

Illinois Department on Aging
**Illinois Long-Term Care Ombudsman Program
Supplemental Training Curriculum**

**Supplemental Module # 12
Chronic Lack of Staff**

Pre-publication Edition I

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**Author: Margaret Niederer
Editor: Erin Strotheide**

**Field Editors:
Statewide Regional Ombudsmen**

Rod R. Blagojevich, Governor

Charles D. Johnson, Director

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PROCESS FOR USING THIS MODULE

The supplemental learning modules for ombudsmen have been created to accommodate different learning styles and are based on research about how most people learn. Prerequisite to using this module is completion of the basic modules and some experience as an ombudsman. The premise on which this module was developed is the idea that new information is learned best when there is an opportunity for discussion and to ask questions.

The module incorporates individual reading, group discussion, questions on what is not clear to you, role-playing, or any other method of learning your supervisor deems necessary, and an evaluation of what you have learned. After the discussion, you will be asked to write:

- 1) At least five, but no more than ten, important ideas or points that you want to remember about lack of staff issues, and
- 2) At least two questions, but as many questions as you have, about the information in this module.

PURPOSES OF THIS MODULE

The purposes of this module are to

- Provide resource information, including information on best facility practices, including the Pioneer Movement, and strategies for ombudsmen to handle lack of staff issues.
- Identify the role of the ombudsmen as a “change agent” in advocating for sufficient staff.
- Identify the role of the ombudsman, as being resident-centered, not facility-centered.
- Identify the role of the ombudsman as one of informing residents, residents’ councils, families and family councils about the right to have an adequate number of trained staff to care for the residents.
- Identify the role of the ombudsman as one of empowering residents, resident councils, families and family councils with information about the Pioneer Movement and the regulations that require facilities to have the staffs that are needed to provide quality care and a quality of life.
- Identify and know the reasons for lack of staff and the usual defense of administrators use concerning lack of staff issues.

SUPPLEMENTAL MODULE #12 CHRONIC LACK OF STAFF

***Justice is not only about fairness and punishment—
Justice is also an opportunity for improvement.***

NOTE: This module applies to nursing facilities. This includes skilled care, intermediate care nursing homes, and hospitals licensed under the Illinois Nursing Home Care Act.

I. INTRODUCTION TO THE OMBUDSMAN'S ROLE IN ADDRESSING LACK OF STAFF ISSUES

A. THE RIGHTS OF RESIDENTS

Residents expect to live in a safe environment and have good care. Residents have the right to receive care according to their individual needs and goals, as written in their care plans. There must be a sufficient number of trained and appropriate staff to carry out the care plan requirements.

Possibly, no ombudsman role is more difficult or more crucial to the well being of residents than handling lack of staff issues. Ombudsmen must continue to vigorously address the lack of trained staff issues until there are changes in the system. Two activities that can improve resident care are:

- Facilities adopt the principles of best nursing home practices, such as those of the Pioneer Movement, and
- Family councils are empowered and take an active role in how the facility operates.

According to *Nursing Homes: Getting Good Care There*, there are several reasons for the persistence of lack of staff problems, but the root of most nursing home problems is “money, politics and lack of leadership by management” (Greene Burger, et. al. 126). The authors list specific problems:

- The business interests want to increase nursing home profits and the most effective way to do this is to eliminate staff positions.
- State survey agencies must often shave costs, and agree to an unspoken “quid pro quo,” essentially backing away from regulating nursing homes. The survey staff cannot spend a sufficient amount of time in a facility to determine deficiencies.
- Nursing home corporations speculate with the profits while utilizing low-paid nurses aides and other staff to meet residents' needs.
- Nursing homes often use their nursing home properties as financial leverage for other business ventures, which can affect resources available for patient care. (It is not uncommon for a corporate owner to purchase a nursing home and make cuts in staff.)

