Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

Nursing Home Survey and Certification: Deficiency Trends

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EXECUTIVE SUMMARY

PURPOSE

To describe deficiency trends indicated by survey data and the extent to which these trends indicate quality of care in nursing homes.

BACKGROUND

While many studies indicate that changes in law and regulations may have had a positive effect on improving the environment and overall health care of nursing home residents, recent reports by the Health Care Financing Administration and the General Accounting Office have raised serious concerns about residents' care and well-being. The Senate Special Committee on Aging held hearings in the summer of 1998 on these results. At the same time, the Office of Inspector General undertook a series of studies aimed at assessing the quality of care in nursing homes.

The 1987 Nursing Home Reform Act introduced an increased focus on the quality of life and care, the importance of the individual resident, and the need to help the Medicare and Medicaid nursing home residents reach the "highest practicable level" of functioning. Enforcement policies were established that gave the Health Care Financing Administration the authority to impose a variety of corrective measures when a facility is not in substantial compliance with the requirements for participation in the Medicare and/or Medicaid program.

This report examines trends in the Online Survey Certification and Reporting System (OSCAR) data that indicate quality of care problems in nursing homes survey and certification programs. A companion report describes the overall capacity of the State survey and certification program to monitor quality of care in nursing homes. Other OIG reports address the trend in reported abuse in nursing home residents and the role of the ombudsman in protecting nursing home residents.

We selected a purposive sample of ten States: New York, California, Texas, Ohio, Illinois, Pennsylvania, Massachusetts, Florida, New Jersey, and Tennessee. We analyzed OSCAR data in these States to identify trends in the amount and nature of deficiencies in nursing home quality of care. To better understand the overall context of these deficiencies, we conducted structured interviews with the State director and surveyors.

FINDINGS

Overall Deficiencies Are Decreasing, but "Quality of Care" Deficiencies Are Increasing and Other Serious Deficiencies Persist at High Levels

Deficiencies are classified into 17 major categories containing 185 subcategories of specific deficiencies. If a nursing home has deficiencies in three specific categories, it is considered to have *substandard quality of care*, for enforcement purposes, depending on the scope and severity. The three categories are: "quality of care", "resident behavior and facility practices", and "quality of life".

While almost all deficiencies have declined over the past four surveys, *substandard quality of care* deficiencies have decreased at a slower rate than all others. The 49 *substandard quality of care* deficiencies have decreased by only 14 percent over the last four standard surveys compared to a decrease of 32 percent for the other 136 deficiencies which do not fall into the *substandard quality of care* categories.

Although in total, *substandard quality of care* deficiencies have decreased, the subcategory "quality of care" has increased. Thirteen of the 25 deficiencies in the "quality of care" subcategory are higher on the current survey than they were three surveys prior. Some noteworthy deficiency increases include the failure to provide range of motion treatment, lack of adequate supervision or devices to prevent accidents, and catheterizing residents without clinical need. Additionally, three of those 13 have increased in every survey over the past four standard surveys.

Although some deficiencies have declined over the years, the number of deficiencies that continue to be cited remains a cause for concern. For example, pressure sores are bruises or open sores on the skin which could be an indication that other kinds of problems are occurring such as urinary incontinence, malnutrition or dehydration. If a resident has a cognitive loss or dementia, or physical restraints, or psychotropic drugs are being used, the resident is vulnerable to resultant pressure sores.

Nursing Homes with Chronic Quality of Care Problems Exist

The OSCAR data identifies some nursing homes that continue to have the same deficiencies every survey. Four hundred and sixty three nursing homes have been cited with the same deficiencies over the past four contiguous surveys, representing 6 percent of all homes in the sample States. Nursing homes with serious deficiencies or constant non-compliance issues are considered to have chronic quality of care problems.

State survey and certification directors and surveyors describe circumstances similar to what the OSCAR data show. They cite that the percentage of nursing homes with these problems is between one and 20 percent of all homes in their respective States. Half of

the State directors mention pressure sores and nutrition issues as frequent chronic quality of care problems in their nursing homes. The OSCAR data show the deficiency that occurs the most frequently, both in our sample States and nationally, is the failure to give proper treatment to prevent or treat pressure sores. Surveyors concur with directors; most also mention that staffing shortages and inferior staff proficiency levels precipitate chronic quality of care in nursing homes.

State Directors and Surveyors Express Reservations about Relying Exclusively on Oscar Data to Identify and Understand Problems in Nursing Homes

Most surveyors and more than half of directors are satisfied with OSCAR data but propose changes. OSCAR data may not catch all the problems that exist in a nursing home due to the current survey process. Surveyors visit most facilities only once a year and cannot be cognizant of problems that occur throughout the year. Surveyors suggest using OSCAR data in conjunction with other tools to obtain an accurate view of quality of care.

The majority of the State survey and certification directors and surveyors we interviewed believe that certain deficiencies have unclear definitions. They note some specific deficiencies that are open to individual interpretation and discretion. Of the 17 categories, those that are considered most problematic are “resident rights”, “resident behavior and facility practices”, “quality of life”, “quality of care”, and “nursing services.”

RECOMMENDATION

The resident-centered long-term care requirements of the nursing home survey are essential tp guarantee the quality of care in nursing homes. Clearly some major problems need to be addressed. Our findings support and elaborate on the Health Care Financing Administration’s initiative to strengthen the enforcement efforts by:

- making them more timely and effective,
- changing the survey schedule to make surveys more unpredictable,
- increasing the number of night and weekend surveys,
- increasing the number of surveys at nursing homes with chronic quality of care problems, and
- focusing on specific problems such as pressure sores, dehydration, and malnutrition.

These initiatives, if carried out completely, appear to be responsive to most of the problems in this report as well as our companion report “Nursing Home Survey and Certification: Overall Capacity.”

Many of the most frequently cited deficiencies are directly related to reported shortage of

direct care staff. The failure to provide proper treatment to prevent or treat pressure sores illustrates the lack of direct care staff to assure that residents are properly hydrated, nourished and turned frequently. In light of our findings in this report, additional action is needed. We recommend that the Health Care Financing Administration:

- develop staffing standards for registered nurses and certified nurse assistants in nursing homes to assure sufficient staff on all shifts to enable residents to have proper care. Staffing standards should account for the intensity of care needed, qualifications of the staff, and the specific characteristics of both the nursing home and the residents.

AGENCY COMMENTS

We received comments on the draft report from HCFA and the Assistant Secretary for Planning and Evaluation (ASPE). The HCFA concurs with our recommendations. The ASL informally commented on the reports, and we made the appropriate changes.

The ASPE expressed some concern about the ability of OSCAR data to assess quality of care in nursing homes. We recognize the limitations of OSCAR but used it as only one indicator of quality. We are happy to re-emphasize here what we say in our report that OSCAR data should not be looked at independently. In this report we used it in combination with the views of nursing home surveyors and State Directors.

