
With Hopes for a Better Tomorrow

Data in this report taken from the CMS Nursing Home Compare web site on November 21, 2013, the Families for Better Care National Nursing Home Grade Card, and direct consultation with District of Columbia nursing homes.

Voices for Quality Care • telephone: (888)600-2375 • http://voicesforqualitycare.org
The Grading System:
Families for Better Care in Florida scored, ranked and graded states on eight different federal quality measures ranging from the percentage of facilities with severe deficiencies to the number of hours frontline caregivers averaged per resident per day.

Brian Lee, Families for Better Care’s executive director expressed his hope that the Report Card would help improve the quality of care.

“We’re excited about getting this report into the hands of public officials, nursing home owners, advocates, and—most importantly—residents and their families,” Lee said. “Our goal is to applaud those states that provide good care while motivating improvement for those that score poorly.”

“A distinctive trend differentiated the good states from the bad states,” Lee exclaimed. “States whose nursing homes staffed at higher levels ranked far better than those with fewer staffing hours.” Washington’s required care per person per day is now 4.1 hours, however, this was a recent change and the improvements it has generated may not yet be apparent in the data used for this study. We will hope for a better grade next year.

Overall, Voices for Quality Care supports this study and the District findings. However, on the F in percent of Facilities with Deficiencies and Facilities with Severe Deficiencies, there is a question as to whether the grade in these categories reflects the quality of the nursing homes or whether it reflects the quality of the survey agency.

Other key findings include:

Widespread abuse and neglect—One in five nursing homes abused, neglected, or mistreated residents in almost half of all states. Washington, D.C was among those states.

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Let’s First Congratulate the Best

*Only one Nursing Home had less than 10 health deficiencies in the last 36 months. That home was the ---*

**Jeanne Jugan Residence with 8 health deficiencies**

*There were no Nursing Homes with 5-stars in all rating categories in the latest survey cycle in the District of Columbia.*

2 Nursing Homes had 4 5-Star ratings and 1 4-Star rating in the latest cycle

<table>
<thead>
<tr>
<th>Nursing Home</th>
<th>OverAll</th>
<th>Survey</th>
<th>Quality</th>
<th>Staff</th>
<th>RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeanne Jugan Residence</td>
<td>Non profit</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sibley Memorial Hospital Renaissance</td>
<td>For profit</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

*All D.C. Nursing Homes Are Fully Sprinklered!*

_Nine D.C. nursing homes are still listed on the federal Center for Medicare and Medicaid Services (CMS) Nursing Home Compare website as only partially sprinklered. However, after contacting them all, we are pleased to report that 18 of the 19 District of Columbia nursing homes are stating that they are now fully sprinklered. One, Knollwood HSC, is listed on the CMS website as having no sprinkler system. It is now partially sprinklered and expects to have a full sprinkler system installed within the near future.*

_Information on the CMS Nursing Home Compare website is important. It is widely used by researchers, advocates, and people choosing a nursing home. This information needs to be as accurate as possible. The individual nursing homes have informed us that they have sent this information to the survey and complaint investigation agency numerous times in the past. We note that updates to CMS are made monthly and urge the survey agency to continue to attempt to correct this information on the CMS Nursing Home Compare website. We would also strongly urge CMS to make these corrections immediately. This situation has been inaccurately reported in many cases for months and in some cases for_
And resolve to fix the not so best...........

IMMEDIATE JEOPARDY DEFICIENCIES

We cannot stress strongly enough the severity of these deficiencies.

<table>
<thead>
<tr>
<th>NURSING HOME</th>
<th>CYCLE</th>
<th>FOR PROFIT OWNERS/NON PROFIT MANAGERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capitol Hill Nursing Center</td>
<td>1</td>
<td>For-Profit: 5% or more owners: Paul Meister, James Rappaport, Eric Riesenberg, Robert Rummler, Frank Willich, Specialty Hospitals of America LLC</td>
</tr>
</tbody>
</table>

ACTUAL HARM DEFICIENCIES IN D.C. NURSING HOMES

<table>
<thead>
<tr>
<th>NURSING HOME</th>
<th>CYCLE</th>
<th>FOR PROFIT OWNERS/NON PROFIT MANAGERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington Nursing Facility</td>
<td>1</td>
<td>For-Profit: 5% or more owners: Stephen Lazovitz, Michael Miller, Stephanie Miller-Greenburg</td>
</tr>
<tr>
<td>Deanwood Rehabilitation and Wellness</td>
<td>1</td>
<td>For-Profit: 5% or more owner: Efraim Rooz</td>
</tr>
<tr>
<td>Carolyn Boone Lewis Health Care Center</td>
<td>1</td>
<td>Non-Profit: 5% or more owner: Nexus Health, Inc.</td>
</tr>
<tr>
<td>The Washington Home</td>
<td>1</td>
<td>Non-Profit: Managing Employee: Siham Andraos</td>
</tr>
</tbody>
</table>

AN OVERVIEW OF HOW THE DEFICIENCIES, SURVEY CYCLES, AND STAR RATINGS WORK.