- Sometimes, the corporate owner reduces other staff but does not reduce nursing staff. However, the reduction of other staff increases the workload of the nursing staff who must pick up the slack of disposing of soiled linens, mopping floors, transporting food, etc. (pp. 126-127)

National and state advocates have suggested that one or more of the following changes need to occur to assure an adequate number of appropriately trained staff to care for residents on all shifts:

- 1) Facility hires and trains the necessary staff because of a strong community presence and voice;
- 2) An improved Department of Public Health survey system that includes more mandatory surveys on all shifts and a significant increase in the amount of civil money penalties for lack of care; (The current federal requirement is that the state survey agency begin no less than ten percent of its standard (annual) surveys of nursing facilities during weekends, holidays or "off hours." This means that for some surveys, the Department of Public Health begins a survey beyond the business hours of 8:00 a.m. to 6:00 p.m. so it incorporates evening shifts as well as night shifts.)
- 3) A specific ratio of staff to residents in either or both state or federal requirements that clearly provides for a sufficient number of staff;
- 4) Nursing home participates in a free market system in which there is competition among facilities, not a protected system as Illinois now has;
- 5) An active family council documents the lack of care and lack of staff and is successful in convincing the facility to hire more staff;
- 6) Active family councils join together to form a statewide family coalition that is powerful enough to be heard by the State legislature. This would result in changes in laws, regulations and oversight of the facilities that would assure an adequate number of appropriate staff.
- 7) The facility adopts a new method of operating, using best practices, such as the Pioneer Practices, in which there is a culture change in the facility environment that truly supports the Certified Nursing Assistants. Pioneer Practices cannot be successfully implemented, however, if there is chronic lack of staff.

All facilities, including those who only accept private pay residents, must implement a plan to assure a liaison in the local community. One way to meet this requirement is to establish a family council made up of friends and families of residents.

(77 IL Admin. Code 300.640. (b) (4))

B. OMBUDSMEN BELIEFS OR VALUES RELATING TO LACK OF STAFF

Ombudsmen's ideas, beliefs and attitudes affect the way they perform their duties.

There are certain sets of attitudes and ideas that will make a strong advocate. Some of the beliefs concerning lack of staff are:

- A strong family council is an effective way to address lack of staff concerns.
- The long-term care ombudsman program is a resident empowerment program. If a resident council operates independently from facility staff and has a sufficient number of members who are capable, it should be vocal about and involved in resolving lack of staff issues. When resident councils do not operate properly, a family council should be established to address systemic concerns such as lack of staff.
- When a lack of staff issue is addressed successfully, there is mutual gain both for facility staff and for residents.
- Investigating and following up on residents' concerns can assist the facility administrator and staff in better caring for residents.
- A concern or problem may be the result of a poor practice within a facility, rather than a poor performance of an employee. A "poor" practice is one in which quality care is not provided in one or more areas of the facility, even though staff and the administrators may have good intentions. (The poor practice may exist because of a company policy that limits staff, or due to a lack of staff training, or a lack of management and personnel skills among the professional staff members.)
- Successful administrators who have the residents' interests foremost will welcome knowing about residents' issues from families or ombudsmen.
- Facilities are able to find, retain and orient a sufficient number of appropriately trained staff.
- The number of and the so-called "burden" of state and federal regulations are not the problem in lack of staff issues.
- The Department of Public Health survey process is not the cause of lack of staff issues.
- Ombudsmen are key in getting any change quickly for a particular problem by working with designated facility staff.
- Ombudsmen are key to implementing change when there are general signs of lack of staff, such as residents not dressed, not clean, not fed and/or the facility has a continuing disagreeable odor.
- Ombudsmen should keep the state ombudsman apprised of consistent problems of care in any facility.
- Ombudsmen must pursue lack of staff issues even though they risk the administrator or other management staff acting in a confrontational and/or defensive manner. Confrontational and defensive staff behavior may be a major indicator that something is really wrong with the facility system and that residents are at risk. Administrators, staff or other people who act as if they are perturbed

Staffs must be treated with respect and concern, if they are to treat residents with respect and concern.

inappropriately or “fly off the handle” generally demonstrate this same personality with all persons whom they believe

- 1) they can control,
 - 2) do not have a fiscal impact on their job,
 - 3) to be vulnerable, such as a resident, or a family member not knowledgeable about resident’s rights,
 - 4) to be someone of “lower status”, or
 - 5) they can frighten or intimidate.
- Ombudsmen should be alert to facility staff who exhibit a non-professional, defensive type of behavior that attacks the ombudsman program when addressing issues. This type of behavior of a facility staff member should be reported to the regional ombudsman.
 - Ombudsmen should redirect the conversation to the issue or topic where there are personal attacks on any complainant or themselves.
 - If the ombudsman cannot redirect the conversation to the issue, he/she should conclude the meeting and contact the supervisor for next steps.
 - Ombudsmen are courageous in carrying out their mission of speaking for and acting on behalf of residents who do not receive appropriate care.
 - Advocating for justice is an opportunity and a high calling.
 - Ombudsmen need to work closely with their supervisor.