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INTRODUCTION

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Generally, a nursing home is a residential facility offering daily living assistance to individuals who are physically or mentally unable to live independently. Residents are provided rooms, meals, assistance with daily living, and in most cases, some medical treatment for those who require it. Medicare can help pay for skilled nursing facility (SNF) care for up to 100 days in a benefit period when a beneficiary meets certain conditions. Medicaid coverage varies among States. Medicaid eligible beneficiaries who require custodial care such as help with eating, bathing, taking medicine and toileting, as well as those who require skilled care may have nursing home stay paid for by Medicaid. Medicaid payments to nursing homes in 1996 totaled $29.6 billion. In 1989 Medicare paid $2.8 billion to nursing homes, an amount totaling 4.7 percent of the Medicare budget. In 1996 this amount had increased to $10.6 billion, totaling 9 percent of the Medicare budget.

In 1986 the Institute of Medicine conducted a study on nursing home regulation. The Institute reported prevalent problems regarding the quality of care for nursing home residents and the need for stronger Federal regulations. In 1987 the General Accounting

Office (GAO) reported that over one third of nursing homes were operating below the Federal minimum standards. These reports, along with widespread concern regarding nursing home conditions, persuaded Congress to pass the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987). As a part of OBRA 1987, Congress passed the comprehensive Nursing Home Reform Act (PL 100-203). These actions expanded requirements that nursing facilities had to comply with prior to Medicare certification. The Nursing Home Reform Act also ceded personal rights to nursing home residents such as the right to be free of physical or mental abuse, and the right to be free from chemical and physical restraints. It also altered the principles for enforcement of Federal standards of care in nursing homes.

Medicare Requirements

The Health Care Financing Administration (HCFA) has the responsibility to act as "prudent purchaser" by ensuring that nursing homes participating in Medicare and/or Medicaid meet certain requirements for quality environment and services. These requirements are found at 42 Code of Federal Regulations (CFR) Part 483, Subpart B. The OBRA 1987, as amended in 1988, 1989, and 1990, changed these requirements by introducing an increased focus on the quality of life and care, the importance of the individual resident, and the need to help the resident reach the "highest practicable level" of functioning. It also included interviewing and assessing residents rather than simply reviewing medical records.

Enforcement Procedures

The 1987 Nursing Home Reform Act enforcement provisions were enacted when the State Operations Manual (SOM) became effective on July 1, 1995. The HCFA had several process goals during the implementation of the new survey and enforcement systems. The first was to promote consistency through extensive training, the second was to link appropriate remedies to deficiencies, and the third was to avoid unnecessary procedures. Congress recognized that one enforcement response would not be appropriate for all deficiencies. Enforcement policies were established that gave HCFA the license to impose a variety of corrective measures when a facility is not in substantial compliance with the requirements for participation in the Medicare and/or Medicaid program. Some options include temporary management, denial of payment for new admissions, civil money penalties, termination of the facility, or State monitoring of the facility. States are responsible for establishing their own remedy guidelines.

The HCFA imposed a number of administrative changes on enforcement procedures following the implementation of the State Operations Manual. In June of 1995, HCFA enacted a temporary moratorium on the collection of certain lower-level money penalties (CMPs). The moratorium preceded HCFA's decision to alter the State Operations Manual in December of 1996. "Civil monetary penalties are now limited to situations of

immediate jeopardy or to nursing facilities that are poor performers or have serious deficiencies that are not corrected at the time of a revisit." Additional changes by HCFA redefined the scope of deficiencies, permitted States to avoid revisits in facilities that have lower level deficiencies, and established new terms to define facilities that are not in substantial compliance.

Requirements of Surveys

An important characteristic of nursing homes is their Federal certification status for the Medicare and/or Medicaid programs. While some nursing homes may not meet certification requirements, or may elect not to participate in either program, nearly all nursing homes had some form of certification in 1996. The Nursing Home Reform Act defines the State survey and certification process for determining nursing home compliance with the Federal standards.

To ensure acceptable compliance, both the State for Medicaid facilities, and HCFA for Medicare facilities, are responsible for performing routine facility surveys. For those facilities designated as dually-certified, HCFA has the primary responsibility. The HCFA contracts with States to perform the surveys for Medicare and dually-certified nursing homes. The survey process determines, and the resulting survey documentation records (HCFA-2567), the compliance or noncompliance of the facilities. When a facility fails to meet a specific requirement, a deficiency or citation is given to the facility by the surveyors. Surveyors provide the reasons justifying any resulting enforcement action and the record on which to defend that action in the appeals process. Surveyors are instructed to use the Principles of Documentation when determining the extent of non-compliance. Generally, there are 20 principles that should be considered in the citation of deficiencies on the HCFA-2567. These principals are generic and apply to the documentation of survey outcomes regardless of the program (Medicare/Medicaid).

As a result of the Nursing Home Reform Act, a new survey and certification process was implemented in 1995. All nursing facilities are now subject to an unannounced standard survey "no later than 15 months after the date of the previous standard survey," and the Statewide average interval between standard surveys must be 12 months or less," creating a Federal standard survey window between 9 and 15 months. Each standard survey includes a stratified case mix of nursing home residents measuring medical, nursing and rehabilitative care, dietary and nutrition services, activities, social participation, sanitation, infection control, and the physical environment. Written plans of care are reviewed to determine their adequacy and an audit of residents' assessments are conducted to determine the accuracy of such assessments. There is also a review of facility compliance of residents' rights.

In addition to the regular survey process there are "special" and "extended" surveys. Special surveys **may** be conducted within two months of any change in ownership,

administration, management, or director of nursing to determine if the change is having an effect on the quality of care in the facility. Extended surveys are performed immediately or within two weeks after the standard survey completion on those facilities found to have provided substandard quality of care. The survey team reviews the policies and procedures that produced the substandard care, expands the size of the sample of resident's assessments, reviews staffing, in-service training, and if necessary, contracts with consultants.

Complaint Procedures

Each State is required to maintain written procedures and adequate staff to investigate complaints of violations at nursing homes. States must review all allegations of resident neglect and abuse, and misappropriation of resident property. All allegations, regardless of source, must be reviewed in a timely manner. If an allegation is found to have occurred, the State must notify in writing, the individuals implicated and the administrator of the nursing home where the incident transpired. In addition, each State is required to notify the nurse aid registry and licensure boards when an abuse or neglect claim has been substantiated.

Online Survey Certification and Reporting System (OSCAR)

The HCFA's Online Survey Certification and Reporting System (OSCAR) came online in October 1991 as a replacement for the Medicare/Medicaid Automated Certification System (MMACS) and the Rapid Data Retrieval System (RADARS). The HCFA uses OSCAR in its survey of Medicare and Medicaid providers to monitor State agency and provider performance. OSCAR contains data for the current and 3 previous surveys. Some of the data is overwritten as new information is entered (e.g. number of beds, address, and employment information), but deficiency data remains and is tracked historically. The HCFA recently began tracking the scope and severity of deficiencies historically as well.

Part of the OSCAR data is self-reported information by the nursing homes about the facility and its' patients. The remaining data is information generated by the surveyors based on deficiencies. The Federal regulations detailing survey requirements are classified into 17 major categories in the HCFA State Operations Manual:

- resident rights;
- admission, transfer and discharge rights;
- resident behavior and facility practices;
- quality of life;
- resident assessment;
- quality of care;
- nursing services;

- dietary services;
- physician services;
- rehabilitation services;
- dental services;
- pharmacy services;
- infection control;
- physical environment;
- administration;
- laboratory; and
- other.

