for more reliable detail on the interrelationships. Reviewing these data reveals the importance of considering the interrelationships of these factors. Some of the conclusions about the relationship between costs and the facility characteristics of certification, ownership, size, and region remain the same; however, others are altered when the interrelationships of these factors are considered. Earlier it was noted that the relationship between certification and cost was such that the BM&M group had higher total costs per resident day than facilities in any of the other certification groups and that among facilities certified only for Medicaid, those certified as SNH's had higher costs on a per resident day basis than those certified only as ICF's. The interrelationships presented in tables 5 and 6 reveal that these findings remain the same regardless of the type of ownership, size, or regional location of the facilities. Similarly, where comparisons can be reliably made, the fact that facilities in the Northeast had higher total costs per resident day than those in the other regions continues to hold when the type of certification and ownership are considered.

Focusing on the impact of size on nursing home costs given the other factors, however, serves to caution the reader about the need to consider the interrelationships in the data. The positive cost-size relationship found earlier is less clearcut when the interrelationship of size with certification or ownership characteristics is considered. Patterns reflective of what would generally be expected in the presence of economies and diseconomies to scale (the U-shaped relationship between average costs and size described earlier) are found for those facilities in the BM&M group, for facilities not certified, and for facilities operated under nonprofit or government auspices. Within the four bed-size groups (less than 50 beds, 50-99 beds, 100-199 beds, and 200 beds or more) the Medicare facilities had total costs per resident day of \$21.66, \$20.00, \$19.85, and \$23.03, respectively; the not-certified facilities had total cost per resident day estimates of \$14.17, \$14.41, \$12.43, and \$16.87, respectively; and the nonprofit and government facilities had cost per resident day estimates of \$16.13, \$17.14, \$15.67, and \$19.87, respectively. From the standpoint of total cost

per resident day, an optimum size facility for each of these groups *appears* to be the range of 100-199 beds. However, the standard errors of the estimates are such that the necessary comparisons are not statistically significant. Nonetheless, these data highlight the importance of

recognizing the potential impact of additional cost determinants.

The remaining sections of this report will present data that focus on the relationship between nursing home costs and some additional facility, staff, and resident characteristics.

COST INTERVALS

The characteristics of ownership, certification, size, and region are acknowledged to be of basic importance in understanding the variation in nursing home costs; there are other factors that are also of interest. The next sections present some additional facility, staff, and resident characteristics that will be discussed with respect to their relationship to costs. The data are presented in tables that focus on the variation in the characteristics as the facilities vary from low to high in their total cost per resident day experience. Five total cost per resident day intervals—less than \$10.00, \$10.00-\$14.99, \$15.00-\$19.99, \$20.00-\$24.99, and \$25.00 or more—are used.

FACILITY CHARACTERISTICS BY COST INTERVALS

Distribution of Facilities

The number and percent distribution of the nursing homes within the five total cost per resident day intervals are presented in table 7. Facilities with costs in the range of \$10.00-\$14.99 per resident day were the most prevalent, accounting for about 36 percent of all facilities. About 18 percent of the facilities had costs of \$20.00 or more, and these were evenly split between those in the \$20.00-\$24.99 range and those with costs of \$25.00 or more.

As might be expected from the earlier discussion, the lowest cost facilities (less than \$10.00 per resident day) were more oriented toward proprietary ownership, the ICF certification group, small size, and location outside the Northeast. By ownership, about 81 percent of the facilities in the lowest cost group were proprietary compared with about 76 percent for all facilities. By certification, about 46 percent of the facilities with costs of less than \$10.00 per resident day were in the ICF group compared with about 29 percent of the total. Facilities

that were not certified were also disproportionately represented in this cost group (about 41 percent compared with about 23 percent of all facilities). By bed size, about 60 percent of the lowest cost group had less than 50 beds compared with about 41 percent nationally. Regionally, those facilities in the North Central Region were most prevalent in the lowest cost group (about 45 percent compared with 35 percent of all facilities).

At the upper end of the cost intervals (more than \$25.00 per resident day) the proprietary facilities were still dominant, but their proportion (57 percent) decreased substantially relative to that for the nonprofit (29 percent) and government facilities (14 percent). Likewise, the characteristics of Medicare certification (the BM&M group), 100 beds or more, and location in the Northeast were more prevalent among facilities with costs of \$25.00 or more than was the case when all facilities were considered. About 57 percent of the highest cost facilities were in the BM&M group compared with 26 percent of all facilities; 32 percent had 100 beds or more compared with 24 percent nationally, and 37 percent were in the Northeast Region compared with only 20 percent nationally.

Total Cost and Major Cost Components

Following the same format introduced above, the amount and percent distribution of total cost per resident day and its major components for nursing homes within the five total cost per resident day intervals are presented in table 8. Besides serving as background to the other tables, the primary purpose of this table is to explore the variability that occurs between low- and high-cost facilities in the proportion of costs devoted to the major cost components. Nationally, about 60 percent of all expenses

incurred by nursing homes in the provision of care were attributable to labor costs; operating, fixed, and miscellaneous costs accounted for another 21 percent, 15 percent and 4 percent, respectively. Variability in these proportions among facilities in the five cost-interval groups is minimal and not significant when the standard errors of the estimates are considered. These data indicate that there is little or no relationship between the proportion of costs devoted to the major cost components and the propensity to provide low-cost rather than high-cost care.

Distribution of Beds

The number of beds and average number of beds in nursing homes within the five total cost per resident day intervals are presented in table 9. The 14,800 facilities had an estimated 1,083,300 beds, or an average of 73 beds per facility in 1972. Proportionately fewer beds (66 per facility) were provided under proprietary auspices than under either nonprofit (91 per facility) or government (110 per facility) auspices. Among the certified facilities, average bed size varied; certification ranged from a low of 56 beds in facilities in the ICF group to a high of 106 beds in facilities in the BM&M group; the SNH group averaged 88 beds. The facilities that were not certified averaged only 44 beds.

Applying the test for trend (see appendix I) to the average number of beds per facility by the five cost groups confirms the earlier findings of a positive cost-size relationship when all facilities are considered. The increase, however, was not continuous across all five cost groups. Individual comparisons revealed three significantly different groups. The number of beds per facility varied from 49 beds in the lowest cost group, to 75 beds in facilities where costs were in the \$10.00-\$19.99 interval, to 99 beds in facilities with costs of \$20.00 or more per resident day.

Output Measures

As mentioned in the Introduction, the output-related measures available from the survey are the number of resident days, admissions, live discharges, and deaths. Given the long-term nature of the care provided in nursing homes, the number of resident days of care provided within some time frame tended to be the best

single indicator of the aggregate amount of services provided and was used throughout this report to put the cost data on a per-unit basis. The total number of discharges (live discharges and deaths) or the number of admissions, less useful as aggregate output measures because of the longer length of stay of nursing home residents (compared to hospitals), nonetheless are useful as indicators of the flow of care in nursing homes. For example, a rapid turnover of residents might be expected to increase per resident day costs because of the additional administrative expense involved in handling new cases.

The number of admissions, live discharges, deaths, and resident days within the five total cost per resident day intervals by ownership, certification, size, and region are presented in tables 10, 11, 12, and 13, respectively. Each table also presents the measure in question on a per-bed-available basis to allow for the variation in the size of the facilities within a grouping.

The facilities covered in this report had an estimated 1,019,200 admissions in 1972, or about 94 admissions per 100 beds. The number of admissions per 100 beds tended to be highest for proprietary facilities (105), for facilities in the BM&M group (140), for facilities in the 50-199 bed-size group (104, calculated by combining the 50-99 bed group and the 100-199 bed group, which were not significantly different in their ratios of admissions per 100 beds), and for facilities located in the West (128). When the numbers of admissions per 100 beds for all facilities are compared across the total cost per resident day intervals, a significant positive relationship between admissions per 100 beds and costs appears. The number of admissions per 100 beds ranged from a low of 52 for facilities with total costs of less than \$10.00 per resident day to a high of 166 for facilities with total costs of \$25.00 or more per resident day.

Not surprisingly, the combined number of live discharges and deaths during 1972 (1,020,600) closely approximated the number of admissions (1,019,200) during that period. Discharges and admissions measure the flow of services from opposite ends of the health care process and we expect their totals to be similar barring any major fluctuations in the occupancy rate of facilities. In 1972, there were an estimated 706,600 residents who were discharged

alive and another 314,000 who died. This amounted to 65 live discharges and 29 deaths per 100 beds. As with admissions, the number of live discharges per 100 beds was highest for proprietary facilities (74), for facilities in the BM&M certification group (103), for facilities in the 50-199 bed-size group (72), and for facilities located in the West (97). When compared across the total cost per resident day intervals, the number of live discharges per 100 beds increased with the increase in the cost interval from a low of 30 in the lowest cost facilities to a high of 132 in the highest cost facilities.

With respect to the number of deaths per 100 beds, the standard errors of the estimates are such that many of the differences by ownership, certification, size, and region are not statistically significant. A few exceptions, however, can be mentioned. The 32 deaths per 100 beds in proprietary facilities is significantly larger than the 23 deaths per 100 beds found when the figures for nonprofit and government facilities are combined. Although, the number of deaths per 100 beds in the SNH group (22) and the ICF group (21) are not significantly different from one another, each is significantly less than the numbers for the BM&M group (35) and the not-certified group (39). Finally, combining the figures for facilities in the 50-99 bed-size group with those for facilities in the 100-199 bed-size group (the respective numbers of deaths per 100 beds, 28 and 29, are not significantly different) revealed a negative relationship between facility size and deaths per 100 beds. Facilities with less than 50 beds had 40 deaths per 100 beds, facilities with 50-199 beds had 28 deaths per 100 beds, and facilities with more than 200 beds had 21 deaths per 100 beds. No significant variation in the number of deaths per 100 beds across the cost groups could be confirmed.

As mentioned earlier, the number of resident days of care provided by the facilities for which cost estimates were made was 347,913,000 in 1972. With the proper adjustments, putting the number of resident days on a per-bed basis resulted in a measure of the occupancy rate. The occupancy rate was computed for this report by using the following formula:

$$\frac{\sum \text{Aggregate number of resident days of care provided in 1972} \times 100}{\sum \text{Estimated number of beds in 1972} \times 366}$$

Assuming the number of beds available during a certain period represents the capacity at which facilities are prepared to provide care, the occupancy rate described above represents the level of capacity utilization for 1972. Generally, the more fully the available capacity is used (i.e., the higher the occupancy rate) the smaller the cost per day of care, because the fixed costs associated with a given capacity are spread over more units of output. The overall occupancy rate for the facilities was 88 percent and showed the expected negative relationship with per resident day costs decreasing from 93 percent in the lowest cost group to 76 percent in the highest cost group.

Selected Service Characteristics

Good measures of the quality of care provided in health facilities have not been well developed. As a result, the analyst is forced to rely on measures that for one reason or another are considered indicative of quality health care. In this context, the level or scope of services is often considered synonymous with the quality of care. Table 14 focuses on a number of selected service characteristics used in this report as indicators of the quality or level of care provided by nursing homes. The total cost per resident day as well as the number and percent distribution of facilities within the five cost intervals are presented according to the following service characteristics: professional rehabilitation services provided; services included as part of the basic charge to the resident; training programs conducted in cooperation with an educational institution for persons not on the staff of the facility; number of shifts with a registered nurse (RN) in charge and on duty; and occupation of the supervisor of all clinical services. Each of these measures is included for the purpose of exploring the relationship between the quality or level of services and facility costs.

Data on whether facilities provided professional rehabilitation services were gathered by asking the administrator the following question: "Does this facility provide any of the following professional rehabilitation services on the premises?" Physical therapy; occupational therapy;

recreational therapy; speech and hearing therapy; counseling by social worker, psychologist, or mental health worker; as well as an "other" category were listed, and it was emphasized that the therapists must be licensed or registered in their specific professions (see question 20 of the Facility Questionnaire, appendix III). Physical therapy and counseling were the rehabilitation services most likely to be offered on the premises by nursing homes. About 52 percent of the facilities offered these services. Thirty percent offered recreational therapy, 28 percent offered speech and hearing therapy, and 23 percent offered occupational therapy on the premises. Each of these rehabilitation services was, in general, more likely to be offered in higher cost facilities. When compared across the five total cost per resident day intervals, the proportion of facilities providing each type of therapy was positively related to cost. (The difference between the highest two cost groups in the proportion offering physical therapy, occupational therapy, and speech and hearing therapy is not statistically significant.)

Additional information on the services a facility is committed to provide to all its residents was gathered by asking the administrator the following question: "Does this facility include as part of its basic charge to each resident the charges for: (a) physician services, (b) private-duty nursing, (c) other nursing services, (d) therapy, (e) drugs, (f) medical supplies, (g) special diet, (h) other" (see question 28 of the Facility Questionnaire, appendix III). The distinction here is between the basic and the total charge that the facility makes for the care it provides. The basic charge for each resident covers the set of services that the facility is prepared to provide all its residents during their stay. The total charge includes the basic charge and any other charges made. The services most commonly included in the basic charge are lodging and meals. Additional services such as those listed in the question may also be included in the basic charge although it is generally more likely that they are provided and billed for on an as-needed basis. Including a service in the basic charge tends to assure that it is readily available to any resident in the facility. To the extent that the listed services are included in the basic

charge, the level or quality of care offered to all residents is expected to be higher and this in turn is expected to be positively related to costs.

Of the alternatives listed, special diet, nursing services other than private-duty nursing, and medical supplies were most likely to be included as part of the basic charge. Eighty-nine percent of the facilities included special diet, 78 percent included nursing services other than private-duty nursing, and 56 percent included medical supplies as part of the basic charge. Therapy, drugs, physician services, and the services of a private-duty nurse were much less likely to be included in the basic charge. These items were included by only 26 percent, 17 percent, 11 percent, and 6 percent of the facilities, respectively. When the information on the services included as part of the basic charge was related to the facility cost data, a higher cost per resident day was found for those facilities that included nursing services, therapy, drugs, physician services, or the services of a private-duty nurse as part of their basic charge than for those that did not include these services in the basic charge. The data also show that for each of the services listed in the question (with the exception of private-duty nurse where the comparison cannot be reliably made) there was a significantly higher percent of the facilities in the highest cost group providing the service as part of the basic charge than in the lowest cost group. Ninety-six percent of the facilities with total costs per resident day of more than \$25.00 provided a special diet as part of the basic charge compared to 85 percent of the facilities with total costs per resident day of less than \$10.00. With nursing services, the same comparison showed 84 percent in the highest cost group and 70 percent in the lowest cost group. For medical supplies, the comparison was 62 percent to 50 percent, for therapy services it was 40 percent to 18 percent, for drugs it was 28 percent to 14 percent, and for physician services it was 23 percent to 7 percent.

Health care facilities that conduct training programs are generally thought to provide a more comprehensive scope of services, and the resulting quality of care and costs are expected to be higher than for facilities not providing training. To determine which nursing homes conducted training programs, the administrator

was asked the following question: "Does this facility conduct training programs for people not on your staff in cooperation with an educational institution?" Twenty-nine percent of the facilities for which cost estimates were made responded positively to this question. The data tend to confirm the expectation that higher cost facilities are more likely to conduct training programs. Only 17 percent of the facilities with costs of less than \$10.00 per resident day conducted training programs compared with 29 percent in facilities with costs of \$10.00 to \$19.99 and 41 percent in facilities with costs of \$20.00 or more.

The number of shifts with an RN in charge of nursing care and on duty was determined from the series of questions that asked, for each of the three daily shifts, whether the person in charge of nursing care was on call or on duty (no evening or night shift was also an acceptable answer) and what the level of skill of that person was (see questions 23a-23c of the Facility Questionnaire, appendix III). Registered nurse was the highest skill level listed among the alternatives. Thirty-one percent of the facilities had no shifts with an on-duty RN in charge of nursing care, 29 percent had one shift, 17 percent had two shifts, and 23 percent had three shifts meeting that criterion.

The number of shifts with an on-duty RN in charge of nursing is a useful indicator of the level or quality of care because having more shifts (e.g., day, evening, and night shifts versus only a day shift), having someone on duty (rather than on call) for a shift, or having the person in charge be skilled as an RN (rather than a licensed practical nurse (LPN), nurse's aide, or other staff member) implies a higher relative level or quality of care. The relationship of this measure to facility costs is predictable. The total cost per resident day ranged from a low of \$11.35 in facilities with no shifts with an RN in charge and on duty to a high of \$20.63 in facilities having all three shifts with an RN in charge and on duty. Facilities with one or two shifts meeting the criteria had costs of \$13.70 and \$16.14 per resident day, respectively.

Another indicator of the level or quality of care provided by a facility is the type of staff member exercising daily, on-duty supervision over all clinical services in the facility (see ques-

tion 25a-b of the Facility Questionnaire, appendix III). The alternatives listed were administrator, physician, registered nurse, and other. "Clinical services" are those medical and nursing services that are part of the day-to-day activities of the home. "Supervision" was defined to mean an active role in watching over these activities in a continuous, responsible fashion. Thus, for the purposes of the survey, the term "supervisor" referred to others besides specialists such as physicians, RN's or LPN's. The supervisor could have been (and sometimes was) an administrator not specifically trained as a clinical specialist to whom, however, such clinical specialists reported and were responsible. If the supervisor of clinical services was the administrator it was asked if the administrator was also a physician, an RN, or an LPN. This information was used to group facilities on the basis of the highest clinical (i.e., physician, RN, or LPN) qualification of the on-duty supervisor of clinical services. Therefore, in table 14 in those cases where the facility's on-duty supervisor of clinical services was an administrator who was also a qualified physician, RN, or LPN, the facility was grouped with the comparable clinical specialist group rather than with the administrator group.

In the majority of homes (62 percent), the staff member with daily, on-duty supervision over all clinical services was an RN. In another 14 percent of the facilities, the on-duty supervisor was an administrator with no medical title. Physicians supervised clinical services in 3 percent of the facilities, and some other staff member supervised clinical services in the remaining 21 percent. When these data are related to the facility cost data, the result is consistent with what might be expected. Facilities with a physician providing on-duty supervision of all clinical services had substantially higher costs per resident day (\$24.18) than those whose supervisor was an RN (\$16.56), an administrator (\$15.64), or some other staff member (\$12.77).

STAFF CHARACTERISTICS BY COST INTERVALS

The cost structure of nursing homes is dominated by labor costs. About \$6 of every \$10 spent by nursing homes in the process of provid-

ing long-term care went for payroll expenses. Table 15 focuses on the relationship between staffing patterns and facility costs. The number of staff providing care in nursing homes is presented in terms of full-time equivalent (FTE) employees. Thirty-five hours of part-time employees' work are conventionally taken as equivalent to one full-time employee. Part-time employees were converted to FTE employees by dividing the number of hours worked per week by 35. By using the number of FTE employees rather than the number of total employees, the variation between facilities in the proportion of part-time staff is held constant. The information used to calculate the number of FTE's was collected on the Staff Control Record (see appendix III).

There were an estimated 604,800 FTE employees or about 55 per 100 beds in the facilities for which cost estimates were made. About 62 percent of these were employed as part of the nursing staff. Nurse's aides, the most prevalent type of staff member in nursing homes, accounted for 74 percent of the nursing staff and 46 percent of all staff. Estimates indicated about 26 nurse's aides per 100 beds. The second most prevalent group of employees were those in the "all other" category, which includes the clerical, food service, housekeeping, and maintenance personnel as well as any other employee not performing nursing, administrative, medical, or therapeutic functions. This group made up 32 percent of the total number of FTE employees, amounting to about 18 per 100 beds. The remaining 6 percent of the total FTE employees were administrative, medical, and therapeutic personnel. This came to about 3 FTE employees from this group per 100 beds.

When the number of FTE employees per 100 beds is compared across the five cost intervals, a clearly positive trend is revealed, with the exception of the administrative and medical group. In total, the number of FTE employees ranged from 40 per 100 beds in the lowest cost facilities to 73 per 100 beds in the highest cost facilities. The positive trend for total FTE employees was also significant regardless of the ownership, certification, bed size, or regional grouping of the facilities.

Although the total number of FTE employees tended to increase with costs, the rate of

increase varied among the employee groups. This resulted in some significant differences in the proportional distribution of these groups when the lowest and highest cost facilities were compared. Facilities with costs of \$10.00 or less per resident day had only about 1 percent of their staff employed as therapists and another 4 percent employed as RN's. In contrast, facilities with costs of \$25.00 or more had about 3 percent employed as therapists and 10 percent employed as RN's. The increased proportion of these higher skilled staff members in the high-cost facilities was primarily offset by a 10-percentage-point drop in the proportion of staff employed as nurse's aides. The lowest cost facilities employed 49 percent of their staff as nurse's aides and only 39 percent of the highest cost facilities' staff were nurse's aides.

A greater proportion of higher skilled staff would result in proportionately higher labor costs per employee which, in turn, have a positive effect on total costs. This expectation is consistent with the data in table 16, which focuses on the relationship between the yearly labor cost per FTE and the five total cost per resident day intervals. Labor cost per FTE ranged from a low of \$3,968 per year in facilities with total costs of less than \$10.00 per resident day to a high of \$8,188 per year in facilities with total costs per resident day of \$25.00 or more. The positive relationship is significant regardless of the ownership, certification, bed size, or regional classification (for the West Region the trend is significant at the 0.10 rather than the 0.05 level).

RESIDENT CHARACTERISTICS BY COST INTERVALS

The cost of providing care in nursing homes is, of course, influenced by the characteristics of the residents served. Some variation in costs results simply from short-term differences in the case mix handled by the facility. More importantly, however, cost variation among facilities results from the facility's plans and expectations as to the needs of the residents to whom it wants to sell its services. Given their plans and expectations, nursing homes will choose such things as the types of services, staffing patterns, and the amount of capacity necessary to fulfill

these needs. It is on this basis that the resident characteristics at the time of the survey can be related to the 1972 cost data. The relationship between nursing home costs and selected resident characteristics are explored in the remaining sections of this report.

Conditions and Impairments

The number of nursing home residents and the rate per 100 residents in the five total cost per resident day groups by their reported chronic conditions and impairments are presented in table 17. Based on the findings of previous NCHS surveys of nursing homes, 11 conditions were selected as the most relevant to the population under study, particularly in terms of their prevalence. Referring to the resident's medical record, the nurse most familiar with the resident's care was asked to respond to the following question: "Does he/she have any of the following conditions or impairments?" Since most residents had more than one chronic condition or impairment, the nurse was asked to name all that applied. About 95 percent of the residents had at least 1 of the 11 conditions; the average number of conditions per resident was 2.2.

Senility was by far the most prevalent condition reported. Fifty-eight percent of the residents of nursing homes in business 2 years or more were considered to be senile. After senility, the most frequently reported condition was arthritis or rheumatism (reported for 35 percent of the residents), followed by heart trouble (34 percent) and mental illness (18 percent). Fourteen percent or less of the residents were reported to have the following conditions: amputation of extremities or limbs or permanent stiffness or any deformity of foot, leg, fingers, arms, or back (14 percent); diabetes (13 percent); paralysis or palsy due to stroke (11 percent); glaucoma or cataracts (11 percent); chronic trouble with back or spine (10 percent); mental retardation (7 percent); and paralysis or palsy not related to stroke, arthritis, or rheumatism (6 percent).

Variation across the total cost per resident day intervals in the percent distribution of residents with these chronic conditions and impairments is evident. In several cases, the variation appeared to be systematic, indicating a potential

relationship between the costs of providing care and the reported conditions and impairments of the residents. The conditions of mental illness and mental retardation, for example, were more likely to be treated in low-cost facilities. A significant negative trend in the proportion of residents with these conditions was found as the total cost per resident day increased. In the lowest cost facilities, 25 percent of the residents were mentally ill and 11 percent were mentally retarded. In the highest cost facilities, only 12 percent were mentally ill and only 4 percent mentally retarded. Higher cost facilities were more likely to handle residents with the conditions paralysis or palsy due to stroke, glaucoma or cataracts, diabetes, and heart trouble. A significant positive trend can be seen in the proportion of residents with each of these four conditions as the cost per resident day increases. In the lowest cost facilities, residents with these conditions respectively accounted for, 9 percent, 10 percent, 11 percent, and 27 percent of residents; the comparable proportions for the highest cost facilities were 14 percent, 13 percent, 15 percent, and 39 percent.

Primary Diagnosis

Table 17 also presents the number of nursing home residents and rate per 100 residents in the five total cost per resident day intervals by their primary diagnosis at last examination and at admission. To complement the data on reported chronic conditions and impairments, the nurse respondent was asked to consult the medical record of each sample resident to obtain the *primary* diagnosis at last examination and at admission. For each of these specific time references, the primary diagnosis was then classified according to the categories listed in item 8 of the Resident Questionnaire (see appendix III). This classification was fashioned to correspond to the major disease categories of the ICDA, 8th revision.⁷ The major category, diseases of the circulatory system, was subdivided according to the ICDA classification into heart attack, stroke, hardening of the arteries, and other diseases of the circulatory system.

The primary diagnosis at last examination was intended to determine the condition that was currently the most serious one affecting the resident. Consideration of the relationship be-

tween costs and the various categories reveals a significant positive trend in the proportion of residents with the primary diagnoses at last examination of stroke; hardening of the arteries; and accidents, poisoning, and violence and a significant negative trend in the proportion of residents with the primary diagnosis of mental disorders. The primary diagnosis at admission was intended to indicate the primary medical reasons why persons initially sought institutionalization. Relating these data to costs revealed a significant positive trend in the proportion of residents with the admission primary diagnoses of stroke and accidents, poisonings, and violence and a significant negative trend in the proportion of residents with the primary diagnosis of mental disorders.

Activities of Daily Living

The Resident Questionnaire included a series of questions designed to help evaluate the resident's needs with respect to six activities of daily living (ADL)—bathing, dressing, going to toilet, transferring, continence, and feeding (see question 14 of the Resident Questionnaire, appendix III). For each of these functions, the nurse most familiar with the resident's care was asked to indicate the one of several alternative categories that best described the resident's level of dependency. For each activity, the levels were listed in ascending order ranging from needing no assistance to needing major assistance. The number of alternative levels ranged from three for going to toilet to seven for transferring.

One use of the ADL questions in the survey was suggested by the work of Dr. Sidney Katz and his colleagues.^{8,9} They used information on the level of assistance needed in performing each activity to determine whether a person should be considered dependent or independent in that activity. This information was in turn used to develop an index that permits the ranking of individuals according to their performance in the six activities of daily living. The index has seven levels of independence (A through G) and each successive level indicates greater dependency. The general form of the index is:

A — No ADL dependencies.

B — Dependent in only one ADL.

C — Dependent in bathing and one additional ADL.

D — Dependent in bathing, dressing, and one additional ADL.

E — Dependent in bathing, dressing, going to toilet, and one additional ADL.

F — Dependent in bathing, dressing, going to toilet, transferring, and one additional ADL.

G — Dependent in all six ADL's.

An "other" category is included for those individuals dependent in at least two functions, but not classifiable as C, D, E, or F.

Using the approach suggested by Katz and his colleagues, the number of nursing home residents and rate per 100 residents within the five total cost per resident day intervals according to measures of dependence in activities of daily living are presented in table 18.^b Focusing first on the individual items of the ADL index shows that the percent distribution of residents dependent in each of the six activities was consistent with the general form of the ADL index. Nursing home residents were most likely to be dependent in the functions related to bathing (71 percent) and least likely to be dependent in the functions related to feeding (18 percent). The dependency rate for dressing was 59 percent; for going to toilet, 53 percent; for transferring, 52 percent; and for continence, 34 percent. When the dependency rate for each ADL function is compared across the five total cost per resident day intervals, the most striking relationship is found in comparing the rates in the lowest cost facilities to those in any of the other cost groups. The lowest cost facilities had a significantly smaller proportion of residents dependent in each of the ADL functions than was the case for any of the other cost groups (with the exception of feeding, where the difference between the percents in the lowest and highest cost group cannot be confirmed as statistically

^bDependency in the six ADL functions was determined from question 14 of the Resident Questionnaire (appendix III) by the following cutoff points (i.e., greater levels indicating debility): bathing, dressing, and feeding—level 2; going to toilet, transferring, and continence—level 1.

significant). It appears, therefore, that one of the factors contributing to lower costs in the least expensive facilities is the lower dependency of their residents.

The lower part of table 18 presents the ADL index that ranked the individuals according to their performance in all six ADL's. Ninety-four percent of the residents had a pattern of dependencies that classified them in one of the seven levels of the index. Only 6 percent of the residents could not be classified in the index. About 24 percent of the residents were rated as completely independent, and 14 percent were rated as completely dependent in the six ADL's. As with the individual components of the ADL index, the index itself serves best as an indicator of the differences between residents in the lowest cost facilities and the residents in the other facilities. Facilities with costs of under \$10.00 per resident day generally had proportionately more of the less dependent residents (levels A, B, and C of the ADL index) and less of the more dependent residents (levels E, F, and G of the ADL index) than was the case for the other facilities. Across the other cost groups, the differences in the proportion of residents at the various levels of the index were generally not statistically significant.

Other Selected Resident Characteristics

Table 19 presents the number and percent distribution of residents in the five total cost per resident day intervals by the primary reason for admission and the level of patient care. Table 20 presents the number and percent distribution of residents in the five total cost per resident day intervals by the primary source of payment.

Data gathered on the primary reason for the resident's admission to the facility had four possible responses: physical reasons (e.g., illness or need for treatment); social reasons (e.g., no family or lack of family interest); behavioral reasons (e.g., disruptive behavior, mental deterioration); economic reasons (e.g., no money and/or resources). (See question 7 of Resident Questionnaire in appendix III.) The majority of the nursing home residents (81 percent) entered the facility primarily for physical reasons (table 19). Eleven percent entered the facility for

behavioral reasons, 7 percent for social reasons, and 1 percent for economic reasons.

Among the five cost groups, significant variation in the proportion of residents admitted for physical, behavioral, and social reasons existed. Residents in higher cost facilities were more likely to have been admitted for physical reasons and less likely to have been admitted either for behavioral or for social reasons. As facility costs per resident day varied from less than \$10.00 to \$25.00 or more, the proportion of residents admitted for physical reasons steadily increased from 70 percent to 88 percent, and the proportion of residents admitted for behavioral reasons steadily decreased from 17 percent to 6 percent. Although the declining proportion of residents admitted for social reasons was not quite as steady across the cost groups, the decline was significant, ranging from 12 percent in the lowest cost facilities to 5 percent in the highest cost facilities.

Information on the level of care the residents actually received was elicited by asking the nurse if the resident had received any of a list of services within the past 7 days (see appendix II for a complete list of services). The responses were classified into the five following levels of patient care and each subsequent category represented a lower level of care:

Intensive nursing care

Limited nursing care

Routine nursing care

Personal care

No nursing or personal care

Forty-one percent of the residents received intensive nursing care, 10 percent received limited nursing care, 33 percent received routine nursing care, and 16 percent received personal care services (table 19). Only about 1 percent of the residents received no nursing or personal care, probably because the scope of the survey included only those facilities providing some level of nursing care.

Among facilities with total costs of \$10.00 or more per resident day, there was little variation in the proportion of residents receiving the various levels of care. Compared to these facili-

ties, however, facilities with total costs per resident day of less than \$10.00 had proportionately fewer residents receiving intensive care and more residents receiving personal care. Only 29 percent of the residents in the lowest cost facilities received intensive nursing care compared with between 42 and 46 percent for facilities in the other cost groups. Personal care was received by 23 percent of the residents in the lowest cost facilities compared with between 14 and 16 percent of the residents in the other cost groups.

Data on the resident's primary means of paying for care (i.e., source of payment) were based on the response to question 26a of the Resident Questionnaire in appendix III. The nine possible sources were: own income or family support, Medicare (title XVIII of the Social Security Act), Medicaid (title XIX of the Social Security Act), other public assistance or welfare, church support, Veterans Administration (VA) contract, initial payment/life care, no charge, and miscellaneous sources. It should be noted that data on the primary source of payment were collected only for those residents who had been in the facility 1-month or more. This reduced by about 6 percent the number of residents in the facilities for whom cost information was collected.

Medicaid was the most frequent primary source of payment used (table 20). About 48 percent of the residents received care financed primarily by Medicaid. The next most frequent primary source of payment was the resident's

own income or family support (37 percent) followed by other public assistance or welfare (11 percent). Only a small minority of the residents used Medicare for primary payment (1 percent). About 3 percent of all residents used other sources (church support, VA contract, initial payment/life care, no charge for care, and other sources) as the primary source of payment.

Differences among cost groups in the proportion of residents with the alternative primary sources of payment are most noticeable at the extremes. The resident's own income or family support was significantly less likely to be the primary source of payment in facilities with costs of \$25.00 or more per resident day than in lower cost facilities. Only 31 percent of the residents in the highest cost facilities used their own incomes or family support as the primary payment source compared with from 36 to 41 percent in the other cost groups. Medicaid, on the other hand, was significantly less likely to be the primary source of payment in facilities with costs of less than \$10.00. Only 34 percent of the residents in the lowest cost facilities used Medicaid as the primary payment source compared with from 47 to 53 percent in the other cost groups. The lowest cost facilities, however, had a much larger proportion of residents using other public assistance or welfare programs. Twenty-five percent of the residents in the facilities with costs of less than \$10.00 per resident day used other public assistance or welfare as their primary source of payment compared with from 7 to 9 percent in the other cost groups.



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Table 1. Cost per resident day for nursing home care and percent distribution by cost components according to ownership:¹ United States, 1972

Cost component	All owner- ships	Propri- etary	Non- profit	Government	All owner- ships	Propri- etary	Non- profit	Government
	Cost per resident day				Percent distribution			
Total cost.....	\$16.43	\$16.01	\$16.68	\$18.42	100.0	100.0	100.0	100.0
Labor costs.....	9.82	9.16	10.14	13.12	59.8	57.2	60.8	71.2
Wages.....	9.01	8.44	9.33	11.81	54.8	52.7	55.9	64.1
Nursing payroll.....	5.55	5.42	5.29	6.85	33.8	33.9	31.7	37.2
Professional payroll.....	0.18	0.13	0.23	0.43	1.1	0.8	1.4	2.3
Other payroll.....	3.28	2.90	3.81	4.53	20.0	18.1	22.8	24.6
Fringe benefits.....	0.81	0.72	0.81	1.30	4.9	4.5	4.9	7.1
Operating costs.....	3.39	3.20	3.83	3.77	20.6	20.0	23.0	20.5
Food and other dietary items.....	1.35	1.30	1.49	1.38	8.2	8.1	8.9	7.5
Drugs.....	0.25	0.22	0.29	0.33	1.5	1.4	1.7	1.8
Supplies and equipment.....	0.48	0.44	0.50	0.68	2.9	2.8	3.0	3.7
Buildings, grounds, and equipment purchased maintenance.....	0.25	0.24	0.28	0.28	1.5	1.5	1.7	1.5
Laundry and linen.....	0.17	0.18	0.14	0.16	1.0	1.1	0.8	0.9
Services purchased from outside sources:								
Services related to health care.....	0.16	0.16	0.19	0.12	1.0	1.0	1.1	0.7
Services not related to health care.....	0.24	0.20	0.35	0.30	1.5	1.3	2.1	1.6
Utilities.....	0.49	0.45	0.60	0.52	3.0	2.8	3.6	2.8
Fixed costs.....	2.52	2.90	2.09	1.10	15.3	18.1	12.5	6.0
Equipment rental.....	0.05	0.07	0.02	-	0.3	0.4	0.1	-
Insurance.....	0.20	0.20	0.21	0.14	1.2	1.3	1.3	0.8
Taxes and licenses.....	0.32	0.42	0.09	*0.04	2.0	2.6	0.5	*0.2
Interest and finance charges.....	0.60	0.69	0.53	0.23	3.7	4.3	3.2	1.2
Depreciation.....	0.66	0.61	0.90	0.67	3.9	3.8	5.4	3.6
Rent on building and land.....	0.64	0.89	0.18	*0.01	3.9	5.5	1.1	*0.1
Amortization of leasehold improvements.....	0.05	0.02	0.16	*0.01	0.3	0.1	1.0	*0.1
Miscellaneous costs.....	0.69	0.75	0.62	0.43	4.2	4.7	3.7	2.3

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care. Figures are based on 347,913,000 resident days of care for 1972. Of this total, 68 percent was provided by proprietary facilities, 21 percent by nonprofit facilities, and 12 percent by government facilities.