II. STAFFING REGULATORY REQUIREMENTS

On January 1, 2003, all nursing facilities that participate in Medicare or Medicaid were required to begin posting “in a clearly visible place” the number of nursing staff on duty on each shift. Those who must be included in the daily posting are:

- Registered nurses, licensed practical nurses, and nurse aides *directly responsible for resident care*.

There are several shortcomings in the law and the government’s lack of an enforcement plan have created the need for ombudsmen to take extra steps when there is apparent lack of staff to assure that the posting is correct.

- **The law does not require separate posting for each unit.** Ombudsmen have to do their own count to determine how many nursing staff are actually available to care for residents in different sections or wings of the facility. Ask the administrator to post the information on each unit. Neither does the law require that the *names* of the staff on duty be posted, but the ombudsman can ask for this to be posted. Tell the administrator that this information will help residents and families keep track of who is working on a shift.
- **The law does not require the facility to post how many *residents* are in the facility or on each unit at the time the numbers are posted.** Ombudsmen will need to get a count of residents so they can calculate staffing ratios. NCCNHR recommends a minimum of one direct caregiver (including nurses and nursing

assistants) to five residents on the day shift; one to 10 on the evening shift; and one to 15 on the night shift. Research has affirmed that at lower levels, residents cannot get quality care. For Illinois, each facility must have its own staffing; this plan may not meet the needs of residents.

- Determine whether the facility is meeting its own staffing plan.
- The Centers for Medicare and Medicaid Services (CMS) directed state survey agencies in a memorandum to verify that the information has been posted – but it says that “at this time” surveyors do not have to audit whether it is accurate. This affirms the importance of ombudsmen checking the accuracy of the posted numbers. If inaccurate information is displayed, discuss the concern with the administrator. If the posted numbers are wrong and the facility is not willing to correct its reports, write a complaint, and contact the regional ombudsman. Regardless of CMS’s inaction, Congress did not intend for consumers to be given inaccurate information. (Adapted from National Citizens Coalition for Nursing Home Reform (NCCNHR) Press Release, n.d.)

The **federal regulations** state that there shall be sufficient qualified nursing staff available on a daily basis to meet residents’ needs for nursing care in a manner and in an environment which promotes each resident’s physical, mental and psychosocial well being, thus enhancing their quality of life. (42 CFR 483.25)

A facility can use any formula to determine the number of staff needed as long as residents receive quality care that meets their needs.

State regulations almost parallel the federal regulations by stating that adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. (77 IL Admin. Code 300.1210 (a))

The state regulations include an example of a formula for computing how much staff is required, based on how many residents are categorized as needing one of the following types of care:

- **Skilled nursing care,**
- **Intermediate nursing care-general, or**
- **Intermediate nursing care-light.**

The example in regulation of how to figure a ratio of staff to residents is out of date since the ratio was developed in 1980 when residents were, on the average, younger and more able-bodied than those in nursing facilities today, and participation in Medicaid removes those state-defined categories.

Whether the facility is certified for Medicaid, Medicare, or only licensed under Illinois law for private pay residents, the overriding requirement is that there be a sufficient number of appropriate and sufficiently trained staff to adequately care for residents according to their care plans.

Deborah Karas, a registered nurse who has trained CNA's and is a nationally known expert on staffing issues in nursing homes has studied staffing issues extensively. Ms. Karas estimates that a typical nurse has about 2 minutes to spend with each resident on a daily basis under the current system, given the time she has to spend on supervision of staff, maintaining records and dispensing medicines.

Daily duties of the Certified Nursing Assistant (Aide) (CNA) allow an average of 26 minutes per resident per shift.

According to Karas, a CNA will typically work a minimum of one shift a day, 7.5 hours. The CNA has a 30-minute meal break and two 15-minute breaks per shift. Based on the 7.5 minutes hour work shift, this allows 390 minutes for resident care. If she has 15 residents, she has 26 minutes per resident for her shift.

Often the CNA will work a double shift at the facility or have another job at another nursing home. The CNA often works 6 or 7 days per week. CNA's provide almost all the direct care of residents.

See Appendix C for the time it takes a CNA to provide required tasks. For example, on a day shift, if a CNA has 9 residents who need help with bathing, dressing and feeding, and completes the standard of care for each, the CNA may need as much as two hours more to perform all of the resident care responsibilities (Karas).