The specific survey requirements within these categories were consolidated from 325 individual items to 185 items effective on July 1, 1995. When a nursing home fails to meet a specific requirement which could result in a negative impact on the health and safety of residents, a deficiency is given to the facility by a State surveyor team. A deficiency is rated based on scope and severity for the purposes of enforcement.

When a facility has one or more deficiencies related to resident behavior and facility practices, quality of life, or quality of care that constitute either immediate jeopardy to resident health and safety; a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy with no actual harm it is considered *substandard quality of care*. Resident behavior and facility practices includes the areas of restraints, abuse and staff treatment of residents; quality if life includes the residents ability to make decisions about his or her daily activities and the nursing home's accommodation of those needs; and quality of care includes the technical ability of the nursing home to prevent and treat the medical conditions of the residents. For a complete listing of the deficiencies in each *substandard quality of care* category see Appendix B.

Prior Studies

A recent study, "The Regulation and Enforcement of Federal Nursing Home Standards" by Charlene Harrington published in March of 1998, details the problems with nursing home certification that precipitated the action by Congress in passing the Nursing Home Reform Act. She challenges the declining State deficiency averages by raising the notion that the enforcement process may be weakening rather than nursing facilities improving quality of care.

"The National State Auditors Association Joint Performance Audit on Long-Term Care", completed in May of 1998 by the Louisiana Office of the Legislative Auditor, compiled information from ten States regarding survey and certification concerns. Issues discussed include licensing, inspection, sanctions, complaints, and reimbursement. The audit findings conclude that States should vary the timing of inspections, evaluate how

aggressively they are imposing State sanctions on facilities with deficiencies, and avoid delaying the investigation of complaints.

The Secretary released a report to Congress in July of 1998 indicating that significant improvements were made since 1995 in the quality of care delivered by nursing homes. These improvements included more appropriate use of physical restraints, anti-psychotic drugs, anti-depressants, urinary catheters, and hearing aids. The report also found a need for further improvements by States, nursing homes, and others. Additional steps will be taken to address the problems identified in the report and include tougher enforcement of Medicare and/or Medicaid rules. Efforts will be aimed at preventing instances of bed sores, dehydration, and nutrition problems. The following are new approaches aimed at improving quality of care: facilities that have repeat offenses will face sanctions without a grace period; inspections will be conducted more frequently for repeat offenders without decreasing inspections at other facilities; inspections will be staggered; a set amount of inspections will be conducted on weekends; and efforts will be focused on facilities within chains that have a record of non-compliance.

In conjunction with the Secretary's report to Congress, the President announced a new nursing home care initiative to provide enhanced protections and to target needed improvement in nursing home care. Proposed actions include checking criminal backgrounds of nursing home workers, establishing a national registry of employees convicted of abusing patients, targeting nursing home chains with poor records, cutting off inspection funds to States with poor records of citing *substandard quality of care*, publishing annual nursing home surveys on the Internet, increasing Federal oversight of State inspections, providing additional training to State officials, changing the survey schedule to make them more unpredictable, increasing the number of night and weekend surveys, and re-authorizing the Ombudsman program in the Older Americans Act.

One week after the President's initiative, the Government Accounting Office (GAO) published a report examining the quality of care in 1,370 California nursing homes that were inspected from 1995 to 1998. They found 30 percent of the homes had violations that caused death or life-threatening harm to residents, or had understated the frequency of poor care by falsifying medical records. As a result of this report, the US Senate Special Committee on Aging, chaired by Senator Charles Grassley, held hearings in July 1998 to discuss the findings on the quality of care in nursing homes.

The HCFA has a number of studies in progress evaluating various aspects of survey and certification. Some studies include staffing ratios, quality of care, and resident assessment.

METHODOLOGY

This inspection is based on information gathered from three different sources: OSCAR data, interviews with State survey and certification directors and State survey and certification surveyors. We looked for consistencies between the data and the observations of the insiders we interviewed. We selected a purposive sample of ten States: New York, California, Texas, Ohio, Illinois, Pennsylvania, Massachusetts, Florida, New Jersey, and Tennessee. These States have comprehensive survey and certification programs and represent 55.8 percent of the nation's total skilled nursing beds. In addition, they represent 56 percent ($23 billion) of Medicaid institutional long-term care expenditures in 1996. The purposive sample represents States of various sizes in different parts of the country.

OSCAR Data

The Online Survey Certification and Reporting System (OSCAR) is the system HCFA uses in its survey of Medicare and Medicaid providers to monitor State agency and provider performance. OSCAR contains data for the current and three previous standard surveys. The second part of OSCAR is information generated by the surveyors based on deficiencies. The Federal regulations detailing survey requirements are classified into 17 major categories. We analyzed three of these categories which could determine poor quality of care depending on their scope and severity. Resident behavior and facility practices includes the areas of restraints, abuse and staff treatment of residents; quality of life includes the residents ability to make decisions about his or her daily activities and the nursing home's accommodation of those needs; and quality of care includes the technical ability of the nursing home to prevent and treat the medical conditions of the residents. We looked at those *substandard quality of care* deficiencies which increased over the last four standard surveys, those that decreased and those that remained high, and those deficiencies that repeated over the last four surveys.

Additionally, we looked at the top 10 of all deficiencies to determine which deficiencies are cited most frequently. We also looked at OSCAR complaint data specifically at complaints of abuse. We compared complaints of abuse filed from January 1997 to July 1998 to abuse deficiencies in the most current survey. The direct relationship between abuse codes in the deficiency and complaint tables allowed us to look closely at the scope of abuse and examine enforcement patterns and outcomes. Since information in the OSCAR database is constantly being updated, we downloaded OSCAR data on August 4, 1998. In all cases we compared our 10 sample States to aggregate national data both for deficiencies and complaints.

Interviews

We also conducted a total of thirty structured interviews; three interviews in each of the ten sample States, one with the State survey and certification director or a designee, and two with State surveyors within each State. The two State surveyors were selected randomly from a list of at least ten surveyors submitted by the State director. During these interviews, we obtained information about the State survey and certification program structure, the processes utilized to monitor quality of care, how deficiencies are addressed, and the respondents satisfaction with the process.

We selected both directors and surveyors for their different perspectives on the survey and certification process. We compared the information provided by the directors to information provided by surveyors. In our analysis we paid special attention to consensus within and among the groups.

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

FINDINGS

Overall deficiencies are decreasing, but "quality of care" deficiencies are increasing and other serious deficiencies persist at high levels

General trends

Potential deficiencies are classified into 17 major categories containing 185 subcategories of specific deficiencies. If a nursing home has deficiencies in three specific categories, it is considered to have *substandard quality of care* for enforcement purposes depending on the scope and severity. These three categories are: "quality of care", "resident behavior and facility practices", and "quality of life".

"Resident behavior and facility practices" and "quality of life," two of the three *substandard quality of care* categories, are lower in the current standard survey than they were in the prior three. See Appendix A for a complete listing of the deficiencies in these categories. In addition, some "quality of care" deficiencies have also decreased over the past four surveys. In all three *substandard quality of care* categories, nine deficiencies have decreased by more than 50 percent between the current survey and three surveys prior. See Table I below.