NOTE: Figures may not add to totals due to rounding.

Table 2. Cost per resident day for nursing home care and percent distribution by cost components, according to certification:¹ United States, 1972

Cost component	All certification groups	Both Medicare and Medicaid ²	Medicaid only			Not certified	All certification groups	Both Medicare and Medicaid ²	Medicaid only			Not certified
			Total	Skilled nursing homes ³	Intermediate care facilities				Total	Skilled nursing homes ³	Intermediate care facilities	
	Cost per resident day						Percent distribution					
Total cost	\$16.43	\$20.59	\$13.95	\$15.69	\$11.95	\$14.16	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs.....	9.82	12.04	8.57	9.83	7.12	8.34	59.8	58.5	61.4	62.7	59.6	58.9
Wages.....	9.01	10.91	7.94	9.05	6.66	7.78	54.8	53.0	56.9	57.7	55.7	54.9
Nursing payroll.....	5.55	6.82	4.91	5.55	4.18	4.48	33.8	33.1	35.2	35.4	35.0	31.6
Professional payroll.....	0.18	0.21	0.15	0.19	*0.09	*0.23	1.1	1.0	1.1	1.2	*0.8	*1.6
Other payroll.....	3.28	3.88	2.88	3.30	2.40	3.08	20.0	18.8	20.7	21.0	20.1	21.8
Fringe benefits.....	0.81	1.13	0.63	0.79	0.45	0.56	4.9	5.5	4.5	5.0	3.8	4.0
Operating costs.....	3.39	4.14	2.81	3.04	2.55	3.49	20.6	20.1	20.1	19.4	21.3	24.7
Food and other dietary items.....	1.35	1.43	1.26	1.33	1.17	1.44	8.2	7.0	9.0	8.5	9.8	10.2
Drugs.....	0.25	0.36	0.16	0.19	0.13	0.24	1.5	1.8	1.2	1.2	1.1	1.7
Supplies and equipment.....	0.48	0.62	0.37	0.42	0.31	0.50	2.9	3.0	2.7	2.7	2.6	3.5
Buildings, grounds, and equipment purchased maintenance.....	0.25	0.27	0.23	0.24	0.21	0.29	1.5	1.3	1.7	1.5	1.8	2.1
Laundry and linen.....	0.17	0.21	0.15	0.17	0.13	0.13	1.0	1.0	1.1	1.1	1.1	0.9
Services purchased from outside sources.....												
Services related to health care.....	0.16	0.30	0.07	0.08	0.05	0.14	1.0	1.5	0.5	0.5	0.4	1.0
Services not related to health care.....	0.24	0.41	0.14	0.15	0.12	0.18	1.5	2.0	1.0	1.0	1.0	1.3
Utilities.....	0.49	0.54	0.44	0.45	0.42	0.56	3.0	2.6	3.2	2.9	3.5	4.0
Fixed costs.....	2.52	3.45	2.05	2.25	1.82	1.74	15.3	16.8	14.7	14.3	15.2	12.3
Equipment rental.....	0.05	0.09	0.03	0.04	0.02	*0.03	0.3	0.4	0.2	0.3	0.2	*0.2
Insurance.....	0.20	0.20	0.19	0.20	0.19	0.21	1.2	1.0	1.4	1.3	1.6	1.5
Taxes and licenses.....	0.32	0.44	0.24	0.27	0.21	0.21	2.0	2.1	1.7	1.7	1.8	1.5
Interest and finance charges.....	0.60	0.81	0.50	0.58	0.40	0.42	3.7	4.0	3.6	3.7	3.3	3.0
Depreciation.....	0.66	0.78	0.59	0.63	0.55	0.63	3.9	3.8	4.3	4.0	4.6	4.5
Rent on building and land.....	0.64	1.04	0.47	0.50	0.43	0.21	3.9	5.0	3.4	3.1	3.6	1.5
Amortization of leasehold improvements.....	0.05	0.09	0.02	0.03	*0.01	*0.01	0.3	0.4	0.1	0.2	*0.1	*0.1
Miscellaneous costs.....	0.69	0.95	0.52	0.57	0.46	0.59	4.2	4.6	3.7	3.6	3.9	4.2

¹ Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care. Figures are based on 347,913,000 resident days of care for 1972. Of this total, 37 percent was provided by the both Medicare and Medicaid group, 27 percent by the SNH group, 23 percent by the ICF group, and 14 percent by the not-certified group.

² Of these facilities, 7 percent were certified for Medicare only.

³ Of these facilities, 33 percent were certified as both SNH's and ICF's.

NOTE: Figures may not add to totals due to rounding.

Table 3. Cost per resident day for nursing home care and percent distribution by cost components, according to size:¹ United States, 1972

Cost component	All size groups	Less than 50 beds	50-99 beds	100-199 beds	200 beds or more	All size groups	Less than 50 beds	50-99 beds	100-199 beds	200 beds or more
	Cost per resident day					Percent distribution				
Total cost.....	\$16.43	\$13.90	\$15.61	\$16.72	\$20.34	100.0	100.0	100.0	100.0	100.0
Labor costs.....	9.82	8.52	8.91	9.80	13.37	59.8	61.3	57.1	58.6	65.7
Wages.....	9.01	7.95	8.27	8.99	11.95	54.8	57.2	53.0	53.8	58.8
Nursing payroll.....	5.55	5.03	5.19	5.61	6.84	33.8	36.2	33.3	33.6	33.6
Professional payroll.....	0.18	*0.13	0.13	0.16	0.41	1.1	*0.9	0.8	1.0	2.0
Other payroll.....	3.28	2.78	2.95	3.22	4.71	20.0	20.0	18.9	19.3	23.2
Fringe benefits.....	0.81	0.58	0.64	0.81	1.41	4.9	4.2	4.1	4.8	6.9
Operating costs.....	3.39	3.10	3.31	3.36	3.98	20.6	22.3	21.2	20.1	19.6
Food and other dietary items.....	1.35	1.29	1.32	1.34	1.48	8.2	9.3	8.5	8.0	7.3
Drugs.....	0.25	0.18	0.24	0.26	0.32	1.5	1.3	1.5	1.6	1.6
Supplies and equipment.....	0.48	0.45	0.42	0.50	0.61	2.9	3.2	2.7	3.0	3.0
Buildings, grounds, and equipment purchased maintenance.....	0.25	0.25	0.26	0.23	0.31	1.5	1.8	1.7	1.4	1.5
Laundry and linen.....	0.17	0.11	0.17	0.17	0.20	1.0	0.8	1.1	1.0	1.0
Services purchased from outside sources:										
Services related to health care.....	0.16	0.16	0.16	0.17	0.16	1.0	1.2	1.0	1.0	0.8
Services not related to health care.....	0.24	0.16	0.27	0.21	0.35	1.5	1.2	1.7	1.3	1.7
Utilities.....	0.49	0.50	0.47	0.49	0.55	3.0	3.6	3.0	2.9	2.7
Fixed costs.....	2.52	1.73	2.65	2.81	2.42	15.3	12.5	17.0	16.8	11.9
Equipment rental.....	0.05	*0.02	0.06	0.06	0.05	0.3	*0.1	0.4	0.4	0.3
Insurance.....	0.20	0.23	0.21	0.18	0.18	1.2	1.7	1.4	1.1	0.8
Taxes and licenses.....	0.32	0.29	0.31	0.38	0.23	2.0	2.1	2.0	2.2	1.1
Interest and finance charges.....	0.60	0.28	0.63	0.74	0.53	3.7	2.0	4.1	4.4	2.6
Depreciation.....	0.66	0.55	0.65	0.69	0.77	3.9	4.0	4.2	4.1	3.7
Rent on building and land.....	0.64	0.34	0.68	0.74	0.65	3.9	2.5	4.3	4.4	3.2
Amortization of leasehold improvements.....	0.05	*0.01	0.10	0.02	*0.02	0.3	*0.1	0.6	0.1	*0.1
Miscellaneous costs.....	0.69	0.55	0.74	0.75	0.58	4.2	4.0	4.7	4.5	2.9

¹ Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care. Figures are based on 347,913,000 resident days of care for 1972. Of this total, 16 percent was provided in facilities with less than 50 beds, 34 percent in facilities of 50 to 99 beds, 35 percent in facilities of 100 to 199 beds, and 15 percent in facilities of 200 beds or more.

NOTE: Figures may not add to totals due to rounding.

Table 4. Cost per resident day for nursing home care and percent distribution by cost components, according to geographic region:¹ United States, 1972

Cost component	All regions	North-east	North Central	South	West	All regions	North-east	North Central	South	West
	Cost per resident day					Percent distribution				
Total cost.....	\$16.43	\$21.96	\$15.04	\$14.12	\$15.52	100.0	100.0	100.0	100.0	100.0
Labor costs.....	9.82	13.82	9.06	8.12	8.72	59.8	62.9	60.2	57.5	56.2
Wages.....	9.01	12.48	8.41	7.59	7.88	54.8	56.8	55.9	53.8	50.8
Nursing payroll.....	5.55	7.38	5.07	4.91	5.14	33.8	33.6	33.7	34.8	33.1
Professional payroll.....	0.18	0.33	0.17	*0.12	*0.10	1.1	1.5	1.1	*0.9	*0.6
Other payroll.....	3.28	4.77	3.17	2.56	2.64	20.0	21.7	21.1	18.1	17.0
Fringe benefits.....	0.81	1.34	0.65	0.53	0.85	4.9	6.1	4.3	3.8	5.5
Operating costs.....	3.39	4.20	3.20	3.11	3.18	20.6	19.1	21.3	22.0	20.5
Food and other dietary items.....	1.35	1.54	1.30	1.32	1.23	8.2	7.0	8.6	9.4	7.9
Drugs.....	0.25	0.29	0.24	0.25	0.21	1.5	1.3	1.6	1.8	1.4
Supplies and equipment.....	0.48	0.66	0.46	0.39	0.42	2.9	3.0	3.1	2.8	2.7
Buildings, grounds, and equipment purchased maintenance.....	0.25	0.36	0.22	0.22	0.24	1.5	1.6	1.5	1.6	1.6
Laundry and linen.....	0.17	0.22	0.15	0.17	0.14	1.0	1.0	1.0	1.2	0.9
Services purchased from outside sources:										
Services related to health care.....	0.16	0.18	0.14	0.12	0.24	1.0	0.8	0.9	0.9	1.6
Services not related to health care.....	0.24	0.38	0.17	0.19	0.30	1.5	1.7	1.1	1.4	1.9
Utilities.....	0.49	0.58	0.51	0.45	0.41	3.0	2.6	3.4	3.2	2.6
Fixed costs.....	2.52	3.10	2.24	2.24	2.79	15.3	14.1	14.9	15.9	18.0
Equipment rental.....	0.05	0.08	0.03	0.04	0.08	0.3	0.4	0.2	0.3	0.5
Insurance.....	0.20	0.26	0.19	0.20	0.14	1.2	1.1	1.2	1.4	0.9
Taxes and licenses.....	0.32	0.41	0.26	0.24	0.42	2.0	1.8	1.8	1.6	2.7
Interest and finance charges.....	0.60	0.78	0.60	0.53	0.49	3.7	3.6	4.0	3.8	3.2
Depreciation.....	0.66	0.73	0.71	0.63	0.56	3.9	3.4	4.8	4.5	3.6
Rent on building and land.....	0.64	0.83	0.43	0.46	1.09	3.9	3.8	2.8	3.3	7.1
Amortization of leasehold improvements.....	0.05	0.02	0.02	0.13	*0.02	0.3	0.1	0.1	1.0	*0.1
Miscellaneous costs.....	0.69	0.84	0.55	0.65	0.83	4.2	3.8	3.7	4.6	5.4

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care. Figures are based on 347,913,000 resident days of care for 1972. Of this total, Northeast facilities provided 22 percent, North Central facilities provided 34 percent, South facilities provided 26 percent, and West facilities provided 17 percent.

NOTE: Figures may not add to totals due to rounding.

Table 5. Number of resident days and amount and percent distribution of major cost components per resident day, according to certification, ownership, and size:¹ United States, 1972

Certification, ownership, and size	Number of resident days (thousands)	Cost component									
		Total	Labor	Operating	Fixed	Miscellaneous	Total	Labor	Operating	Fixed	Miscellaneous
<u>All types of certification</u>		Amount per resident day					Percent distribution				
All types of ownership	347,913	\$16.43	\$9.82	\$3.39	\$2.52	\$0.69	100.0	59.8	20.6	15.3	4.2
Less than 50 beds	55,667	13.90	8.52	3.10	1.73	0.55	100.0	61.3	22.3	12.4	4.0
50-99 beds	119,320	15.61	8.91	3.31	2.65	0.74	100.0	57.1	21.2	17.0	4.7
100-199 beds	121,583	16.72	9.80	3.36	2.81	0.75	100.0	58.6	20.1	16.8	4.5
200 beds or more	51,343	20.34	13.37	3.98	2.42	0.58	100.0	65.7	19.6	11.9	2.9
Proprietary	235,830	16.01	9.16	3.20	2.90	0.75	100.0	57.2	20.0	18.1	4.7
Less than 50 beds	41,743	13.16	8.05	2.75	1.84	0.53	100.0	61.2	20.9	14.0	4.0
50-99 beds	86,294	15.03	8.44	3.04	2.79	0.75	100.0	56.2	20.2	18.6	5.0
100-199 beds	87,324	17.16	9.67	3.38	3.25	0.85	100.0	56.4	19.7	18.9	5.0
200 beds or more	20,470	21.06	12.30	3.96	4.01	0.80	100.0	58.4	18.8	19.0	3.8
Nonprofit and government	112,082	17.30	11.20	3.81	1.74	0.55	100.0	64.7	22.0	10.1	3.2
Less than 50 beds	13,925	16.13	9.94	4.16	1.39	0.63	100.0	61.6	25.8	8.6	3.9
50-99 beds	33,026	17.14	10.14	4.01	2.28	0.71	100.0	59.2	23.4	13.3	4.1
100-199 beds	34,259	15.67	10.18	3.33	1.68	0.48	100.0	65.0	21.3	10.7	3.1
200 beds or more	30,872	19.87	14.07	4.00	1.37	0.43	100.0	70.8	20.1	6.9	2.2
<u>Both Medicare and Medicaid²</u>											
All types of ownership	128,162	20.59	12.04	4.14	3.45	0.95	100.0	58.5	20.1	16.8	4.6
Less than 50 beds	5,888	21.66	13.81	4.78	2.23	0.84	100.0	63.8	22.1	10.3	3.9
50-99 beds	37,989	20.00	10.82	4.21	3.84	1.14	100.0	54.1	21.1	19.2	5.7
100-199 beds	59,494	19.85	11.54	3.94	3.45	0.93	100.0	58.1	19.8	17.4	4.7
200 beds or more	24,792	23.03	14.71	4.39	3.17	0.77	100.0	63.9	19.1	13.8	3.3
Proprietary	96,718	19.71	11.01	3.90	3.78	1.02	100.0	55.9	19.8	19.2	5.2
Less than 50 beds	3,144	18.43	11.73	3.59	2.45	0.65	100.0	63.6	19.5	13.3	3.5
50-99 beds	30,552	18.99	10.25	3.82	3.81	1.11	100.0	54.0	20.1	20.1	5.8
100-199 beds	49,552	19.51	10.95	3.89	3.67	1.01	100.0	56.1	19.9	18.8	5.2
200 beds or more	13,470	22.40	12.80	4.22	4.45	0.93	100.0	57.1	18.8	19.9	4.2
Nonprofit and government	31,444	23.29	15.22	4.89	2.44	0.75	100.0	65.3	21.0	10.5	3.2
Less than 50 beds	2,744	25.39	16.21	6.15	1.97	1.05	100.0	63.8	24.2	7.8	4.1
50-99 beds	7,437	24.14	13.14	5.82	3.93	1.25	100.0	54.4	24.1	16.3	5.2
100-199 beds	9,941	21.55	14.50	4.18	2.36	0.50	100.0	67.3	19.4	11.0	2.3
200 beds or more	11,322	23.77	16.98	4.59	1.65	0.57	100.0	71.4	19.3	6.9	2.4
<u>Medicaid only: SNH's³</u>											
All types of ownership	92,150	15.69	9.83	3.04	2.25	0.57	100.0	62.7	19.4	14.3	3.6
Less than 50 beds	9,499	14.85	9.65	2.87	1.87	0.46	100.0	65.0	19.3	12.6	3.1
50-99 beds	31,633	15.07	9.20	3.00	2.29	0.58	100.0	61.0	19.9	15.2	3.8
100-199 beds	33,419	14.90	8.87	2.84	2.52	0.67	100.0	59.5	19.1	16.9	4.5
200 beds or more	17,599	18.80	12.90	3.60	1.87	0.43	100.0	68.6	19.1	9.9	2.3
Proprietary	58,092	15.21	9.09	2.79	2.69	0.64	100.0	59.8	18.3	17.7	4.2
Less than 50 beds	7,511	15.18	9.99	2.62	2.06	0.51	100.0	65.8	17.3	13.6	3.4
50-99 beds	21,499	14.32	8.56	2.72	2.47	0.58	100.0	59.8	19.0	17.2	4.1
100-199 beds	23,143	15.16	8.67	2.77	2.95	0.77	100.0	57.2	18.3	19.5	5.1
200 beds or more	5,940	18.71	11.57	3.37	3.26	0.51	100.0	61.8	18.0	17.4	2.7

See footnotes at end of table.

Table 5. Number of resident days and amount and percent distribution of major cost components per resident day, according to certification, ownership, and size:¹ United States, 1972—Con.

Certification, ownership, and size	Number of resident days (thousands)	Cost component									
		Total	Labor	Operating	Fixed	Miscellaneous	Total	Labor	Operating	Fixed	Miscellaneous
Medicaid only: SNH's³—Con.											
Nonprofit and government											
	34,058	\$16.52	\$11.10	\$3.46	\$1.51	\$0.45	100.0	67.2	20.9	9.1	2.7
Less than 50 beds	*1,988	*13.62	*8.40	*3.83	*1.15	*0.24	*100.0	*61.7	*28.1	*8.4	*1.8
50-99 beds	10,134	16.64	10.56	3.58	1.92	0.58	100.0	63.5	21.5	11.5	3.5
100-199 beds	10,276	14.31	9.33	2.99	1.56	0.44	100.0	65.2	20.9	10.9	3.1
200 beds or more	11,659	18.85	13.58	3.72	1.16	0.39	100.0	72.0	19.7	6.2	2.1
Medicaid only: ICF's											
All types of ownership											
	80,051	11.95	7.12	2.55	1.82	0.46	100.0	59.6	21.3	15.2	3.8
Less than 50 beds	23,918	11.43	6.98	2.43	1.53	0.48	100.0	61.1	21.3	13.4	4.2
50-99 beds	33,541	11.74	6.86	2.52	1.91	0.46	100.0	58.4	21.5	16.3	3.9
100-199 beds	18,510	12.33	7.32	2.56	1.96	0.49	100.0	59.4	20.8	15.9	4.0
200 beds or more	4,082	14.89	9.08	3.47	2.07	*0.26	100.0	61.0	23.3	13.9	*1.7
Proprietary											
	56,457	11.61	6.74	2.43	1.95	0.49	100.0	58.1	20.9	16.8	4.2
Less than 50 beds	19,533	11.44	6.85	2.39	1.67	0.53	100.0	59.9	20.9	14.6	4.6
50-99 beds	25,383	11.35	6.50	2.40	2.00	0.45	100.0	57.3	21.1	17.6	4.0
100-199 beds	10,746	12.06	6.81	2.48	2.28	0.49	100.0	56.5	20.6	18.9	4.1
200 beds or more	*794	*18.11	*10.75	*4.04	*2.68	*0.63	*100.0	*59.4	*22.3	*14.8	*3.5
Nonprofit and government											
	23,595	12.75	8.02	2.83	1.50	0.40	100.0	62.9	22.2	11.8	3.1
Less than 50 beds	4,385	11.41	7.59	2.63	0.93	*0.26	100.0	66.5	23.0	8.2	*2.3
50-99 beds	8,158	12.98	7.99	2.89	1.63	0.47	100.0	61.6	22.3	12.6	3.6
100-199 beds	7,764	12.69	8.02	2.67	1.51	0.49	100.0	63.2	21.0	11.9	3.9
200 beds or more	3,288	14.12	8.69	3.34	1.92	*0.18	100.0	61.5	23.7	13.6	*1.3
Not certified											
All types of ownership											
	47,550	14.16	8.34	3.49	1.74	0.59	100.0	58.9	24.6	12.3	4.2
Less than 50 beds	16,362	14.17	8.21	3.61	1.75	0.61	100.0	57.9	25.5	12.4	4.3
50-99 beds	16,157	14.41	8.14	3.46	2.09	0.72	100.0	56.5	24.0	14.5	5.0
100-199 beds	10,160	12.43	7.21	3.20	1.55	0.46	100.0	58.0	25.7	12.5	3.7
200 beds or more	4,870	16.87	11.83	3.74	0.91	0.39	100.0	70.1	22.2	5.4	2.3
Proprietary											
	24,564	13.41	7.60	3.12	2.10	0.58	100.0	56.7	23.3	15.7	4.3
Less than 50 beds	11,555	13.33	7.80	3.21	1.82	0.49	100.0	58.5	24.1	13.7	3.7
50-99 beds	8,860	13.63	7.50	3.02	2.32	0.79	100.0	55.0	22.2	17.0	5.8
100-199 beds	3,883	13.06	7.23	3.06	2.39	*0.38	100.0	55.4	23.4	18.3	*2.9
200 beds or more	*266	*15.05	*8.15	*3.65	*2.58	*0.68	*100.0	*54.2	*24.3	*17.1	*4.5
Nonprofit and government											
	22,986	14.95	9.13	3.87	1.35	0.60	100.0	61.1	25.9	9.0	4.0
Less than 50 beds	4,808	16.21	9.17	4.57	1.59	0.88	100.0	56.6	28.2	9.8	5.4
50-99 beds	7,297	15.36	8.92	4.00	1.81	0.64	100.0	58.1	26.0	11.8	4.2
100-199 beds	6,278	12.07	7.24	3.37	0.95	0.50	100.0	60.0	27.9	7.9	4.1
200 beds or more	4,603	16.97	12.04	3.74	0.81	*0.38	100.0	70.9	22.0	4.8	*2.2

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Of these facilities, 7 percent were certified for Medicare only.

³Of these facilities, 33 percent were certified as both SNH's and ICF's.

NOTE: Figures may not add to totals due to rounding.

Table 6. Number of resident days and amount and percent distribution of major cost components per resident day, according to certification, ownership, and geographic region:¹ United States, 1972

Certification, ownership, and geographic region	Number of resident days (thousands)	Cost component									
		Total	Labor	Operating	Fixed	Miscellaneous	Total	Labor	Operating	Fixed	Miscellaneous
<u>All types of certification</u>		Amount per resident day					Percent distribution				
All types of ownership	347,913	\$16.43	\$9.82	\$3.39	\$2.52	\$0.69	100.0	59.8	20.6	15.3	4.2
Northeast	77,516	21.96	13.82	4.20	3.10	0.84	100.0	62.9	19.1	14.1	3.8
North Central	119,835	15.04	9.06	3.20	2.24	0.55	100.0	60.2	21.3	14.9	3.7
South	90,921	14.12	8.12	3.11	2.24	0.65	100.0	57.5	22.0	15.9	4.6
West	59,640	15.52	8.72	3.18	2.79	0.83	100.0	56.2	20.5	18.0	5.3
Proprietary	235,830	16.01	9.16	3.20	2.90	0.75	100.0	57.2	20.0	18.1	4.7
Northeast	41,743	22.49	13.41	4.15	3.97	0.95	100.0	59.6	18.5	17.7	4.2
North Central	86,294	14.37	8.15	2.94	2.65	0.63	100.0	56.7	20.5	18.4	4.4
South	87,324	13.56	7.66	2.94	2.29	0.68	100.0	56.5	21.7	16.9	5.0
West	20,470	15.30	8.45	2.95	3.06	0.84	100.0	55.2	19.3	20.0	5.5
Nonprofit and government	112,082	17.30	11.20	3.81	1.74	0.55	100.0	64.7	22.0	10.1	3.2
Northeast	13,925	21.05	14.53	4.29	1.59	0.65	100.0	69.0	20.4	7.6	3.1
North Central	33,026	15.94	10.27	3.53	1.68	0.45	100.0	64.4	22.1	10.5	2.8
South	34,259	16.06	9.74	3.70	2.07	0.55	100.0	60.6	23.0	12.9	3.4
West	30,872	16.39	9.79	4.07	1.75	0.78	100.0	59.7	24.8	10.7	4.8
<u>Both Medicare and Medicaid²</u>		Amount per resident day					Percent distribution				
All types of ownership	128,162	20.59	12.04	4.14	3.45	0.95	100.0	58.5	20.1	16.8	4.6
Northeast	33,734	26.57	16.17	4.96	4.29	1.14	100.0	60.9	18.7	16.1	4.3
North Central	30,251	20.53	12.49	4.10	3.12	0.83	100.0	60.8	20.0	15.2	4.0
South	26,256	17.92	9.94	4.01	3.18	0.79	100.0	55.5	22.4	17.7	4.4
West	37,921	17.17	9.47	3.54	3.16	1.00	100.0	55.2	20.6	18.4	5.8
Proprietary	96,718	19.71	11.01	3.90	3.78	1.02	100.0	55.9	19.8	19.2	5.2
Northeast	25,028	26.48	15.30	4.90	5.01	1.27	100.0	57.8	18.5	18.9	4.8
North Central	19,410	18.50	10.25	3.71	3.63	0.90	100.0	55.4	20.1	19.6	4.9
South	20,001	17.21	9.35	3.87	3.11	0.89	100.0	54.3	22.5	18.1	5.2
West	32,279	16.76	9.17	3.26	3.35	0.98	100.0	54.7	19.5	20.0	5.8
Nonprofit and government	31,444	23.29	15.22	4.89	2.44	0.75	100.0	65.3	21.0	10.5	3.2
Northeast	8,706	26.82	18.67	5.14	2.25	0.76	100.0	69.6	19.2	8.4	2.8
North Central	10,841	24.19	16.49	4.80	2.21	0.69	100.0	68.2	19.8	9.1	2.9
South	6,256	20.23	11.84	4.48	3.43	0.49	100.0	58.5	22.1	17.0	2.4
West	5,642	19.56	11.20	5.12	2.10	1.15	100.0	57.3	26.2	10.7	5.9
<u>Medicaid only: SNH's³</u>		Amount per resident day					Percent distribution				
All types of ownership	92,150	15.69	9.83	3.04	2.25	0.57	100.0	62.7	19.4	14.3	3.6
Northeast	25,364	19.57	13.11	3.56	2.33	0.57	100.0	67.0	18.2	11.9	2.9
North Central	27,968	15.56	9.56	3.05	2.44	0.51	100.0	61.4	19.6	15.7	3.3
South	25,292	13.46	8.09	2.79	1.92	0.66	100.0	60.1	20.7	14.3	4.9
West	13,525	12.90	7.53	2.51	2.33	0.53	100.0	58.4	19.5	18.1	4.1
Proprietary	58,092	15.21	9.09	2.79	2.69	0.64	100.0	59.8	18.3	17.7	4.2
Northeast	13,618	20.09	12.59	3.46	3.40	0.63	100.0	62.7	17.2	16.9	3.1
North Central	15,507	15.42	9.21	2.80	2.78	0.63	100.0	59.7	18.2	18.0	4.1
South	19,386	12.68	7.40	2.52	2.08	0.68	100.0	58.4	19.9	16.4	5.4
West	9,580	13.09	7.36	2.39	2.75	0.58	100.0	56.2	18.3	21.0	4.4

See footnotes at end of table.

Table 6. Number of resident days and amount and percent distribution of major cost components per resident day, according to certification, ownership, and geographic region:¹ United States, 1972—Con.

Certification, ownership, and geographic region	Number of resident days (thousands)	Cost component									
		Total	Labor	Operating	Fixed	Miscellaneous	Total	Labor	Operating	Fixed	Miscellaneous
<u>Medicaid only: SNH's³—Con.</u>		Amount per resident day					Percent distribution				
Nonprofit and government	34,058	\$16.52	\$11.10	\$3.46	\$1.51	\$0.45	100.0	67.2	20.9	9.1	2.7
Northeast	11,746	18.98	13.72	3.69	1.08	0.49	100.0	72.3	19.4	5.7	2.6
North Central	12,461	15.73	9.98	3.36	2.03	0.36	100.0	63.4	21.4	12.9	2.3
South	5,906	16.01	10.35	3.67	1.39	0.60	100.0	64.6	22.9	8.7	3.7
West	3,945	12.45	7.95	2.79	1.30	*0.40	100.0	63.9	22.4	10.4	*3.2
<u>Medicaid only: ICF's</u>		Amount per resident day					Percent distribution				
All types of ownership ..	80,051	11.95	7.12	2.55	1.82	0.46	100.0	59.6	21.3	15.2	3.8
Northeast	9,364	16.11	10.28	3.18	2.07	0.58	100.0	63.8	19.7	12.8	3.6
North Central	36,158	11.74	6.92	2.56	1.80	0.46	100.0	58.9	21.8	15.3	3.9
South	29,287	11.03	6.47	2.39	1.76	0.41	100.0	58.7	21.7	16.0	3.7
West	5,242	11.09	6.46	2.25	1.80	0.58	100.0	58.3	20.3	16.2	5.2
Proprietary	56,457	11.61	6.74	2.43	1.95	0.49	100.0	58.1	20.9	16.8	4.2
Northeast	7,081	14.43	8.95	2.78	2.15	0.56	100.0	62.0	19.3	14.9	3.9
North Central	21,078	11.51	6.48	2.43	2.07	0.53	100.0	56.3	21.1	18.0	4.6
South	23,777	11.01	6.39	2.38	1.82	0.42	100.0	58.0	21.6	16.5	3.8
West	4,520	10.84	6.33	2.17	1.76	0.57	100.0	58.4	20.0	16.2	5.3
Nonprofit and government	23,595	12.75	8.02	2.83	1.50	0.40	100.0	62.9	22.2	11.8	3.1
Northeast	2,283	21.32	14.40	4.42	1.83	*0.67	100.0	67.5	20.7	8.6	*3.1
North Central	15,080	12.06	7.53	2.74	1.43	0.36	100.0	62.4	22.7	11.9	3.0
South	5,510	11.09	6.82	2.44	1.49	0.35	100.0	61.5	22.0	13.4	3.2
West	*722	*12.70	*7.28	*2.71	*2.03	*0.68	*100.0	*57.3	*21.3	*16.0	*5.4
<u>Not certified</u>		Amount per resident day					Percent distribution				
All types of ownership	47,550	14.16	8.34	3.49	1.74	0.59	100.0	58.9	24.6	12.3	4.2
Northeast	9,054	17.58	10.71	4.21	1.88	0.77	100.0	60.9	23.9	10.7	4.4
North Central	25,458	12.66	7.50	3.18	1.58	0.41	100.0	59.2	25.1	12.5	3.2
South	10,086	14.84	8.29	3.65	1.96	0.94	100.0	55.9	24.6	13.2	6.3
West	2,952	14.25	8.55	3.36	1.89	*0.44	100.0	60.0	23.6	13.3	*3.1
Proprietary	24,564	13.41	7.60	3.12	2.10	0.58	100.0	56.7	23.3	15.7	4.3
Northeast	3,434	19.58	12.06	4.29	2.49	0.73	100.0	61.6	21.9	12.7	3.7
North Central	12,442	11.50	6.40	2.78	1.96	0.36	100.0	55.7	24.2	17.0	3.1
South	7,621	14.22	7.88	3.33	2.10	0.91	100.0	55.4	23.4	14.8	6.4
West	*1,067	*10.08	*5.30	*1.94	*2.50	*0.35	*100.0	*52.6	*19.2	*24.8	*3.5
Nonprofit and government	22,986	14.95	9.13	3.87	1.35	0.60	100.0	61.1	25.9	9.0	4.0
Northeast	5,620	16.36	9.88	4.16	1.52	0.80	100.0	60.4	25.4	9.3	4.9
North Central	13,016	13.77	8.54	3.56	1.21	0.45	100.0	62.0	25.9	8.8	3.3
South	*2,465	*16.77	*9.55	*4.63	*1.54	*1.05	100.0	56.9	27.6	9.2	6.3
West	*1,885	*16.61	*10.39	*4.17	*1.55	*0.49	*100.0	*62.6	*25.1	*9.3	*3.0

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Of these facilities, 7 percent were certified for Medicare only.

³Of these facilities, 33 percent were certified as both SNH's and ICF's.

NOTE: Figures may not add to totals due to rounding.

Table 7. Number and percent distribution of nursing homes within total cost per resident day, intervals, by ownership, certification, size, and geographic region:¹ United States, 1972

Ownership, certification, size, and geographic region	Total cost per resident day intervals					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
Number of facilities						
All facilities.....	14,800	3,400	5,400	3,400	1,300	1,300
<u>Ownership</u>						
Proprietary.....	11,200	2,800	4,100	2,700	800	800
Nonprofit.....	2,500	400	900	500	300	400
Government.....	1,100	200	400	200	200	200
<u>Certification</u>						
Both Medicare and Medicaid ²	3,800	*100	800	1,500	700	800
Medicaid only:						
SNH's ³	3,300	300	1,500	900	300	300
ICF's.....	4,300	1,600	2,100	400	*100	*100
Not certified.....	3,300	1,400	900	700	*100	200
<u>Size</u>						
Less than 50 beds.....	6,000	2,000	1,900	1,400	200	500
50-99 beds.....	5,200	1,000	2,200	1,100	500	400
100-199 beds.....	3,000	400	1,100	800	400	300
200 beds or more.....	600		*100	200	*100	*100
<u>Geographic region</u>						
Northeast.....	2,900	300	700	900	600	500
North Central.....	5,200	1,500	1,800	1,100	300	500
South.....	4,100	1,200	1,800	700	300	200
West.....	2,600	400	1,100	700	200	200
Percent distribution						
All facilities.....	100.0	100.0	100.0	100.0	100.0	100.0
<u>Ownership</u>						
Proprietary.....	75.7	81.3	76.9	80.4	62.4	56.9
Nonprofit.....	16.9	12.0	16.3	14.6	24.8	29.4
Government.....	7.4	6.6	6.8	5.0	12.8	13.7
<u>Certification</u>						
Both Medicare and Medicaid ²	26.0	*3.0	15.0	43.2	54.3	57.4
Medicaid only:						
SNH's ³	22.1	9.9	28.3	25.4	22.8	19.7
ICF's.....	29.2	46.3	39.6	10.8	*11.3	*8.7
Not certified.....	22.6	40.8	17.1	20.6	*11.6	14.1
<u>Size</u>						
Less than 50 beds.....	40.8	60.3	36.1	40.0	15.5	36.0
50-99 beds.....	35.0	28.1	40.8	31.5	41.7	31.8
100-199 beds.....	20.3	10.6	20.4	23.8	34.2	22.7
200 beds or more.....	3.9	*0.9	*2.7	4.8	*8.6	*9.4

See footnotes at end of table.