Figuring the Amount of Staff Needed According to State Regulations

Although the State formula is outdated, the following gives a basic framework of an example of computing minimum staffing requirements as specified in the State regulations:

- For a resident needing **skilled care**, this type of care shall be provided for at least 2.5 hours of nursing/personal care each day, of which 20 percent must be licensed nurse time.
- For a resident needing **general intermediate nursing care**, this type of care shall be provided for at least 1.7 hours of nursing/personal care each day, of which at least 20 percent must be licensed nurse time.

For a resident needing **light intermediate nursing care**, this type of care must be provided for at least 1 hour of nursing/personal care each day, of which at least 20 percent must be licensed nurse time.

Add up the time it takes to give showers and baths, empty catheter bags, clean incontinent residents, document resident care, and toilet residents. The CNA may also be working on a shift in which there is one or more CNA's who call in sick and there is no replacement. One can readily see that on the second shift, if a CNA has several residents to feed and yet has to make nursing rounds every two hours to turn, reposition and clean, the CNA simply cannot perform all of these tasks. --Deborah Karas

The regulations state that the facility must schedule nursing personnel in such a manner that the needs of all the residents are met, but not less than 40 percent of the personnel on the day shift, 25 percent on the evening shift and 15 percent on the night shift. *Note that the facility has the discretion of where to schedule the other 20 percent of personnel.* (77 IL Admin. Code, 300.1230 (h)(2)(k))

Staffing should be figured according to the sum of the residents' care plan needs.

Any nursing home administrator should be willing to show the staffing plan to an ombudsman. All facility policies are public information so there should be no problem in seeing the facility's staffing plan. Most nursing homes are proud to say that they staff above the state formula requirements. While this

may be true, there **still may not** be a sufficient number of staff to care for residents' needs.

In a best practice situation, staff should be figured according to the type and extent of nursing, personal care and other services that each resident needs per day and when the resident needs the assistance.

The Big "Ifs"

- **If** the assessments were comprehensive,
- **If** the care plans were based on the comprehensive assessments,
- **If** the care plans were complete and addressed the individualized needs of residents,
- **If** the care plans were implemented as intended, and
- **If** the nurses, certified nursing assistants and other personnel were providing services according to the individualized care plans,

Then the number of staff needed in a facility could be (and should be) based on the care plans and the time it would take for each nursing and daily living approach for each resident.

Nursing homes must provide the services delineated in a care plan; they cannot escape the legal consequences from not providing the care according to the care plan when there is a court case. One nursing home in Florida was fined after a resident committed

suicide by jumping from a fourth story window. The facility did not provide a *one-on-one aide* for a resident, as required by his care plan (and doctor's orders).

The number of staff should reflect the total number of hours of personnel and the type of personnel as specified in the total care plans of all residents. Facilities should never use the ratio example in the regulations to excuse themselves from having a sufficient number of trained staff to provide quality care.

IV. THE PIONEER MOVEMENT AND CULTURE CHANGE

The rights of residents to quality care and a quality of life can only be provided in a healthy long-term care facility system. It is only recently that nursing home administrators, advocates and ombudsmen have begun to see a vision for what constitutes a healthy system. Though OBRA '87 was a major step in the right direction, most nursing homes still do not provide individualized care. A few facilities across the country achieved systems that differed from any seen before.

These long-term care facilities went above and beyond OBRA by implementing total culture change in nursing homes. In 1997, The National Citizen's Coalition for Nursing Home Reform (NCCNHR), an organization of advocacy groups, ombudsmen, facility providers, certified nursing assistants and others interested in quality care for residents, convened a meeting of facility providers in Rochester, New York. NCCNHR invited seven professionals, who had worked in nursing homes or who were currently working in nursing homes that were credited for changing the culture in nursing homes from a traditional medical model of care to the social model with individualized care. Sarah Greene Burger, the executive director of NCCNHR, called the professionals, **Pioneers**. Thus the movement to change the culture in nursing homes is known as the **Pioneer Movement**.

*The "Pioneers"
are Nursing
Home
Professionals.*

A. PIONEERS CHANGE THE EXISTING NURSING HOME CULTURE

Building on the foundation of the Nursing Home Reform Law (OBRA 1987), the Pioneers of nursing home reform strive to transform the culture into one that erases the loneliness, boredom and loss of autonomy of residents. The elements of culture that they change are core values, organization of time and space, relationships, language and rules, objects used in everyday life, contact with nature, and ways of celebrating and grieving (traditions and rituals).