Table I

Deficiencies that have Decreased by More than 50 percent

Deficiencies	Percent Decrease
Facility promotes/enhances quality of life	-87%
Facility must employ a qualified social worker	-79%
Private closet space	-74%
Facility must listen and respond to groups	-72%
Adequate and comfortable light	-61%
Clean bed and bath linens	-55%

Gradual dose reduction of antipsychotic drugs	-55%
No naso-gastric tube unless unavoidable	-53%
Right to be free from chemical restraints	-52%

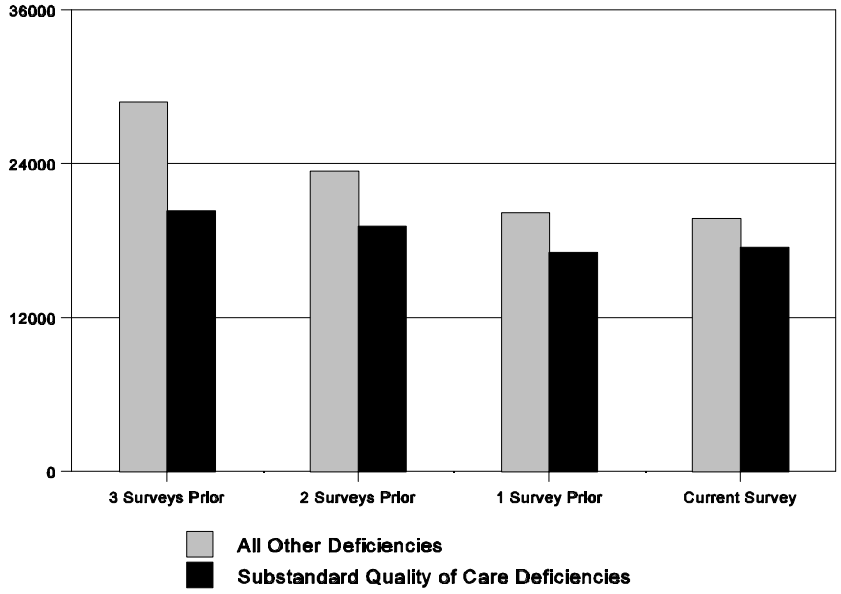
Source: OSCAR Data

On the national level, six deficiencies decreased by 50 percent or more. Five deficiencies mirror those of the sample States in addition to failure to provide activities of daily living to dependent residents which has also declined over 50 percent. About 40 percent (20 out of 49) of all deficiencies in the three *substandard quality of care* categories have declined every survey for the past four surveys. These declines range from a 10 percent decline to a 79 percent decline. Nationally, 30 percent (15 out of 49) of all deficiencies declined every survey with decreases ranging from 17 percent to 75 percent.

We compared the 49 deficiencies in the 3 *substandard quality of care* categories to the other 136 deficiencies. The 49 *substandard quality of care* deficiencies have decreased by only 14 percent over the last four standard surveys compared to a 32 percent decrease for all other deficiencies that do not fall in the *substandard quality of care* category. See Figure I below.

Figure I

Sample State Deficiency Trends in Four Consecutive Surveys



Source: OSCAR Data

The slower decrease in *substandard quality of care* deficiencies has in effect increased their proportion among all OSCAR deficiencies. As mentioned before, certain *substandard quality of care* deficiencies in the 'quality of care' category have actually increased such as the failure to supply range of motion treatment and services, failure to provide supervision or devices to prevent accidents, and failure to provide proper treatment or heal pressure sores. When we look at national *substandard quality of care* deficiencies, they mirror the trend of those in sample States.

Sample State outliers to the above trend include New Jersey, Florida, and Illinois. New Jersey differs from the trend because *substandard quality of care* deficiencies decreased at a faster rate (46 percent) than all others (26 percent). *Substandard quality of care* deficiencies in Florida and Illinois have actually increased (12 percent in Florida and 11 percent in Illinois), while all other deficiencies decreased (6 percent in Florida and 33 percent in Illinois).

"Quality of care" deficiencies

Thirteen of the 25 "quality of care" deficiencies in sample States are higher on the current survey than they were three surveys prior. These 13 deficiencies were cited 6,413 times on the current survey compared to 5,246 times three surveys prior, an increase of almost 25 percent. See Table II below for a listing of the 13 deficiencies that have increased over the past 3 surveys. See Appendix A for a complete listing of all 'quality of care' deficiencies and their survey trends.

Table II
Increasing Deficiencies Over Past Three Surveys

Deficiencies	Percent Increase
Adequate supervision and/or devices to prevent accidents	+79%
Appropriate range of motion treatment	+48%
Resident not catheterized unless unavoidable	+42%
Resident receives treatment to maintain vision and hearing	+35%
ADL care provided for dependent residents	+33%
No reduction in range of motion unless unavoidable	+29%

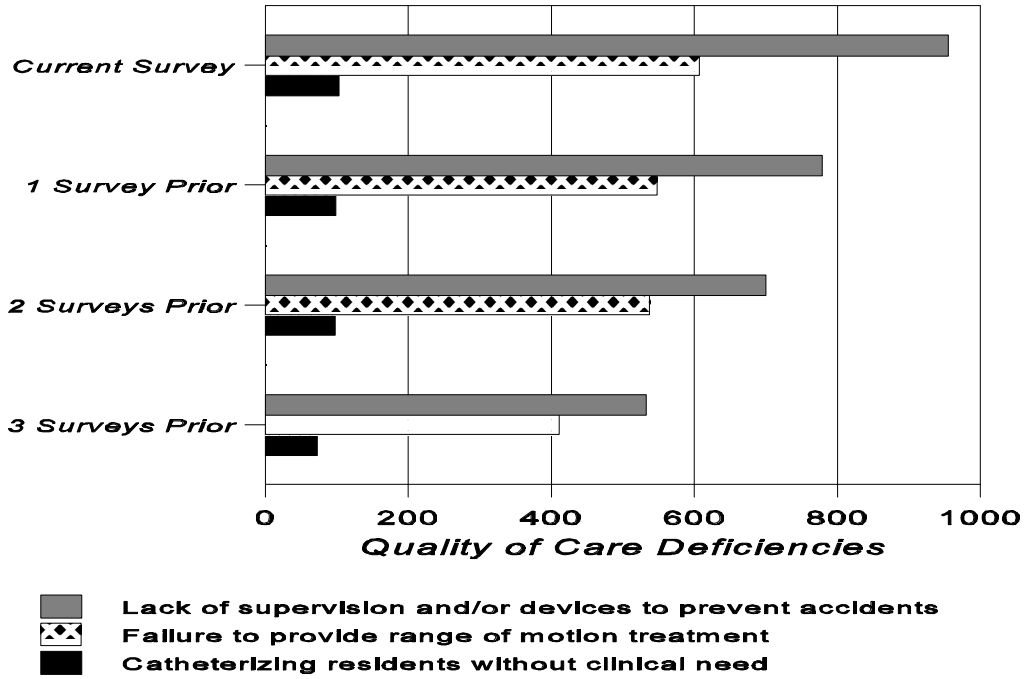
Proper treatment to prevent or treat pressure sores	+21%
Resident given appropriate treatment to improve abilities	+8%
Proper treatment and care for special needs	+7%
No development of mental problems unless unavoidable	+5%
Appropriate treatment for incontinence	+5%
Provides necessary care for highest practicable well-being	+4%
Proper care for residents with naso-gastric tubes	+1%

Source: OSCAR Data

Additionally, 3 of the 13 "quality of care" deficiencies that have increased, have increased in every survey for the past four surveys. These three include nursing homes catheterizing residents without demonstrating clinical need, the nursing homes failure to provide range of motion treatment, and the lack of supervision and/or devices to prevent accidents. See Figure II below.