<table>
<thead>
<tr>
<th>EXPLANATION OF RATING AND DEFICIENCY CATEGORIES</th>
<th>Scope of the Deficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity of the Deficiency</td>
<td></td>
</tr>
<tr>
<td>Immediate jeopardy to resident health or safety</td>
<td>Isolated: 1, Pattern: K, Widespread: L</td>
</tr>
<tr>
<td>Actual harm that is not immediate jeopardy</td>
<td>Isolated: G, Pattern: H, Widespread: I</td>
</tr>
<tr>
<td>No actual harm with potential for more than minimal harm that is not immediate jeopardy</td>
<td>Isolated: D, Pattern: E, Widespread: F</td>
</tr>
<tr>
<td>No actual harm with potential for minimal harm</td>
<td>Isolated: A, Pattern: B, Widespread: C</td>
</tr>
</tbody>
</table>

The deficiencies in this report have been issued during the last three Survey Cycles. An annual survey is conducted in each nursing home. Citations of deficiency springing from that survey and all deficiencies resulting from investigations of complaints during the year are included in a cycle.

- Cycle 1 contains all citations of deficiency in the past 12 months.
- Cycle 2 deficiencies were issued 13-24 months previously.
- Cycle 3 deficiency were issued 25-36 months previously.

The CMS nursing home Star Rating system awards a star rating based on health surveys, staffing levels, and quality measures.

- 1 Star = well below average
- 2 Stars = below average,
- 3 Stars - average
- 4 Stars = above average
- 5 Stars = well above average

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Three District Nursing Homes had more than 20 citations of deficiency in cycle 1.

<table>
<thead>
<tr>
<th>NURSING HOME</th>
<th># OF DEFICIENCIES</th>
<th>FOR PROFIT OWNERS/NON PROFIT MANAGERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington Nursing Facility</td>
<td>29</td>
<td>For-Profit: 5% or more owners: Stephen Lazovitz, Michael Miller, Stephanie Miller-Greenburg</td>
</tr>
<tr>
<td>Deanwood Rehabilitation and Wellness</td>
<td>28</td>
<td>For-Profit: 5% or more owner: Efraim Rooz</td>
</tr>
<tr>
<td>United Medical Nursing Home</td>
<td>25</td>
<td>City Government Run</td>
</tr>
</tbody>
</table>

NURSING HOME FINES ISSUED TO WASHINGTON, D.C. NURSING HOMES IN 2011 AND 2012 BY THE CENTER FOR MEDICARE & MEDICAID SERVICES. THE FINES FOR 2013 HAD NOT YET BEEN POSTED WHEN THIS REPORT WAS PREPARED.

Deanwood Rehabilitation & Wellness Center received 1 fine issued on 3/28/12 for 38,150.
Washington Nursing Facility received 2 fines issued on 8/22/12 for 29,738 and 16,380.
United Medical Nursing Home received 1 fine issued on 1/29/12 for 7,500.
Ingleside at Rock Creek received 1 fine issued on 8/24/12 for 7,000.
Specialty Hospital of Washington - Hadley received 1 fine on 10/6/11 for 6,500.
Capitol Hill Nursing Center received 1 fine on 7/15/11 for 6,500.
Carroll Manor Nursing & Rehabilitation received 3 fines, 1 on 7/25/12 for 5,000 and 2 on 9/19/11 both for 1,950.

IN 2011 AND 2012 THE CENTER FOR MEDICARE & MEDICAID SERVICES DENIED MEDICARE & MEDICAID PAYMENTS TO 4 WASHINGTON, D.C. NURSING HOMES. THE PAYMENT DENIALS FOR 2013 HAD NOT YET BEEN POSTED WHEN THIS REPORT WAS PREPARED.