The Pioneer models have a resident centered focus by joining forces with their staff, residents and their families. Caregivers are empowered to facilitate that control. They move away from the medical model and begin to "[put] person before task" (Fagan, Williams, Burger 6). Figure 1 illustrates the paradigm change from traditional care to individualized care as proposed by the Pioneer Models.

**Figure 1
The Pioneer Paradigm Shift**

TRADITIONAL CARE	PIONEER CARE
Medical Model	Social Model
Staff provide “treatments”	Nurture the human spirit in addition to meeting medical needs
Residents follow facility routine	Facility follows resident’s routine
Staff float	Permanent assignments
Staff make decisions for residents	Residents make their own decisions
Facility belongs to staff	Facility is resident’s own home
Structured activities	Spontaneous opportunities around the clock
Departmental focus	TEAM!!
Staff know you by diagnosis	Staff know you as a person

B. HOW ONE NURSING HOME ADMINISTRATOR USES PIONEER PRACTICES TO ASSURE A SUFFICIENT NUMBER OF TRAINED STAFF

Crestview Nursing Home in Bethany, Missouri has been described as a nursing home that operates as it should, according to Marilyn Rantz, Professor, Sinclair School of Nursing, University of Missouri-Columbia, who is studying how staff deliver care. When Eric Haider, Administrator of the Crestview Nursing Home, realized that his nursing home did not operate to provide a homelike environment for residents, he made many changes to accommodate “person-centered planning.”

In the Crestview plan, the certified nursing assistants were empowered to make frontline care decisions. The rest of the staff support these direct care staff. Certified nursing assistants have permanent assignments and *residents have what they want when they want it*. The results of individualized care are astounding: call light use has been

Staff productivity increases in Pioneer Practice facilities.

reduced 19 percent; staff productivity has doubled, while the turnover rate is down 9.4 percent. The outcomes for residents have been significant. There has been a dramatic decrease in weight loss, number of dietary supplements, pressure sores, psychotropic medications, sleep medications, anti-anxiety medication, use of disposable briefs, soft restraints, catheters, and call light response time. (Reese 24-28)

Knowing that giving residents what they want and supporting the direct care staff can have direct results in resident care, ombudsmen must insist that administrators begin to adopt best practices, such as the Pioneer Network Practices.

Ombudsmen must empower nursing home administrators and/or nursing home owners to make real systemic changes when there are chronic complaints about lack of staff. This will be more successful if there is an active family council that supports your work.

IV. WHEN RESIDENTS OR FAMILIES COMPLAIN ABOUT LACK OF STAFF

An ombudsman will probably first learn about lack of staff from the residents. “They don’t have enough help at night and on weekends,” is the usual complaint. To find out more about what residents really think, visit the facility during and after the evening meal. Some residents are more likely to talk about what is bothering them in the evening when there are fewer staff present to overhear their complaints.

When the resident or family member alleges lack of staff, the ombudsman should attempt to find out as much as possible about the issue. The following questions are suggested, depending on the circumstances:

- When did the incident or lack of staff occur?
- If the occurrence of lack of staff has happened repeatedly, ask, “What time of day was there a shortage of staff?” “Were there particular days when the facility lacked of staff?”
- What happens when there is a lack of staff?
- How long does it take for the call light(s) to be answered? When does this occur?
- What care was not given? Did some residents have to stay in bed and not get up for meals? Were residents’ hair combed? Did some residents not have a bath? Were resident’s teeth and dentures cleaned?
- Were some residents not toileted before meals—after meals?
- Do some residents cry out for help at night? How long does the crying last until somebody comes to help?
- Can residents have a drink of water, juice or coffee when they want it?
- Do residents have snacks when they are hungry?
- What have some Certified Nursing Assistants said about lack of staff?
- When do the nursing staff or aides provide passive range of motion exercises?
- Are meals delayed for an hour or more? Are residents taken early to the dining room, only to sit for most of an hour or more until served?
- Do residents have assistance in walking according to their care plans?
- Do residents know about their care plans and what is in their care plans?

A. NEGLECT

When care is not provided, no matter what the reason, this lack of care may be, but not always, defined as neglect, depending on the effect the lack of care had on the resident(s).