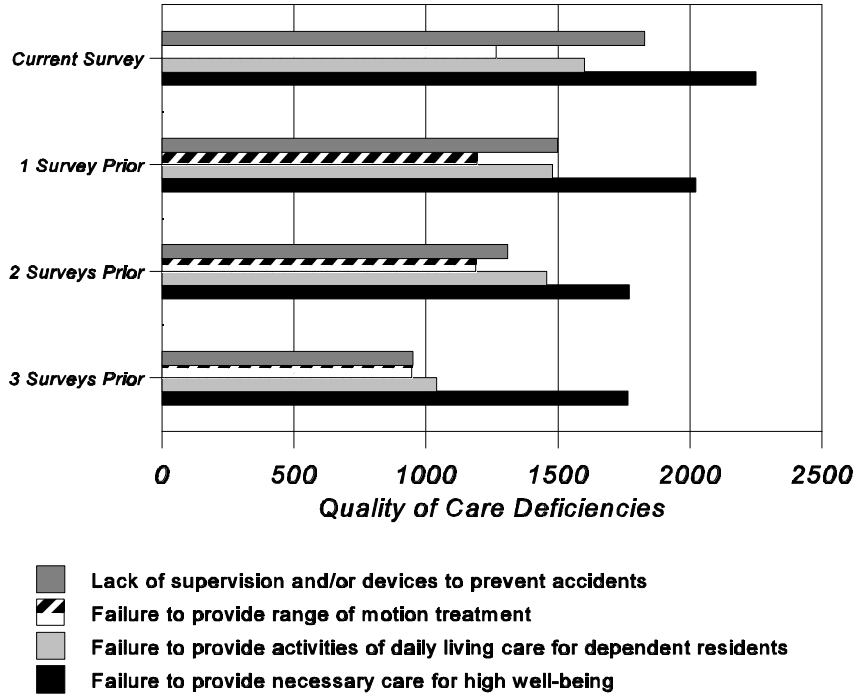
Figure II

Sample State Deficiencies Increasing Every Survey



When looking at the 'quality of care' deficiencies nationwide, 10 deficiencies are higher on the current survey than they were three surveys prior. These ten deficiencies were cited 10,497 times on the current survey compared to 7,726 times three surveys prior, an increase of 36 percent. Four of these 10 deficiencies have increased in every survey for the past four surveys. These include the nursing homes failure to provide necessary care for high well-being, the failure to provide activities of daily living care for dependent residents, the lack of supervision and/or devices to prevent accidents, and the failure to provide range of motion treatment. See Figure III below.

Figure III
National Deficiencies Increasing Every Survey



Source: OSCAR Data

High deficiencies

Although some deficiencies have declined over the years, the number of deficiencies still cited is a cause for concern. Deficiencies often lead to further medical problems or indicate other issues. For example, pressure sores are bruises or open sores on the skin which could be an indication that other kinds of problems are occurring with residents in the nursing home such as urinary incontinence, malnutrition or dehydration. If a resident has a cognitive loss or dementia, physical restraints, or psychotropic drugs are being used, the resident is also vulnerable to resultant pressure sores.

According to OSCAR data, a total of 7,196 nursing homes exist in sample States. Ten *substandard quality of care* deficiencies in sample States have been cited more than 699 times on the latest standard survey, affecting more than 10 percent of nursing homes. Ten *substandard quality of care* deficiencies also affect more than 10 percent of nursing homes nationwide. Five deficiencies affect at least 13 percent of sample State and national nursing homes and they include failure to prevent pressure sores, failure to remain free of accident hazards, failure to maintain or enhance dignity, failure to provide housekeeping to maintain sanitary, orderly and comfortable interiors, and failure to provide the necessary care for the highest practicable well-being. See Table III below.

Table III

Top Ten *Substandard Quality of Care* Deficiencies Cited On Latest Standard Survey

Deficiency	# of Sample State Deficiencies	% of Sample State Facilities	# of National Deficiencies	% of National Facilities
Proper treatment to prevent or treat pressure sores	1,186	16%	2,416	16%
Facility is free of accident hazards	1,164	16%	2,381	16%
Facility promotes care that maintains/enhances dignity	1,115	16%	2,032	14%
Housekeeping and maintenance	1,023	14%	1,916	13%
Provides necessary care for highest practicable well-being	972	14%	2,247	15%
Right to be free from physical restraints	958	13%	1,942	13%
Should have policies that accommodate needs	787	11%	1,348	9%
Drug regimen free from unnecessary drugs	768	11%	1,575	11%
Appropriate treatment for incontinence	750	10%	1,560	10%
"Activities of daily living" care provided for dependent residents	699	10%	1,598	11%

Source: OSCAR data

As opposed to the deficiencies cited the most, some deficiencies remain low. Eighteen *substandard quality of care* deficiencies in sample States have been cited less than 100 times on the latest standard survey, affecting less than one percent of nursing homes. Examples of some of these deficiencies include feeding residents with naso-gastric tubes without medical need, hiring non-qualified social workers, facility prevents residents participation in social, religious, or community activities, and the nursing home fails to promote maintenance or enhancement of each resident's quality of life.

Nursing homes with chronic quality of care problems exist

While State directors and surveyors express reservations about OSCAR data, interviews with them support the OSCAR data about repeat offenders. The OSCAR data shows 463 nursing homes have been cited with the same deficiencies over the past four contiguous surveys, representing 6 percent of all homes in the sample States. The number of nursing homes with repeat quality of care deficiencies ranges from 2 in New Jersey to 270 in California. Table IV shows the number of nursing homes in sample States with repeat quality of care deficiencies.

Table IV

Number of Nursing Homes in Sample States with Repeat Substandard Quality of Care Deficiencies over Four Surveys

State	Number of Nursing Homes with Repeat Deficiencies	Percent of Nursing Homes with Repeat Deficiencies	Number of Repeat Deficiencies
CA	270	21%	369
FL	28	4%	33
IL	54	8%	62
MA	8	2%	8
NJ	2	1%	2
NY	4	1%	4
OH	28	3%	33
PA	10	1%	11
TN	3	1%	3
TX	56	5%	70

Source: OSCAR Data

Table V below identifies the number of nursing homes affected by the top 10 repeat *substandard quality of care* deficiencies in the 10 sample States. Failure of the nursing home to promote care that maintains or promotes dignity ranks first on the list in both the sample States and the national numbers.