Deanwood Rehabilitation & Wellness Center had two periods in which payments were denied, from 4/21/11 to 7/21/11 and from 3/28/12 to 6/28/12.
The Washington Home was denied payments from 3/6/12 to 6/6/12.
Washington Nursing Facility was denied payments from 8/22/12 to 11/22/12.
The District ranked among the worst 5 in the nation.
- Washington, D.C. ranked 50th in the number of High Risk Long-Stay Residents with Pressure Ulcers. Only Louisiana, Guam, and Puerto Rico had a higher percentage in this quality measure. 8.9% of D.C. High Risk Long-Stay Residents have pressure ulcers. We would point out here that pressure ulcers are extremely serious and can lead to death.
- The District also ranked 49th in the percent of short stay residents who newly received an antipsychotic medication.

The District ranked among the best 5 in the nation in
- high self-reported ratio of licensed practical nurses to residents
- high self-reported ratio of licensed nursing staff to residents
- high self-reported ratio of total nursing staff to residents
- high self-reported ratio of physical therapists to residents
- low self-reported number of people whose need for help with activities of daily living increased
- low percent of long stay residents who self report moderate to severe pain
- low self-reported percent of long-stay residents who lose too much weight

National Comparisons: These lists include all 50 states plus Guam, Puerto Rico, and the District of Columbia.
Total Number of Deficiencies in DC Nursing Homes Declines As Maximum Staffing Levels Increase

Looking at the chart below, we can see that many nursing homes have improved over the last three survey cycles. While the number of deficiencies in the three cycles is erratic from home to home, there is a general trend toward a lower number of deficiencies in the latest survey cycle.

There was a small decrease in the total number of deficiencies cited between survey cycle 3 (376) and survey cycle 2 (356). There was a significant decrease in the total number of deficiencies cited between survey cycle 2 (356) and survey cycle 1 (249) -- a 30% reduction.
CLEARLY THE QUALITY OF CARE AND THE QUALITY OF LIFE IN DISTRICT NURSING HOMES IS ERRATIC. SOME ARE VERY GOOD, SOME ARE WELL BELOW AVERAGE. THE QUESTION IS, WHY? WHAT MAKES SOME NURSING HOMES SO MUCH BETTER THAN OTHERS?

STAFFING: The most critical factor affecting care in Nursing Homes

Current: Minimum staffing regulations in the District are 4.1 hours of care per person per day which theoretically is excellent. In fact, the graph on page 7 shows an improvement in the number of health deficiencies over the last 3 cycles as the staffing increases began to become effective. Why then are the District nursing homes still providing such a wide variance in quality of care?

The minimum hours of care is the minimum level required for each person living in a District nursing home. Some people will naturally require higher levels of care for more complex medical needs, but all should be receiving at least the minimum of 4.1 hours. One factor that from our experience could well be significant is the current method of computing the actual minimum staffing levels. This method would seem to require counting staff and occupancy in the entire building for a 24 hour period and calculating an average. This method of counting staff is so difficult to calculate that few people living in our nursing homes or their visiting friends and families could possibly determine whether or not a nursing home is in compliance with the regulations. The problems with this method are compounded by the fact that staffing levels are self-reported by the nursing homes and are not fully verified by any independent entity.

Suggestion: Require the minimum staffing levels to be met as a ratio of aide to residents and nurse to residents on every nursing home wing, unit, or floor and by shift. This small change will give the people living in these homes, their friends and families, complaint investigators, ombudsmen, and the nursing home staff itself the ability to quickly and easily determine whether the required staffing levels are being met. Beyond that, consider beginning to determine direct care staffing levels from payroll, as required by the Affordable Care Act, rather than from unverified self-reported data.

People living in nursing homes should have a right to be able to easily determine whether or not the staffing on this shift on their wing meets the required minimum.
STAFFING AT THE DOH HEALTH REGULATION AND LICENSING ADMINISTRATION:

**Doing so much with so little.**

**Current:** Again we want to note that the 2 “F”s the District received for the higher number of deficiencies per nursing home is likely a positive measure of the quality of a survey agency doing its job without political interference rather than a judge of the quality of the nursing homes it surveys. However, 981 citations of health deficiencies were issued between August 11, 2010, and September 13, 2013. Of those, only 18 were issued for the development and care of pressure sores. This number of citations seems low considering the fact that the District’s percentage of pressure sores was 50th on the national list with only Louisiana, Guam, and Puerto Rico having a worse percentages of pressure sores.