Table 7. Number and percent distribution of nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972—Con.

Ownership, certification, size, and geographic region	Total cost per resident day intervals					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
<u>Geographic region</u>	Percent distribution					
Northeast.....	19.8	7.8	13.6	25.4	45.2	36.8
North Central.....	35.1	45.2	33.5	33.0	20.9	34.8
South.....	27.6	35.3	32.7	20.9	20.0	12.0
West.....	17.5	11.7	20.1	20.8	13.9	16.4

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Of these facilities, 7 percent were certified for Medicare only.

³Of these facilities, 33 percent were certified as both SNH's and ICF's.

NOTE: Figures may not add to totals due to rounding.

Table 8. Amount and percent distribution of total cost per resident day and its major components for nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972

Ownership, certification, size, geographic region, and type of cost	Total cost per resident day intervals					
	All inter- vals	Less than \$10.00	\$10.00- \$14.99	\$15.00- \$19.99	\$20.00- \$24.99	\$25.00 or more
<u>FACILITY CHARACTERISTICS</u>						
<u>All facilities</u>						
Total cost.....	\$16.43	\$8.24	\$12.46	\$17.08	\$22.12	\$35.63
Labor costs	9.82	4.74	7.44	10.03	13.57	21.63
Operating costs	3.39	1.97	2.58	3.55	4.50	6.95
Fixed costs.....	2.52	1.23	1.92	2.75	3.24	5.39
Miscellaneous costs	0.69	0.29	0.52	0.75	0.81	1.67
<u>OWNERSHIP</u>						
<u>Proprietary</u>						
Total cost.....	16.01	8.37	12.53	17.03	21.99	35.68
Labor costs	9.16	4.73	7.29	9.73	12.36	20.28
Operating costs	3.20	1.93	2.49	3.36	4.39	6.79
Fixed costs.....	2.90	1.43	2.16	3.11	4.35	6.60
Miscellaneous costs	0.75	0.28	0.58	0.82	0.90	1.99
<u>Nonprofit</u>						
Total cost.....	16.68	7.91	12.32	17.18	22.26	36.02
Labor costs	10.14	4.58	7.44	10.42	13.96	21.86
Operating costs	3.83	2.04	2.84	4.14	5.13	7.51
Fixed costs.....	2.09	0.97	1.60	1.98	2.31	5.29
Miscellaneous costs	0.62	0.32	0.44	0.64	0.86	1.36
<u>Government</u>						
Total cost.....	18.42	8.07	12.25	17.27	22.32	35.06
Labor costs	13.12	5.20	8.53	11.91	16.67	25.27
Operating costs	3.77	2.09	2.66	3.99	4.00	6.73
Fixed costs.....	1.10	0.50	0.88	1.07	1.16	2.00
Miscellaneous costs	0.43	*0.28	0.18	*0.29	0.49	1.07
<u>CERTIFICATION</u>						
<u>Both Medicare and Medicaid²</u>						
Total cost.....	20.59	8.28	13.32	17.06	22.13	35.34
Labor costs	12.04	4.69	7.73	9.71	13.13	21.07
Operating costs	4.14	1.65	2.69	3.50	4.58	6.87
Fixed costs.....	3.45	1.62	2.33	2.99	3.60	5.65
Miscellaneous costs	0.95	*0.33	0.57	0.86	0.82	1.75

See footnotes at end of table.

Table 8. Amount and percent distribution of total cost per resident day and its major components for nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972—Con.

Ownership, certification, size, geographic region, and type of cost	Total cost per resident day intervals					
	All inter- vals	Less than \$10.00	\$10.00- \$14.99	\$15.00- \$19.99	\$20.00- \$24.99	\$25.00 or more
<u>CERTIFICATION—Con.</u>						
<u>Medicaid only: SNH's³</u>						
Total cost	\$15.69	\$8.77	\$12.48	\$17.07	\$22.09	\$31.87
Labor costs	9.83	5.39	7.55	10.51	14.46	21.75
Operating costs	3.04	1.96	2.51	3.37	4.10	5.18
Fixed costs.....	2.25	1.15	1.90	2.64	2.68	4.16
Miscellaneous costs	0.57	0.28	0.53	0.55	0.86	0.78
<u>Medicaid only: ICF's</u>						
Total cost	11.95	8.49	11.85	17.11	22.29	*32.22
Labor costs	7.12	4.86	7.19	10.17	13.65	*18.40
Operating costs	2.55	1.92	2.47	3.66	4.56	*7.09
Fixed costs.....	1.82	1.40	1.74	2.57	3.42	*4.73
Miscellaneous costs	0.46	0.31	0.45	0.71	*0.67	*2.01
<u>Not certified</u>						
Total cost	14.15	7.62	12.42	17.15	22.00	46.52
Labor costs	8.34	4.31	7.25	10.36	13.20	27.86
Operating costs	3.49	2.11	2.93	4.14	5.43	10.81
Fixed costs.....	1.74	0.94	1.67	1.94	2.66	5.53
Miscellaneous costs	0.59	0.26	0.57	0.71	*0.71	2.32
<u>SIZE</u>						
<u>Less than 50 beds</u>						
Total cost	13.90	7.79	12.25	16.93	*21.96	39.55
Labor costs	8.52	4.50	7.71	10.16	*13.38	25.30
Operating costs	3.10	1.99	2.48	3.66	*4.61	9.67
Fixed costs.....	1.73	1.03	1.52	2.35	*3.10	3.44
Miscellaneous costs	0.55	0.27	0.54	0.76	*0.87	1.13
<u>50-99 beds</u>						
Total cost	15.61	8.45	12.34	16.81	22.33	37.21
Labor costs	8.91	4.83	7.20	9.54	13.22	19.90
Operating costs	3.31	1.97	2.62	3.59	4.60	7.61
Fixed costs.....	2.65	1.36	2.02	2.89	3.54	7.13
Miscellaneous costs	0.74	0.29	0.50	0.80	0.98	2.57
<u>100-199 beds</u>						
Total cost	16.72	8.48	12.50	17.34	21.99	34.55
Labor costs	9.80	4.92	7.38	10.06	13.02	20.17
Operating costs	3.36	1.95	2.52	3.42	4.56	6.57
Fixed costs.....	2.81	1.31	2.02	3.04	3.55	6.12
Miscellaneous costs	0.75	0.30	0.57	0.82	0.86	1.69

See footnotes at end of table.

Table 8. Amount and percent distribution of total cost per resident day and its major components for nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972—Con.

Ownership, certification, size, geographic region, and type of cost	Total cost per resident day intervals					
	All inter- vals	Less than \$10.00	\$10.00- \$14.99	\$15.00- \$19.99	\$20.00- \$24.99	\$25.00 or more
<u>SIZE—Con.</u>						
<u>200 beds or more</u>						
Total cost.....	\$20.34	*\$8.07	\$13.15	\$17.08	\$22.12	\$34.24
Labor costs.....	13.37	4.68	8.15	10.73	15.07	23.37
Operating costs.....	3.98	2.07	2.80	3.69	4.23	5.96
Fixed costs.....	2.42	*0.95	1.85	2.18	2.31	3.85
Miscellaneous costs.....	0.58	*0.37	0.35	0.48	0.51	1.06
<u>GEOGRAPHIC REGION</u>						
<u>Northeast</u>						
Total cost.....	21.96	8.32	13.27	17.71	22.25	34.02
Labor costs.....	13.82	4.82	8.33	11.01	14.14	21.53
Operating costs.....	4.20	2.28	2.87	3.40	4.26	6.15
Fixed costs.....	3.10	0.93	1.45	2.59	3.14	5.01
Miscellaneous costs.....	0.84	*0.28	0.62	0.71	0.72	1.34
<u>North Central</u>						
Total cost.....	15.04	8.32	12.47	17.08	21.85	37.57
Labor costs.....	9.06	4.81	7.59	10.03	13.50	23.40
Operating costs.....	3.20	1.98	2.60	3.64	4.54	7.61
Fixed costs.....	2.24	1.25	1.85	2.73	3.12	5.06
Miscellaneous costs.....	0.55	0.29	0.44	0.69	0.69	1.49
<u>South</u>						
Total cost.....	14.12	8.04	12.04	16.90	22.21	41.22
Labor costs.....	8.12	4.57	7.11	9.77	12.78	21.28
Operating costs.....	3.11	1.89	2.56	3.86	5.07	8.53
Fixed costs.....	2.24	1.29	1.83	2.49	3.40	8.84
Miscellaneous costs.....	0.65	0.28	0.54	0.78	0.96	2.57
<u>West</u>						
Total cost.....	15.52	8.34	12.79	16.53	22.01	35.41
Labor costs.....	8.72	4.89	7.37	9.20	12.58	18.19
Operating costs.....	3.18	1.94	2.47	3.27	4.55	8.77
Fixed costs.....	2.79	1.16	2.39	3.21	3.64	5.20
Miscellaneous costs.....	0.83	*0.35	0.56	0.85	1.24	3.25
<u>FACILITY CHARACTERISTICS</u>						
<u>All facilities</u>						
Total cost.....	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs.....	59.8	57.6	59.7	58.7	61.4	60.7
Operating costs.....	20.7	24.0	20.7	20.8	20.3	19.5
Fixed costs.....	15.4	14.9	15.4	16.1	14.6	15.1
Miscellaneous costs.....	4.2	3.5	4.1	4.4	3.7	4.7

See footnotes at end of table.

Table 8. Amount and percent distribution of total cost per resident day and its major components for nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972—Con.

Ownership, certification, size, geographic region, and type of cost	Total cost per resident day intervals					
	All inter- vals	Less than \$10.00	\$10.00- \$14.99	\$15.00- \$19.99	\$20.00- \$24.99	\$25.00 or more
<u>OWNERSHIP</u>						
<u>Proprietary</u>						
Total cost	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs	57.2	56.5	58.2	57.2	56.2	56.9
Operating costs	20.0	23.1	19.9	19.7	19.9	19.0
Fixed costs	18.1	17.1	17.2	18.3	19.8	18.5
Miscellaneous costs	4.7	3.4	4.7	4.8	4.1	5.6
<u>Nonprofit</u>						
Total cost	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs	60.8	57.9	60.4	60.7	62.7	60.7
Operating costs	23.0	25.9	23.1	24.1	23.1	20.9
Fixed costs	12.5	12.2	13.0	11.5	10.4	14.7
Miscellaneous costs	3.7	4.0	3.6	3.7	3.9	3.8
<u>Government</u>						
Total cost	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs	71.2	64.4	69.7	69.0	74.7	72.1
Operating costs	20.5	25.9	21.8	23.1	17.9	19.2
Fixed costs	6.0	6.2	7.2	6.2	5.2	5.7
Miscellaneous costs	2.3	*3.5	1.4	*1.7	2.2	3.0
<u>CERTIFICATION</u>						
<u>Both Medicare and Medicaid²</u>						
Total cost	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs	58.5	56.7	58.0	56.9	59.3	59.6
Operating costs	20.1	19.9	20.2	20.5	20.7	19.4
Fixed costs	16.8	19.5	17.5	17.5	16.3	16.0
Miscellaneous costs	4.6	*3.9	4.3	5.0	3.7	5.0
<u>Medicaid only: SNH's³</u>						
Total cost	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs	62.7	61.4	60.5	61.6	65.4	68.3
Operating costs	19.4	22.4	20.1	19.8	18.6	16.2
Fixed costs	14.3	13.1	15.2	15.5	12.1	13.0
Miscellaneous costs	3.6	3.2	4.2	3.2	3.9	2.5

See footnotes at end of table.

Table 8. Amount and percent distribution of total cost per resident day and its major components for nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972—Con.

Ownership, certification, size, geographic region, and type of cost	Total cost per resident day intervals					
	All inter- vals	Less than \$10.00	\$10.00- \$14.99	\$15.00- \$19.99	\$20.00- \$24.99	\$25.00 or more
CERTIFICATION—Con.						
<u>Medicaid only: ICF's</u>						
Total cost	100.0	100.0	100.0	100.0	100.0	*100.0
Labor costs	59.6	57.2	60.7	59.5	61.2	*57.1
Operating costs	21.3	22.6	20.8	21.4	20.4	*22.0
Fixed costs	15.2	16.5	14.7	15.0	15.3	*14.7
Miscellaneous costs	3.9	3.7	3.8	4.1	*3.0	*6.2
<u>Not certified</u>						
Total cost	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs	58.9	56.5	58.4	60.4	60.0	59.9
Operating costs	24.6	27.7	23.6	24.1	24.7	23.2
Fixed costs	12.3	12.3	13.4	11.3	12.1	11.9
Miscellaneous costs	4.2	3.5	4.6	4.2	*3.2	5.0
SIZE						
<u>Less than 50 beds</u>						
Total cost	100.0	100.0	100.0	100.0	*100.0	100.0
Labor costs	61.3	57.7	62.9	60.0	*60.9	64.0
Operating costs	22.3	25.6	20.3	21.6	*21.0	24.5
Fixed costs	12.4	13.3	12.4	13.9	*14.1	8.7
Miscellaneous costs	4.0	3.5	4.4	4.5	*4.0	2.9
<u>50-99 beds</u>						
Total cost	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs	57.1	57.2	58.4	56.8	59.2	53.5
Operating costs	21.2	23.3	21.2	21.3	20.6	20.5
Fixed costs	17.0	16.1	16.3	17.2	15.8	19.2
Miscellaneous costs	4.7	3.4	4.1	4.7	4.4	6.9
<u>100-199 beds</u>						
Total cost	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs	58.6	58.0	59.1	58.0	59.2	58.4
Operating costs	20.1	23.0	20.2	19.7	20.7	19.0
Fixed costs	16.8	15.4	16.2	17.5	16.1	17.7
Miscellaneous costs	4.5	3.6	4.6	4.7	3.9	4.9
<u>200 beds or more</u>						
Total cost	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs	65.7	58.0	62.0	62.8	68.1	68.3
Operating costs	19.6	25.7	21.3	21.6	19.1	17.4
Fixed costs	11.9	*11.8	14.1	12.8	10.4	11.2
Miscellaneous costs	2.8	*4.6	2.7	2.8	2.3	3.1

See footnotes at end of table.

Table 8. Amount and percent distribution of total cost per resident day and its major components for nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972—Con.

Ownership, certification, size, geographic region, and type of cost	Total cost per resident day intervals					
	All inter- vals	Less than \$10.00	\$10.00- \$14.99	\$15.00- \$19.99	\$20.00- \$24.99	\$25.00 or more
GEOGRAPHIC REGION						
<u>Northeast</u>						
Total cost	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs	62.9	58.0	62.7	62.2	63.5	63.3
Operating costs	19.1	27.4	21.7	19.2	19.1	18.1
Fixed costs.....	14.1	11.2	10.9	14.6	14.1	14.7
Miscellaneous costs	3.8	*3.4	4.7	4.0	3.2	3.9
<u>North Central</u>						
Total cost	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs	60.2	57.8	60.9	58.7	61.8	62.3
Operating costs	21.2	23.8	20.8	21.3	20.8	20.3
Fixed costs.....	14.9	15.0	14.8	16.0	14.3	13.5
Miscellaneous costs	3.7	3.5	3.5	4.0	3.2	4.0
<u>South</u>						
Total cost	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs	57.5	56.9	59.0	57.8	57.6	51.6
Operating costs	22.0	23.5	21.2	22.9	22.8	20.7
Fixed costs.....	15.9	16.1	15.2	14.7	15.3	21.5
Miscellaneous costs	4.6	3.5	4.5	4.6	4.3	6.2
<u>West</u>						
Total cost	100.0	100.0	100.0	100.0	100.0	100.0
Labor costs	56.2	58.7	57.6	55.7	57.1	51.4
Operating costs	20.5	23.3	19.3	19.8	20.7	24.8
Fixed costs.....	18.0	13.9	18.7	19.4	16.6	14.7
Miscellaneous costs	5.3	*4.2	4.4	5.1	5.6	9.2

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Of these facilities, 7 percent were certified for Medicare only.

³Of these facilities, 33 percent were certified as both SNH's and ICF's.

NOTE: Figures may not add to totals due to rounding.

Table 9. Number of beds and average number of beds in nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972

Ownership, certification, size, and geographic region	Total cost per resident day intervals					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
	Number of beds					
All facilities.....	1,083,300	164,900	392,100	265,900	134,900	125,400
<u>Ownership</u>						
Proprietary.....	735,500	110,100	278,500	197,100	77,300	72,600
Nonprofit.....	226,100	36,000	78,400	48,300	33,400	30,000
Government.....	121,600	18,800	35,200	20,500	24,200	22,900
<u>Certification</u>						
Both Medicare and Medicaid ²	407,400	8,900	89,400	144,400	74,300	90,400
Medicaid only:						
SNH's ³	287,500	24,100	135,300	69,600	39,900	18,600
ICF's.....	241,400	77,500	124,300	24,400	9,400	*5,800
Not certified.....	146,900	54,400	43,100	27,600	11,300	10,500
<u>Size</u>						
Less than 50 beds.....	168,900	49,900	60,900	37,900	*6,700	13,500
50-99 beds.....	364,800	62,600	150,900	79,200	39,100	33,100
100-199 beds.....	378,600	44,300	134,900	103,100	56,500	39,800
200 beds or more.....	171,000	8,100	45,500	45,700	32,700	39,000
<u>Geographic region</u>						
Northeast.....	233,800	13,700	33,400	61,800	62,200	62,600
North Central.....	374,300	82,100	140,800	86,000	33,200	32,300
South.....	284,600	53,200	135,000	57,500	23,400	15,500
West.....	190,600	15,900	82,900	60,500	16,200	15,000

See footnotes at end of table.

Table 9. Number of beds and average number of beds in nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972—Con.

Ownership, certification, size, and geographic region	Total cost per resident day intervals					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
	Average number of beds					
All facilities.....	73.3	48.6	73.2	78.6	104.3	93.4
<u>Ownership</u>						
Proprietary.....	65.6	39.9	67.5	72.5	95.4	95.0
Nonprofit.....	90.8	88.3	90.0	97.3	104.9	75.8
Government.....	110.0	*83.6	96.7	*122.1	*147.1	*124.6
<u>Certification</u>						
Both Medicare and Medicaid ²	106.0	*87.6	111.0	99.1	105.2	117.3
Medicaid only:						
SNH's ³	88.0	72.0	89.3	80.9	136.5	70.4
ICF's.....	55.9	49.4	58.6	66.6	*64.5	*49.8
Not certified.....	44.0	39.2	46.9	39.5	*75.8	55.4
<u>Size</u>						
Less than 50 beds.....	28.1	24.4	31.5	28.0	*33.4	27.9
50-99 beds.....	70.5	65.7	69.0	74.7	71.7	77.3
100-199 beds.....	126.1	122.8	123.6	128.0	128.8	130.4
200 beds or more.....	296.2	*250.6	*309.7	*283.4	*296.0	*308.4
<u>Geographic region</u>						
Northeast.....	79.8	*51.7	45.7	72.7	105.6	126.8
North Central.....	72.2	53.5	78.3	77.0	123.5	69.1
South.....	69.8	44.4	77.0	81.3	91.0	*95.9
West.....	73.9	40.3	77.0	85.7	*90.4	*68.1

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Of these facilities, 7 percent were certified for Medicare only.

³Of these facilities, 33 percent were certified as both SNH's and ICF's.

NOTE: Figures may not add to totals due to rounding.

Table 10. Number of admissions and admissions per 100 beds in nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972

Ownership, certification, size, and geographic region	Total cost per resident day intervals					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
	Number of admissions					
All facilities.....	1,019,200	85,400	309,300	275,000	141,700	207,800
<u>Ownership</u>						
Proprietary.....	773,600	64,800	234,200	234,300	103,400	136,900
Nonprofit.....	148,700	*12,600	43,900	29,900	23,100	39,200
Government.....	96,800	*8,000	31,200	*10,800	15,200	31,700
<u>Certification</u>						
Both Medicare and Medicaid ²	571,100	*9,500	91,100	195,600	104,000	170,900
Medicaid only:						
SNH's ³	197,400	13,000	97,400	48,000	26,400	*12,600
ICF's.....	156,500	40,500	93,000	13,800	*6,300	*2,900
Not certified.....	94,100	22,400	27,800	17,600	*5,000	21,400
<u>Size</u>						
Less than 50 beds.....	133,000	20,100	35,500	32,000	*6,900	38,500
50-99 beds.....	366,800	37,600	126,700	91,100	48,200	63,200
100-199 beds.....	403,400	24,100	120,500	117,600	64,200	77,000
200 beds or more.....	116,000	*3,600	26,600	34,300	22,500	29,000
<u>Geographic region</u>						
Northeast.....	223,900	*4,800	23,400	51,500	50,400	93,700
North Central.....	274,400	38,800	84,700	73,200	31,400	46,300
South.....	277,000	32,500	121,000	65,300	32,700	25,500
West.....	243,900	*9,300	80,100	85,000	27,300	42,200

See footnotes at end of table.

Table 10. Number of admissions and admissions per 100 beds in nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972—Con.

Ownership, certification, size, and geographic region	Total cost per resident day intervals					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
	Number of admissions per 100 beds					
All facilities.....	94.1	51.8	78.9	103.4	105.1	165.7
<u>Ownership</u>						
Proprietary.....	105.2	58.9	84.1	118.8	133.8	188.7
Nonprofit.....	65.8	*35.0	56.0	61.9	69.2	130.7
Government.....	79.6	*42.5	88.5	*52.7	*62.7	138.6
<u>Certification</u>						
Both Medicare and Medicaid ²	140.2	*106.9	101.9	135.5	140.0	189.0
Medicaid only:						
SNH's ³	68.7	*54.1	72.0	68.9	66.2	*67.6
ICF's.....	64.8	52.2	74.8	*56.6	*67.3	*49.5
Not certified.....	64.1	41.1	64.5	*63.7	*44.0	*203.2
<u>Size</u>						
Less than 50 beds.....	78.7	40.2	58.3	84.2	*103.9	285.4
50-99 beds.....	100.6	60.2	84.0	115.1	123.3	191.2
100-199 beds.....	106.5	54.3	89.3	114.1	113.5	193.5
200 beds or more.....	67.8	*44.5	58.5	75.0	68.8	74.4
<u>Geographic region</u>						
Northeast.....	95.7	*35.2	70.1	83.3	81.0	149.6
North Central.....	73.3	47.3	60.2	85.1	94.5	143.4
South.....	97.4	61.1	89.7	113.4	140.1	164.6
West.....	128.0	*58.1	96.6	140.4	168.7	282.2

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Of these facilities, 7 percent were certified for Medicare only.

³Of these facilities, 33 percent were certified as both SNH's and ICF's.

NOTE: Figures may not add to totals due to rounding.

Table 11. Number of live discharges and live discharges per 100 beds in nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972

Ownership, certification, size, and geographic region	Total cost per resident day intervals					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
	Number of live discharges					
All facilities.....	706,600	49,900	202,100	193,000	95,900	165,800
<u>Ownership</u>						
Proprietary.....	545,900	39,100	155,200	167,300	73,200	111,100
Nonprofit.....	91,700	*6,200	21,700	19,800	14,100	29,800
Government.....	69,000	*4,600	25,200	*5,800	*8,600	24,800
<u>Certification</u>						
Both Medicare and Medicaid ²	419,900	*6,500	62,100	141,100	74,000	136,300
Medicaid only:						
SNH's ³	125,900	*8,600	62,100	32,100	15,300	*7,800
ICF's.....	99,800	22,100	63,800	*8,500	*3,800	*1,600
Not certified.....	60,900	*12,700	14,100	*11,300	*2,700	20,100
<u>Size</u>						
Less than 50 beds.....	92,000	*11,100	22,700	19,600	*4,700	33,800
50-99 beds.....	252,400	21,900	81,500	66,300	33,300	49,500
100-199 beds.....	282,800	14,400	81,500	83,000	43,300	60,700
200 beds or more.....	79,500	*2,500	16,400	24,100	14,600	21,800
<u>Geographic region</u>						
Northeast.....	156,400	*3,200	*12,200	34,000	31,800	75,200
North Central.....	175,200	21,500	51,100	48,700	20,100	33,800
South.....	189,300	18,400	81,400	46,100	22,900	20,600
West.....	185,600	*6,900	57,400	64,100	21,100	36,200

See footnotes at end of table.

Table 11. Number of live discharges and live discharges per 100 beds in nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972—Con.

Ownership, certification, size, and geographic region	Total cost per resident day intervals					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
	Number of live discharges per 100 beds					
All facilities.....	65.2	30.2	51.5	72.6	71.1	132.2
<u>Ownership</u>						
Proprietary.....	74.2	35.5	55.7	84.9	94.7	153.1
Nonprofit.....	40.6	*17.1	27.7	41.1	*42.3	99.5
Government.....	56.7	*24.7	71.5	*28.1	*35.5	108.6
<u>Certification</u>						
Both Medicare and Medicaid ²	103.1	*72.6	69.5	97.7	99.6	150.7
Medicaid only:						
SNH's ³	43.8	*35.8	45.9	46.1	*38.4	*41.7
ICF's.....	41.4	28.4	51.3	*35.0	*40.6	*27.7
Not certified.....	41.5	*23.4	*32.6	*41.0	*24.2	*191.2
<u>Size</u>						
Less than 50 beds.....	54.5	*22.2	37.4	51.7	*71.1	250.6
50-99 beds.....	69.2	34.9	54.0	83.7	85.3	149.7
100-199 beds.....	74.7	*32.5	60.4	80.5	76.5	152.4
200 beds or more.....	46.5	*31.5	36.1	52.7	*44.7	55.8
<u>Geographic region</u>						
Northeast.....	66.9	*23.3	*36.5	55.0	51.1	120.0
North Central.....	46.8	26.1	36.3	56.6	60.6	104.7
South.....	66.5	34.5	60.3	80.2	98.0	*132.6
West.....	97.4	*43.0	69.2	105.9	*103.5	241.8

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Of these facilities, 7 percent were certified for Medicare only.

³Of these facilities, 33 percent were certified as both SNH's and ICF's.

NOTE: Figures may not add to totals due to rounding.

Table 12. Number of deaths and deaths per 100 beds in nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972

Ownership, certification, size, and geographic region	Total cost per resident day intervals					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
	Number of deaths					
All facilities.....	314,000	55,700	95,400	81,400	42,300	39,200
<u>Ownership</u>						
Proprietary.....	233,000	47,000	68,100	65,700	27,400	24,900
Nonprofit.....	51,200	*5,200	18,900	*10,800	*8,600	*7,800
Government.....	29,700	*3,500	*8,400	*4,900	*6,300	*6,600
<u>Certification</u>						
Both Medicare and Medicaid ²	141,900	*2,100	25,800	52,600	29,000	32,400
Medicaid only:						
SNH's ³	64,400	*4,200	30,400	17,300	*8,700	*3,700
ICF's.....	50,700	15,000	27,300	*4,900	*2,000	*1,500
Not certified.....	57,000	34,300	*11,800	*6,600	*2,600	*1,600
<u>Size</u>						
Less than 50 beds.....	67,400	34,700	13,500	*11,600	*3,200	*4,400
50-99 beds.....	101,900	*12,200	40,500	25,200	*12,700	*11,400
100-199 beds.....	109,300	*7,800	33,200	33,200	19,400	15,700
200 beds or more.....	35,400	*900	*8,200	*11,500	*7,000	*7,800
<u>Geographic region</u>						
Northeast.....	62,200	*1,800	*10,400	16,500	15,600	18,000
North Central.....	116,300	42,100	30,000	23,800	*9,800	*10,600
South.....	77,400	*9,600	33,400	19,300	*9,500	*5,600
West.....	58,000	*2,200	21,600	21,800	*7,400	*5,100

See footnotes at end of table.

Table 12. Number of deaths and deaths per 100 beds in nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972—Con.

Ownership, certification, size, and geographic region	Total cost per resident day intervals					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
	Number of deaths per 100 beds					
All facilities.....	29.0	33.7	24.3	30.6	31.4	31.3
<u>Ownership</u>						
Proprietary.....	31.7	42.7	24.4	33.3	35.4	34.3
Nonprofit.....	22.6	*14.3	24.1	*22.3	*25.7	*25.9
Government.....	24.4	*18.6	*23.8	*23.8	*26.2	*28.9
<u>Certification</u>						
Both Medicare and Medicaid ²	34.8	*23.9	28.9	36.4	39.1	35.8
Medicaid only:						
SNH's ³	22.4	*17.5	22.5	24.9	*21.7	*20.0
ICF's.....	21.0	19.4	22.0	*20.0	*21.0	*25.9
Not certified.....	38.8	63.1	*27.4	*24.1	*23.2	*15.5
<u>Size</u>						
Less than 50 beds.....	39.9	69.6	*22.2	*30.5	*48.8	*32.4
50-99 beds.....	27.9	*19.4	26.8	31.8	*32.5	*34.5
100-199 beds.....	28.9	*17.7	24.6	32.2	34.3	*39.4
200 beds or more.....	20.7	*11.4	*18.0	*25.1	*21.4	*20.0
<u>Geographic region</u>						
Northeast.....	26.6	*12.9	*31.1	*26.7	25.1	28.7
North Central.....	31.1	51.3	21.3	27.7	*29.5	*32.8
South.....	27.2	*18.0	24.8	33.6	*40.8	*35.9
West.....	30.4	*13.8	26.0	36.0	*45.7	*33.8

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Of these facilities, 7 percent were certified for Medicare only.

³Of these facilities, 33 percent were certified as both SNH's and ICF's.

NOTE: Figures may not add to totals due to rounding.

Table 13. Number of resident days and occupancy rate in nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972

Ownership, certification, size, and geographic region	Total cost per resident day intervals					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
	Number of resident days (thousands)					
All facilities.....	347,913	56,157	128,361	86,096	42,339	34,961
<u>Ownership</u>						
Proprietary.....	235,830	37,567	90,461	64,000	23,772	20,030
Nonprofit.....	72,080	12,477	25,844	15,163	10,539	8,056
Government.....	40,002	6,113	12,055	6,932	8,027	6,875
<u>Certification</u>						
Both Medicare and Medicaid ²	128,162	3,177	29,442	46,380	23,318	25,846
Medicaid only:						
SNH's ³	92,150	8,259	43,049	23,015	12,742	5,084
ICF's.....	80,051	26,341	41,806	7,769	2,932	*1,203
Not certified.....	47,549	18,379	14,064	8,831	3,347	2,828
<u>Size</u>						
Less than 50 beds.....	55,667	17,362	20,479	12,435	*2,049	3,342
50-99 beds.....	119,320	20,912	50,684	25,972	12,444	9,307
100-199 beds.....	121,583	14,989	44,286	33,318	18,034	10,955
200 beds or more.....	51,343	2,893	12,912	14,370	9,811	11,356
<u>Geographic region</u>						
Northeast.....	77,516	4,701	11,497	20,847	20,003	20,468
North Central.....	119,835	28,531	45,025	28,061	10,180	8,037
South.....	90,921	17,459	44,515	18,355	7,348	3,244
West.....	59,640	5,466	27,323	18,833	4,807	3,212

See footnotes at end of table.

Table 13. Number of resident days and occupancy rate in nursing homes within total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, 1972—Con.

Ownership, certification, size, and geographic region	Total cost per resident day intervals					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
All facilities.....	87.8	93.0	89.4	88.5	85.7	76.2
<u>Occupancy rate⁴</u>						
<u>Ownership</u>						
Proprietary.....	87.6	93.2	88.8	88.7	84.0	75.4
Nonprofit.....	87.1	94.6	90.0	85.8	86.2	73.4
Government.....	89.9	89.0	93.5	92.3	90.5	82.2
<u>Certification</u>						
Both Medicare and Medicaid ²	86.0	97.3	90.0	87.8	85.7	78.1
Medicaid only:						
SNH's ³	87.6	93.7	86.9	90.4	87.2	74.5
ICF's.....	90.6	92.8	91.9	87.0	85.2	*56.4
Not certified.....	88.4	92.3	89.1	88.4	81.2	73.5
<u>Size</u>						
Less than 50 beds.....	90.1	95.0	91.9	89.6	*84.1	67.6
50-99 beds.....	89.4	91.3	91.8	89.6	87.0	76.9
100-199 beds.....	87.7	92.4	89.7	88.3	87.2	75.2
200 beds or more.....	82.0	97.9	77.5	85.9	82.0	79.5
<u>Geographic region</u>						
Northeast.....	90.6	93.5	94.0	92.1	87.8	89.3
North Central.....	87.5	95.0	87.4	89.1	83.9	68.0
South.....	87.3	89.7	90.1	87.2	86.0	57.2
West.....	85.5	93.7	90.0	85.0	81.2	58.6

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Of these facilities, 7 percent were certified for Medicare only.

³Of these facilities, 33 percent were certified as both SNH's and ICF's.

⁴ Σ Aggregate number of resident days of care provided in 1972 \times 100

Σ Estimated number of beds in 1972 \times 366

NOTE: Figures may not add to totals due to rounding.