Table V

Top 10 *Substandard Quality of Care* Repeat Deficiencies

Deficiency	Facilities in Sample States	Facilities Nationwide
Facility promotes care that maintains or enhances dignity	142	174
Facility must provide necessary housekeeping and maintenance services	91	151
Facility should have policies that accommodate needs and preferences	68	80
Facility is free of accident hazards	64	99
Drug regimen free of unnecessary drugs	33	58
Proper treatment to prevent or treat pressure sores	27	74
Right to be free from physical restraints	24	44
Adequate supervision and/or devices to prevent accidents	22	27
Facility provides medically related social services	19	29
Facility must provide a safe, clean, homelike environment	15	32

Source: OSCAR Data

State directors and surveyors report that nursing homes with chronic quality of care problems exist in their individual States. Nursing homes with serious deficiencies or constant non-compliance issues are considered to have chronic quality of care problems. They say that the percentage of nursing homes with these problems is between 1 and 20 percent of all nursing homes in their respective States. Half of the State directors mention pressure sores and nutrition issues as frequent chronic quality of care problems in their nursing homes. Consistent with these observations, OSCAR data show the deficiency that

occurs the most frequently, both in our sample States and nationwide, is the failure to give proper treatment to prevent or treat pressure sores. See Table III on page 18.

Surveyors concur with directors, but most also mention that nursing home staffing shortages and inferior staff proficiency levels precipitate chronic quality of care in nursing homes. We looked at staffing ratios in the facility reported section of OSCAR data and found between six to nine residents for each certified nurse assistant (CNA) and between 36 and 81 residents for each registered nurse (RN) considering three shifts per day. This does not account for weekends and days off and is only an average. Some homes may have a much higher ratio than others and there is no way of telling if some units within a nursing home are better staffed than others. Abuse of restraints, failure to treat incontinent patients, and improper medication distribution are also mentioned by State directors and surveyors as deficiencies that lead to substandard quality of care.

State directors and surveyors express reservations about relying exclusively on OSCAR data to identify and understand problems in nursing homes

Snapshot in time

OSCAR data may not catch all the problems that exist in a nursing home due to the current survey process. Surveyors visit most facilities only once a year and cannot be cognizant of problems that occur throughout the year. Because many surveys do not take place on weekends on in the evenings, surveyors are limited in their assessment of the nursing home. In order to gain the most comprehensive understanding at a nursing home, OSCAR data should be used in combination with the surveyors visit and other State specific information.

More than half of respondents believe that OSCAR data are not a true indicator of nursing home quality of care. The quality of care at the nursing home may have drastically changed for the better or worse. A common theme among many surveyors and directors is that OSCAR data only portray the situation of the nursing home at the time surveyors are physically conducting the survey. One director remarked, “OSCAR is simply a profile of what is found on the survey. Surveys depend on the characteristics of unique survey teams. Some very bad nursing homes may have a survey that portrays them positively and some very good nursing facilities may have a survey that portrays them negatively.”

Most surveyors and more than half of directors are satisfied with OSCAR data but note problems and propose changes. Surveyors suggest using OSCAR data in conjunction with other tools to obtain an accurate view of quality of care. “OSCAR is only one part of the quality of care story”, one surveyor said. A director notes that OSCAR is a useful

instrument to help focus a survey team during the pre-survey, but doesn't indicate quality of care when analyzed alone. Respondents are concerned that OSCAR data are not user friendly, accurate, streamlined, accessible, or timely. Another director said, "OSCAR generated reports are cumbersome and time consuming." The consensus of the respondents is that OSCAR is difficult to use.

Unclear definitions

Some deficiency definitions are clear and easy to interpret such as " the facility may not employ persons who have been found guilty of abuse." The facility is responsible to provide information about background checks of their staff. Other easy to interpret deficiencies include; a facility with more than 120 beds must employ a qualified social worker on a full time basis, or a facility must provide private closet space in each resident's room.

However, other deficiencies hard to define or difficult to detect may be interpreted differently by various teams of surveyors. People might feel differently about what constitutes dignity or whether the nursing home is providing appropriate accident prevention measures.

The majority of the State survey and certification directors and surveyors we interviewed believe that certain deficiencies have unclear definitions. They note some specific deficiencies that are open to individual interpretation and discretion. Of the 17 categories, those that are considered most problematic are "resident rights", "resident behavior and facility practices", "quality of life", "quality of care", and "nursing services." Specific deficiencies in these categories include physical and chemical restraints, activities of daily living, and accidents. Unclear definitions can cause significant problems when surveyors are writing their survey reports. One surveyor notes, "some problems just don't fit nicely into the deficiency categories." Another surveyor states that the "use of psychoactive drugs is an awkward deficiency because the use of these drugs may be appropriate but the nursing home may have a poor way of documenting the need."

RECOMMENDATION

The resident-centered long-term care requirements of the nursing home survey are essential tp guarantee the quality of care in nursing homes. Clearly some major problems need to be addressed. Our findings support and elaborate on the Health Care Financing Administration's (HCFA) initiative to strengthen the enforcement efforts by:

- making them more timely and effective,
- changing the survey schedule to make surveys more unpredictable,
- increasing the number of night and weekend surveys,
- increasing the number of surveys at nursing homes with chronic quality of care problems, and
- focusing on specific problems such as pressure sores, dehydration, and malnutrition.

These initiatives, if carried out completely, appear to be responsive to most of the problems in this report as well as our companion report "Nursing Home Survey and Certification: Overall Capacity."

Many of the most frequently cited deficiencies are directly related to reported shortage of direct care staff. The failure to provide proper treatment to prevent or treat pressure sores illustrates the lack of direct care staff to assure that residents are properly hydrated, nourished and turned frequently. In light of our findings in this report, additional action is needed. We recommend that HCFA:

- develop staffing standards for registered nurses and certified nurse assistants in nursing homes to assure sufficient staff on all shifts to enable residents to have proper care. Staffing standards should account for the intensity of care needed, qualifications of the staff, and the specific characteristics of both the nursing home and the residents.

AGENCY COMMENTS

We received comments on the draft report from HCFA and the Assistant Secretary for Planning and Evaluation (ASPE). The HCFA concurs with our recommendations. The ASL informally commented on the reports, and we made the appropriate changes.

The ASPE expressed some concern about the ability of OSCAR data to assess quality of care in nursing homes. We recognize the limitations of OSCAR but used it as only one indicator of quality. We are happy to re-emphasize here what we say in our report that

OSCAR data should not be looked at independently. In this report we used it in combination with the views of nursing home surveyors and State Directors.