The other area in which the District was among the worst 5 entities was the use of antipsychotic medications. Only 25 of the 981 citations were issued for failing to prevent the unnecessary use of medications.

We notice also that this survey agency is issuing a relatively few citations for quality of life deficiencies. The deficiencies they chose to cite fall mainly into the easier to cite categories of physical care and environmental factors.

**Suggestion:** The survey agency should most definitely not be encouraged to reduce the number of citations they give for deficiencies in health care. Specific focus should be directed to the issues of pressure ulcers, use of antipsychotic medications in short-stay residents, and quality of life issues. In addition, the District, along with a number of other states, does not seem to be adequately using the observations of other government agencies such as the Long-Term Care Ombudsmen as reliable witnesses in complaint investigations. This puts the complaint investigators in the position of not being able to verify a complaint unless they, personally, were present when it occurred or it is documented in the records.

One further suggestion is the creation of a Flying Team. In our experience, we have found that many complaints that might have resulted in health deficiency citations are not verified by the complaint investigators simply because of the fact that the investigation occurs too long after the actual incident that led to the complaint. A Flying Team could consist of a complaint investigator assigned primarily to paperwork in the office for a part of each day leaving him or her free to immediately investigate any complaints requiring an immediate response.

**OMBUDSMAN PROGRAM:** A Federal Program

We applaud the District for providing funding for services from the Long-Term Care Ombudsman Program to people receiving long-term care services and supports in their homes. The role the Ombudsmen play when people are moving out of nursing homes into in-home care and their subsequent assistance once that move is accomplished is making moves of this kind much easier for the people who are moving and for their families. This is a needed service.

The Ombudsmen, unlike the surveyors, are first and foremost advocates. This program needs to be able to continue its robust advocacy for the people who live in nursing homes, many of whom have no other person visiting them.

**CULTURE CHANGE:** Hope for the future

**Current:** Most people do what they can to avoid nursing homes. “Why isn’t quality of life just as important as quality medical care?”, they ask. Does long-term care have to take place in a hospital setting, resulting in choicelessness and passivity? Does it have to be so dreary?

**Suggestion:** There is a cadre of reformers who want to change the way you think about nursing homes. This discussion of deinstitutionalization of long term care is called “Culture Change”. Maryland has only one example of full Culture Change in practice: the Green House Residences at Stadium Place in Baltimore. The Green House is financially stable with a preponderance of the people living there funded by Medicaid. There are six to 12 residents living in private rooms in self-contained units, each unit has an open kitchen and living room with fireplace.

But Culture Change is about much more than redesigned living space. It is about changing values, goals, and roles, how to get nursing home administrators to focus on the happiness of residents as well as health and safety, and how to get nursing staff to focus on relationships as well as care-giving tasks.

Although one nursing home has made some progress in adopting Culture Change practices, the District has no full Culture Change facilities as of this writing.

This year has seen the creation of the a Maryland Nursing Home Culture Change Coalition. That coalition will work to spread the word on Culture Change and get all Marylanders to imagine a new future for nursing homes. We would recommend that a similar Coalition be formed in the District to explore ways to bring the principles of Culture Change to the D.C. nursing homes.
Conclusion

The quality of nursing homes has been a priority in the District. D.C. has the best minimum staffing level in the nation. The number of deficiencies for many D.C. nursing homes has significantly declined in the past 3 years. It is therefore difficult to understand why increasing the minimum staffing level has not resulted in a noticeable improvement in the quality of care in the poorer functioning nursing homes.

We also do not understand the dismal health care surveys at the District run United Medical Nursing Home. This home has all of the elements that should make it one of the best homes in the District if not the best. It is not owned or managed by remote owners or management companies. The government of the District of Columbia should have direct control over the manner in which this facility operates. It is a non-profit nursing home. All studies have indicated that care is better in non-profit homes than in for-profit homes. We have found, however, that in some similar non-profit nursing homes, the members of the Boards of Directors are not as aware of current best practices as one might wish. They may need the assistance of outside consultants to bring them up to speed.

Overall we are pleased with the direction the District of Columbia is taking with its nursing homes. We feel that the benefits of the increased minimum staffing levels should raise the “C” grade on future National Grade Cards. For that to happen, however, the performance of the poorer functioning nursing homes must be improved. We recommend focusing on those homes to encourage them to attain their best possible level of care.

Who lives in a nursing home?

Our friends, our neighbors, our Mothers, our sons...

We deserve better!

We can be better!

Let’s do it!