Table 14. Total cost per resident day, number of resident days, and number and percent distribution of nursing homes within total cost per resident day intervals, by selected service characteristics:¹ United States, 1972

Selected facility service characteristics	Total cost per resident day	Number of resident days (thousands)	Total cost per resident day intervals											
			All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
All facilities	16.43	347,900	14,800	3,400	5,400	3,400	1,300	1,300	100.0	100.0	100.0	100.0	100.0	100.0
			Number of facilities						Percent distribution					
<u>Professional rehabilitation services provided</u>														
Physical therapy:														
Yes	18.55	223,500	7,800	700	2,300	2,500	1,100	1,100	52.6	21.6	43.8	74.1	87.1	79.3
No	12.60	124,400	7,000	2,700	3,000	900	200	300	47.4	78.4	56.2	25.9	12.9	20.7
Occupational therapy:														
Yes	20.40	108,400	3,400	200	800	1,300	600	600	22.9	7.0	14.2	36.9	43.4	42.3
No	14.63	239,500	11,400	3,200	4,600	2,100	700	800	77.1	93.0	85.8	63.1	56.6	57.7
Recreational therapy:														
Yes	19.51	129,500	4,500	400	1,300	1,500	600	600	30.4	12.3	23.9	45.5	46.6	48.2
No	14.59	218,400	10,300	3,000	4,100	1,900	700	700	69.6	87.7	76.1	54.5	53.4	51.8
Speech and hearing therapy:														
Yes	19.87	124,400	4,200	200	1,100	1,600	600	600	28.1	6.5	19.7	47.5	50.1	46.8
No	14.51	223,500	10,600	3,200	4,300	1,800	600	700	71.9	93.5	80.3	52.5	49.9	53.2
Counseling:														
Yes	18.02	217,300	7,700	1,000	2,500	2,300	900	1,000	52.3	30.1	47.3	68.1	69.3	72.1
No	13.78	130,600	7,000	2,400	2,800	1,100	400	400	47.7	69.9	52.7	31.9	30.7	27.9
Other rehabilitation services:														
Yes	18.14	24,500	700	*100	200	200	*100	*100	4.8	*2.1	4.4	5.8	*6.9	*8.3
No	16.30	323,400	14,100	3,300	5,100	3,200	1,200	1,200	95.2	97.9	95.6	94.2	93.1	91.7
<u>Services included as part of basic charge to resident</u>														
Physician services:														
Yes	20.19	53,700	1,600	200	400	400	300	300	10.9	6.8	7.5	12.0	20.1	23.3
No	15.74	294,200	13,200	3,200	5,000	3,000	1,000	1,000	89.1	93.2	92.5	88.0	79.9	76.7
Private-duty nurse:														
Yes	19.15	21,800	800	*100	300	200	*100	*100	5.5	*3.5	5.4	4.6	*9.0	*10.2
No	16.24	326,100	14,000	3,300	5,100	3,200	1,200	1,200	94.5	96.5	94.6	95.4	91.0	89.8
Other nursing services:														
Yes	16.71	281,900	11,500	2,400	4,200	2,800	1,000	1,100	77.8	69.6	78.3	81.3	81.6	83.7
No	15.22	66,000	3,300	1,000	1,200	600	200	200	22.2	30.4	21.7	18.7	18.4	16.3
Therapy:														
Yes	18.17	112,100	3,900	600	1,500	800	400	500	26.1	18.0	27.2	23.9	34.4	40.3
No	15.60	235,800	10,900	2,800	3,900	2,600	800	800	73.9	82.0	72.8	76.1	65.6	59.7
Drugs:														
Yes	18.14	73,100	2,400	500	900	400	300	400	16.5	13.8	16.3	12.2	24.6	27.7
No	15.97	274,800	12,330	2,900	4,500	3,000	1,000	1,000	83.5	86.2	83.7	87.8	75.4	72.3
Medical supplies:														
Yes	16.44	314,800	8,200	1,700	3,200	1,800	700	800	55.8	50.4	60.1	52.4	54.7	61.6
No	16.40	33,100	6,500	1,700	2,100	1,600	600	500	44.2	49.6	39.9	47.6	45.3	38.4
Special diet:														
Yes	16.47	137,400	13,100	2,900	4,800	2,900	1,100	1,300	88.5	85.0	89.8	86.9	88.9	95.7
No	16.05	210,500	1,700	500	500	400	*100	*100	11.5	15.0	10.2	13.1	*11.1	*4.3
<u>Training programs conducted for nonstaff people in cooperation with an educational institution</u>														
Yes	17.76	136,900	4,200	600	1,700	900	500	500	28.8	17.1	31.3	26.8	41.9	40.4
No	15.56	211,000	10,500	2,800	3,700	2,500	700	800	71.2	82.9	68.7	73.2	58.1	59.6
<u>Number of shifts with an RN in charge and on duty</u>														
No shifts	11.35	55,300	4,500	2,100	1,500	600	*100	*200	30.5	62.3	28.7	18.1	*5.3	*12.8
One shift	13.70	93,300	4,300	1,000	1,900	1,100	200	200	29.4	28.7	35.0	33.5	12.3	14.2
Two shifts	16.14	67,500	2,500	200	1,100	600	300	200	17.1	6.6	21.0	19.1	24.0	16.3
Three shifts	20.63	131,800	3,400	*100	800	1,000	700	800	23.0	2.4	15.2	29.3	58.4	56.7
<u>Staff member supervising all clinical services</u>														
Administrator ²	15.64	38,200	2,100	800	600	500	*100	*100	13.9	22.9	11.0	13.4	*9.0	*9.1
Physician ³	24.18	18,900	400	0	0	*100	*100	*100	2.7	1.3	0.7	*3.4	*6.7	*8.7
Registered nurse ³	16.56	249,600	9,200	1,200	3,700	2,400	1,000	1,000	62.0	35.9	68.4	69.3	74.8	72.1
Other ³	12.77	41,100	3,200	1,400	1,100	500	*100	100	21.3	39.9	20.0	13.8	*9.5	*10.1

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Excludes those administrators who were also qualified as a physician, RN, or LPN.

³Includes those who were also administrators.

NOTE: Figures may not add to totals due to rounding.

Table 15. Number of full-time equivalent employees and full-time equivalent employees per 100 beds within 1972 facility total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, August 1973-April 1974

Ownership, certification, size, geographic region, and type of employee	Total cost per resident day intervals (1972)					
	All intervals	Less than \$10.00	\$10.00- \$14.99	\$15.00- \$19.99	\$20.00- \$24.99	\$25.00 or more
FACILITY CHARACTERISTICS						
<u>All facilities</u>						
Total	604,800	67,100	198,700	156,700	90,100	92,200
Administrative, medical, and therapeutic	33,600	4,500	9,900	8,400	5,000	5,700
Administrative and medical ²	22,600	4,000	7,400	5,500	2,800	3,000
Therapeutic ³	11,000	600	2,500	2,900	2,200	2,700
Nursing	377,000	41,000	128,400	99,900	54,800	52,900
Registered nurse	44,700	2,600	12,100	12,500	8,400	9,100
Licensed practical nurse.....	52,900	5,400	18,400	14,300	7,300	7,600
Nurse's aide	279,400	33,000	98,000	73,100	39,200	36,100
All other ⁴	194,300	21,600	60,500	48,400	30,300	33,500
<u>OWNERSHIP</u>						
<u>Proprietary</u>						
Total	384,400	44,200	137,100	110,100	45,900	47,200
Administrative, medical, and therapeutic	22,400	3,300	7,100	6,100	2,800	3,100
Nursing	252,600	28,500	91,800	72,900	29,900	29,500
All other	109,400	12,400	38,200	31,000	13,200	14,500
<u>Nonprofit</u>						
Total	137,900	15,500	41,000	32,700	24,800	23,900
Administrative, medical, and therapeutic	7,200	800	2,000	1,600	1,200	1,500
Nursing	75,600	8,000	23,600	18,700	13,300	12,100
All other	55,100	6,700	15,400	12,400	10,200	10,400
<u>Government</u>						
Total	82,500	7,400	20,700	13,900	19,400	21,100
Administrative, medical, and therapeutic	4,000	400	800	700	900	1,100
Nursing	48,800	4,500	13,000	8,300	11,700	11,300
All other	29,700	*2,500	6,900	4,900	6,800	8,600
<u>CERTIFICATION</u>						
<u>Both Medicare and Medicaid⁵</u>						
Total	251,800	5,200	46,300	85,000	50,900	64,400
Administrative, medical, and therapeutic	13,700	300	2,200	4,100	3,000	4,200
Nursing	160,700	3,200	30,600	56,500	31,700	38,700
All other	77,300	*1,700	13,500	24,400	16,200	21,500

See footnotes at end of table.

Table 15. Number of full-time equivalent employees and full-time equivalent employees per 100 beds within 1972 facility total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, August 1973-April 1974—Con.

Ownership, certification, size, geographic region, and type of employee	Total cost per resident day intervals (1972)					
	All intervals	Less than \$10.00	\$10.00- \$14.99	\$15.00- \$19.99	\$20.00- \$24.99	\$25.00 or more
CERTIFICATION—Con.						
Medicaid only: SNH's⁶						
Total	167,000	10,600	69,400	41,400	28,400	17,200
Administrative, medical, and therapeutic	8,400	500	3,200	2,300	1,500	800
Nursing	103,900	6,600	45,600	26,000	17,300	8,500
All other	54,700	3,500	20,600	13,100	9,600	7,900
Medicaid only: ICF's						
Total	116,200	32,600	62,300	12,500	4,900	4,000
Administrative, medical, and therapeutic	6,600	2,200	3,300	700	300	*200
Nursing	72,100	20,400	39,400	7,200	*2,800	*2,300
All other	37,500	10,000	19,600	4,500	*1,800	*1,500
Not certified						
Total	69,900	18,800	20,800	17,800	5,900	6,600
Administrative, medical, and therapeutic	4,900	1,600	1,200	1,300	300	500
Nursing	40,200	10,800	12,800	10,200	*3,000	3,400
All other	24,800	6,400	6,800	6,300	*2,600	*2,600
SIZE						
Less than 50 beds						
Total	95,200	20,100	31,800	25,300	3,800	14,300
Administrative, medical, and therapeutic	7,300	2,100	2,000	2,000	*200	1,000
Nursing	58,400	12,300	20,400	16,100	*2,300	7,200
All other	29,500	5,600	9,400	7,300	*1,200	6,000
50-99 beds						
Total	198,200	25,200	75,700	45,000	29,800	22,500
Administrative, medical, and therapeutic	10,900	1,400	4,100	2,300	1,800	1,400
Nursing	124,800	15,800	48,800	29,400	17,700	13,100
All other	62,500	8,000	22,800	13,400	10,300	7,900
100-199 beds						
Total	211,900	18,400	70,600	60,100	34,500	28,400
Administrative, medical, and therapeutic	10,100	900	2,900	2,900	1,700	1,700
Nursing	135,800	11,000	46,700	38,800	21,700	17,500
All other	66,100	6,400	21,000	18,300	11,000	9,300

See footnotes at end of table.

Table 15. Number of full-time equivalent employees and full-time equivalent employees per 100 beds within 1972 facility total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, August 1973-April 1974—Con.

Ownership, certification, size, geographic region, and type of employee	Total cost per resident day intervals (1972)					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
<u>SIZE—Con.</u>						
<u>200 beds or more</u>						
Total	99,500	3,500	20,600	26,300	22,100	27,000
Administrative, medical, and therapeutic	5,300	*100	1,000	1,300	1,200	1,600
Nursing	58,000	*1,800	12,500	15,500	13,100	15,100
All other	36,200	*1,500	7,200	9,400	7,800	10,300
<u>GEOGRAPHIC REGION</u>						
<u>Northeast</u>						
Total	154,700	6,700	17,700	38,300	43,200	48,800
Administrative, medical, and therapeutic	9,700	500	1,200	2,300	2,500	3,300
Nursing	92,300	3,300	10,800	24,300	25,600	28,200
All other	52,700	*2,800	5,800	11,700	15,100	17,000
<u>North Central</u>						
Total	203,500	33,200	71,800	51,000	22,000	25,400
Administrative, medical, and therapeutic	11,300	2,100	3,500	3,100	1,400	1,300
Nursing	123,100	20,700	44,500	30,900	13,300	13,500
All other	69,100	10,500	23,800	17,000	7,300	10,500
<u>South</u>						
Total	148,200	21,300	68,600	35,900	14,600	7,900
Administrative, medical, and therapeutic	7,500	1,500	3,300	1,500	700	400
Nursing	97,300	13,500	46,100	23,400	9,300	4,900
All other	43,500	6,200	19,200	10,900	4,600	*2,600
<u>West</u>						
Total	98,400	6,000	40,700	31,500	10,300	10,000
Administrative, medical, and therapeutic	5,100	400	2,000	1,500	500	700
Nursing	64,300	3,400	27,000	21,200	6,600	6,100
All other	29,000	*2,100	11,600	8,800	3,300	3,200
<u>FACILITY CHARACTERISTICS</u>						
<u>All facilities</u>						
Total	55.2	40.4	50.1	58.2	65.4	73.1
Administrative, medical, and therapeutic	3.1	2.7	2.5	3.1	3.6	4.5
Administrative and medical ²	2.1	2.4	1.9	2.0	2.0	2.4
Therapeutic ³	1.0	0.3	0.6	1.1	1.6	2.2

See footnotes at end of table.

Table 15. Number of full-time equivalent employees and full-time equivalent employees per 100 beds within 1972 facility total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, August 1973-April 1974—Con.

Ownership, certification, size, geographic region, and type of employee	Total cost per resident day intervals (1972)					
	All intervals	Less than \$10.00	\$10.00- \$14.99	\$15.00- \$19.99	\$20.00- \$24.99	\$25.00 or more
FACILITY CHARACTERISTICS						
<u>All facilities—Con.</u>						
Nursing	34.4	24.7	32.4	37.1	39.8	42.0
Registered nurse	4.1	1.5	3.0	4.7	6.1	7.3
Licensed practical nurse.....	4.8	3.3	4.6	5.3	5.3	6.0
Nurse's aide	25.5	19.9	24.7	27.1	28.4	28.7
All other ⁴	17.7	13.0	15.2	18.0	22.0	26.6
<u>OWNERSHIP</u>						
<u>Proprietary</u>						
Total	51.7	40.1	48.6	55.0	58.3	64.5
Administrative, medical, and therapeutic.....	3.0	3.0	2.5	3.0	3.5	4.3
Nursing	34.0	25.9	32.6	36.5	38.0	40.3
All other	14.7	11.3	13.5	15.5	16.8	19.9
<u>Nonprofit</u>						
Total	60.3	41.9	51.9	67.4	72.7	79.3
Administrative, medical, and therapeutic.....	3.1	2.3	2.5	3.3	3.7	5.0
Nursing	33.0	21.6	29.9	38.5	39.0	39.9
All other	24.1	18.0	19.5	25.6	30.0	34.4
<u>Government</u>						
Total	67.2	39.5	58.0	67.4	77.6	92.8
Administrative, medical, and therapeutic.....	3.2	2.1	2.3	3.5	3.8	4.8
Nursing	39.7	23.9	36.5	40.0	46.6	50.0
All other	24.2	*13.4	19.2	23.8	27.2	38.0
<u>CERTIFICATION</u>						
<u>Both Medicare and Medicaid⁵</u>						
Total	63.1	54.6	51.8	58.2	67.8	70.7
Administrative, medical, and therapeutic.....	3.3	2.7	2.5	2.8	3.9	4.6
Nursing	39.1	34.1	34.2	38.6	42.3	42.5
All other	18.8	*17.9	15.1	16.7	21.6	23.6
<u>Medicaid only: SNH's⁶</u>						
Total	56.9	43.3	50.4	58.6	67.3	92.4
Administrative, medical, and therapeutic.....	2.8	2.1	2.4	3.2	3.5	4.4
Nursing	35.4	26.8	33.1	36.8	41.1	45.4
All other	18.6	14.3	14.9	18.5	22.8	42.6

See footnotes at end of table.

Table 15. Number of full-time equivalent employees and full-time equivalent employees per 100 beds within 1972 facility total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, August 1973-April 1974—Con.

Ownership, certification, size, geographic region, and type of employee	Total cost per resident day intervals (1972)					
	All intervals	Less than \$10.00	\$10.00- \$14.99	\$15.00- \$19.99	\$20.00- \$24.99	\$25.00 or more
CERTIFICATION—Con.						
Medicaid only: ICF's						
Total	47.7	41.7	49.5	50.6	52.4	69.4
Administrative, medical, and therapeutic	2.7	2.8	2.6	2.8	2.7	*4.0
Nursing	29.6	26.1	31.3	29.4	*30.1	*39.6
All other	15.4	12.8	15.6	18.5	*19.6	*25.8
Not certified						
Total	47.5	34.9	47.6	64.2	52.5	62.1
Administrative, medical, and therapeutic	3.3	3.0	2.7	4.7	2.5	4.7
Nursing	27.3	20.0	29.3	36.8	*26.4	32.5
All other	16.8	11.8	15.6	22.7	*23.5	*24.8
SIZE						
Less than 50 beds						
Total	56.6	40.9	51.8	66.9	58.7	105.0
Administrative, medical, and therapeutic	4.4	4.4	3.2	5.3	*3.7	7.4
Nursing	34.7	25.1	33.3	42.5	*36.4	53.1
All other	17.5	11.4	15.4	19.2	*18.5	44.5
50-99 beds						
Total	54.0	39.8	50.0	56.3	75.3	68.4
Administrative, medical, and therapeutic	3.0	2.2	2.7	2.8	4.4	4.2
Nursing	34.0	24.9	32.2	36.7	44.7	40.0
All other	17.0	12.7	15.1	16.7	26.1	24.2
100-199 beds						
Total	54.8	40.6	51.0	57.3	59.8	70.4
Administrative, medical, and therapeutic	2.6	1.9	2.1	2.7	3.0	4.2
Nursing	35.1	24.4	33.7	37.1	37.7	43.3
All other	17.1	14.2	15.2	17.5	19.1	23.0
200 beds or more						
Total	57.4	41.7	45.7	56.5	64.7	68.8
Administrative, medical, and therapeutic	3.0	*1.8	2.1	2.8	3.7	4.2
Nursing	33.5	*21.9	27.7	33.4	38.3	38.4
All other	20.9	*18.0	16.0	20.3	22.8	26.2

See footnotes at end of table.

Table 15. Number of full-time equivalent employees and full-time equivalent employees per 100 beds within 1972 facility total cost per resident day intervals, by ownership, certification, size, and geographic region:¹ United States, August 1973-April 1974—Con.

Ownership, certification, size, geographic region, and type of employee	Total cost per resident day intervals (1972)					
	All intervals	Less than \$10.00	\$10.00- \$14.99	\$15.00- \$19.99	\$20.00- \$24.99	\$25.00 or more
GEOGRAPHIC REGION						
<u>Northeast</u>						
Total	65.6	46.4	53.2	62.0	68.6	76.8
Administrative, medical, and therapeutic	4.1	3.7	3.5	3.7	3.9	5.2
Nursing	39.1	23.3	32.4	39.4	40.7	44.4
All other	22.3	*19.4	17.3	18.9	24.0	27.3
<u>North Central</u>						
Total	53.7	40.5	50.6	58.3	62.8	78.6
Administrative, medical, and therapeutic	3.0	2.5	2.4	3.5	3.9	4.0
Nursing	32.5	25.3	31.3	35.3	38.0	42.3
All other	18.2	12.7	16.8	19.4	20.9	32.3
<u>South</u>						
Total	51.2	39.8	49.6	60.9	61.6	51.9
Administrative, medical, and therapeutic	2.6	2.9	2.4	2.6	2.9	2.9
Nursing	33.6	25.3	33.3	39.8	39.3	32.0
All other	15.0	11.6	13.9	18.5	19.4	*17.0
<u>West</u>						
Total	51.5	37.0	49.0	51.7	64.0	67.3
Administrative, medical, and therapeutic	2.7	2.6	2.4	2.5	2.9	4.7
Nursing	33.6	21.1	32.5	34.7	40.9	41.1
All other	15.2	*13.3	14.0	14.5	20.2	21.4

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Includes administrators, physicians, dentists, pharmacists, dietitians, medical records administrators, and other professional staff.

³Includes occupational therapists, physical therapists, speech pathologists, audiologists, activities directors, social workers, and their assistants.

⁴Includes clerical, food service, housekeeping, and maintenance personnel as well as any other staff not performing nursing, administrative, medical, or therapeutic functions.

⁵Of these facilities, 7 percent were certified for Medicare only.

⁶Of these facilities, 33 percent were certified as both SNH's and ICF's.

NOTE: Figures may not add to totals due to rounding.

Table 16. Yearly labor cost per full-time equivalent employee within total cost per resident intervals, by ownership, certification, size, and geographic region:¹ United States, 1972²

Ownership, certification, size, and geographic region	Total cost per resident day intervals					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
Yearly labor cost per full-time equivalent employee						
All facilities.....	\$5,641	\$3,968	\$4,801	\$5,504	\$6,368	\$8,188
<u>Ownership</u>						
Proprietary.....	5,614	4,016	4,809	5,653	6,390	8,599
Nonprofit.....	5,290	3,677	4,688	4,825	5,924	7,346
Government.....	6,352	4,288	4,969	5,925	6,880	8,227
<u>Certification</u>						
Both Medicare and Medicaid ³	6,118	2,885	4,910	5,284	6,006	8,434
Medicaid only:						
SNH's ⁴	5,421	4,203	4,676	5,840	6,483	6,415
ICF's.....	4,901	3,927	4,824	6,341	8,126	5,589
Not certified.....	5,673	4,204	4,905	5,191	7,469	11,998
<u>Size</u>						
Less than 50 beds.....	4,982	3,885	4,973	4,990	7,259	5,933
50-99 beds.....	5,362	4,009	4,817	5,496	5,522	8,232
100-199 beds.....	5,615	4,018	4,623	5,573	6,798	7,760
200 or more beds.....	6,880	3,882	5,086	5,858	6,683	9,788
<u>Geographic region</u>						
Northeast.....	6,915	3,405	5,393	5,985	6,536	9,010
North Central.....	5,331	4,126	4,758	5,510	6,227	7,386
South.....	4,977	3,751	4,608	4,994	6,436	8,677
West.....	5,278	4,486	4,943	5,492	5,866	5,829

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Assumes that the number of full-time equivalent employees in nursing homes during the survey period (August 1973-April 1974) was substantially similar to the number in nursing homes in 1972.

³Of these facilities, 7 percent were certified for Medicare only.

⁴Of these facilities, 33 percent were certified as both SNH's and ICF's.

Table 17. Number of nursing home residents and rate per 100 residents within 1972 facility total cost per resident day intervals, by reported chronic conditions and impairments and primary diagnosis at last examination and at admission:¹ United States, August 1973–April 1974

Reported chronic conditions and impairments and primary diagnosis at last examination and at admission	Total cost per resident day intervals (1972)					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
Number of residents						
All residents	905,200	139,200	328,600	223,300	112,500	101,500
<u>Reported chronic conditions and impairments²</u>						
Senility	525,500	76,200	203,100	131,600	62,800	51,800
Mental illness	163,900	34,400	64,500	36,400	16,800	11,900
Mental retardation	59,500	15,700	22,900	12,300	4,800	3,800
Arthritis or rheumatism	314,700	48,100	125,000	72,500	38,800	30,300
Paralysis or palsy due to stroke	101,400	11,900	36,300	25,700	13,400	14,100
Paralysis or palsy not related to stroke, arthritis, or rheumatism..	56,400	8,300	22,200	12,400	8,100	5,400
Glaucoma or cataracts.....	96,000	13,600	32,900	22,400	13,800	13,300
Diabetes.....	120,900	15,300	44,100	31,000	15,900	14,700
Any chronic trouble with back or spine	89,000	12,300	35,000	21,000	11,400	9,300
Amputation of extremities or limbs; or permanent stiffness or any deformity of foot, leg, fingers, arms, or back	124,500	17,600	49,500	29,900	14,900	12,700
Heart trouble	304,400	37,800	110,500	78,500	38,100	39,500
None of the above.....	48,900	6,600	13,800	13,700	8,500	6,300
<u>Primary diagnosis at last examination</u>						
Senility, old age, other symptoms and ill-defined conditions	120,400	21,000	42,300	27,400	14,100	16,400
Heart attack.....	46,600	7,400	17,200	12,000	4,900	5,100
Stroke.....	95,700	11,500	34,400	26,300	11,400	12,100
Hardening of the arteries.....	207,300	26,700	76,500	51,000	27,600	25,500
Diseases of the circulatory system other than hardening of the arteries, stroke, and heart attack	34,300	6,000	12,000	8,800	4,400	3,100
Accidents, poisonings, and violence	41,200	4,400	13,000	10,900	6,800	6,100
Mental disorders.....	93,400	24,000	34,300	22,100	8,100	4,900
Diseases of the musculoskeletal system and connective tissue	62,200	8,900	26,700	13,700	7,700	5,200
Endocrine, nutritional, and metabolic diseases.....	41,000	6,400	14,900	10,100	5,600	4,000
Diseases of the musculoskeletal system and connective tissue	19,200	2,800	6,800	4,800	2,300	2,500
Endocrine, nutritional, and metabolic diseases	21,100	*1,400	7,700	5,300	3,900	2,900
Diseases of the nervous system and sense organs	53,100	8,500	18,500	12,400	7,600	6,200
Diseases of the digestive system	18,000	3,100	6,400	4,400	*1,900	2,300
Diseases of the genitourinary system.....	13,500	*1,500	4,800	4,100	*1,700	*1,400
Other diagnoses ³	13,600	2,700	4,000	3,400	*1,700	*1,800
Unknown diagnoses	7,400	*1,800	2,900	*1,500	*600	*600
<u>Primary diagnosis at admission</u>						
Senility, old age, other symptoms and ill-defined conditions	90,100	16,500	31,600	19,600	8,800	13,700
Heart attack.....	49,800	7,500	17,800	13,300	5,600	5,500
Stroke.....	112,000	13,600	40,500	30,100	13,700	14,100
Hardening of the arteries.....	190,700	25,700	72,400	45,700	24,700	22,100
Diseases of the circulatory system other than hardening of the arteries, stroke, and heart attack	29,900	5,400	9,700	7,500	3,900	3,500
Accidents, poisonings, and violence	80,000	8,100	28,600	21,400	12,000	9,900
Mental disorders.....	99,100	26,300	37,500	21,700	8,200	5,400
Diseases of the musculoskeletal system and connective tissue	53,000	7,000	22,000	11,700	7,300	5,000
Endocrine, nutritional, and metabolic diseases	37,300	5,500	13,500	9,400	5,400	3,500
Diseases of the respiratory system.....	19,900	2,400	7,200	5,400	2,300	2,700
Neoplasms.....	19,600	*1,200	7,000	5,200	3,400	2,800
Diseases of the nervous system and sense organs.....	50,400	8,500	17,300	11,500	7,200	6,000

See footnotes at end of table.

Table 17. Number of nursing home residents and rate per 100 residents within 1972 facility total cost per resident day intervals, by reported chronic conditions and impairments and primary diagnosis at last examination and at admission:¹ United States, August 1973-April 1974—Con.

Reported chronic conditions and impairments and primary diagnosis at last examination and at admission	Total cost per resident day intervals (1972)					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
<u>Primary diagnosis at admission—Con.</u>						
	Number of residents					
Diseases of the digestive system	18,700	2,700	6,300	5,300	*2,200	*2,200
Diseases of the genitourinary system.....	13,200	*1,800	4,300	3,700	*2,100	*1,300
Other diagnoses ²	20,500	3,900	5,900	6,100	2,700	*1,800
Unknown diagnoses	5,200	*1,200	*1,500	*1,300	*500	*700
	Rate per 100 residents					
All residents.....	...	...	...	...	...	...
<u>Reported chronic conditions and impairments²</u>						
Senility	58.1	54.8	61.8	58.9	55.8	51.0
Mental illness	18.1	24.7	19.6	16.3	14.9	11.7
Mental retardation	6.6	11.3	7.0	5.5	4.3	3.7
Arthritis or rheumatism	34.8	34.6	38.0	32.4	34.5	29.9
Paralysis or palsy due to stroke.....	11.2	8.6	11.0	11.5	11.9	13.9
Paralysis or palsy not related to stroke, arthritis, or rheumatism..	6.2	5.9	6.8	5.6	7.2	5.3
Glaucoma or cataracts.....	10.6	9.8	10.0	10.0	12.3	13.1
Diabetes.....	13.4	11.0	13.4	13.9	14.1	14.5
Any chronic trouble with back or spine.....	9.8	8.8	10.7	9.4	10.1	9.1
Amputation of extremities or limbs; or permanent stiffness or any deformity of foot, leg, fingers, arms, or back.....	13.8	12.6	15.1	13.4	13.2	12.5
Heart trouble	33.6	27.1	33.6	35.2	33.9	38.9
None of the above.....	5.4	4.8	4.2	6.1	7.5	6.3
<u>Primary diagnosis at last examination</u>						
Senility, old age, other symptoms and ill-defined conditions	13.3	14.4	12.9	12.3	12.6	16.2
Heart attack.....	5.1	5.3	5.2	5.4	4.3	5.1
Stroke.....	10.6	8.3	10.5	11.8	10.1	11.9
Hardening of the arteries.....	22.9	19.2	23.3	22.8	24.5	25.1
Diseases of the circulatory system other than hardening of the arteries, stroke, and heart attack	3.8	4.3	3.6	3.9	3.9	3.0
Accidents, poisonings, and violence	4.6	3.1	4.0	4.9	6.1	6.0
Mental disorders.....	10.3	17.2	10.4	9.9	7.2	4.8
Diseases of the musculoskeletal system and connective tissue	6.9	6.4	8.1	6.1	6.8	5.1
Endocrine, nutritional, and metabolic diseases.....	4.5	4.6	4.5	4.5	4.9	3.9
Diseases of the respiratory system.....	2.1	2.0	2.1	2.2	2.0	2.5
Neoplasms.....	2.3	*1.0	2.3	2.4	3.4	2.9
Diseases of the nervous system and sense organs.....	5.9	6.1	5.6	5.5	6.8	6.1
Diseases of the digestive system	2.0	2.2	1.9	2.0	*1.7	2.2
Diseases of the genitourinary system.....	1.5	*1.1	1.5	1.8	*1.5	*1.3
Other diagnoses ³	1.5	1.9	1.2	1.5	*1.5	*1.7
Unknown diagnoses	0.8	*1.3	0.9	*0.7	*0.6	*0.6
<u>Primary diagnosis at admission</u>						
Senility, old age, other symptoms and ill-defined conditions	10.0	11.8	9.6	8.8	7.8	13.5
Heart attack.....	5.5	5.4	5.4	6.0	5.0	5.4
Stroke.....	12.4	9.8	12.3	13.5	12.1	13.9
Hardening of the arteries.....	21.1	18.5	22.0	20.4	21.9	21.8
Diseases of the circulatory system other than hardening of the arteries, stroke, and heart attack	3.3	3.8	2.9	3.4	3.5	3.4

See footnotes at end of table.

Table 17. Number of nursing home residents and rate per 100 residents within 1972 facility total cost per resident day intervals, by reported chronic conditions and impairments and primary diagnosis at last examination and at admission:¹ United States, August 1973-April 1974—Con.

Reported chronic conditions and impairments and primary diagnosis at last examination and at admission	Total cost per resident day intervals (1972)					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
<u>Primary diagnosis at admission—Con.</u>	Number per 100 residents					
Accidents, poisonings, and violence	8.8	5.8	8.7	9.6	10.7	9.7
Mental disorders.....	11.0	18.9	11.4	9.7	7.3	5.3
Diseases of the musculoskeletal system and connective tissue	5.9	5.0	6.7	5.2	6.5	4.9
Endocrine, nutritional, and metabolic diseases	4.1	3.9	4.1	4.2	4.8	3.5
Diseases of the respiratory system.....	2.2	1.7	2.2	2.4	2.0	2.7
Neoplasms.....	2.2	*0.9	2.1	2.3	3.1	2.7
Diseases of the nervous system and sense organs.....	5.6	6.1	5.3	5.1	6.4	5.9
Diseases of the digestive system	2.1	1.9	1.9	*2.4	2.0	*2.2
Diseases of the genitourinary system.....	1.5	*1.3	1.3	*1.7	1.9	*1.3
Other diagnoses ²	2.3	2.8	1.8	2.7	2.4	*1.8
Unknown diagnoses	0.6	*0.8	*0.5	*0.6	0.5	*0.7

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Columns do not add to totals because most residents had more than one reported condition or impairment.

³Includes diseases of the blood and blood-forming organs, diseases of the skin and subcutaneous tissue, congenital anomalies, infective and parasitic diseases, certain causes of perinatal morbidity, complications of pregnancy and childbirth, and other diagnoses not listed above.

Table 18. Number of nursing home residents and rate per 100 residents within 1972 facility total cost per resident day intervals, by measures of dependence in activities of daily living (ADL):¹ United States, August 1973-April 1974

Activities of daily living dependence categories and index	Total cost per resident day intervals (1972)					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
	Number of residents					
All residents.....	905,200	139,200	328,600	223,300	112,500	101,500
<u>ADL dependence categories²</u>						
Bathing.....	640,200	87,700	239,700	163,000	80,300	69,400
Dressing.....	532,800	66,200	198,000	139,900	67,800	60,900
Going to toilet.....	476,700	53,400	174,500	126,500	63,600	58,700
Transferring.....	467,200	52,100	171,400	123,100	63,900	56,800
Continenence.....	306,000	37,000	115,400	82,500	38,500	32,700
Feeding.....	159,600	19,300	63,000	40,600	20,000	16,700
<u>ADL dependence index³</u>						
A—No ADL dependencies.....	213,000	45,200	70,700	48,100	26,100	22,900
B—Dependent in only one ADL.....	115,200	22,200	44,400	24,800	12,300	11,400
C—Dependent in bathing and one additional ADL.....	76,500	14,100	29,700	18,000	7,600	7,100
D—Dependent in bathing, dressing, and one additional ADL.....	40,400	6,200	13,600	10,900	4,700	5,000
E—Dependent in bathing, dressing, going to toilet, and one additional ADL.....	129,100	13,400	46,300	33,800	18,500	17,100
F—Dependent in bathing, dressing, going to toilet, transferring, and one additional ADL.....	144,800	16,600	52,300	40,400	19,400	16,000
G—Dependent in all six ADL's.....	130,400	15,200	51,300	33,600	16,700	13,600
Other ⁴	55,900	6,300	20,200	13,700	7,200	8,400
	Rate per 100 residents					
All residents.....	...	...	...	...	...	...
<u>ADL dependence categories²</u>						
Bathing.....	70.7	63.0	73.0	73.0	71.4	68.4
Dressing.....	58.9	47.5	60.3	62.6	60.3	60.0
Going to toilet.....	52.7	38.4	53.1	56.6	56.5	57.8
Transferring.....	51.6	37.4	52.1	55.1	56.8	55.9
Continenence.....	33.8	26.6	35.1	36.9	34.2	32.2
Feeding.....	17.6	13.8	19.2	18.2	17.8	16.4
<u>ADL dependence index³</u>						
A—No ADL dependencies.....	23.5	32.5	21.5	21.5	23.2	22.5
B—Dependent in only one ADL.....	12.7	15.9	13.5	11.1	11.0	11.2
C—Dependent in bathing and one additional ADL.....	8.4	10.1	9.1	8.0	6.7	7.0
D—Dependent in bathing, dressing, and one additional ADL.....	4.5	4.5	4.1	4.9	4.1	4.9
E—Dependent in bathing, dressing, going to toilet, and one additional ADL.....	14.3	9.6	14.1	15.1	16.5	16.9
F—Dependent in bathing, dressing, going to toilet, transferring, and one additional ADL.....	16.0	11.9	15.9	18.1	17.2	15.8
G—Dependent in all six ADL's.....	14.4	10.9	15.6	15.0	14.8	13.4
Other ⁴	6.2	4.5	6.1	6.1	6.4	8.3

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Dependency in the six ADL functions was determined from question 14 of the Resident Questionnaire (appendix III) by the following cutoff points (i.e., greater levels indicating debility): bathing, dressing, and feeding—level 2; going to toilet, transferring, and continence—level 1. Columns do not add to totals because residents could be disabled in more than one ADL.

³The form of the ADL index is suggested by the work of Dr. Sidney Katz and his colleagues (see references 8 and 9 of this report).

⁴Includes those individuals dependent in at least two functions, but not classifiable into level C, D, E, or F.