APPENDIX A

Substandard Quality of Care Deficiencies

Table VI

"Resident Behavior and Facility Practices" Deficiencies in Sample States

Deficiency	3 Surveys Prior	2 Surveys Prior	1 Survey Prior	Current Survey	Percent Change
Right to be free from physical restraints	1145	1245	1109	958	-16%
Right to be free from chemical restraints	102	83	68	49	-52%
Right to be free from abuse	205	144	117	112	-45%
Must have policies that prohibit abuse and neglect	198	172	122	162	-18%
May not employ persons guilty of abuse	409	382	300	341	-17%
Total	**2059**	**2026**	**1716**	**1622**	**-21%**

Source: OSCAR data

Table VII

"Quality of Life" Deficiencies in Sample States

Deficiency	3 Surveys Prior	2 Surveys Prior	1 Survey Prior	Current Survey	Percent Change
Facility promotes/enhances quality of life	117	38	14	15	-87%
Facility promotes care that maintains/enhances dignity	1470	1367	1164	1115	-24%
Resident has the right to make choices about aspects of life in the facility	188	166	148	138	-27%
Right to organize and participate in groups	60	59	40	35	-42%
Facility must listen and respond to groups	123	33	27	34	-72%
Right to participate in activities	15	16	11	15	00%
Should have policies that accommodate needs	1357	1147	835	787	-42%
Receive notice of room or roommate change	51	28	23	31	-39%
Facility must provide an activity program	826	810	659	641	-22%
Facilities activity director must be fully qualified	66	46	34	53	-20%
Facility provides medically related social services	766	758	712	647	-16%
Facility must employ a qualified social worker	56	27	26	12	-79%
Facility must provide a safe, clean, homelike environment	984	774	548	510	-48%

Housekeeping maintains sanitary and comfortable interior	1242	1076	1057	1023	-18%
Clean bed and bath linens	214	150	121	96	-55%
Private closet space	57	33	14	15	-74%
Adequate and comfortable light	90	67	44	35	-61%
Safe and comfortable temperature levels	119	76	61	75	-37%
Maintenance of comfortable sound levels	220	204	178	157	-29%
Total	**8021**	**6875**	**5716**	**5434**	**-32%**

Source: OSCAR data

Table VIII

"Quality of Care" Deficiencies in Sample States

Deficiency	3 Surveys Prior	2 Surveys Prior	1 Survey Prior	Current Survey	Percent Change
Provides necessary care for highest practicable well-being	939	887	923	972	+04%
ADL's don't decline unless unavoidable	346	268	212	201	-42%
Resident given appropriate treatment to improve abilities	314	313	320	339	+08%
ADL care provided for dependent residents	527	654	568	699	+33%
Resident receives treatment to maintain vision and hearing	37	56	58	50	+35%
Proper treatment to prevent or treat pressure sores	984	1061	1005	1186	+21%
Resident not catheterized unless unavoidable	72	97	98	102	+42%
Appropriate treatment for incontinence	714	730	663	750	+05%
No reduction in range of motion unless unavoidable	51	67	66	66	+29%
Appropriate range of motion treatment	411	537	548	607	+48%
Appropriate treatment for mental or psychosocial functioning	280	261	221	208	-26%
No development of mental problems unless unavoidable	20	22	13	21	+05%
No naso-gastric tube unless unavoidable	19	26	15	9	-53%

Proper care for residents with naso-gastric tubes	367	364	308	369	+01%
Facility is free of accident hazards	1402	1255	1147	1164	-17%
Adequate supervision and/or devices to prevent accidents	532	699	778	954	+79%
Resident maintains nutrition status unless unavoidable	633	612	600	569	-10%
Resident receives therapeutic diet when required	325	216	153	179	-45%
Facility provides sufficient fluid intake to maintain health	261	251	226	230	-12%
Proper treatment and care for special needs	278	282	257	298	+07%
Drug regimen free from unnecessary drugs	785	784	786	768	-02%
No use of antipsychotic drugs except when necessary	101	75	69	65	-36%
Gradual dose reduction of antipsychotic drugs	115	90	76	52	-55%
Facility is free of medication error rates of 5% or more	436	391	345	330	-24%
Residents are free from significant medication errors	272	216	188	215	-21%
Total	**10221**	**10214**	**9643**	**10403**	**0.02**

Source: OSCAR data

APPENDIX B

Definitions of *Substandard Quality of Care* Deficiencies

"Resident Behavior and Facility Practices" Category

Deficiency - (Ftag)	Definition
F0221	Resident has the right to be free from any physical restraint for purposes of discipline or convenience.
F0222	Resident has the right to be free from any chemical restraint for purposes of discipline or convenience.
F0223	Resident has the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion.
F0224	Facility must have written policies and procedures that prohibit abuse and neglect.
F0225	Facility may not employ persons who have been found guilty of abuse

.

"Quality of Life" Category

Deficiency - (Ftag)	Definition
F0240	Facility must promote/enhances quality of life.
F0241	Facility must promote care that maintains or enhances dignity.
F0242	Resident has the right to choose activities, schedules, interact with members of community, and make choices about aspects of life in the facility.
F0243	Resident has the right to organize and participate in resident groups.
F0244	Facility must listen and respond to resident or family group.
F0245	Resident has the right to participate in social, religious, and community activities.

F0246	Facility should have policies that accommodate residents' needs and preferences.
F0247	Resident to receive notice before room or roommate in the facility is changed.
F0248	Facility is to provide ongoing program of activities that fit resident.
F0249	Facilities director must be fully qualified.
F0250	Facility must provide medically related social services.
F0251	Facility with more than 120 beds must employ a qualified social worker on a full time basis.
F0252	Facility must provide a safe, clean, comfortable, and homelike environment.
F0253	Facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior.
F0254	Facility must provide clean bed and bath linens that are in good condition.
F0255	Facility must provide private closet space in each resident's room.
F0256	Facility must provide adequate and comfortable lighting levels in all areas.
F0257	Facility must provide comfortable and safe temperature levels.
F0258	Facility must provide comfortable sound levels.

"Quality of Care" Category

Deficiency - (Ftag)	**Definition**
F0309	Facility to provide necessary care for the highest practicable physical, mental, and psychosocial well being.
F0310	Activities of daily living do not decline unless unavoidable.
F0311	Resident is given treatment to improve abilities.

F0312	Activities of daily living care is provided for dependent residents.
F0313	Resident receive treatment to maintain hearing and vision.
F0314	Proper treatment to prevent or treat pressure sores.
F0315	Resident is not catheterized unless unavoidable.
F0316	Appropriate treatment for incontinent resident.
F0317	No reduction of range of motion unless unavoidable.
F0318	Resident with limited range of motion receives appropriate treatment.
F0319	Appropriate treatment for mental or psychosocial problems.
F0320	No development of mental problems unless unavoidable.
F0321	No naso-gastric tube unless unavoidable.
F0322	Proper care and services for resident with naso-gastric tube.
F0323	Facility is free of accident hazards.
F0324	Resident receives adequate supervision and assistance devices to prevent accidents.
F0325	Facility must maintain acceptable parameters of nutritional status unless unavoidable.
F0326	Resident receives therapeutic diet when required.
F0327	Facility must provide sufficient fluid intake to maintain proper hydration and health.
F0328	Facility must ensure that proper treatment and care is provided.
F0329	Each resident's drug regimen must be free from unnecessary drugs.
F0330	No use of antipsychotic drugs except when necessary.

F0331	Residents who use antipsychotic drugs receive gradual dose reductions.
F0332	Facility must ensure that it is free of medication error rates of five percent or greater.
F0333	Residents are free of any significant medication errors.