Table 19. Number and percent distribution of nursing home residents within 1972 facility total cost per resident day intervals, by primary reason for admission and level of patient care:¹ United States, August 1973-April 1974

Primary reason for admission and level of patient care	Total cost per resident day intervals (1972)					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
	Number					
All residents.....	905,200	139,200	328,600	223,300	112,500	101,500
	Primary reason for admission					
Physical.....	734,200	97,500	267,200	185,300	94,800	89,400
Social.....	61,100	16,100	20,000	12,300	8,000	4,800
Behavioral.....	100,300	23,600	38,500	23,100	8,800	6,500
Economic.....	9,500	*2,100	2,900	2,700	*900	*900
	Level of patient care					
Intensive nursing care.....	369,700	40,600	138,100	97,300	51,800	41,900
Limited nursing care.....	89,200	13,800	33,200	19,900	11,700	10,600
Routine nursing care.....	293,900	49,400	110,900	69,300	31,600	32,600
Personal nursing care.....	144,300	32,200	44,800	35,300	15,900	16,000
No nursing or personal care.....	8,100	3,200	*1,500	*1,500	*1,500	*400
	Percent distribution					
All residents.....	100.0	100.0	100.0	100.0	100.0	100.0
	Primary reason for admission					
Physical.....	81.1	70.0	81.3	83.0	84.3	88.0
Social.....	6.8	11.6	6.1	5.5	7.1	4.7
Behavioral.....	11.1	16.9	11.7	10.3	7.8	6.4
Economic.....	1.1	*1.5	0.9	1.2	*0.8	*0.9
	Level of patient care					
Intensive nursing care.....	40.8	29.1	42.0	43.6	46.0	41.3
Limited nursing care.....	9.9	9.9	10.1	8.9	10.4	10.4
Routine nursing care.....	32.5	35.5	33.7	31.0	28.1	32.2
Personal nursing care.....	15.9	23.2	13.6	15.8	14.1	15.7
No nursing or personal care.....	0.9	2.3	*0.5	*0.7	*1.3	*0.4

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

NOTE: Figures may not add to totals due to rounding.

Table 20. Number and percent distribution of nursing home residents within 1972 facility total cost per resident day intervals, by primary source of payment:¹ United States, August 1973-April 1974

Primary source of payment	Total cost per resident day intervals (1972)					
	All intervals	Less than \$10.00	\$10.00-\$14.99	\$15.00-\$19.99	\$20.00-\$24.99	\$25.00 or more
	Number					
All residents ²	852,700	133,300	313,100	208,100	106,500	91,600
Own income or family support	318,400	50,300	113,900	84,700	41,300	28,100
Medicare	9,100	*100	*1,100	*2,200	2,700	3,000
Medicaid	406,300	45,600	160,300	101,100	50,500	48,700
Other public assistance or welfare	93,600	33,500	29,300	14,800	8,100	8,000
Other ³	25,300	3,800	8,500	5,300	3,900	3,800
	Percent distribution					
All residents ²	100.0	100.0	100.0	100.0	100.0	100.0
Own income or family support	37.3	37.7	36.4	40.7	38.8	30.7
Medicare	1.1	*0.1	*0.4	1.1	2.5	3.3
Medicaid	47.6	34.2	51.2	48.6	47.4	53.1
Other public assistance or welfare	11.0	25.1	9.4	7.1	7.6	8.8
Other ³	3.0	2.9	2.7	2.6	3.7	4.2

¹Estimates are for nursing homes that had been in business 2 years or more at the time of the survey. Expenses for newly opened facilities were not collected because they include "startup" costs for purchasing drugs, supplies, and equipment and therefore do not reflect the standard cost of providing health care.

²Includes only those residents in the nursing home for 1 month or more at the time of the survey.

³Includes church support, VA contract, initial payment/life care, no charge, and miscellaneous sources.

NOTE: Figures may not add to totals due to rounding.

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APPENDIX I

TECHNICAL NOTES ON METHODS

SURVEY DESIGN

From August 1973 to April 1974, the Division of Health Resources Utilization Statistics (DHRUS) conducted the National Nursing Home Survey (NNHS)—a sample survey of nursing homes, their residents, and staff in the coterminous United States. The survey was designed and developed by DHRUS in conjunction with a group of experts in various fields encompassing the broad area of long-term care.¹⁰ It was specifically designed as the first of a series of surveys to satisfy the diverse data needs of those who establish standards for, plan, provide, and assess long-term care services.

Sampling Frame

The 1973-74 NNHS focused on nursing homes that *provided some level of nursing care*. Only facilities providing nursing care were included because detailed questions on facility services and resident health status were relevant only to these facilities. They included both nursing care homes and personal care homes with nursing, while personal care homes and domiciliary care homes were excluded. Facilities were either freestanding establishments or nursing care units of hospitals, retirement centers, and similar institutions. A definition of nursing care and detailed criteria for classifying facilities providing such care are presented in appendix II.

The survey universe consisted of two groups of facilities: those providing some level of nursing care as classified in the 1971 Master Facility Inventory (MFI) and those opening for business in 1972. The major group (93 percent) was composed of all nursing homes providing some level

of nursing care as classified by the 1971 MFI. The MFI is a census of all inpatient health facilities conducted every 2 years by mail by the National Center for Health Statistics (NCHS). A detailed description of how the MFI was developed, its content, and procedures for updating its coverage has been published.¹¹⁻¹³

In order for data collection to begin in August, the sampling frame was “frozen” in the spring of 1973 so that the sample could be selected in ample time to permit the scheduling of nationwide data collection. To obtain as current a sample frame as possible, all nursing homes that opened for business during 1972 were also included in the universe. (Facilities opening in early 1973 could not be included since data about them were not yet available.) The facilities that opened in 1972 made up the second, and smaller (7 percent), group of facilities in the universe. Although the universe included only facilities providing nursing care, all facilities opened in 1972 were included because the level of nursing care they provided was unknown prior to the survey. Once the NNHS was conducted, facilities not meeting the criteria were classified as out of scope (see table I for details).

Although the NNHS was conducted in 1973-74, it should be noted that estimates will not correspond precisely to figures from the 1973 MFI census for several reasons. In comparison to the MFI, the NNHS universe excluded the following: (1) personal care homes and domiciliary care homes; (2) facilities that opened in 1973; and (3) facilities that, between 1971 and 1973, upgraded the level of care they provided, thereby meeting the “nursing care” criteria when surveyed in the 1973 MFI. Data from the

NOTE: A list of references follows the text.

Table I. Distribution of homes in the 1973-74 National Nursing Home Survey universe and disposition of sample homes according to primary sampling strata: Coterminous United States

Certification status and size of home	Uni-verse (sam-pling frame) ¹	Number of homes in sample			
		Total homes	Out of scope or out of busi-ness	In scope and in business	
				Non-re-spond-ing	Re-spond-ing
All types.....	17,685	2,118	147	63	1,908
Both Medicare and Medicaid and Medicare only	4,099	803	20	26	757
Unknown beds.....	2	0	0	0	0
Less than 25 beds	149	4	0	1	3
25-49 beds	538	35	0	1	34
50-99 beds	1,713	228	7	7	214
100-199 beds	1,385	370	8	11	351
200-299 beds	224	100	4	3	93
300-499 beds	68	46	1	2	43
500 beds or more.....	20	20	0	1	19
Medicaid only	7,473	790	34	24	732
Unknown beds.....	3	0	0	0	0
Less than 15 beds	250	5	1	2	2
15-24 beds	967	36	5	1	30
25-49 beds	2,253	123	11	3	109
50-99 beds	2,688	293	4	8	281
100-199 beds	1,108	241	3	6	232
200-299 beds	145	52	5	3	44
300-499 beds	43	24	3	1	20
500 beds or more.....	16	16	2	0	14
Not certified	6,113	525	93	13	419
Unknown beds.....	19	0	0	0	0
Less than 15 beds	1,279	23	10	0	13
15-24 beds	1,062	38	9	0	29
25-49 beds	1,575	87	13	3	71
50-99 beds	1,334	145	19	5	121
100-199 beds	652	141	21	4	116
200-299 beds	120	43	12	0	31
300-499 beds	52	28	4	1	23
500 beds or more.....	20	20	5	0	15

¹The universe consisted of nursing homes providing some level of nursing care as classified in the 1971 MFI and homes opened for business in 1972.

NNHS are also subject to sampling variability; data from the MFI are not, since the MFI is a census.

Sampling Design

The sampling was a stratified two-stage probability design: The first stage was a selection of establishments and the second stage was a selection of residents and employees of the sample establishments. In preparation for the first-stage

sample selection, establishments listed in the MFI were sorted into three types of strata based on Medicare and Medicaid certification: (1) both Medicare and Medicaid *and* Medicare only, (2) Medicaid only, and (3) not certified. Facilities in each of these three strata were sorted into bed-size groups, producing 26 primary strata as shown in table I. The nursing homes in the universe were ordered by type of ownership, geographic region, State, and county. The sample

was then selected systematically after a random start within each primary stratum. Table I shows the distribution of establishments in the sampling frame and the final disposition of the sample with regard to response and in-scope status. The number of facilities estimated by the survey (15,749) is less than the universe figure (17,685) because some facilities went out of business or became out of scope between the time the universe was "frozen" and the survey was conducted. Differences ranging from 2,100-2,900 between survey estimates and universe figures occurred in the 1963,¹⁴ 1964,¹⁵ and 1969¹⁶ nursing home surveys for the same reason.

The second-stage selection of residents and employees was carried out by the interviewers at the time of their visits to the establishments in accordance with specific instructions given for each sample establishment. The sample frame for residents was the total number of residents on the register of the establishment on the evening prior to the day of the survey. Residents who were physically absent from the facility because of overnight leave or a hospital visit but had a bed maintained for them at the establishment were included in the sample frame. An average of 10 residents were in the sample per facility.

The sampling frame for employees was the Staff Control Record on which the interviewer listed the names of all staff (including those employed by contract) and sampled professional, semiprofessional, and nursing staff. Those generally *not* involved in direct patient care, such as office staff, food service, housekeeping, and maintenance personnel, were excluded from the sample. The interviewer used predesignated sampling instructions that appeared at the head of each column of this form. An average of 14 staff persons were in the sample per facility.

Data Collection Procedures for the 1973-74 National Nursing Home Survey

The 1973-74 NNHS utilized eight questionnaires. (See appendix III for copies of questionnaires relevant to this report. For all other data collection instruments, see reference 1.) The eight questionnaires were:

Administrator letter and worksheet

Facility Questionnaire

Expense Questionnaire

Resident Control Record

Resident Questionnaire

Staff Questionnaire—Parts I and II

Staff Control Record

Data were collected according to the following procedure:

1. A letter was sent to the administrators of sample facilities informing them of the survey and the fact that an interviewer would contact them for an appointment. On the back of the letter was a worksheet that the administrator was requested to fill out prior to the interviewer's visit. This worksheet asked for those data (such as total admissions and discharges, inpatient days of care, etc.) that required both access to records and some time in compiling. Included with this introductory letter were letters of endorsement from the American Nursing Home Association and the American Association of Homes for the Aging urging the administrators to participate in the survey.
2. Several days to 1 week after the letters had been mailed, the interviewer telephoned the sample facility and made an appointment with the administrator.
3. At the time of the appointment, the following procedures were followed: The interviewer completed the Facility Questionnaire when he interviewed the administrator or owner of the facility. After completing this form, the interviewer secured the administrator's permission to send the Expense Questionnaire to the facility's accountant. (If financial records were not kept by an outside firm, the Expense Questionnaire was filled out by the administrator, with the interviewer present.) The interviewer completed the Staff Control Record (a list of all currently employed staff both full and part time), selected the sample of staff from it, and prepared Staff Questionnaires, Parts I and II, which were left

for each sample staff person to complete, seal in addressed and franked envelopes (one for each part of the questionnaire), and return either to the interviewer or by mail. The interviewer then completed the Resident Control Record (a list of all residents currently in the facility), selected the sample of residents from it, and filled a Resident Questionnaire for each sample person by interviewing the member of the nursing staff familiar with care provided to the resident. The nurse referred to the resident's medical records. No resident was interviewed directly.

If the Expense Questionnaire was not returned within 2 weeks, the interviewer telephoned the accountant requesting its prompt return. If the Staff Questionnaires were not returned in 1 week, the interviewer contacted the staff member and requested the return of the form.

Table II presents a summary of the data collection procedures:

Table II. Summary of data collection procedures

Questionnaire	Respondent	Interview situation
Facility	Administrator	Personal interview
Expense	Facility's accountant	Self-enumerated questionnaire
Resident.....	Member of nursing staff familiar with care provided to the resident or resident's medical records (10 sampled residents per facility)	Personal interview
Staff.....	Sampled staff member (14 per facility)	Self-enumerated questionnaire

GENERAL QUALIFICATIONS

Nonresponse and Imputation of Missing Data

Response rates differed for each type of questionnaire as indicated :

Questionnaire	Response rate
Facility	97 percent
Expense	88 percent
Resident	98 percent
Staff	82 percent

Generally, response rates were higher for questionnaires administered in a personal interview situation (Facility and Resident) as compared with those that were self-enumerated (expense and staff). Statistics presented in this report were adjusted for failure of a facility to respond. Data were also adjusted for nonresponse that resulted from failure to complete one of the questionnaires (Expense, Resident, Staff) or from failure to complete an item on a questionnaire. Those items left unanswered on a partially completed questionnaire (Facility, Expense, Resident, Staff) were generally imputed by assigning a value from a responding unit with major characteristics identical to those of the nonresponding unit.

Rounding of Numbers

Estimates of facilities, beds, admissions, discharges, deaths, full-time equivalent employees, and residents have been rounded to the nearest hundred. Estimates of resident days have been rounded to the nearest thousand. Because of rounding, detailed figures within tables do not always add to totals. Percents and ratios were calculated on the basis of original, unrounded figures and will not necessarily agree precisely with percents and ratios that might be calculated from rounded data.

Data Processing

A series of checks was performed during the course of the survey. This included field follow-ups for missing and inconsistent data, some manual editing of the questionnaires, extensive editing conducted by computer to assure that all responses were accurate, consistent, logical, and complete. Once the data base was edited, the computer was used to calculate and assign weights, ratio adjustments, recodes, and other related procedures necessary to produce national estimates from the sample data.

Estimation Procedures

Statistics reported in this publication are derived by a ratio estimating procedure. The purpose of ratio estimation is to take into account all relevant information in the estimation process, thereby reducing the variability of the estimate. The estimation of number of establishments and establishment data not related to size is inflated by the reciprocal of the probability of selecting the sample establishment and adjusted for the nonresponding establishments within primary certification-size strata. Two ratio adjustments, one at each stage of selection, were also used in the estimation process. The first-stage ratio adjustment (along with the above inflation factors) was included in the estimation of establishment data related to size, resident data, and staff data for all primary certification-size strata from which a sample of facilities was drawn. The numerator was the number of total beds according to the Master Facility Inventory data for all facilities in the stratum. The denominator was the estimated number of the total beds obtained through a simple inflation of the Master Facility Inventory data for the sample homes in the stratum. The effect of the first-stage ratio adjustment was to bring the sample in closer agreement with the known universe of beds. The second-stage ratio adjustment was included in the estimation of resident and staff data within establishments. The second-stage ratio adjustment is the product of two fractions: The first is the inverse of the sampling fraction for residents (or staff) upon which the selection is based; the second is the ratio of the number of sample residents (or staff) for whom questionnaires were completed within the facility.

RELIABILITY OF ESTIMATES

As in any survey, the results are subject to reporting and processing errors and errors due to nonresponse. To the extent possible, these types of errors were kept to a minimum by methods built into survey procedures.

Since statistics presented in this report are based on a sample, they will differ somewhat from figures that would have been obtained if

a complete census had been taken using the same schedules, instructions, and procedures.

The standard error is primarily a measure of the variability that occurs by chance because only a sample, rather than the entire universe, is surveyed. The standard error also reflects part of the measurement error, but it does not measure any systematic biases in the data. It is inversely proportional to the square root of the number of observations in the sample. Thus, as the sample size increases, the standard error generally decreases.

The relative standard error of an estimate is the standard error of the estimate divided by the estimate itself and is expressed as a percentage of the estimate. According to NCHS standards, reliable estimates are those that have a relative standard error of 25 percent or less. For example, curve C of figure I shows the relative standard errors for the estimated number of residents. For a relative standard error of 25 percent or less, the minimum number of residents is 2,300. Thus, resident estimates must be 2,300 or larger in order to meet the standards of reliability. Similarly, in figure I the estimates of number of facilities must be 180 or larger in order to have a relative standard error of 25 percent or less. In this report, asterisks are shown next to estimates with more than a 25-percent relative standard error.

Because of the relationship between the relative standard error and the estimate, the standard error of an estimate can be found by multiplying the estimate by its relative standard error. Both values can be determined from the curves in figures I, II, and III. For example, curve B of figure I shows the relative standard error curve for beds. Table 9 shows that the total number of beds in all homes with less than 50 beds was 168,900. The relative standard error corresponding to this estimate on curve B is approximately 4.75 percent. The standard error is $168,900 (0.0475) = 8,023$.

The chances are about 68 out of 100 that an estimate from the sample differs from the value that would be obtained from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference is less than twice the standard error and about 99 out of 100 that it is less than 2 1/2 times as large. For example, the average facility labor

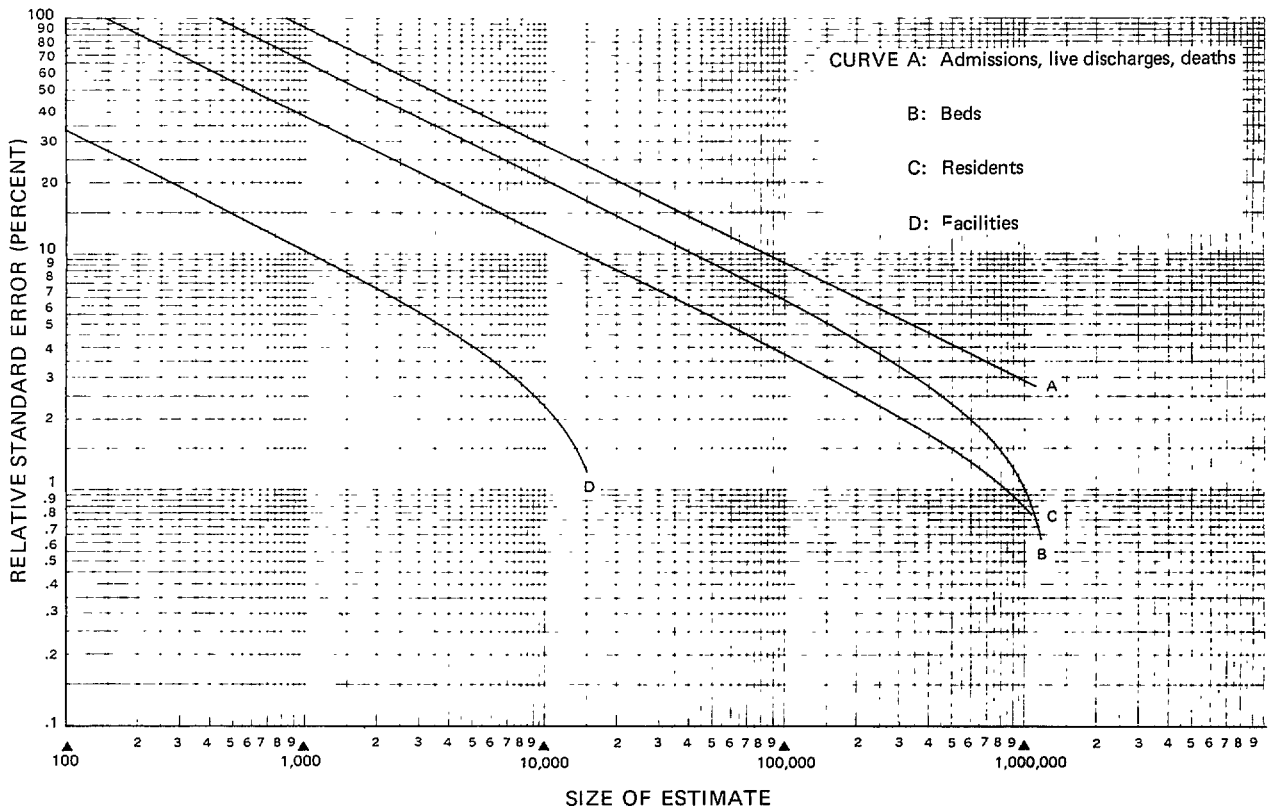


Figure 1. Relative standard error curves for estimated numbers of admissions and live discharges, deaths, beds, residents, and facilities

cost per resident day for the 72,080,000 resident days in nonprofit homes was \$10.14. From table IV, linear interpolation yields an approximate standard error of 39¢ for nonprofit facilities. The chances are 95 out of 100 that the true value is contained in the interval $\$10.14 \pm 2.0$ (39¢) (i.e., between \$9.36 and \$10.92), and 99 out of 100 for the interval $\$10.14 \pm 2.5$ (39¢) (i.e., between \$9.09 and \$11.19).

The standard error of one statistic is generally different from that of another, even when the two come from the same survey. In order to derive standard errors that would be applicable to a wide variety of statistics and that could be prepared at a moderate cost, a number of approximations are required. As a result, tables III-XIII and figures I-III provide general standard errors and relative standard errors for a wide variety of estimates rather than the specific error for a particular statistic.

The particular figure or table to which one

refers to obtain a standard error is contingent on the type of estimate (e.g., residents) and whether the estimate is a level or a percent. Tables III-V show the standard errors of average total costs, average labor costs, and other cost per resident day estimates, respectively. Tables VI-VIII show the standard errors of estimated percentages of total costs, labor costs, and other costs, respectively. Tables IX-XII show the standard errors of estimated percentages of facilities; beds; residents; and admissions, live discharges, and deaths, respectively. Table XIII shows the standard errors of occupancy rate estimates. Figure I shows the relative standard error curves for estimated numbers of admissions, live discharges, deaths, beds, residents, and facilities. Figure II shows the relative standard error curves for estimated number of resident days. Figure III shows the relative standard error curves for estimated number of full-time equivalent (FTE) employees.

Table III. Standard errors of average total cost per resident day

Estimated number of resident days	Average total cost per resident day												
	\$0.25	\$0.50	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00	\$25.00
	Standard error in dollars												
2,500,000.....	*0.48	*0.67	*1.26	*1.76	*2.17	*2.54	*2.91	*3.27	*3.63	3.99	4.36	4.73	5.68
3,000,000.....	*0.44	*0.61	*1.15	*1.61	*1.98	*2.32	*2.65	2.98	3.31	3.64	3.98	4.32	5.18
4,000,000.....	*0.38	*0.53	*1.00	*1.39	*1.71	*2.01	2.29	2.58	2.86	3.15	3.44	3.73	4.48
5,000,000.....	*0.34	*0.47	*0.89	*1.24	*1.53	1.79	2.05	2.30	2.56	2.82	3.07	3.33	4.00
6,000,000.....	*0.31	*0.43	*0.82	*1.13	1.40	1.64	1.87	2.10	2.33	2.57	2.80	3.04	3.65
7,000,000.....	*0.29	*0.40	*0.76	*1.05	1.29	1.51	1.73	1.94	2.16	2.37	2.59	2.81	3.37
8,000,000.....	*0.27	*0.37	*0.71	0.98	1.21	1.42	1.62	1.82	2.02	2.22	2.42	2.63	3.15
9,000,000.....	*0.25	*0.35	*0.67	0.93	1.14	1.33	1.52	1.71	1.90	2.09	2.28	2.47	2.97
10,000,000.....	*0.24	*0.33	*0.63	0.88	1.08	1.26	1.44	1.62	1.80	1.98	2.16	2.34	2.81
20,000,000.....	*0.17	*0.24	0.45	0.62	0.76	0.89	1.01	1.14	1.26	1.38	1.51	1.64	1.96
30,000,000.....	*0.14	*0.19	0.36	0.50	0.62	0.72	0.82	0.92	1.02	1.12	1.22	1.32	1.58
40,000,000.....	*0.12	*0.17	0.32	0.44	0.55	0.62	0.71	0.79	0.87	0.96	1.04	1.13	1.35
50,000,000.....	*0.11	*0.15	0.28	0.39	0.47	0.55	0.63	0.70	0.77	0.85	0.92	0.99	1.19
60,000,000.....	*0.10	*0.14	0.26	0.35	0.43	0.50	0.57	0.63	0.70	0.76	0.83	0.90	1.07
70,000,000.....	*0.09	*0.13	0.24	0.33	0.40	0.46	0.52	0.58	0.64	0.70	0.76	0.82	0.97
80,000,000.....	*0.09	0.12	0.22	0.31	0.37	0.43	0.48	0.54	0.59	0.64	0.70	0.75	0.89
90,000,000.....	*0.08	0.11	0.21	0.29	0.35	0.40	0.45	0.50	0.55	0.60	0.65	0.70	0.83
100,000,000.....	*0.08	0.11	0.20	0.27	0.33	0.38	0.43	0.47	0.52	0.56	0.61	0.65	0.77
200,000,000.....	0.05	0.08	0.14	0.19	0.22	0.25	0.27	0.30	0.32	0.34	0.36	0.38	0.44
300,000,000.....	0.04	0.06	0.12	0.15	0.18	0.19	0.21	0.21	0.22	0.22	0.22	0.23	0.24
350,000,000.....	0.04	0.06	0.11	0.14	0.17	0.18	0.18	0.19	0.18	0.18	0.17	0.16	0.16

Table IV. Standard errors of average labor cost per resident day

Estimated number of resident days	Average labor cost per resident day											
	\$0.25	\$0.50	\$1.00	\$2.00	\$3.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00
	Standard error in dollars											
2,500,000.....	*0.28	*0.39	*0.53	*0.75	*0.94	*1.12	1.48	1.86	2.24	2.63	3.03	3.43
3,000,000.....	*0.26	*0.35	*0.49	*0.69	*0.86	1.02	1.35	1.69	2.04	2.40	2.76	3.13
4,000,000.....	*0.22	*0.31	*0.42	*0.59	0.74	0.89	1.17	1.47	1.77	2.08	2.39	2.71
5,000,000.....	*0.20	*0.27	*0.38	*0.53	0.66	0.79	1.05	1.31	1.58	1.85	2.14	2.42
6,000,000.....	*0.18	*0.25	*0.34	0.48	0.61	0.72	0.96	1.19	1.44	1.69	1.95	2.21
7,000,000.....	*0.17	*0.23	*0.32	0.45	0.56	0.67	0.88	1.11	1.33	1.56	1.80	2.04
8,000,000.....	*0.16	*0.22	*0.30	0.42	0.52	0.63	0.83	1.03	1.24	1.46	1.68	1.91
9,000,000.....	*0.15	*0.20	*0.28	0.40	0.49	0.59	0.78	0.97	1.17	1.38	1.58	1.80
10,000,000.....	*0.14	*0.19	*0.27	0.38	0.47	0.56	0.74	0.92	1.11	1.30	1.50	1.70
20,000,000.....	*0.10	*0.14	0.19	0.26	0.33	0.39	0.52	0.65	0.78	0.91	1.05	1.19
30,000,000.....	*0.08	0.11	0.15	0.22	0.27	0.32	0.42	0.52	0.63	0.74	0.85	0.96
40,000,000.....	*0.07	0.10	0.13	0.19	0.23	0.28	0.36	0.45	0.54	0.63	0.72	0.82
50,000,000.....	*0.06	0.09	0.12	0.17	0.21	0.25	0.32	0.40	0.48	0.56	0.64	0.72
60,000,000.....	0.06	0.08	0.11	0.15	0.19	0.22	0.29	0.36	0.43	0.50	0.58	0.65
70,000,000.....	0.05	0.07	0.10	0.14	0.17	0.21	0.27	0.33	0.39	0.46	0.53	0.60
80,000,000.....	0.05	0.07	0.09	0.13	0.16	0.19	0.25	0.31	0.36	0.42	0.49	0.55
90,000,000.....	0.05	0.06	0.09	0.12	0.15	0.18	0.23	0.29	0.34	0.40	0.45	0.51
100,000,000.....	0.04	0.06	0.08	0.12	0.14	0.17	0.22	0.27	0.32	0.37	0.42	0.48
200,000,000.....	0.03	0.04	0.06	0.08	0.10	0.12	0.14	0.17	0.20	0.23	0.25	0.28
300,000,000.....	0.03	0.04	0.05	0.07	0.08	0.09	0.11	0.13	0.14	0.15	0.17	0.18
350,000,000.....	0.02	0.03	0.05	0.07	0.08	0.09	0.10	0.11	0.12	0.13	0.14	0.15

Table V. Standard errors of average other (operating, fixed, and miscellaneous) cost per resident day

Estimated number of resident days	Average other cost per resident day								
	\$0.25	\$0.50	\$1.00	\$2.00	\$3.00	\$4.00	\$6.00	\$8.00	\$10.00
	Standard error in dollars								
2,500,000	*0.12	*0.17	*0.26	0.45	0.65	0.85	1.28	1.71	2.16
3,000,000	*0.11	*0.15	0.24	0.41	0.59	0.78	1.17	1.56	1.97
4,000,000	*0.09	*0.13	0.20	0.35	0.51	0.67	1.01	1.35	1.70
5,000,000	*0.08	0.12	0.18	0.31	0.46	0.60	0.90	1.21	1.52
6,000,000	*0.08	0.11	0.17	0.29	0.42	0.55	0.82	1.10	1.38
7,000,000	*0.07	0.10	0.15	0.27	0.38	0.51	0.76	1.02	1.28
8,000,000	*0.07	0.09	0.14	0.25	0.36	0.47	0.71	0.95	1.19
9,000,000	0.06	0.09	0.14	0.23	0.34	0.45	0.67	0.89	1.12
10,000,000	0.06	0.08	0.13	0.22	0.32	0.42	0.63	0.85	1.07
20,000,000	0.04	0.06	0.09	0.16	0.22	0.30	0.44	0.59	0.74
30,000,000	0.03	0.05	0.07	0.13	0.18	0.24	0.36	0.47	0.60
40,000,000	0.03	0.04	0.06	0.11	0.16	0.20	0.30	0.40	0.51
50,000,000	0.03	0.04	0.06	0.10	0.14	0.18	0.27	0.36	0.45
60,000,000	0.02	0.03	0.05	0.09	0.12	0.16	0.24	0.32	0.40
70,000,000	0.02	0.03	0.05	0.08	0.11	0.15	0.22	0.29	0.37
80,000,000	0.02	0.03	0.05	0.08	0.11	0.14	0.20	0.27	0.34
90,000,000	0.02	0.03	0.04	0.07	0.10	0.13	0.19	0.25	0.31
100,000,000	0.02	0.03	0.04	0.07	0.09	0.12	0.18	0.23	0.29
200,000,000	0.01	0.02	0.03	0.05	0.06	0.08	0.11	0.15	0.18
300,000,000	0.01	0.02	0.02	0.04	0.05	0.06	0.09	0.11	0.14

Table VI. Standard errors of percentages of total costs

Base of estimated percent (total costs)	Estimated percent							
	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points							
40,000,000	2.53	3.56	5.53	7.62	10.16	11.64	12.44	12.70
50,000,000	2.26	3.18	4.95	6.81	9.09	10.41	11.13	11.36
60,000,000	2.06	2.90	4.52	6.22	8.29	9.50	10.16	10.37
70,000,000	1.91	2.69	4.18	5.76	7.68	8.80	9.41	9.60
80,000,000	1.79	2.51	3.91	5.39	7.18	8.23	8.80	8.98
90,000,000	1.68	2.37	3.69	5.08	6.77	7.76	8.29	8.47
100,000,000	1.60	2.25	3.50	4.82	6.42	7.36	7.87	8.03
200,000,000	1.13	1.59	2.48	3.41	4.54	5.20	5.56	5.68
300,000,000	0.92	1.30	2.02	2.78	3.71	4.25	4.54	4.64
400,000,000	0.80	1.12	1.75	2.47	3.21	3.68	3.93	4.02
500,000,000	0.71	1.00	1.57	2.16	2.87	3.29	3.52	3.59
600,000,000	0.65	0.92	1.43	1.97	2.62	3.00	3.21	3.28
700,000,000	0.60	0.85	1.32	1.82	2.43	2.78	2.97	3.04
800,000,000	0.57	0.80	1.24	1.70	2.27	2.60	2.78	2.84
900,000,000	0.53	0.75	1.17	1.61	2.14	2.45	2.62	2.68
1,000,000,000	0.50	0.71	1.11	1.52	2.03	2.33	2.49	2.54
2,000,000,000	0.36	0.50	0.78	1.08	1.43	1.65	1.76	1.80
3,000,000,000	0.29	0.41	0.64	0.88	1.17	1.34	1.44	1.47
4,000,000,000	0.25	0.36	0.55	0.76	1.02	1.16	1.24	1.27
5,000,000,000	0.23	0.32	0.50	0.68	0.91	1.04	1.11	1.14
5,714,701,900	0.21	0.30	0.46	0.64	0.85	0.97	1.04	1.06

Table VII. Standard errors of percentages of labor costs

Base of estimated percent (labor costs)	Estimated percent							
	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
Standard error in percentage points								
20,000,000	2.15	3.02	4.71	6.48	8.64	9.90	10.59	10.80
30,000,000	1.76	2.47	3.85	5.29	7.06	8.08	8.64	8.82
40,000,000	1.52	2.14	3.33	4.58	6.11	7.00	7.49	7.64
50,000,000	1.36	1.91	2.98	4.10	5.47	6.26	6.70	6.83
60,000,000	1.24	1.75	2.72	3.74	4.99	5.72	6.11	6.24
70,000,000	1.15	1.62	2.52	3.47	4.62	5.29	5.66	5.78
80,000,000	1.07	1.51	2.36	3.24	4.32	4.95	5.29	5.40
90,000,000	1.01	1.43	2.22	3.06	4.07	4.67	4.99	5.09
100,000,000	0.96	1.35	2.11	2.90	3.87	4.43	4.73	4.83
200,000,000	0.68	0.96	1.49	2.05	2.73	3.13	3.35	3.42
300,000,000	0.56	0.78	1.22	1.67	2.23	2.56	2.73	2.79
400,000,000	0.48	0.68	1.05	1.45	1.93	2.21	2.37	2.42
500,000,000	0.43	0.61	0.94	1.30	1.73	1.98	2.12	2.16
600,000,000	0.39	0.55	0.86	1.18	1.58	1.81	1.93	1.97
700,000,000	0.36	0.51	0.80	1.10	1.46	1.67	1.79	1.83
800,000,000	0.34	0.48	0.74	1.02	1.37	1.57	1.67	1.71
900,000,000	0.32	0.45	0.70	0.97	1.29	1.48	1.58	1.61
1,000,000,000	0.30	0.43	0.67	0.92	1.22	1.40	1.50	1.53
2,000,000,000	0.21	0.30	0.47	0.65	0.86	0.99	1.06	1.08
3,000,000,000	0.18	0.25	0.38	0.53	0.71	0.81	0.86	0.88

Table VIII. Standard errors of percentages of other (operating, fixed, and miscellaneous) costs

Base of estimated percent (other costs)	Estimated percent							
	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
Standard error in percentage points								
4,000,000	2.11	2.97	4.62	6.36	8.49	9.72	10.39	10.61
6,000,000	1.72	2.42	3.78	5.20	6.93	7.94	8.49	8.66
8,000,000	1.49	2.10	3.27	4.50	6.00	6.87	7.35	7.50
10,000,000	1.33	1.88	2.92	4.02	5.37	6.15	6.57	6.71
20,000,000	0.94	1.33	2.07	2.85	3.80	4.35	4.65	4.74
30,000,000	0.77	1.08	1.69	2.32	3.10	3.55	3.80	3.87
40,000,000	0.67	0.94	1.46	2.01	2.68	3.07	3.29	3.35
50,000,000	0.60	0.84	1.31	1.80	2.40	2.75	2.94	3.00
60,000,000	0.55	0.77	1.19	1.64	2.19	2.51	2.68	2.74
70,000,000	0.50	0.71	1.10	1.52	2.03	2.32	2.48	2.54
80,000,000	0.47	0.66	1.03	1.42	1.90	2.17	2.32	2.37
90,000,000	0.44	0.63	0.97	1.34	1.79	2.05	2.19	2.24
100,000,000	0.42	0.59	0.92	1.27	1.70	1.94	2.08	2.12
200,000,000	0.30	0.42	0.65	0.90	1.20	1.37	1.47	1.50
300,000,000	0.24	0.34	0.53	0.73	0.98	1.12	1.20	1.22
400,000,000	0.21	0.30	0.46	0.64	0.85	0.97	1.04	1.06
500,000,000	0.19	0.27	0.41	0.57	0.76	0.87	0.93	0.95
600,000,000	0.17	0.24	0.38	0.52	0.69	0.79	0.85	0.87
700,000,000	0.16	0.22	0.35	0.48	0.64	0.73	0.79	0.80
800,000,000	0.15	0.21	0.33	0.45	0.60	0.69	0.73	0.75
900,000,000	0.14	0.20	0.31	0.42	0.57	0.65	0.69	0.71
1,000,000,000	0.13	0.19	0.29	0.40	0.54	0.61	0.66	0.67

Table IX. Standard errors of percentages for facilities

Base of estimated percent (number of establishments)	Estimated percent							
	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points							
100.....	3.33	4.69	7.30	10.05	13.41	15.36	16.42	16.76
200.....	2.36	3.32	5.16	7.11	9.48	10.86	11.61	11.85
300.....	1.93	2.71	4.22	5.80	7.74	8.87	9.48	9.67
400.....	1.67	2.35	3.65	5.03	6.70	7.68	8.21	8.38
500.....	1.49	2.10	3.27	4.50	6.00	6.87	7.34	7.49
600.....	1.36	1.92	2.98	4.10	5.47	6.27	6.70	6.84
700.....	1.26	1.77	2.76	3.80	5.07	5.80	6.21	6.33
800.....	1.18	1.66	2.58	3.55	4.74	5.43	5.80	5.92
900.....	1.11	1.56	2.43	3.35	4.47	5.12	5.47	5.59
1,000.....	1.05	1.48	2.31	3.18	4.24	4.86	5.19	5.30
2,000.....	0.75	1.05	1.63	2.25	3.00	3.43	3.67	3.75
3,000.....	0.61	0.86	1.33	1.84	2.45	2.80	3.00	3.06
4,000.....	0.53	0.74	1.15	1.59	2.12	2.43	2.60	2.65
5,000.....	0.47	0.66	1.03	1.42	1.90	2.17	2.32	2.37
6,000.....	0.43	0.61	0.94	1.30	1.73	1.98	2.12	2.16
7,000.....	0.40	0.56	0.87	1.20	1.60	1.84	1.96	2.00
8,000.....	0.37	0.52	0.82	1.12	1.50	1.72	1.84	1.87
9,000.....	0.35	0.49	0.77	1.06	1.41	1.62	1.73	1.77
10,000.....	0.33	0.47	0.73	1.01	1.34	1.54	1.64	1.68
20,000.....	0.24	0.33	0.52	0.71	0.95	1.09	1.16	1.18

Table X. Standard errors of percentages for beds

Base of estimated percent (number of beds)	Estimated percent							
	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points							
7,000.....	2.46	3.47	5.39	7.43	9.90	11.34	12.13	12.38
8,000.....	2.30	3.24	5.05	6.95	9.26	10.61	11.34	11.58
9,000.....	2.17	3.06	4.76	6.55	8.73	10.00	10.69	10.91
10,000.....	2.06	2.90	4.51	6.21	8.28	9.49	10.15	10.35
20,000.....	1.46	2.05	3.19	4.39	5.86	6.71	7.17	7.32
30,000.....	1.19	1.67	2.61	3.59	4.78	5.48	5.86	5.98
40,000.....	1.03	1.45	2.26	3.11	4.14	4.74	5.07	5.18
50,000.....	0.92	1.30	2.02	2.79	3.70	4.24	4.54	4.63
60,000.....	0.84	1.18	1.84	2.54	3.38	3.87	4.14	4.23
70,000.....	0.78	1.10	1.71	2.35	3.13	3.59	3.83	3.91
80,000.....	0.73	1.02	1.60	2.20	2.93	3.36	3.59	3.66
90,000.....	0.69	0.97	1.50	2.07	2.76	3.16	3.38	3.45
100,000.....	0.65	0.92	1.43	1.96	2.62	3.00	3.21	3.27
200,000.....	0.46	0.65	1.01	1.39	1.85	2.12	2.27	2.32
300,000.....	0.38	0.53	0.82	1.13	1.51	1.73	1.85	1.89
400,000.....	0.33	0.46	0.71	0.98	1.31	1.50	1.60	1.64
500,000.....	0.29	0.41	0.64	0.88	1.17	1.34	1.43	1.46
600,000.....	0.27	0.37	0.58	0.80	1.07	1.23	1.31	1.34
700,000.....	0.25	0.35	0.54	0.74	0.99	1.13	1.21	1.24
800,000.....	0.23	0.32	0.50	0.69	0.93	1.06	1.13	1.16
900,000.....	0.22	0.31	0.48	0.65	0.87	1.00	1.07	1.09
1,000,000.....	0.21	0.29	0.45	0.62	0.83	0.95	1.01	1.04
2,000,000.....	0.15	0.20	0.32	0.44	0.59	0.67	0.72	0.73

Table XI. Standard errors of percentages of residents

Base of estimated percent (number of residents)	Estimated percent							
	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
Standard error in percentage points								
2,000.....	2.69	3.79	5.90	8.12	10.83	12.41	13.27	13.54
4,000.....	1.90	2.68	4.17	5.75	7.66	8.78	9.38	9.58
6,000.....	1.56	2.19	3.41	4.69	6.25	7.17	7.66	7.82
8,000.....	1.35	1.90	2.95	4.06	5.42	6.21	6.63	6.77
10,000.....	1.21	1.70	2.64	3.63	4.84	5.55	5.93	6.06
20,000.....	0.85	1.20	1.87	2.57	3.43	3.92	4.20	4.28
30,000.....	0.70	0.98	1.52	2.10	2.80	3.20	3.43	3.50
40,000.....	0.60	0.85	1.32	1.82	2.42	2.78	2.97	3.03
50,000.....	0.54	0.76	1.18	1.62	2.17	2.48	2.65	2.71
60,000.....	0.49	0.69	1.08	1.48	1.98	2.27	2.42	2.47
70,000.....	0.46	0.64	1.00	1.37	1.83	2.10	2.24	2.29
80,000.....	0.43	0.60	0.93	1.28	1.71	1.96	2.10	2.14
90,000.....	0.40	0.57	0.88	1.21	1.61	1.85	1.98	2.02
100,000.....	0.38	0.54	0.83	1.15	1.53	1.76	1.88	1.92
200,000.....	0.27	0.38	0.59	0.81	1.08	1.24	1.33	1.35
300,000.....	0.22	0.31	0.48	0.66	0.88	1.01	1.08	1.11
400,000.....	0.19	0.27	0.42	0.57	0.77	0.88	0.94	0.96
500,000.....	0.17	0.24	0.37	0.51	0.69	0.78	0.84	0.86
600,000.....	0.16	0.22	0.34	0.47	0.63	0.72	0.77	0.78
700,000.....	0.14	0.20	0.32	0.43	0.58	0.66	0.71	0.72
800,000.....	0.13	0.19	0.30	0.41	0.54	0.62	0.66	0.68
900,000.....	0.13	0.18	0.28	0.38	0.51	0.59	0.63	0.64
1,000,000.....	0.12	0.17	0.26	0.36	0.48	0.56	0.59	0.61
1,100,000.....	0.10	0.17	0.24	0.35	0.46	0.53	0.57	0.57

Table XII. Standard errors of percentages for admissions, live discharges, and deaths

Base of estimated percent (number of admissions and discharges)	Estimated percent							
	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
Standard error in percentage points								
10,000.....	2.87	4.04	6.29	8.66	11.55	13.23	14.15	14.44
20,000.....	2.03	2.86	4.45	6.13	8.17	9.36	10.00	10.21
30,000.....	1.66	2.33	3.63	5.00	6.67	7.64	8.17	8.34
40,000.....	1.44	2.02	3.15	4.33	5.77	6.62	7.07	7.22
50,000.....	1.28	1.81	2.81	3.87	5.17	5.92	6.33	6.46
60,000.....	1.17	1.65	2.57	3.54	4.72	5.40	5.77	5.89
70,000.....	1.09	1.53	2.38	3.27	4.37	5.00	5.35	5.46
80,000.....	1.02	1.43	2.22	3.06	4.08	4.68	5.00	5.10
90,000.....	0.96	1.35	2.10	2.89	3.85	4.41	4.72	4.81
100,000.....	0.91	1.28	1.99	2.74	3.65	4.18	4.47	4.57
200,000.....	0.64	0.90	1.41	1.94	2.58	2.96	3.16	3.23
300,000.....	0.52	0.74	1.15	1.58	2.11	2.42	2.58	2.64
400,000.....	0.45	0.64	0.99	1.37	1.83	2.09	2.24	2.28
500,000.....	0.41	0.57	0.89	1.23	1.63	1.87	2.00	2.04
600,000.....	0.37	0.52	0.81	1.12	1.49	1.71	1.83	1.86
700,000.....	0.34	0.48	0.75	1.04	1.38	1.58	1.69	1.73
800,000.....	0.32	0.45	0.70	0.97	1.29	1.48	1.58	1.61
900,000.....	0.30	0.43	0.66	0.91	1.22	1.39	1.49	1.52
1,000,000.....	0.29	0.40	0.63	0.87	1.15	1.32	1.41	1.44
2,000,000.....	0.20	0.29	0.44	0.61	0.82	0.94	1.00	1.02

Table XIII. Standard errors of occupancy rate

Estimated number of beds	Occupancy rate percentage									
	10	20	30	40	50	60	70	80	90	100
	Standard error in percentage points									
5,000.....	*8.04	*11.16	*13.67	*15.96	*18.16	*20.31	*22.46	*24.62	*26.79	*28.97
8,000.....	*6.36	*8.82	*10.80	*12.61	*14.34	*16.05	*17.74	19.44	21.15	22.88
9,000.....	*6.00	*8.31	*10.18	*11.89	*13.52	*15.12	16.72	18.32	19.93	21.56
10,000.....	*5.69	*7.88	*9.66	*11.27	*12.82	14.34	15.86	17.38	18.90	20.44
20,000.....	*4.02	*5.57	6.82	7.96	9.04	10.11	11.17	12.24	13.31	14.40
30,000.....	*3.28	4.54	5.56	6.48	7.36	8.23	9.09	9.96	10.83	11.70
40,000.....	*2.84	3.93	4.81	5.60	6.36	7.11	7.85	8.59	9.34	10.09
50,000.....	*2.54	3.51	4.29	5.00	5.67	6.34	6.99	7.65	8.32	8.99
60,000.....	2.32	3.21	3.91	4.55	5.17	5.77	6.36	6.96	7.56	8.17
70,000.....	2.15	2.97	3.62	4.21	4.77	5.32	5.87	6.42	6.97	7.53
80,000.....	2.01	2.77	3.38	3.93	4.45	4.96	5.47	5.98	6.49	7.01
90,000.....	1.89	2.61	3.18	3.70	4.18	4.66	5.14	5.62	6.10	6.58
100,000.....	1.80	2.47	3.01	3.50	3.96	4.41	4.86	5.31	5.76	6.22
200,000.....	1.27	1.74	2.10	2.42	2.72	3.02	3.31	3.60	3.89	4.19
300,000.....	1.03	1.41	1.69	1.93	2.16	2.38	2.59	2.81	3.02	3.25
400,000.....	0.89	1.21	1.44	1.63	1.81	1.98	2.15	2.31	2.48	2.65
500,000.....	0.80	1.07	1.27	1.43	1.57	1.70	1.83	1.95	2.08	2.22
600,000.....	0.73	0.97	1.14	1.27	1.38	1.48	1.58	1.67	1.77	1.88
700,000.....	0.68	0.90	1.04	1.15	1.23	1.31	1.38	1.44	1.51	1.59
800,000.....	0.63	0.83	0.96	1.05	1.11	1.16	1.20	1.24	1.28	1.33
900,000.....	0.60	0.78	0.89	0.96	1.01	1.03	1.05	1.06	1.07	1.10
1,000,000.....	0.57	0.74	0.84	0.89	0.92	0.92	0.90	0.88	0.86	0.88
1,200,000.....	0.53	0.68	0.76	0.79	0.78	0.73	0.64	0.52	0.45	0.58

Approximate standard errors of ratios such as admissions per 100 beds can be calculated as in the following example: Suppose the standard error ($\sigma_{R'}$) for the ratio of admissions per 100 beds is desired for nursing homes with less than 50 beds. In table 10, the total number of admissions per 100 beds for facilities with less than 50 beds is 78.7, which is equal to a total of 133,000 admissions divided by 168,900 beds times 100. The relative standard error of 133,000 admissions is (from figure I, curve A) approximately 5.00 percent, and the relative standard error of 168,900 beds (from figure I, curve B) is approximately 4.75 percent. The square root of the sum of the squares of these two relative standard errors minus their covariance provides an approximation for the relative standard error of the ratio. In other words, letting $V_{X'}$ be the relative standard error of number of total admissions, $V_{Y'}$ be the relative standard error of number of beds, r be the sample correlation coefficient between total admissions and beds (conservatively estimated to be zero), and $V_{R'}$ be the relative standard error of the ratio $R' = X'/Y'$:

$$\begin{aligned} V_{R'}^2 &= V_{X'}^2 + V_{Y'}^2 - 2r V_{X'} V_{Y'} \\ &= (.0500)^2 + (0.475)^2 \\ &= .0025 + .0023 = .0047 \\ V_{R'} &= \sqrt{.0047} = .0686. \end{aligned}$$

The approximate standard error of the ratio of total admissions per 100 beds may now be obtained by multiplying the relative standard error by the ratio:

$$\sigma_{R'} = R' \times V_{R'} = 78.7 \times .0686 = 5.40$$

The sample correlation coefficient (r) for calculating the standard error estimates of the ratios presented in this report is assumed to be zero except in the case of admissions per 100 beds, occupancy rate, and cost per resident day ratio estimates where the correlation coefficient used was 0.5.

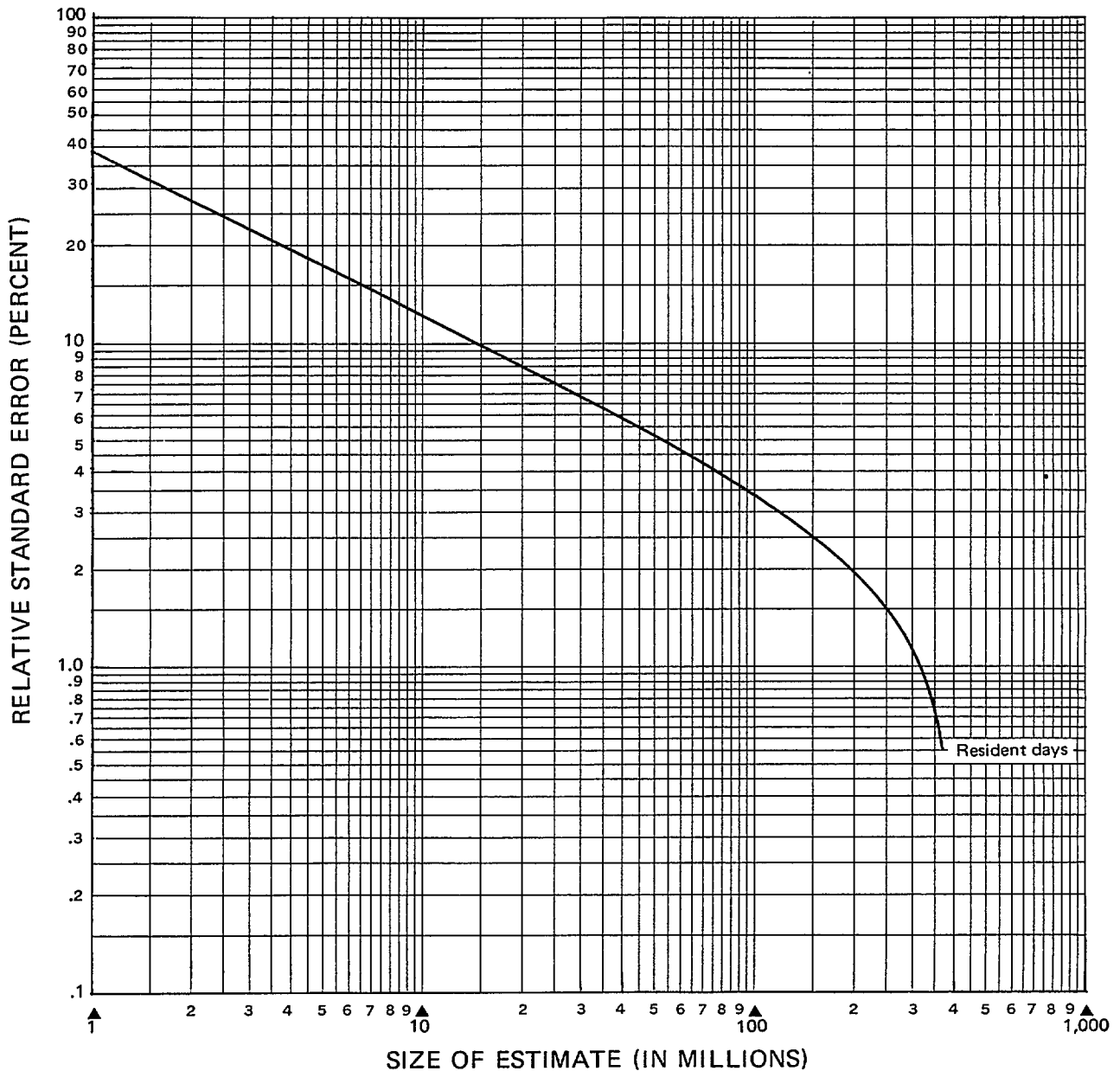


Figure II. Relative standard error curves for estimated number of resident days

HYPOTHESIS TESTING

Two methods of hypothesis testing were used in this report:

Z-test.—To test the difference between two statistics (mean percent, etc.) the standard normal test was performed to determine whether or

not to reject the null hypothesis. (For the two means \bar{X}_1 , \bar{X}_2 , the null hypothesis is $H_0: \bar{X}_1 = \bar{X}_2$ with the alternative $H_A: \bar{X}_1 \neq \bar{X}_2$.) The standard error of the difference of the two estimates is approximately the square root of the sum of the squares of the standard errors (SE) of each of the estimates. Thus, if SE (\bar{X}_1) is the

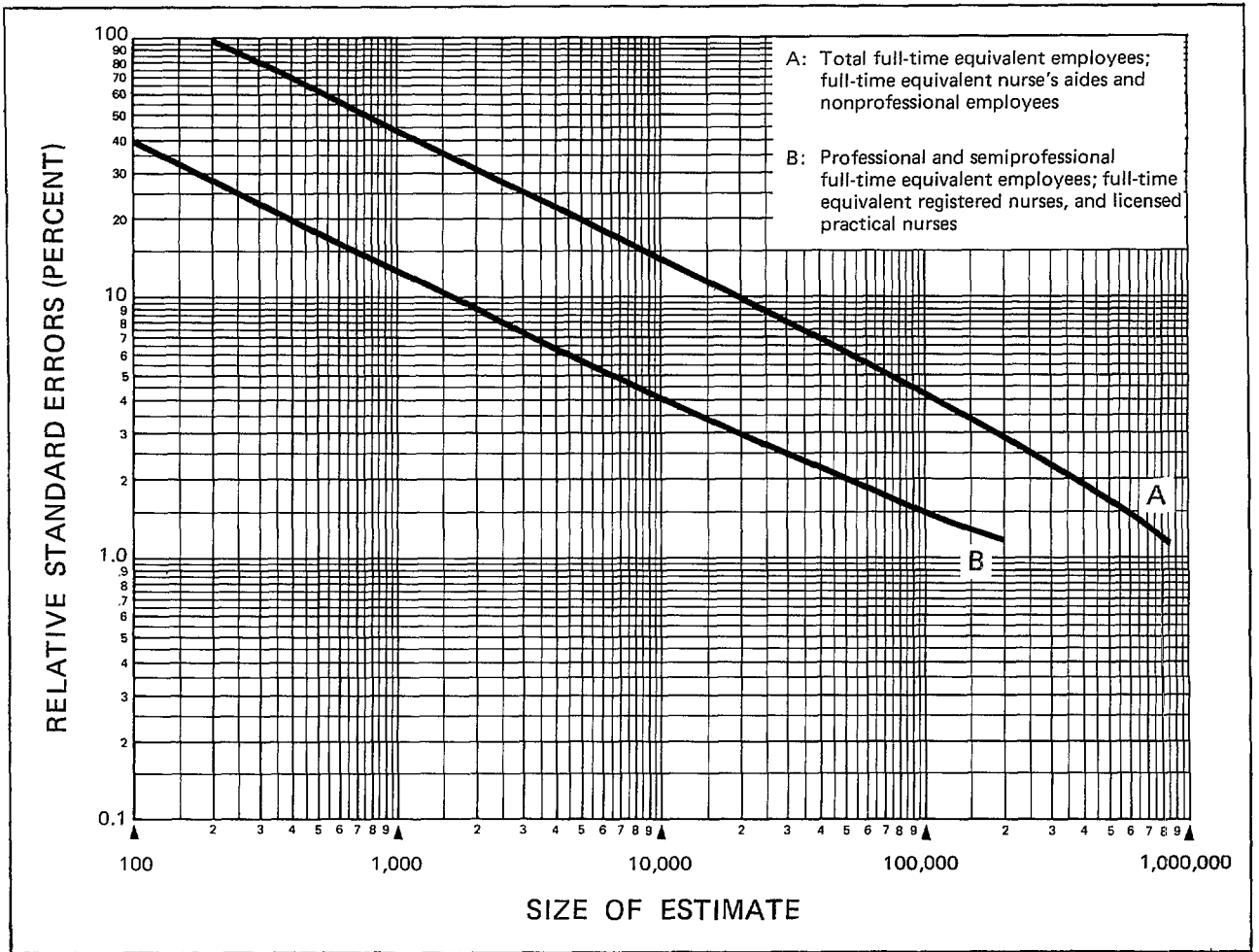


Figure III. Relative standard error curves for estimated number of full-time equivalent employees

standard error of \bar{X}_1 and $SE_2(\bar{X}_2)$ is the standard error of \bar{X}_2 , the standard error of the difference $(\bar{X}_1 - \bar{X}_2)$ is

$$SE(\bar{X}_1 - \bar{X}_2) = \sqrt{SE^2(\bar{X}_1) + SE^2(\bar{X}_2)}.$$

(This formula will represent the actual standard error for the difference between separate and uncorrelated characteristics although it is only a rough approximation in most other cases.)

The null hypothesis is rejected (i.e., the two means \bar{X}_1 and \bar{X}_2 are different) if the probability of a type-I error is less than 5 percent; that

is, if

$$z = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{SE^2(\bar{X}_1) + SE^2(\bar{X}_2)}} > 1.96$$

For example, from table 1, the labor cost per resident day for the 235,830,000 resident days in proprietary facilities was \$9.16; the labor cost per resident day for the 72,080,000 resident days in nonprofit facilities was \$10.14. From table III, linear interpolation yields an approximate standard error of 17¢ for proprietary facilities and 39¢ for nonprofit facilities.

Since

$$z = \frac{10.14 - 9.16}{\sqrt{(.39)^2 + (.17)^2}} = 2.30 > 1.96,$$

the labor cost per resident day in proprietary facilities was lower than the labor cost per resident day in nonprofit facilities.

Weighted least squares as a test for trend.—If there exists a strong relationship between two variables (e.g., total cost per resident day and admissions per 100 beds), then a useful test for this relationship would be to fit a regression line to the data to determine the slope and then to determine whether or not this slope is significantly greater than zero. That is, a regression line of the form $Y = \alpha + \beta X_i + \epsilon_i$ is to be fit to the data where in this case Y = admissions per 100 beds; X = total cost per resident day; α = “ Y -intercept,” that is, value of admissions per 100 beds if total cost per resident day equaled zero; β = slope of Y on X , that is, the rate of change in admissions per 100 beds per unit change in total cost per resident day; and finally, ϵ = unexplained error.

The data available from the National Nursing Home Survey present certain very basic problems that discourage the use of classical regression procedures. Among these problems are violation of the assumptions of independence of the original observations, violation of homoscedasticity, that is, equal variances of the dependent variable within each category of the independent variable, perhaps violation of the normality assumption, and so forth. Dr. Paul Levy, formerly of NCHS, has worked out a “modified regression model which makes no assumptions about the original observations and which makes no stronger assumptions about the sample estimates than are made in testing whether two means are equal when the estimated means and their standard errors are obtained from complex surveys.”^b

The proposed model is as follows:

1. Let \bar{Y}_i be the estimated mean and $S_{\bar{Y}_i}$ be its estimated standard error for the i th group.

2. Let X_i be the midpoint of the independent variable for the group.
3. Assume $S_{\bar{Y}_i}$ is based on a large enough number of observations that it can be assumed it is, in fact, equal to $\sigma_{\bar{Y}_i}$ and thus has no sampling error.

4. Further assume that

$$E(\bar{y}_i) = \alpha + \beta X_i$$

$$V(\bar{y}_i) = S_{\bar{y}_i}^2 \quad \text{for } i = 1, 2, \dots, K,$$

where K is the number of groups.

5. Finally, it is assumed that the \bar{y}_i 's are normally distributed and they are statistically independent of each other.

The weighting procedure proposed weights all observations by the reciprocal of the variance. That is,

$$W_i = \frac{1}{S_{\bar{y}_i}^2}$$

and the mean

$$\bar{X} = \frac{\sum w_i X_i}{\sum w_i}$$

and the mean

$$\bar{Y} = \frac{\sum w_i Y_i}{\sum w_i}.$$

The slope is computed in a manner similar to the classical least squares regression, by the following formula:

$$b = \frac{\sum w_i (X_i - \bar{X}) \bar{Y}_i}{\sum w_i (X_i - \bar{X})^2}$$

Computationally, this is easily computed by

$$b = \frac{\sum w_i X_i \bar{Y}_i - (\sum w_i) (\bar{X})(\bar{Y})}{\sum w_i X_i^2 - (\sum w_i) \bar{X}^2}$$

^bFrom an unpublished memorandum by Dr. Levy.

The variance of the slope is

$$\sigma_b^2 = \frac{\sum w_i (X_i - \bar{X})^2 \sigma_y^2}{\left[\sum w_i (X_i - \bar{X})^2 \right]^2}$$

Now, since

$$W_i = \frac{1}{\sigma_{y_i}^2},$$

this formula can be simplified to

$$\sigma_b^2 = \frac{\sum w_i (X_i - \bar{X})^2}{\left[\sum w_i (X_i - \bar{X})^2 \right]^2} = \frac{1}{\sum w_i (X_i - \bar{X})^2}$$

and computationally

$$S_b = \sqrt{\frac{1}{\sum w_i X_i^2 - (\sum w_i) \bar{X}^2}}$$

An approximate normal deviate test can now be performed by

$$z = \frac{b}{S_b}$$

This would test the hypothesis that $\beta = 0$ or, alternatively, compute confidence intervals for β .

As an example, admissions per 100 beds by total cost per resident day is recorded as shown in table XIV. Applying this described method to the data shown, we have

$$\sum w_i X_i \bar{Y}_i = 137.834$$

$$\sum w_i = 0.11327$$

$$\sum w_i X_i = 1.4620$$

$$\sum w_i \bar{Y}_i = 9.355$$

$$\sum w_i X_i^2 = 22.9747$$

$$\bar{X} = 12.9072$$

$$\bar{Y} = 82.5903$$

$$b = 4.163$$

$$S_b = .494$$

$$z = \frac{b}{S_b} = 8.43$$

Thus, since the z-value is quite large, a positive association is demonstrated between admissions per 100 beds and total cost per resident day.

It should be noted that a significant positive or negative association can be present despite the fact that some intervals do not show a significant difference when compared with adjacent intervals in the characteristic of interest. For example, the number of admissions per 100 beds in the cost interval \$15.00-\$19.99 (103.4) is not significantly different (using the z-test) from the number in the interval \$20.00-\$24.99 (105.1) despite the fact that there is an overall significantly positive relationship between admissions per 100 beds and total cost per resident day.

Table XIV. Worksheet for weighted least squares regression of admissions per 100 beds, by total cost per resident day: United States, 1972

Total cost per resident day	Midpoint of total cost per resident day interval	Admissions per 100 beds	Standard error of admissions per 100 beds	$S_{y_i}^2$	$W_i = \frac{1}{S_{y_i}^2}$
Less than \$10.00.....	5.0	51.8	5.7	32.49	.03078
\$10.00-\$14.99.....	12.5	78.9	4.7	22.09	.04527
\$15.00-\$19.99.....	17.5	103.4	6.8	46.24	.02163
\$20.00-\$24.99.....	22.5	105.1	9.8	96.04	.01041
\$25.00 or more.....	25.0	165.7	13.9	193.21	.00518

APPENDIX II

DEFINITION OF CERTAIN TERMS USED IN THIS REPORT

Terms Relating to Facilities

Facilities included in the survey.—Institutions included in the 1973-74 Nursing Home Survey were those classified as either nursing care homes or personal care homes with nursing according to data collected in the 1971 Master Facility Inventory Survey¹⁷ conducted by the National Center for Health Statistics.

Definitions for these two classes of nursing homes were as follows:

Nursing care home

Fifty percent or more of the residents received nursing care during the week prior to the survey. (Nursing care is defined as the provision of one or more of the following services: taking temperature-pulse-respiration or blood pressure; full bed bath; application of dressings or bandages; catheterization; intravenous, intramuscular, or hypodermic injection; nasal feeding; irrigation; bowel and bladder retraining; oxygen therapy; and enema.)

At least one full-time (35 or more hours per week) registered nurse (RN) or licensed practical nurse (LPN) was employed.

Personal care home with nursing

Some, but less than 50 percent, of the residents received nursing care during the week prior to the survey.

At least one full-time RN or LPN was employed, or some of the residents received nursing care during the week prior to the survey.

NOTE: A list of references follows the text.

No full-time RN or LPN was employed.

The institution either provided administration of medicines or supervision over self-administered medicines, or provided assistance with three or more activities for daily living (such as help with tub-bath or shower; help with dressing, correspondence, or shopping; help with walking or getting about; and help with eating).

Certification status.—Certification status refers to the facility certification by the Medicare and/or Medicaid programs.

Medicare refers to the medical assistance provided in title XVIII of the Social Security Act. Medicare is a health insurance program administered by the Social Security Administration for persons aged 65 years and over who are eligible for benefits.

Extended care facility refers to certification as an extended care facility under Medicare.

Medicaid refers to the medical assistance provided in title XIX of the Social Security Act. Medicaid is a State-administered program for the medically indigent.

Skilled nursing home refers to certification as a skilled nursing home under Medicaid.

Intermediate care facility refers to certification as an intermediate care facility under Medicaid.

Not certified refers to facilities which are not certified as providers of care either by Medicare or Medicaid.

Type of ownership.—Type of ownership refers to the type of organization that controls and operates the nursing home.

Proprietary facility is a facility operated under private commercial ownership.

Nonprofit facility is a facility operated under voluntary or nonprofit auspices, including both church-related facilities and those not church related.

Government facility is a facility operated under Federal, State, or local government auspices.

Bed.—This term refers to a bed set up and regularly maintained for patients or residents. Beds maintained for staff and beds maintained exclusively for emergency services are excluded.

Geographic region.—Classification of facilities by geographic area is provided by grouping the States (excluding Alaska and Hawaii) into regions. These regions correspond to those used by the U.S. Bureau of the Census and are as follows:

<i>Region</i>	<i>States included</i>
Northeast	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania
North Central ...	Michigan, Ohio, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, Nebraska
South	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Texas, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma
West	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Alaska, Oregon, California, Hawaii

Terms Relating to Residents

Resident.—A resident is a person who has been formally admitted but not discharged from an establishment. All such persons were included

in the survey whether or not they were physically present at the time of the survey.

Reported chronic conditions and impairments.—A reported condition was considered to be the affirmative response by the respondent to any and all categories of item 9 of the Resident Questionnaire. The respondent, who was the nurse most familiar with the care provided to the resident, reported the existence of these chronic conditions and impairments based upon knowledge of the resident's health and by checking of the resident's medical record.

Primary diagnosis at last examination.—The primary diagnosis was the condition reported by the respondent in answer to item 8 of the Resident Questionnaire. The list of conditions corresponds to ICDA eighth revision.⁸ With the assistance of the interviewer, the respondent was instructed to extract from the resident's medical record the primary diagnosis recorded at the last examination.

Level of care received.—These levels are defined in terms of the nursing services actually received by the resident. Based on the services listed in item 12 of the Resident Questionnaire, the following classifications were made, each succeeding level being exclusive of the previous levels:

Intensive nursing care

- Catheterization
- Oxygen therapy
- Intravenous injections
- Tube feeding
- Bowel/bladder retraining
- Full bed bath

Limited nursing care

- Application of sterile dressings
- Irrigation
- Hypodermic injections

Routine nursing care

- Enema
- Blood pressure reading
- Temperature-pulse-respiration checked

Personal care

Rub or massage

Special diet

Administration of treatment or medication

Assistance in personal hygiene or eating

No nursing or personal care

None of the preceding services were received

Primary source of payment.—Primary source of payment refers to private income or medical assistance used as payment for residents' stay in the nursing home.

Own income or family support is any private source of income from investments, Social Security, or pension plans.

Medicare refers to payment from the Medicare program just described.

Medicaid refers to payment from the Medicaid program just described.

Other public assistance refers to Old Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, and Aid to Families With Dependent Children.

Other refers to all other methods of payment or support including church support, VA contract, initial payment for life care, and cases for which no charge was made.

Terms Relating to Employees

Employee.—This term refers to any person who was on the staff of the facility or was employed under contract. It includes any paid worker, proprietor, or member of a religious order who contributes his services.

Full-time.—Employees who worked 35 hours or more in the week prior to the survey are designated "full-time."

Part-time.—Employees who worked less than 35 hours in the week prior to the survey are designated "part-time."