APPENDIX C

Comments on the Draft Report

In this appendix, we present in full the comments form the Health Care Financing Administration, and the Assistant Secretary for Planning and Evaluation.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

Office of the Administrator
Washington, D.C. 20201

DATE: FEB 10 1999

TO: June Gibbs Brown
Inspector General

FROM: Nancy-Ann Min DeParle
Administrator

SUBJECT: Office of Inspector General (OIG) Draft Reports: "Nursing Home Survey and Certification - Overall Capacity," (OEI-02-98-00330) and "Nursing Home Survey and Certification - Deficiency Trends," (OEI-02-98-00331)

We appreciate OIG's efforts to assist us in addressing the State survey and certification programs' capacity to monitor quality of care in nursing homes. The reports echo our own concerns and underscores the need for our on-going efforts to help states to improve enforcement efforts, make surveys less predictable, ensure adequate staff resources and promote better coordination with Ombudsmen. In fact, HCFA has already begun implementing a number of your recommendations.

In 1995, the Clinton Administration implemented the toughest-ever enforcement regulations, which resulted in measurable improvement in quality of care in nursing homes. Building on that foundation, the President announced an aggressive new initiative in July 1998 to further strengthen enforcement and to ensure that all nursing home residents receive the quality care that they deserve and their families expect.

We have already implemented many aspects of the initiative. We have issued new guidance to States to strengthen their nursing home inspection systems and to crack down on nursing homes that repeatedly violate safety rules. We have also taken other steps to reduce the incidence of bed sores, dehydration and malnutrition, and to give consumers ready access to comparative information about nursing home quality. The President's Fiscal Year 2000 budget request includes additional resources to fully implement all aspects of the initiative.

I am pleased to see that the reports acknowledge that our on-going initiative addresses many of the OIG's findings. Ultimately, we want all residents of nursing homes to be treated with compassion and dignity. Our efforts to date represent a major step in that direction, and we will continue to work with the states, providers and advocates to better protect our most vulnerable citizens.

Our specific comments follow:

"Nursing Home Survey and Certification - Overall Capacity," (OEI-02-98-00330)
OIG Recommendations #1 - 5
The following OIG recommendations support HCFA's initiative to strengthen the enforcement efforts:

- making surveys more timely and effective,
- changing the survey schedule to make surveys more unpredictable,
- increasing the number of night and weekend surveys.
- increasing the number of surveys at nursing homes with chronic quality of care problems, and
- focusing on specific problems such as pressure sores, dehydration, and malnutrition.

HCFA Response
We concur. The above recommendations are part of HCFA's nursing home initiative which was developed in July 1998 in response to HCFA's Report to Congress. Implementation of these recommendations is well underway.

OIG Recommendation #6
HCFA should evaluate the surveyor staffing in each State to assure that adequate staffing is available to complete all standard surveys, follow up surveys, and respond to complaints.

HCFA Response
We concur. In fact, we do review state surveyor staffing as part of the survey and certification budget process, and we will be examining these data more closely as part of our effort to determine whether states are complying with the requirements of the contractual agreement they enter into with HCFA to perform these activities. We note, however, that surveyor staffing levels are directly dependent upon Congressional funding. Currently, even with the increased appropriations we have received to fund the survey and certification program, we must allocate carefully and phase in the implementation of some of the pieces of the nursing home initiative. We look forward to working with the Congress as we evaluate surveyor staffing needs.

OIG Recommendations #7 - 9
HCFA should:

- provide additional training to State surveyors
- provide a forum for State surveyors to meet and discuss common issues
- facilitate better coordination with the Ombudsman program

HCFA Response

We concur. These issues are being addressed by the new Federal Monitoring System (FMS). The FMS was implemented on September 30, 1998 and, through our regional offices, we are beginning to receive feedback from states on the new process. We will use that feedback to guide our training and coordination efforts.

"Nursing Home Survey and Certification--Deficiency Trends," (OEI-02-98-00331)
OIG Recommendations #1 - 5

The following OIG recommendations support HCFA's initiative to strengthen the enforcement efforts:

- making them more timely and effective,
- changing the survey schedule to make surveys more unpredictable,
- increasing the number of night and weekend surveys.
- increasing the number of surveys at nursing homes with chronic quality of care problems, and
- focusing on specific problems such as pressure sores, dehydration, and malnutrition.

HCFA Response

We concur. The above recommendations are part of HCFA's nursing home initiative which the President announced in July 1998 as the Administration's initial response to HCFA's Report to Congress outlining the strengths and weaknesses of the 1995 regulations. Implementation of these recommendations is well underway.

OIG Recommendation #6

HCFA should develop staffing standards for registered nurses and certified nurse assistants in nursing homes to assure sufficient staff on all shifts to enable residents to have proper care. Staffing standards should account for the intensity of care needed, qualifications of the staff, and the specific characteristics of both the nursing home and the residents.

HCFA Response

We concur that many of the problems that we have identified, and that the OIG and the GAO have identified, appear to be related to inadequate staffing or ineffective training of staff. In the early 1990's, Congress requested that HCFA prepare a report studying the relationship of staffing levels to the quality of care nursing home residents receive. That report was never developed. Last summer, the Administrator directed HCFA staff to undertake this effort, and in September 1998 a contract was awarded to Abt Associates to assist us in completing a comprehensive nurse staffing study. Current plans call for the analyses to be completed and a report delivered to HCFA by October 1999, and then submitted to Congress by the end of the year.

This comprehensive nurse staffing study will help HCFA determine if minimum nurse staffing ratios are appropriate, and should address the issue of staff qualifications the OIG has identified. The potential cost and budgetary implications of minimum ratio requirements will also be studied.

TOTAL P.05

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary
for Planning and Evaluation
Washington, D.C. 20201

MAR - 4 1999

TO: LaVarne Burton
Executive Secretary

FROM: Margaret A. Hamburg, M.D. MAH
Assistant Secretary for Planning and Evaluation

SUBJECT: OIG Draft Reports: Nursing Home Survey and Certification - Overall Capacity and Deficiency Trends (OEI-02-98-00330 and OEI-02-98-00331) -- CONCURRENCE WITH COMMENT

We have reviewed the OIG draft reports on the nursing home survey and certification program entitled, "Overall Capacity" and "Deficiency Trends." We have also reviewed the reports on the long term care ombudsman program. We have one general and one technical comment.

General Comment

Our primary comment pertains to the "Deficiency Trends" report. The stated purpose of this report is to "describe deficiency trends indicated by the survey data and the extent to which these trends indicate quality of care in nursing homes" (p.1). Many of the conclusions in this report are based largely on deficiency citations included in the OSCAR data system. We recommend that early on in this report the reader be advised that the presence or absence of such citations in the OSCAR data system may or may not be indicative of changes in the quality of care.

We agree with the OIG that additional research is needed to understand the effectiveness of the nursing home reforms established by OBRA '87. We look forward to working with the OIG, HCFA, and others to study the impact of nursing home reform on the quality of care. One study suggested by the OIG is a systematic assessment of OBRA '87. We support such an assessment and recommend that it include a review of the extent to which nursing home residents are inappropriately placed. In addition, ASPE is in the process of formulating its FY '99 research agenda and anticipates that it will include activities to promote the quality of care in nursing homes including ways to enhance the survey, certification, and enforcement processes. ASPE will continue to consult with HCFA and AoA as we finalize our agenda.

Technical Comment

We recommend clarifying in the OIG report entitled, "Long-Term Care Ombudsman Program: Overall Capacity" that the ombudsman mandate is not limited to advocating on behalf of "elderly residents" (e.g., p.1). We understand that ombudsman will advocate on behalf of all nursing home residents regardless of age.