Full-time-equivalent.—For the purposes of the report, 35 hours of "part-time" employees' work per week are counted as equivalent to one "full-time" employee.



APPENDIX III
SELECTED QUESTIONNAIRES¹ USED IN THE 1973-74
NATIONAL NURSING HOME SURVEY



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
ROCKVILLE, MARYLAND 20852

NATIONAL CENTER FOR
HEALTH STATISTICS

Dear Administrator:

The National Center for Health Statistics (NCHS) of the U. S. Public Health Service is conducting a sample survey of resident facilities providing nursing and personal care to obtain basic data on their policies, services, and staff. This survey is being conducted as a part of the Department of Health, Education, and Welfare's nursing home improvement program. The information from this survey will be used to compile statistics on the number and kinds of such facilities in the United States. Enclosed are two summary reports from previous surveys, which are illustrative of the kinds of data to be obtained from this survey. These statistics will be used to meet the needs of Congress, State legislatures, Federal, regional, and local health planners, national health associations, and many others who plan and provide health services to the aged.

As you can see from these reports, it is not possible to identify any particular facility. We wish to assure you that any information which permits the identification of the services provided by your facility, or the residents and staff will be held strictly confidential. This information will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purpose. Because the NCHS is committed to provide a factual basis for planning national programs designed to advance the health of the American people, limited basic information about your facility (such as name, address, size, type, and ownership) will be made available upon request to the NCHS.

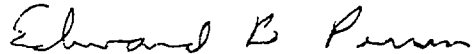
Within about one week an interviewer will contact you for an appointment; this person will be with Applied Management Sciences, the firm under

¹See reference I for copies of all questionnaires used in the survey.

Federal contract to conduct this survey. In preparation for this call, please review the worksheet printed on the back of this letter. These questions request necessary information which may take time to assemble from your records. I have enclosed them so that you may do this at your convenience prior to the interviewer's visit.

This survey includes a small, carefully selected nationwide sample of nursing homes and similar facilities. Because this nursing home represents several facilities of similar type, your participation is vital in obtaining accurate and complete data. We would appreciate your cooperation in this effort.

Sincerely yours,

A handwritten signature in cursive script that reads "Edward B. Perrin".

Edward B. Perrin, Ph.D.
Acting Director

FACILITY QUESTIONNAIRE

1973 Nursing Home Survey
National Center for Health Statistics
Health Resources Administration
Rockville, Maryland

OMB # 068-S-72172
Expires 7-31-74

Name and address label

TELEPHONE NUMBER

Area Code	Number
-----------	--------

cc1-1 cc2

cc11-1 cc12

cc24

cc27

SECTION A - FACILITY INFORMATION

1.a. IS _____ THE CORRECT
(name of facility on label)
NAME FOR YOUR FACILITY?

- 34-1 yes
-2 no → b. WHAT IS THE CORRECT NAME?

2.a. IS _____ THE CORRECT
(address on label)
MAILING ADDRESS FOR YOUR FACILITY?

- 35-1 yes
-2 no → b. WHAT IS THE ENTIRE CORRECT
MAILING ADDRESS?

Correct Name of Facility if Different from Above		
Number	Street	P.O. Box, Route, etc.
City or Town		County
State		Zip Code

*3. WHICH CATEGORY BEST DESCRIBES THE TYPE OF SERVICE THIS FACILITY OFFERS THE MAJORITY OF ITS RESIDENTS OR PATIENTS? (Mark (X) only one box.)

- 36-1 a. Nursing home (includes Medicare certified Extended Care Facilities and Medicaid certified Skilled Nursing Homes)
-2 b. Intermediate care facility (includes Medicaid certified Intermediate Care Facilities)
-3 c. Convalescent or rest home
-4 d. Home for the aged
-5 e. Extended care unit of a hospital
-6 f. Nursing care unit of a retirement center
-7 g. Other resident facility (Describe) _____ 37-

INTERVIEWER: IF BOX e OR f IS CHECKED, RECORD DATA ONLY FOR THE UNIT AND NOT FOR THE ENTIRE FACILITY.

*4.a. WHAT IS THE TYPE OF OWNERSHIP WHICH OPERATES THIS FACILITY? (Mark (X) only one box.)

- 38,39 -23 a. Individual
-24 b. Partnership
-25 c. Corporation
-20 d. Church related
-21 e. Nonprofit corporation
-22 f. Other nonprofit ownership
-11 g. State
-12 h. County
-13 i. City
-14 j. City-County
-15 k. Hospital District
-16 l. U.S. Public Health Service
-17 m. Armed Forces
-18 n. Veterans Administration
-19 o. Other Federal Agency -- Specify _____ 41-

4.b. IS THIS HOME A MEMBER OF A GROUP OF HOMES OPERATING UNDER ONE GENERAL AUTHORITY OR GENERAL OWNERSHIP?

- 40-1 yes
-2 no

5. DOES YOUR FACILITY ACCEPT: (Mark (X) only one box.)

- 44-1 Males only?
- 2 Females only?
- 3 Both males and females?

6.a. DOES YOUR FACILITY ACCEPT PERSONS OF ALL AGES, INCLUDING INFANTS AND CHILDREN?

- 45-1 Yes (Skip to Question 7)
- 2 No

- b. WHAT IS THE MINIMUM AGE ACCEPTED? No minimum age or _____ yrs.
cc46, 47
- c. WHAT IS THE MAXIMUM AGE ACCEPTED? No maximum age or _____ yrs.
cc48, 49

7. WHAT IS THE TOTAL NUMBER OF BEDS REGULARLY MAINTAINED FOR RESIDENTS? (INCLUDE ALL BEDS SET UP AND STAFFED FOR USE WHETHER OR NOT THEY ARE IN USE BY RESIDENTS AT THE PRESENT TIME. DO NOT INCLUDE BEDS USED BY STAFF OR OWNERS OR BEDS USED EXCLUSIVELY FOR EMERGENCY PURPOSES, SOLELY DAY CARE, OR SOLELY NIGHT CARE.)

Total beds _____
cc50

8.a. WAS THERE AN INCREASE OR DECREASE IN THE TOTAL NUMBER OF BEDS DURING THE LAST YEAR?

- 54 -2 No (Skip to Question 9)
- 1 Yes

- b. Increase of _____ beds
cc55
- c. Decrease of _____ beds
cc58

9.a. WHAT WAS THE TOTAL NUMBER OF RESIDENTS ON THE REGISTER OF THIS FACILITY LAST NIGHT? (INCLUDE ALL RESIDENTS, EVEN THOUGH THEY MAY HAVE BEEN TEMPORARILY AWAY OR ON OVERNIGHT LEAVE, DO NOT INCLUDE STAFF OR OWNERS.)

Total residents _____
cc61

b. HOW MANY OF THESE WERE:

- (1) Males? None or _____
cc65
- (2) Females? None or _____
cc69

CARD 2
cc11-2

10.a. IS THIS FACILITY PARTICIPATING IN THE MEDICARE (TITLE XVIII) PROGRAM?

- 12-1 Yes →
- b. WHAT IS THE PROVIDER NUMBER?
_____ No provider # given
cc13
- c. HOW MANY BEDS ARE CERTIFIED FOR MEDICARE?
_____ beds
cc19
- d. HOW MANY OF THESE CERTIFIED BEDS WERE OCCUPIED BY MEDICARE PATIENTS LAST NIGHT?
 None or _____ beds
cc23
- 2 No (Skip to Question 11)

11.a. IS THIS FACILITY PARTICIPATING IN THE MEDICAID (TITLE XIX) PROGRAM?

Yes 29-1 No (Skip to Question 12) -2

b.(1) DOES IT HAVE ANY SKILLED NURSING BEDS?

No 30-2 Yes -1

b.(2) WHAT IS THE PROVIDER NUMBER? _____
cc31 No provider # given

b.(3) HOW MANY BEDS ARE CERTIFIED AS SKILLED NURSING BEDS?
 None or _____ beds
cc44

b.(4) HOW MANY OF THESE CERTIFIED BEDS WERE OCCUPIED BY MEDICAID PATIENTS LAST NIGHT?
 None or _____ beds
cc48

c.(1) DOES IT HAVE ANY INTERMEDIATE CARE BEDS?

No 52-2 Yes -1

c.(2) WHAT IS THE PROVIDER NUMBER? _____
cc53 No provider # given

c.(3) HOW MANY BEDS ARE CERTIFIED AS INTERMEDIATE CARE BEDS?
 None or _____ beds
cc66

c.(4) HOW MANY OF THESE CERTIFIED BEDS WERE OCCUPIED BY MEDICAID PATIENTS LAST NIGHT?
 None or _____ beds
cc70

SECTION B - CLASSIFICATION INFORMATION (CONFIDENTIAL)

ASSURANCE OF CONFIDENTIALITY - All information which would permit identification of the individual facility will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.

12.a. WAS THIS BUILDING ORIGINALLY CONSTRUCTED FOR USE AS A NURSING HOME, REST HOME, CONVALESCENT HOME, HOME FOR THE AGED?

CARD 3
cc11-3

Yes 12-1 No -2
(Skip to next page)

b. WHAT WAS THE ORIGINAL PURPOSE AND USE OF THIS BUILDING? (Mark (X) only one box.)

- 13-1 Private home (i.e., single family dwelling)
- 2 Duplex (2 to 4 units)
- 3 Apartment house (5 or more units)
- 4 Hotel or motel
- 5 Hospital
- 6 Other (Specify) _____ 14-

Interviewer:
See back of
letter to
administrator
for questions
13 through 17.

THE FOLLOWING QUESTIONS ON ADMISSIONS AND DISCHARGES CONCERN CALENDAR YEAR 1972, WHICH IS THE PERIOD OF JANUARY 1, 1972 THROUGH DECEMBER 31, 1972. IF YOUR ANSWERS TO THESE QUESTIONS COVER A PERIOD OTHER THAN CALENDAR YEAR 1972, WHAT IS THIS OTHER TIME PERIOD?

From _____ through _____
 Month Year Month Year
 cc15,16 cc17,18 cc19,20 cc21,22

13. HOW MANY PERSONS WERE ADMITTED TO THIS FACILITY DURING 1972?

Admissions _____
 cc23

14. HOW MANY PERSONS WERE DISCHARGED FROM THIS FACILITY DURING 1972, EXCLUDING DEATHS?

Discharges _____
 cc27

15. HOW MANY PERSONS DIED DURING 1972 WHILE RESIDENTS OR PATIENTS OF THIS FACILITY?

Deaths _____
 cc31

16. IN 1972, WHAT WERE THE TOTAL INPATIENT DAYS OF CARE PROVIDED? (THE SUM OF THE DAILY PATIENT CENSUS COUNT FROM 1/1/72 THROUGH 12/31/72.)

Days _____ (mark (X) if estimated)
 cc35 41-1

17. HOW MANY ROOMS FOR RESIDENTS DOES THIS FACILITY HAVE THAT CONTAIN:

- a. None or _____ 1 bed only
 cc44
- b. None or _____ 2 beds
 cc48
- c. None or _____ 3 beds
 cc52
- d. None or _____ 4 or more beds
 cc56

*18. ARE ANY OF THE FOLLOWING SERVICES ROUTINELY PROVIDED TO RESIDENTS IN ADDITION TO ROOM AND BOARD?

- a. Supervision over medications which may be self-administered 60-1 Yes -2 No
 - b. Medications and treatments administered in accordance with physicians' orders 61-1 Yes -2 No
 - c. Rub and massage 62-1 Yes -2 No
 - d. Help with tub bath or shower 63-1 Yes -2 No
 - e. Help with dressing 64-1 Yes -2 No
 - f. Help with correspondence or shopping 65-1 Yes -2 No
 - g. Help with walking or getting about 66-1 Yes -2 No
 - h. Help with eating 67-1 Yes -2 No
- OR
- i. None of the above services routinely provided, room and board provided only 68-1 Yes

*19. DURING THE PAST SEVEN DAYS, HOW MANY RESIDENTS RECEIVED EACH OF THE FOLLOWING SERVICES?

CARD 4
cc11-4

a. Nasal feeding	_____	b. Blood pressure reading	_____	c. Enema	_____
	cc12		cc16		cc20
d. Catheterization	_____	e. Full bed-bath	_____	f. Bowel or bladder retraining	_____
	cc24		cc28		cc32
g. Oxygen therapy	_____	h. Application of dressing or bandage	_____	i. Temperature-pulse-respiration	_____
	cc36		cc40		cc44
j. Hypodermic injection	_____	k. Irrigation	_____	l. Intravenous injection	_____
	cc48		cc52		cc56

*20. DOES THIS FACILITY PROVIDE ANY OF THE FOLLOWING PROFESSIONAL REHABILITATION SERVICES ON THE PREMISES? (THE THERAPISTS MUST BE LICENSED OR REGISTERED IN THEIR SPECIFIC PROFESSIONS.)

a. Physical therapy	60-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
b. Occupational therapy	61-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
c. Recreational therapy	62-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
d. Speech and hearing therapy	63-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
e. Counseling by social worker, psychologist, or mental health worker	64-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
f. Other rehabilitation services (Specify)	65-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No

66-

21. DOES THIS FACILITY CONDUCT TRAINING PROGRAMS FOR PEOPLE NOT ON YOUR STAFF IN COOPERATION WITH AN EDUCATIONAL INSTITUTION?

Yes No
67-1 -2

22. WHAT ARE THE ACTUAL HOURS FOR EACH SHIFT? (Circle am or pm)

CARD 5
cc11-5

a. Day Shift	from	_____	am	to	_____	am
		cc12	pm		cc16	pm
b. Evening Shift	from	_____	am	to	_____	am
		cc20	pm		cc24	pm
					<input type="checkbox"/>	No such shift
c. Night Shift	from	_____	am	to	_____	am
		cc28	pm		cc32	pm
					<input type="checkbox"/>	No such shift

23.a. 1. FOR THE DAY SHIFT YESTERDAY, WAS THE PERSON IN CHARGE OF NURSING CARE (FOR THE ENTIRE FACILITY): (Mark (X) Only One Box)

- 38-1 ON CALL -2 ON DUTY - that is awake, dressed, and serving the residents

a.2 WHAT IS THE LEVEL OF SKILL OF THIS PERSON? (Mark (X) Only One Box)

a.3. WHAT HOURS DID THIS PERSON WORK YESTERDAY? (Circle am or pm.)

39-1 Registered Nurse

from _____ am to _____ am
cc41 pm cc45 pm

-2 Licensed Practical Nurse

-3 Nurse's Aide

-4 Other _____ 40-
Specify Occupation

23.b. 1. FOR THE EVENING SHIFT YESTERDAY, WAS THE PERSON IN CHARGE OF NURSING CARE (FOR THE ENTIRE FACILITY): (Mark (X) Only One Box)

- 49-1 ON CALL -2 ON DUTY - that is awake, dressed, and serving the residents -3 NO SUCH SHIFT (Skip to Part 23.c.)

b.2. WHAT IS THE LEVEL OF SKILL OF THIS PERSON? (Mark (X) Only One Box)

b.3. WHAT HOURS DID THIS PERSON WORK YESTERDAY? (Circle am or pm.)

50-1 Registered Nurse

from _____ am to _____ am
cc52 pm cc56 pm

-2 Licensed Practical Nurse

-3 Nurse's Aide

-4 Other _____ 51-
Specify Occupation

23.c. 1. FOR THE NIGHT SHIFT YESTERDAY, WAS THE PERSON IN CHARGE OF NURSING CARE (FOR THE ENTIRE FACILITY): (Mark (X) Only One Box)

- 60-1 ON CALL -2 ON DUTY - that is awake, dressed, and serving the residents -3 NO SUCH SHIFT (Skip to Question 24)

c.2. WHAT IS THE LEVEL OF SKILL OF THIS PERSON? (Mark (X) Only One Box)

c.3. WHAT HOURS DID THIS PERSON WORK YESTERDAY? (Circle am or pm.)

61-1 Registered Nurse

from _____ am to _____ am
cc63 pm cc67 pm

-2 Licensed Practical Nurse

-3 Nurse's Aide

-4 Other _____ 62-
Specify Occupation

24. HOW MANY DIFFERENT PHYSICIANS CURRENTLY ATTEND THEIR OWN PRIVATE PATIENTS IN THIS FACILITY? (DO NOT COUNT PHYSICIANS WHO ARE ONLY ON THE STAFF OF THE FACILITY OR ARE ONLY EMPLOYED UNDER CONTRACT.)

_____ Physicians
cc71

25.a. WHAT TYPE OF STAFF MEMBER EXERCISES DAILY, ON-DUTY SUPERVISION OVER ALL CLINICAL SERVICES IN THIS FACILITY? (Mark (X) Only One Box.)

Administrator 75-1

b. IS THE ADMINISTRATOR ALSO A:

- physician 76-1 Yes -2 No
 registered nurse 77-1 Yes -2 No
 licensed practical nurse 78-1 Yes -2 No

Physician 75-2

Registered Nurse -3

Other -4

Specify _____ 79-

***26. DOES THIS FACILITY PROVIDE ANY OF THE FOLLOWING SERVICES TO PERSONS WHO ARE NOT RESIDENTS OF THIS FACILITY?**

CARD 6
cc11-6

- a. Day care (services provided during the day to persons who do not sleep in the home overnight. Day care services can include nursing care, physical or occupational therapy, recreational activities, at least one full meal a day) 12-1 Yes -2 No
- b. Meals either home delivered or in a group setting 13-1 Yes -2 No
- c. Transportation and/or escort services 14-1 Yes -2 No
- d. Homemaker or chore services 15-1 Yes -2 No
- e. Information and/or referral for health needs 16-1 Yes -2 No
- f. Friendly visiting 17-1 Yes -2 No
- g. Daily telephone checking service 18-1 Yes -2 No
- h. Arrangement or provision of recreational activities 19-1 Yes -2 No
- i. Laundry service 20-1 Yes -2 No
- j. Other 21-1 Yes -2 No

Specify _____ 22-

27.a. DOES THIS FACILITY KEEP A WAITING LIST OF PERSONS TO BE ADMITTED WHEN A BED BECOMES AVAILABLE?

- Yes 23-1 No (Skip to Question 28) -2

b. HOW MANY PEOPLE ARE ON THIS WAITING LIST?

None or _____ people
cc24-26

c. DO YOU PROVIDE ANY SERVICES TO THE PERSONS ON THIS WAITING LIST?

- Yes 27-1 No (Skip to Question 28) -2

*** c.(1) WHICH OF THE FOLLOWING SERVICES DO YOU PROVIDE?**

- a. Day care (services provided during the day to persons who do not sleep in the home overnight. Day care services can include nursing care, physical or occupational therapy, recreational activities, at least one full meal a day) 28-1 Yes -2 No
- b. Meals either home delivered or in a group setting 29-1 Yes -2 No
- c. Transportation and/or escort services 30-1 Yes -2 No
- d. Homemaker or chore services 31-1 Yes -2 No
- e. Information and/or referral for health needs 32-1 Yes -2 No
- f. Friendly visiting 33-1 Yes -2 No
- g. Daily telephone checking service 34-1 Yes -2 No
- h. Arrangement or provision of recreational activities 35-1 Yes -2 No
- i. Laundry service 36-1 Yes -2 No
- j. Other 37-1 Yes -2 No

Specify _____ 38-

*28. DOES THIS FACILITY INCLUDE AS PART OF ITS BASIC CHARGE TO EACH RESIDENT THE CHARGES FOR:

		Yes	No
a.	Physician services	39-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
b.	Private duty nursing	40-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
c.	Other nursing services	41-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
d.	Therapy	42-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
e.	Drugs	43-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
f.	Medical supplies	44-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
g.	Special diet	45-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
h.	Other	46-1 <input type="checkbox"/>	-2 <input type="checkbox"/>

Specify _____ 47-

29. HAS THIS NURSING HOME BEEN IN BUSINESS AT THIS ADDRESS FOR LESS THAN TWO YEARS? (COUNT FROM THE TIME IT FIRST OPENED AT THIS ADDRESS AS A NURSING HOME EVEN THOUGH THE OWNERSHIP OR THE SERVICES OFFERED MAY HAVE CHANGED.)

Yes No
50-1 -2

Do Not Administer Expense Questionnaire

EXPENSE QUESTIONNAIRE

1973 Nursing Home Survey
National Center for Health Statistics
Health Resources Administration
Rockville, Maryland

OMB # 068-S-72172
Expires 7-31-74

Dear Accountant:

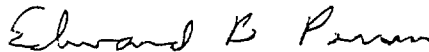
The National Center for Health Statistics (NCHS) of the U. S. Public Health Service is conducting a survey of all resident facilities providing nursing and personal care to obtain basic data on their operating expenses, services, and staff. This survey is being conducted as a part of the Department of Health, Education, and Welfare's nursing home improvement program. The information from this survey will be used to compile statistics on the number and kinds of such facilities in the United States. These statistics will be used to meet the needs of Congress, State legislatures, Federal, regional, and local health planners, national health associations, and many others who plan and provide health services to the aged.

This booklet contains the Expense Questionnaire, together with the account descriptions of the cost categories included in the questionnaire. In addition, there is a full-time Certified Public Accountant whose services are free of charge available via toll free telephone (800-638-0856) to answer your questions about completing this questionnaire. However, we ask that you first attempt to complete the attached questionnaire (which immediately follows in this booklet), using this instruction booklet. If you still have questions, please use the free telephone contact (listed above) to acquire answers prior to completing the questionnaire.

Please note at the bottom of this page that authorization is given for you to release the requested information. We wish to assure you that any information which permits the identification of the individual facility will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.

Please complete this questionnaire and return it in the enclosed postage-paid envelope within 5 working days. Your cooperation in this survey will be greatly appreciated.

Sincerely yours,



Edward B. Perrin, Ph. D.
Acting Director

I hereby authorize _____ of _____
(Accountant's Name) (Accountant's Address and Telephone)

to list the fiscal year } expenses in operating the _____
 1972 Calendar year } (Facility Name)

of _____
(Facility Address)

Date _____
(Signature) (Title)

INSTRUCTIONS FOR COMPLETING THE EXPENSE QUESTIONNAIRE

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN TO ANSWER THE EXPENSE QUESTIONNAIRE WHICH IS ATTACHED TO THIS BOOKLET

The definitions in this manual highlight the substance of each cost grouping as well as related groupings of expenses to be excluded from specific cost definitions.

Donated services, supplies, space, etc., are to be priced at their reasonable value and added to the cost category to which applicable.

Where a home is an affiliate of another facility, such as a hospital, and the records of the home are a part of the total accounting system, allocation techniques may be required to identify certain of the costs such as payroll, rent, supplies, and insurance. This is acceptable providing a sound basis is established for the allocation.

While it is preferred that the report be on the calendar year ending December 31, 1972, you may cover a different twelve-month period if you are on a fiscal year basis. The cost data, of course, must be for the same time frame as the related statistical data included in other phases of this survey. This is for the purpose of including all of the costs of delivering health care, disregarding whether the services were paid for or (as in homes staffed by members of a religious order) donated.

Expenses may be reported on either a cash or accrual basis; however, there must be a consistency in the system applied throughout the entire period under report.

The cost categories in this questionnaire are aimed at the total cost of care for patients, and are matched to statistical data being collected for parallel purposes. Typical functional cost information (e.g., administrative, clerical, medical cost categories) will not provide an appropriate framework for the study and should consequently not be used.

The expense categories used in this questionnaire are also not intended to be a recommended cost structure for homes; they are tailored to a single specific use in the survey. It is recognized that certain of the costs, such as supplies, foods, drugs, and equipment specifically purchased for sale to patients, may not, within the present expense structure of a home, be recorded as expense. Again, this survey is for the purpose of capturing all costs incident to providing health care in a home and therefore must include services and supplies directly charged to patients.

In general, it is essential that all recorded expenses incurred by the home be included in the expense categories, as well as the value of donated items not recorded in the account structure. Excluded from costs, however, are any losses sustained in the sale or disposition of fixed assets and other extraordinary losses not related to the current cost of providing health care.

EXPENSE QUESTIONNAIRE

OMB # 068-S-72172
Expires 7-31-74

1973 Nursing Home Survey
National Center for Health Statistics
Health Resources Administration
Rockville, Maryland

cc1-2

ASSURANCE OF CONFIDENTIALITY - All information which would permit identification of the individual facility will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.	ESTABLISHMENT NO. <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>								

cc2

A. PLEASE LIST BELOW THE 1972 CALENDAR YEAR EXPENSES FOR OPERATING THE FACILITY, IF EXPENSES ARE NOT FOR THE 1972 CALENDAR YEAR, SPECIFY PERIOD COVERED:

CARD 1
cc11-1

from _____ to _____
 month year month year
 cc12 cc14 cc16 cc18

B. REFER TO THE ENCLOSED DEFINITIONS WHEN COMPLETING THIS FORM. FOR FURTHER CLARIFICATION PLEASE CALL FREE OF CHARGE THE FOLLOWING PHONE NUMBER: 800-638-0856.

EXPENSE CATEGORY

AMOUNT

(See Note 1 on next page)

(If NONE, please enter "0")

1. Payroll Expense (Do not include contracted services):

a. Wages and Salaries (gross amount including employees' FICA, vacation and sick pay, taxes, etc.):

- (1) Nursing staff payroll expense \$ _____
 (include RNs, LPNs, Practical nurses, aides, orderlies, student nurses, and other nursing staff) cc21
- (2) Physicians, other professionals and semi-professionals payroll expense \$ _____
cc31
- (3) All other staff payroll expense \$ _____
 (All employees not listed in (1) and (2) including salary or withdrawals for self-employed proprietor-owner*) cc41

SUBTOTAL (add lines a.(1), a.(2), and a.(3)) \$ _____
cc51

b. Fringe Benefits (state unemployment, group health and life insurance and all other payroll and non-payroll benefits for all employees on the staff) \$ _____
cc61

TOTAL PAYROLL EXPENSE (add subtotal line and line 1.b.) \$ _____
cc71

CARD 2
cc11-2

- 2. Equipment Rent \$ _____
cc21
- 3. Insurance (include professional-public liability and other insurance) \$ _____
cc31
- 4. Taxes and licenses (include franchise tax). \$ _____
cc41
- 5. Interest and Financing Charges. \$ _____
cc51
- 6. Depreciation Charges (Buildings and Equipment) \$ _____
cc61
- 7. Rent on Building and Land \$ _____
cc71

* If self-employed proprietor-owner is non-salaried, please estimate salary.

CARD 3
cc11-3

- 8. Amortization of Leasehold Improvements \$ _____
cc21
- 9. Food and Other Dietary Items \$ _____
(include non-contracted services only) cc31
- 10. Drug Expenses (cost of drugs either purchased \$ _____
or obtained by contract, or purchased for patients
and sold directly to them) cc41
- 11. Supplies and Equipment (cost of supplies and \$ _____
equipment either purchased or obtained by
contract, or purchased for patients and sold
directly to them) cc51
- 12. Purchased Maintenance of Buildings, Grounds \$ _____
and Equipment cc61
- 13. Laundry and Linen Expense (include non- \$ _____
contracted services only) cc71

CARD 4
cc11-4

- 14. Purchased Department Functions:
 - a. Medical, therapy, educational laboratory \$ _____
and other professional services obtained
by contract. cc21
 - b. All other contracted services (include house- \$ _____
keeping, linen, food, or other services not
obtained in-house) cc31

TOTAL PURCHASED DEPARTMENT FUNCTIONS (add lines \$ _____
14.a and 14.b) cc41
- 15. Utilities (telephone, gas, water, and electricity) \$ _____
cc51
- 16. Other and Miscellaneous Expense \$ _____
(include dues, subscriptions, travel, auto-
mobile, advertising, other services not
included elsewhere, medical and non-medical
fees, unclassified). See Note 2 below. cc61

TOTAL EXPENSES (add expense category line items \$ _____
1 through 16) cc71

Please check the addition of subcategories and total expenses.

- Note 1. If your accounting system does not generate cost items as categorized above, please use your best estimate of allocation among the line items.
- Note 2. If Other and Miscellaneous Expense comprises 10 percent or more of the total expenses, please give details below of major amounts which constitute 20 percent or more of Line 16.

<u>Description</u>	<u>Amount</u>
--------------------	---------------

If your questions are not answered by the instructions, you may contact a certified public accountant free of charge at the following toll-free number for answers:

(800) 638-0856

Thank you.

DEFINITIONS

1. PAYROLL EXPENSE

a. Wages and Salaries

Wages and salaries are generally defined as gross earnings paid an employee including payment for annual and sick leave, overtime, bonuses and other remuneration of a payment nature received by the employee. The wages and salaries represent the amount earned and reported to the Internal Revenue Service on his or her W-2 statement. Self-employed proprietors, while not salaried as employees, are to be included in this definition either in the amount reported on the tax return as self-employed salary, or as a reasonable amount, related to the technical or non-technical services provided.

Employee salaries and wages, by the above definition, exclude payments for professional or non-professional services obtained under contract, or fees paid doctors on a fee-for-service basis. Also excluded from Wages and Salaries are Fringe Benefits as defined in 1 b (Payroll Expense - Fringe Benefits) below.

Non-funded employee benefits such as meals and living quarters, if provided an employee, and considered a part of the gross salary received, are to be included in gross wages and salaries.

Wages and salaries are to be reported on the gross basis, without deductions for FICA, Federal and State taxes, and other deductions from an employee's gross pay.

(1) Nursing and Staff Payroll Expense

Nursing staff payroll expense is defined as the total wage and salary compensation given those employees who administer nursing care to patients.

This category includes registered nurses, licensed practical nurses, practical nurses, nurses' aides, orderlies, and student nurses.

(2) Physicians and Other Professionals Payroll Expense

Physicians and other professionals payroll expense is defined as wage and salary compensation given those professional employees who provide direct health care to patients.

This category includes physicians, psychiatrists, dentists, optometrists, therapists, psychologists, podiatrists, audiologists, etc.

(3) All Other Staff Payroll Expense

All other staff payroll expense is defined as wage and salary compensation given all employees not specifically categorized in (1) or (2) above.

This category includes medical and dental technicians, social service workers, X-ray assistants, lab assistants, and administrative personnel including a self-employed proprietor-owner.

Nursing staff, physicians and other professionals are excluded from this category.

Any employee who spends 75 percent or more of his time in any one of the three areas mentioned above should have all of the wage and salary compensations charged to that expense category. Further allocation is acceptable if it is a feature of your accounting system.

b. Fringe Benefits

Fringe benefits are expenses incurred by the home for the current and future benefit of home employees. These expenses, not added to the wages and salaries of the employees, include such items as group health, hospitalization, employer's portion of FICA, Federal and State Unemployment Insurance, and life insurance premiums (exclusive of premiums paid where (a) the Home is the beneficiary or (b) on the life of the proprietor-owner).

Excluded from this cost category are payments for vacation, maternity and sick pay, terminal payments, employee's share of FICA, and living facilities provided employees where such facilities are established for the benefit of the home.

2. EQUIPMENT RENT

Equipment rent is defined as all costs incurred for the rental or leasing of equipment. Charges to this category would include the rental or leasing of furniture, typewriters, computers, X-ray machines or other forms of equipment. Exclude from this category all lease-purchase agreements and deferred payment plans on the purchase of equipment. These latter type purchases will be treated through the Depreciation Cost Category (expense category 6).

3. INSURANCE

Insurance is defined as the cost of premiums for policies necessary to the normal operation of nursing homes.

These charges include fidelity bonds, fire and extended coverage, malpractice, property and bodily injury liability, and automobile insurance where transportation is included as a service of the facility.

Exclude insurance paid for the benefit of employees, such as employee life or group hospitalization, as well as key man life insurance. See definition of expense category 1 (b) for distribution of employee benefit insurance paid. If the home's accounting system is on the accrual basis, exclude any prepaid costs and include only the premiums on the current year's portion.

4. TAXES AND LICENSES

Taxes and licenses are defined as costs paid or due to Federal, state, county, and local governments for taxes levied or licenses required.

This category includes licenses obtained for the right to do business and taxes on real estate, personal property, excise and business franchise taxes.

Amounts remitted to Federal, state, county, and local governments for income taxes withheld from wages and salaries must be excluded.

5. INTEREST AND FINANCING CHARGES

Interest and financing charges are defined as costs incurred as interest or finance charges on loans, notes, or other forms of indebtedness.

These charges include amounts of interest on notes payable, mortgages payable or long-term purchase agreements. The initial cost of financing or refinancing a loan, however, is to be excluded as an extraordinary cost not related to the normal cost of providing health service. Also to be excluded from this expense category are placement fees on loans and costs related to penalty clauses on early retirement of mortgages or other loans.

Penalties paid to Federal, state, county, or local governments for improper filing of tax or information returns should be excluded.

6. DEPRECIATION CHARGES

Depreciation is defined as the distribution of the cost of tangible capital assets, less salvage (if any), over the estimated life of the asset.

Charges to this category should exclude amortization as defined in expense category 8.

Depreciation charges are to be limited to the straight-line method rather than an amount that may be acceptable under the Federal tax law (double-declining, sum-of-the years digits, one and one-half straight-line, etc.).

Tangible capital assets, currently being purchased under a lease-purchase agreement, are to be depreciated rather than treated as a rental payment. Exclude from this category any equipment of a nominal amount expensed in Equipment (Cost category 11.).

7. RENT ON BUILDING AND LAND

Rent on building and land is defined as all costs incurred for space occupied pursuant to leases or rental agreements.

Included in this category is the cost of all buildings or real estate rented or leased by the home.

Charges to this category should exclude lease-purchase agreements and payments made on a mortgage covering the building or land.

3. AMORTIZATION OF LEASEHOLD IMPROVEMENTS

Amortization of leasehold improvements is defined as the writeoff of improvements to leased premises over the remaining life of the lease or the useful life of the improvement, whichever is shorter.

Improvements to leased premises which have a remaining lease or useful life of one year or less should be expensed directly when incurred.

Included in this category are improvements to leased premises such as wall partitions, permanent counters and cabinets, tile floors and wall coverings, and plumbing fixtures.

Exclude from this category any improvements of a nominal amount charged to repairs and maintenance and included in another cost category in this questionnaire.

9. FOOD AND DIETARY ITEMS

Dietary and food items purchased for preparation on the home's premises are to be charged to this account.

Income received on the sale of meals to non-patients and staff (when charged) will be deducted from the recorded gross cost of the food and dietary items.

Where food inventories are maintained, the cost of food consumed will be the basis for the recording of cost (inventory at beginning of year plus purchases, less ending inventory.) Freight and sales taxes, whether included in the purchase, or as a separate item (freight only), are to be charged to the cost of food and dietary items, rather than to be charged to "Taxes and Licenses" (sales tax) or "Other and Miscellaneous Expense" (freight).

This cost category excludes related food costs, such as food preparation (wages), cost of kitchen operation, menu preparation, and paper supplies related to the serving of meals.

The cost of meals purchased from hospitals or other outside services is excluded from this cost category (see 14 (b), Contracted Services - Food) whether or not under contract.

Food purchased (to be prepared by the home) for sale to specific patients is also to be charged to this account.

10. DRUG EXPENSES

Drug expenses represent the cost (or value when donated) of drugs consumed out of inventory or purchased for patients and resold to them. Drugs not under inventory control will be considered expensed when purchased.

For purposes of this definition, drugs include both prescription type medicines as well as non-prescription items such as aspirin, laxatives, and vitamins. Excluded from this definition are such non-medicine items as cotton, bandages, syringes, and other items which do not meet the common definition of drugs, and are categorized under supplies, item 11, below.

Recognizing that medical supplies may be co-mingled in the cost account with drug items, an allocation technique may be adopted for the purposes of determining the separate cost of drug expenses.

The cost of drugs includes freight costs as well as sales taxes added to the purchase price of drugs.

Drug cost is not to be reduced by revenues from patients whether sold out of the nursing home inventory or purchased specifically for their use.

11. SUPPLIES AND EQUIPMENT

a. Supplies

Includes the purchase or donated value of all supplies exclusive of drug supplies (see 10.) and food and other dietary items (see 9.)

Supplies include, but are not limited to, supplies used in food preparation and serving (dishes, kitchen ware, paper supplies, etc.), office supplies, medical supplies, laundry, linen and blanket supplies, uniforms, the purchase of minor equipment (staplers, ash trays, etc.) classified as supplies, and repair and maintenance supplies and parts (cleaning supplies, light bulbs, small tools, etc.).

Under normal conditions, supplies of the nature of those classified for inclusion in this cost category are not maintained under inventory control except as a minimum level which may be used as a re-order point. The accounting system of the home will dictate whether these costs will be developed on a "delivery basis" or on "issued" basis. Either method will be acceptable.

In those instances where the nursing home is affiliated with another facility such as a hospital and there is no separation of accounting records an allocation cost distribution method, consistent with sound accounting practices and principles, will be acceptable.

b. Equipment

Includes the purchase or donation of items classified as equipment, but because of the nominal cost or nature of the items, they are not capitalized.

Equipment in this grouping include, but are not limited to, appropriate items of medical equipment, furniture and fixtures of a nominal value not maintained under asset control, repair and maintenance equipment, kitchen equipment, and administrative equipment.

Equipment purchased specifically for sale to a patient, regardless of the cost or nature of the purchase, is to be included in this category. Reasoning behind this decision is that title belongs to the patient and, accordingly, the home has no basis for depreciating the equipment. Accordingly, all equipment purchased for patients will be recorded in this cost category. The revenues derived from the sale of the equipment to the patients will not be credited as an offset to the cost recorded in Supplies and Equipment.

Exclude from this category any equipment which is being depreciated in cost category 6.

12. PURCHASED MAINTENANCE OF BUILDING, GROUNDS, AND EQUIPMENT

This cost grouping includes contract costs for elevator maintenance, equipment appliance maintenance, ground maintenance, contracts to maintain plumbing, electrical systems, and similar type service requirements. Excluded from this grouping are contracts for such services as trash removal, cleaning services, and other housekeeping services. The cost for these latter contracts is to be recorded in 14 (b), Purchased Department Functions - - All Other Contracted Services.

Maintenance costs, not under contract, to be recorded in this cost category include the expense of plumbers, electricians, ground maintenance, carpenters, general repairmen (appliance repairs, etc.), and similar non-contractual maintenance services.

13. LAUNDRY AND LINEN EXPENSE

This account relates to the cost of outside service only, rather than the cost of purchasing linens, towels, blankets, uniforms, etc. This cost may or may not be under a service contract and may include the rental cost of the supplies provided under a contract.

Laundry and linen expense, as classified in this cost category, excludes services for this function provided by nursing home staff. Personnel costs for this service will be charged to 1.a.(3), Wages and Salaries - - All Other Staff Payroll Expense.

Separate charges for laundry or linen lost or damaged by the nursing home under a service-rental agreement will be reflected in this grouping.

14. PURCHASED DEPARTMENT FUNCTIONS

Purchased department functions are defined as those services which are obtained by the home through a contract with an outside entity.

a. Medical, therapy, educational laboratory and other professional services obtained by contract

This category includes services contracted with physicians, therapists, laboratories, pharmacies, nurses, and other professional service providers.

This category excludes all maintenance contract services and other non-professional contract services.

b. All Other Contracted Services

All Other Contracted Services include contracts for housekeeping, linen service, food and dietary service, ambulance service and any other non-professional contract service not specifically mentioned above.

This category excludes maintenance service contracts and professional contract services.

15. UTILITIES

Utilities are defined as charges for telephone and telegraph, gas, fuel, oil, water, and electricity.

Charges to this category should exclude any utility charges, such as telephone, that are reimbursed by patients or employees or charges that are paid by the lessor under the lease agreement.

16. OTHER AND MISCELLANEOUS EXPENSES

This expense category is a catchall to record all costs not classified in 1. through 15. above. Costs included in this grouping are dues and subscriptions, printing costs, advertisements, travel costs, automobile expenses, non-classified medical and non-medical fees (example - audit and legal fees), postage and casual labor not charged to other expense categories.

RESIDENT CONTROL RECORD

RESIDENTS IN NURSING HOME					
SAMPLE DESIGNATION	NAME OF RESIDENT	LINE NO.	SAMPLE DESIGNATION	NAME OF RESIDENT	LINE NO.
SW _____			SW _____		
TE _____			TE _____		
a	b	c	a	b	c
		51			76
		52			77
		53			78
		54			79
		55			80
		56			81
		57			82
		58			83
		59			84
		60			85
		61			86
		62			87
		63			88
		64			89
		65			90
		66			91
		67			92
		68			93
		69			94
		70			95
		71			96
		72			97
		73			98
		74			99
		75			00

Form 73NHS-6

If More Lines Are Needed Use A New RESIDENT CONTROL RECORD
And Renumber The Lines Beginning With # 101

RESIDENT QUESTIONNAIRE

OMB # 068-S-72172
Expires 7-31-74

1973 Nursing Home Survey
National Center for Health Statistics
Health Resources Administration
Rockville, Maryland

1-7

ASSURANCE OF CONFIDENTIALITY — All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.	ESTABLISHMENT NO. <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>								
cc2									

LINE NO.

--	--	--

cc11

cc14-1

1. WHAT IS — DATE OF BIRTH?	<input type="text"/> Month cc15,16	<input type="text"/> Day 17, 18	<input type="text"/> Year 19-21	or	<input type="text"/> Age cc22-24
2. WHAT IS — SEX?	<input type="checkbox"/> Male 25-1	<input type="checkbox"/> Female -2			
3. WHAT IS — ETHNIC BACKGROUND? (Mark (X) Only one box)	26-1 <input type="checkbox"/> Caucasian	-2 <input type="checkbox"/> Negro	-3 <input type="checkbox"/> Oriental		
	-4 <input type="checkbox"/> Spanish American	-5 <input type="checkbox"/> American Indian	-6 <input type="checkbox"/> Other		
4. WHAT IS — CURRENT MARITAL STATUS? (Mark (X) only one box)	27-1 <input type="checkbox"/> Married	-2 <input type="checkbox"/> Widowed	-3 <input type="checkbox"/> Divorced		
	-4 <input type="checkbox"/> Separated	-5 <input type="checkbox"/> Never Married			
5. WHAT WAS THE DATE OF — CURRENT ADMISSION TO THIS PLACE?	<input type="text"/> Month cc28, 29	<input type="text"/> Day 30-31	<input type="text"/> Year 32-34		

6a. WHERE DID — LIVE AT THE TIME OF ADMISSION? (Mark (X) only one box)

(1) In a boarding home	35-1	<input type="checkbox"/>
(2) In another nursing home or related facility	-2	<input type="checkbox"/>
(3) In a mental hospital or other long-term specialty hospital	-3	<input type="checkbox"/>
(4) In a general or short-stay hospital	-4	<input type="checkbox"/>
(5) In a private apartment or house	-5	<input type="checkbox"/>
(6) Other place, (Specify) _____	-6	<input type="checkbox"/>
(7) Don't know	-7	<input type="checkbox"/>

} 6b. AT THE TIME OF ADMISSION DID — LIVE WITH: (Mark (X) all that apply)

		Yes	No
(1) Spouse?	37-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(2) Children?	38-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(3) Other relatives?	39-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(4) Unrelated persons?	40-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(5) Lived alone?	41-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(6) Don't know?	42-1	<input type="checkbox"/>	

7. WHAT IS THE PRIMARY REASON FOR — ADMISSION TO THE HOME? (Enter "1" in box for primary reason; if secondary reason given, enter "2".)

43-	<input type="checkbox"/>	Physical reasons (e.g., illness or need for treatments)
44-	<input type="checkbox"/>	Social reasons (e.g., no family, or lack of family interest)
45-	<input type="checkbox"/>	Behavioral reasons (e.g., disruptive behavior, mental deterioration)
46-	<input type="checkbox"/>	Economic reasons (e.g., no money and/or resources)

10. DOES THIS RESIDENT REGULARLY USE ANY OF THE FOLLOWING AIDS?

CARD 2
14-2

		No	Yes
a.	Walker	15-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
b.	Crutches	16-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
c.	Braces	17-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
d.	Wheelchair	18-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
e.	Artificial Limb	19-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
f.	Self-feeder	20-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
g.	Any other aids (do not count glasses or hearing aids)	21-2 <input type="checkbox"/>	-1 <input type="checkbox"/>

Specify _____ 22-

11. DURING THE LAST MONTH, HOW MANY TIMES DID—RECEIVE ANY OF THE FOLLOWING THERAPY SERVICES? (INCLUDE ONLY SERVICES PROVIDED BY A LICENSED OR REGISTERED PROFESSIONAL WHETHER INSIDE OR OUTSIDE THE HOME.)

			NUMBER OF TIMES
a.	Physical therapy	<input type="checkbox"/> None or	<input type="text"/> cc23
b.	Recreational therapy	<input type="checkbox"/> None or	<input type="text"/> cc25
c.	Occupational therapy	<input type="checkbox"/> None or	<input type="text"/> cc27
d.	Speech therapy	<input type="checkbox"/> None or	<input type="text"/> cc29
e.	Hearing therapy	<input type="checkbox"/> None or	<input type="text"/> cc31
f.	Professional counseling by social worker, psychologist or other mental health worker	<input type="checkbox"/> None or	<input type="text"/> cc33

12. DURING THE PAST 7 DAYS, WHICH OF THESE SERVICES DID—RECEIVE? (Mark (X) all that apply)

- cc35-62
- 01 a. Rub or massage
 - 02 b. Administration of treatment by staff
 - 03 c. Special diet
 - 04 d. Application of sterile dressings or bandages
 - 05 e. Temperature-pulse-respiration
 - 06 f. Full bed-bath
 - 07 g. Enema
 - 08 h. Catheterization
 - 09 i. Blood pressure reading
 - 10 j. Irrigation
 - 11 k. Oxygen therapy
 - 12 l. Intravenous injection
 - 13 m. Hypodermic injection
- OR
- 14 n. None of the above services received

13. DURING THE PAST 7 DAYS, DID – RECEIVE ANY MEDICATIONS?

CARD 3
14-3

15-2

No (Skip to Question 14)

-1

Yes

WHICH TYPES OF MEDICATIONS DID – RECEIVE? (Mark (X) All That Apply)

- cc16-45
- 01 a. Tranquilizers (e.g., Thorazine, Mellaril)
 - 02 b. Hypnotics – Sedatives (e.g., Nembutal, Seconal, Phenobarbital, Butisol, Placidyl, Chloral Hydrate)
 - 03 c. Stool softeners (e.g., Peri-Colace)
 - 04 d. Anti-Depressant (e.g., Elavil)
 - 05 e. Anti-Hypertensives (e.g., Ismelin)
 - 06 f. Diuretics (e.g., Diuril, Esidrex)
 - 07 g. Analgesics (e.g., Aspirin, Darvon, Demerol, Percodan, Empirin with Codeine)
 - 08 h. Diabetic agents (e.g., Orinase, Insulin)
 - 09 i. Anti-inflammatory agents (e.g., Cortisone, Sodium Salicylate, Butazolidin, Indocin)
 - 10 j. Anti-infectives (i.e., antibiotics)
 - 11 k. Anti-Anginal drugs (e.g., Nitroglycerin, Peritrate)
 - 12 l. Cardiac Glycosides (e.g., Digitalis, Lanoxin)
 - 13 m. Anti-Coagulants (e.g., Dicumarol, Warfarin)
 - 14 n. Vitamins or iron
 - 15 o. Other types of medications not listed above

14. THE FOLLOWING ACTIVITIES FOR DAILY LIVING LIST VARIOUS LEVELS OF CARE THAT MAY BE NEEDED BY A RESIDENT. PLEASE INDICATE THE ONE THAT BEST DESCRIBES THE LEVEL OF CARE NEEDED BY THIS RESIDENT. FOR EACH ACTIVITY, THE LEVELS ARE GIVEN IN ASCENDING ORDER: IN OTHER WORDS, THE LEVEL DESCRIBING THE MINIMUM CARE IS FIRST AND THE LEVEL DESCRIBING THE MOST CARE IS LAST. IF YOU ARE UNDECIDED WHICH OF TWO LEVELS TO INDICATE, CHOOSE THE ONE DESCRIBING THE LESSER AMOUNT OF CARE:

a. CONSIDERING THE FOLLOWING FOUR HYGIENE ACTIVITIES (WASHING FACE AND HANDS, BRUSHING TEETH OR DENTURES, COMBING HAIR, AND SHAVING OR APPLYING MAKE-UP) DOES THIS RESIDENT:

(Mark (X) Only One Box)

- 46-1 Perform all four with no assistance?
- 2 Perform all four with no assistance, but needs help in getting and/or putting away equipment?
- 3 Perform three or four with no assistance, but requires help with a complete bath?
- 4 Require assistance with one or two of these hygiene activities?
- 5 Require assistance with all four of these hygiene activities?

b. CONCERNING DRESSING, DOES THIS RESIDENT:

(Mark (X) Only One Box)

- 47-1 Get clothes from closets and drawers and completely dress without assistance?
- 2 Get clothes from closets and drawers and completely dress with some assistance (tying shoes, fastening braces, closing buttons or zippers in back of garments)?
- 3 Receive assistance in getting clothes, or in dressing (do not count tying shoes, fastening braces, closing buttons or zippers in back of garments as assistance)?
- 4 Stay partly or completely undressed?

c. CONCERNING FEEDING, DOES THIS RESIDENT:

(Mark (X) Only One Box)

- 48-1 Feed self without assistance?
- 2 Feed self with minor assistance (cutting meat or buttering bread)?
- 3 Receive major assistance in feeding (do not count cutting meat or buttering bread)?
- 4 Require intravenous feeding?
- 5 Require tube feeding?

d. CONCERNING AMBULATION TO REACH THE TOILET ROOM, IS THIS RESIDENT:

(Mark (X) Only One Box)

- 51-1 Able to go to the toilet room without nurses' assistance (may use cane, walker, wheelchair, or other object of support), may manage bedpan or commode at night?
- 2 Receiving nurses' assistance in going to the toilet room (do not count use of cane, walker, or other object of support), using bedpan or commode at night, or cleaning self or arranging clothes after elimination?
- 3 Unable to go to the toilet room for the elimination process?

e. CONCERNING MOVING IN AND OUT OF A BED OR CHAIR, IS THIS RESIDENT:

(Mark (X) Only One Box)

- Receiving no assistance? 52-1
- Walking with assistance of one person? -2
- Walking with assistance of two persons? -3
- Up in a chair with assistance once in 8 hours? -4
- Up in a chair with assistance twice in 8 hours? -5
- Bedfast with assistance in turning every two hours? -6
- Bedfast with assistance in turning every hour? -7

e.(1) DOES - HAVE BED SORES?

- 53-1 Yes
 - 2 No
- (continue with part f.)

f. CONCERNING CONTINENCE, IS THIS RESIDENT:

(Mark (X) Only One Box)

- In control of both bowels and bladder? 54-1
- An ostomy patient? -2
- In control of bladder only? -3
- In control of bowels only? -4
- Not in control of bowels or bladder? -5

f.(1) IS - RECEIVING BOWEL AND/OR BLADDER RETRAINING?

- 55-1 Yes (Skip to Question 15a.)
- 2 No

f.(2) WOULD RETRAINING GIVE THIS RESIDENT CONTROL OVER BOWELS AND/OR BLADDER?

- Yes 56-1
- No -2
- Doubtful -3

15a. DOES THIS RESIDENT EXHIBIT ANY OF THE FOLLOWING BEHAVIOR?

	No	Yes	
(1) Depressed	57-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(2) Agitated, nervous	59-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(3) Abusive, aggressive	61-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(4) Confused, senile	63-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(5) Disturbed sleep	65-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(6) Other problem behavior	67-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→ (Specify) _____ 68-

b. DOES THIS RESIDENT EXHIBIT THIS BEHAVIOR MORE OFTEN THAN ONCE A WEEK OR ONCE A WEEK OR LESS?

More often than once a week	Once a week or less
58-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
60-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
62-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
64-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
66-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
69-1 <input type="checkbox"/>	-2 <input type="checkbox"/>

16a. DURING THIS RESIDENT'S STAY HERE, WHEN DID – LAST SEE A PHYSICIAN FOR TREATMENT, MEDICATION, OR FOR AN EXAMINATION?

CARD 4
14-4

Month Day Year
cc15,16 17,18 19,20

OR 21-1 Has Never Seen A Doctor While Here (Skip to Question 17a.)

b. AT THAT TIME, DID – RECEIVE:

- | | | Yes | No |
|---------------------|------|--------------------------|--------------------------|
| (1) An examination? | 22-1 | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Treatment? | 23-1 | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Prescription? | 24-1 | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Other? | 25-1 | <input type="checkbox"/> | <input type="checkbox"/> |

Specify _____ 26-

c. DID THE PHYSICIAN ATTEND THE RESIDENT: (Mark (X) Only One Box)

- 27-1 as a private physician?
 -2 for the home itself which furnishes the medical care?
 -3 temporarily as a replacement for the resident's private physician who was unable to attend the resident?
 -4 under some other arrangement? (Specify) _____ 28-

d. DOES A PHYSICIAN EXAMINE THIS RESIDENT: (Mark (X) Only One Box)

- 29-1 only when called?
 -2 irregularly, but without being called?
 -3 on a scheduled basis?

d. (1) HOW OFTEN DOES THE PHYSICIAN EXAMINE THE RESIDENT?

(Mark (X) Only One Box.)

- 30-1 once a week
 -2 every 2 weeks
 -3 once a month
 -4 every three months
 -5 once a year
 -6 other (Specify) _____ 31-

17a. DOES – WEAR EYE GLASSES?

Yes
 32-1

No
 -2

b. IS – SIGHT WITH GLASSES: (Mark (X) Only One Box)

- 33-1 not impaired? (e.g., can read ordinary newspaper print)
 -2 partially impaired? (e.g., can watch television 8 to 12 feet across the room)
 -3 severely impaired? (e.g., can recognize the features of familiar persons if they are within 2 to 3 feet)
 -4 completely lost? (e.g., blind)

c. IS – SIGHT: (Mark (X) Only One Box)

- 33-1 not impaired? (e.g., can read ordinary newspaper print without glasses)
 -2 partially impaired? (e.g., can watch television 8 to 12 feet across the room)
 -3 severely impaired? (e.g., can recognize the features of familiar persons if they are within 2 to 3 feet)
 -4 completely lost? (e.g., blind)

18a. DOES – USE A HEARING AID?

Yes
 34-1

No
 -2

b. IS – HEARING WITH A HEARING AID: (Mark (X) Only One Box)

- 35-1 not impaired? (e.g., can hear a telephone conversation on an ordinary telephone)
 -2 partially impaired? (e.g., can hear most of the things a person says)
 -3 severely impaired? (e.g., can hear only a few words a person says or loud noises)
 -4 completely lost? (e.g., deaf)

c. IS – HEARING: (Mark (X) Only One Box)

- 35-1 not impaired? (e.g., can hear a telephone conversation on an ordinary telephone)
 -2 partially impaired? (e.g., can hear most of the things a person says)
 -3 severely impaired? (e.g., can hear only a few words a person says or loud noises)
 -4 completely lost? (e.g., deaf)

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19. IS – ABILITY TO SPEAK: (Mark (X) Only One Box)

- 38-1 not impaired? (e.g., is able to be understood; can carry on a normal conversation)
- 2 partially impaired? (e.g., is able to be understood but has difficulty pronouncing some words)
- 3 severely impaired? (e.g., cannot carry on a normal conversation; is understood only with difficulty)
- 4 completely lost? (e.g., is mute)

20a. DOES THIS RESIDENT HAVE DENTURES?

- Yes No (Skip to Question 21a.)
- 39-1 -2

b. DOES – USE THE DENTURES?

- Yes No
- 40-1 -2

21a. DURING THE LAST MONTH, DID – LEAVE THE HOME FOR ANY RECREATIONAL OR LEISURE ACTIVITIES?

- Yes
- 41-1

- No
- 2

b. FOR WHICH OF THE FOLLOWING ACTIVITIES DID – LEAVE THE HOME? (Mark (X) All That Apply)

- cc42-52 -1 Get books, etc., from the library
- 2 Attend plays, movies, concerts, etc.
- 3 Attend arts and crafts classes outside the home
- 4 Visit museums, parks, fairs, etc.
- 5 Go on shopping trips organized by the home
- 6 Go on independent shopping trips organized by the resident or visitors
- 7 Visit a beauty shop or barber shop
- 8 Visit community clubs (such as community centers, senior citizen clubs, service clubs, bridge clubs, unions, etc.)
- 9 Attend religious services or other religious activities
- 0 Go for a walk
- 8 Other, (Specify) _____ 53-

c. WHY DIDN'T – LEAVE THE HOME TO PARTICIPATE IN ANY ACTIVITIES DURING THE LAST MONTH? (Mark (X) All That Apply)

- cc42-52 -1 Resident was too ill or was not able to move well enough to participate
- 2 Resident was not interested
- 3 Staff was unable to determine resident's interests at this point
- 4 Staff feels that the resident's behavior will not be tolerated outside the home
- 5 No one was available to accompany the resident
- 6 Resident cannot afford these activities
- 7 Lack of transportation
- 8 Other, (Specify) _____ 53-

22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOR MEDICAL REASONS?

- Yes No (Skip to Question 23a.) Don't know (Skip to Question 23a.)
- 54-1 -2 -3

b. WHERE DID – USUALLY GO WHEN ON LEAVE? (Mark (X) Only One Box)

- 55-1 To own home or apartment
- 2 To home of family or relatives
- 3 To home of unrelated friends
- 4 To foster home
- 5 To boardinghouse or room
- 6 To another place, (Specify) _____ 56-
- 7 Don't know

c. ABOUT HOW OFTEN DID THIS RESIDENT GO ON LEAVE? (Mark (X) Only One Box)

- 57-1 Nearly every week
- 2 About once a month
- 3 About once every two months
- 4 Several times a year
- 5 About once a year or less
- 6 Other (Specify) _____ 58-
- 7 Don't know

23a. DOES — HAVE ANY VISITORS?
 CARD 5
 14-5

Yes 15-1
 No -2 (Skip to Question 24)
 Don't know -3

b. HOW FREQUENTLY DO VISITORS SEE THE RESIDENT? (Mark (X) Only One Box)

16-1 Nearly every week -5 About once a year or less
 -2 About once a month -6 Other (Specify) _____ 17-
 -3 About once every two months -7 Don't know
 -4 Several times a year

24. HOW MANY BEDS ARE IN — ROOM? (Mark (X) Only One Box)

18-1 One bed (i.e., the resident's own bed) -4 Four beds
 -2 Two beds -5 Five or more beds
 -3 Three beds

25a. HAS THIS RESIDENT LIVED IN THIS FACILITY FOR ONE FULL MONTH OR LONGER?

Yes 19-1 No -2
 Stop; go on to next questionnaire.

b. LAST MONTH, WHAT WAS THE **BASIC** CHARGE FOR THIS RESIDENT'S LODGING, MEALS, AND NURSING CARE NOT INCLUDING PRIVATE DUTY NURSING OR OTHER SPECIAL CHARGES?

No charge is made for care (Skip to Question 26a.) \$ _____ • _____
 cc20-25

c. LAST MONTH, WHAT WAS THE **TOTAL** CHARGE FOR THIS RESIDENT'S CARE, INCLUDING ALL CHARGES FOR SPECIAL SERVICES, DRUGS, AND SPECIAL MEDICAL SUPPLIES?

No charge is made for care (Skip to Question 26a.) \$ _____ • _____
 cc26-31

(1) DID THIS AMOUNT INCLUDE SPECIAL CHARGES FOR

	No	Yes
(a) physician services? 32-2	<input type="checkbox"/>	-1 <input type="checkbox"/>
(b) private duty nursing? 33-2	<input type="checkbox"/>	-1 <input type="checkbox"/>
(c) therapy? 34-2	<input type="checkbox"/>	-1 <input type="checkbox"/>
(d) drugs? 35-2	<input type="checkbox"/>	-1 <input type="checkbox"/>
(e) special medical supplies? 36-2	<input type="checkbox"/>	-1 <input type="checkbox"/>
(f) special diet? 37-2	<input type="checkbox"/>	-1 <input type="checkbox"/>
(g) other? 38-2	<input type="checkbox"/>	-1 <input type="checkbox"/>

Specify _____ -39

26a. WHAT WERE **ALL** THE SOURCES OF PAYMENT FOR THIS RESIDENT'S CARE LAST MONTH?
 (Mark (X) All That Apply)

cc40-48 (1) Own income or family support (private plans, retirement funds, social security, etc.)
 (2) Medicare (Title XVIII)
 (3) Medicaid (Title XIX)

(4) Other public assistance or welfare
 (5) Church support
 (6) VA contract

(7) Initial payment-life care
 (8) No charge is made for care
 (9) Other (Specify) _____ ↗ 49-

b. WHAT WAS THE **PRIMARY** SOURCE OF PAYMENTS FOR — CARE LAST MONTH?
 (Mark (X) Only One Box.)

50-1 Own income or family support (private plans, retirement funds, social security, etc.)
 -2 Medicare (Title XVIII)
 -3 Medicaid (Title XIX)

-4 Other public assistance or welfare
 -5 Church support
 -6 VA contract

-7 Initial payment-life care
 -8 No charge is made for care
 -9 Other (Specify) _____ ↗ 51-

STAFF CLASSIFICATION CARD

OMB # 068-S-72172
Expires 7-31-74

1973 Nursing Home Survey
National Center for Health Statistics
Health Resources Administration
Rockville, Maryland

WHICH OF THE FOLLOWING JOB CATEGORIES BEST FITS THE JOB WHICH THIS EMPLOYEE DOES IN THIS FACILITY?

- 01. ADMINISTRATOR
- 02. PHYSICIAN (M.D. OR D.O.)
- 03. DENTIST
- 04. PHARMACIST
- 05. REGISTERED OCCUPATIONAL THERAPIST
- 06. REGISTERED PHYSICAL THERAPIST
- 07. ACTIVITIES DIRECTOR
- 08. DIETITIAN OR NUTRITIONIST
- 09. REGISTERED MEDICAL RECORD ADMINISTRATOR
- 10. SOCIAL WORKER
- 11. SPEECH PATHOLOGIST AND/OR AUDIOLOGIST
- 12. OTHER PROFESSIONAL OCCUPATIONS (INCLUDES INTERN,
RESIDENT, THERAPEUTIC RECREATOR)
- 13. OCCUPATION THERAPIST ASSISTANT
- 14. PHYSICAL THERAPIST ASSISTANT
- 15. SOCIAL WORKER TECHNICIAN/ASSISTANT
- 16. OTHER MEDICAL RECORD ADMINISTRATORS AND TECHNICIANS

- 17. REGISTERED NURSE

- 18. LICENSED PRACTICAL NURSE OR LICENSED VOCATIONAL NURSE . . .

- 19. NURSE'S AIDE AND ORDERLY

- 20. CLERICAL, BOOKKEEPING, OR OTHER OFFICE STAFF
- 21. FOOD SERVICE PERSONNEL (COOK, KITCHEN HELP, ETC.)
- 22. HOUSEKEEPING AND MAINTENANCE PERSONNEL (MAID,
LAUNDRYMAN, MAINTENANCE MAN, ETC.)
- 23. JOB OTHER THAN THOSE LISTED ABOVE (PLEASE SPECIFY JOB
TITLE ON THE INDIVIDUAL LINE OF STAFF CONTROL RECORD)

GROUP A
Enter in Column i
of Staff Control Record

GROUP B
Enter in Column j
of Staff Control Record

GROUP C
Enter in Column k
of Staff Control Record

GROUP D
Enter in Column l
of Staff Control Record

GROUP E
Enter in Column m
of Staff Control Record

STAFF CONTROL RECORD

1973 Nursing Home Survey
National Center for Health Statistics
Health Resources Administration
Rockville, Maryland

Sheet of _____

OMB # 068 S 72172
Expires 7 31 74

ASSURANCE OF CONFIDENTIALITY All information which would permit identification of the individual will be held in strict confidence and will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to others for any purposes

cc1.3 cc2

ESTABLISHMENT NO

LINE NR.	STAFF	SEX	ETHNIC BACKGROUND	EMPLOYER	HOURS WORKED	OCCUPATION					LINE NR.				
						Enter Code From Staff Classification Card									
(a)	(b)	(c)	(d)	(e)						(f)	(g)	(h)	LIST, BUT DO NOT SAMPLE		
				Male Sample	Count	Hispanic	Negro	Asian Amer.	Other					Staff Contract	Full time	Part time	cc16	cc17	cc18-19
		Home telephone number of NYNHS employees			Is this employee on the staff of the facility or employed under contract?	Does this employee work full or part time (full time is 25 or more hours per week)?	Part time only (No. of hours worked)	Group A	Group B	Group C	Group D	Group E			
		Area code ()					SW	TE	SW	TE	SW	TE	SW	TE	
							Circle Sample Persons	Circle Sample Persons	Circle Sample Persons	Circle Sample Persons	Circle Sample Persons	Circle Sample Persons	Circle Sample Persons	Circle Sample Persons	Circle Sample Persons
							No. Employed cc1	No. Employed cc15	No. Employed cc19	No. Employed cc23	No. Employed cc27	No. Employed cc31	No. Employed cc35	No. Employed cc39	No. Employed cc43
							No. in Sample cc21	No. in Sample cc25	No. in Sample cc29	No. in Sample cc33	No. in Sample cc37	No. in Sample cc41	No. in Sample cc45	No. in Sample cc49	No. in Sample cc53
							(A) cc20-22	(B) cc20-22	(C) cc20-22	(D) cc20-22	(E) cc20-22	(F) cc20-22	(G) cc20-22	(H) cc20-22	(I) cc20-22
X01			1 2	1 2 3 4 5 6	1 2	1 2									X01
X02			1 2	1 2 3 4 5 6	1 2	1 2									X02
X03			1 2	1 2 3 4 5 6	1 2	1 2									X03
01			1 2	1 2 3 4 5 6	1 2	1 2									01
02			1 2	1 2 3 4 5 6	1 2	1 2									02
03			1 2	1 2 3 4 5 6	1 2	1 2									03
04			1 2	1 2 3 4 5 6	1 2	1 2									04
05			1 2	1 2 3 4 5 6	1 2	1 2									05
06			1 2	1 2 3 4 5 6	1 2	1 2									06
07			1 2	1 2 3 4 5 6	1 2	1 2									07
08			1 2	1 2 3 4 5 6	1 2	1 2									08
09			1 2	1 2 3 4 5 6	1 2	1 2									09
10			1 2	1 2 3 4 5 6	1 2	1 2									10
11			1 2	1 2 3 4 5 6	1 2	1 2									11
12			1 2	1 2 3 4 5 6	1 2	1 2									12
13			1 2	1 2 3 4 5 6	1 2	1 2									13
14			1 2	1 2 3 4 5 6	1 2	1 2									14
15			1 2	1 2 3 4 5 6	1 2	1 2									15
16			1 2	1 2 3 4 5 6	1 2	1 2									16
17			1 2	1 2 3 4 5 6	1 2	1 2									17
18			1 2	1 2 3 4 5 6	1 2	1 2									18
19			1 2	1 2 3 4 5 6	1 2	1 2									19
20			1 2	1 2 3 4 5 6	1 2	1 2									20
21			1 2	1 2 3 4 5 6	1 2	1 2									21
22			1 2	1 2 3 4 5 6	1 2	1 2									22
23			1 2	1 2 3 4 5 6	1 2	1 2									23
24			1 2	1 2 3 4 5 6	1 2	1 2									24
25			1 2	1 2 3 4 5 6	1 2	1 2									25
26			1 2	1 2 3 4 5 6	1 2	1 2									26
27			1 2	1 2 3 4 5 6	1 2	1 2									27
28			1 2	1 2 3 4 5 6	1 2	1 2									28
29			1 2	1 2 3 4 5 6	1 2	1 2									29
30			1 2	1 2 3 4 5 6	1 2	1 2									30
31			1 2	1 2 3 4 5 6	1 2	1 2									31
32			1 2	1 2 3 4 5 6	1 2	1 2									32
33			1 2	1 2 3 4 5 6	1 2	1 2									33
34			1 2	1 2 3 4 5 6	1 2	1 2									34
35			1 2	1 2 3 4 5 6	1 2	1 2									35
36			1 2	1 2 3 4 5 6	1 2	1 2									36
37			1 2	1 2 3 4 5 6	1 2	1 2									37
38			1 2	1 2 3 4 5 6	1 2	1 2									38
39			1 2	1 2 3 4 5 6	1 2	1 2									39
40			1 2	1 2 3 4 5 6	1 2	1 2									40
41			1 2	1 2 3 4 5 6	1 2	1 2									41
42			1 2	1 2 3 4 5 6	1 2	1 2									42
43			1 2	1 2 3 4 5 6	1 2	1 2									43
44			1 2	1 2 3 4 5 6	1 2	1 2									44
45			1 2	1 2 3 4 5 6	1 2	1 2									45
46			1 2	1 2 3 4 5 6	1 2	1 2									46
47			1 2	1 2 3 4 5 6	1 2	1 2									47
48			1 2	1 2 3 4 5 6	1 2	1 2									48
49			1 2	1 2 3 4 5 6	1 2	1 2									49
50			1 2	1 2 3 4 5 6	1 2	1 2									50

LINE NR	STAFF	SEX	ETHNIC BACKGROUND	EMPLOYER	HOURS WORKED		OCCUPATION					LINE NR	
					Full time	Part time	Enter Code From Staff Classification Card						
(a) cc1113	(b)	(c)	(d) cc14	(e) cc15						(f) cc16	(g) cc17	(h) cc18 19	LMT, BUT DO NOT SAMPLE
				Male	Female	1	2	3	4				
<small> List below the names of all persons who are on the staff of the facility or are employed under contract Include members of religious organizations and orders who donate their services List administrator and assistant administrator Exclude volunteers List persons in charge of a shift on the top three lines Home telephone number of 111111 employees Area code () Is this employee on the staff of the facility or employed under contract? Does this employee work full or part time? How many hours per week? Full-time employee works 35 or more hours per week. Part-time ONLY: How many hours per week? Enter Code From Staff Classification Card: 01 16 17 18 19 20 23 Group A Group B Group C Group D E TE TE TE TE Circle Sample Persons Circle Sample Persons Circle Sample Persons Circle Sample Persons 10 11 12 13 14 cc20 22 cc20 22 cc20 22 cc20 22 cc20 22 </small>													
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