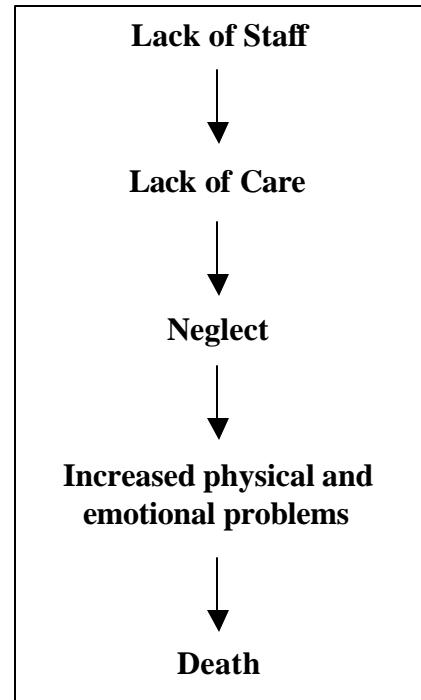
Neglect may or may not be intentional. Unfortunately, it may be the effort of one staff person or a concerted group of staff members who have decided to “punish” a resident for asking repeatedly for care, such as needing to be changed due to incontinence. This is retaliation and is illegal (210 ILCS 45/2-112 and 42 CFR 483.10 (F))

Neglect may also be the result of inadequate staffing, unavailable services, or improper training. (Ill. State Triad 4)

B. INDICATORS OF NEGLECT

Neglect occurs when residents are

- Left alone;
- Ignored by staff;
- Left with staff who fail to care for them with good judgment and according to the care plan; or
- Put in dangerous circumstances by staff.



Examples are:

- You notice that a group of assaultive residents have been left alone and unsupervised.
- You know that a resident with bleeding gums and some loose teeth has not been taken to the dentist.
- You know that there are residents with no hearing aids, no hearing aid batteries and no glasses; yet nothing has been done.
- You overhear a resident say that he is fearful about leaving his room and seems almost panicky when it is time to leave the room. Staff decided to “leave the resident be” and the facility social worker/psychiatrist is not contacted.
- You observe a resident who fell several days ago. Her ankle is swollen and bruised, and she complains of pain when walking. Neither the resident’s doctor nor family is immediately notified of the fall. The x-rays taken five days after the fall reveal a fractured ankle.
- You observe that a resident is crying or experiencing pain and discomfort and the nurse ignores the complaint.
- You notice that persons who once were walking with walkers are now in wheelchairs.
- You notice that because of not walking, a resident’s legs are losing strength and the muscles have atrophied.
- You discover residents left in the care of a worker who has fallen asleep or is intoxicated while on duty. (Ill. State Triad 7)

According to Illinois law, the definition of neglect is:

Failure in a long term care facility to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to a resident or in the deterioration of a resident's physical or mental condition.
(210 ILCS 30/3-4)

C. SYSTEMIC COMPLAINTS CONCERNING LACK OF STAFF

When a resident complains about lack of staff but does not want the ombudsman to use her name as the complainant, the ombudsman, in order to investigate the complaint, should seek out other residents or make sufficient observations to substantiate the fact of inadequate staff. The ombudsman should ask other residents if they have noticed a lack of staff at any time. It may take an extended amount of time to thoroughly investigate this issue.

The following are examples of common problems of residents when there is not sufficient number of trained staff:

- Resident did not receive timely medication, free from errors;
- Resident does not have appropriate clothing (e.g. in night gown all day);
- Resident allowed to lie or sit in feces or urine for an excessive amount of time because staff failed to change diaper, clothes, or bedclothes;
- Resident did not receive medical help promptly when needed, (e.g., resident broke hip and was not seen by doctor until six days later despite complaints of pain);
- Resident was endangered because staff did not provide adequate supervision of residents, resulting in danger to resident by herself or by other residents;
- Resident allowed to be self-abusive, e.g., to burn herself;
- Resident did not receive hygiene needed because staff did not clean mouth, bathe and groom; and
- Resident did not receive adequate nutrition or assistance in feeding, with the result of weight loss and/or admitted to hospital suffering from malnutrition and/or dehydration.

A publication by the National Citizens' Coalition for Nursing Home Reform, ***Nursing Home Staffing: A Guide for Residents, Families, Friends and Caregivers***, has a Quality of Care Checklist of problems that indicate lack of staff. Some examples include:

- Call bell not answered in at least 5 minutes.
- Residents wake early and have to sit for up to several hours before breakfast is served.
- Staff says resident "takes too long to eat" as reason to use tube feeding.

- Resident walked when she entered facility, no longer able—not due to progress of disease.
- Residents appear listless. Question overmedication.

These examples can be added to the ombudsman’s observations that indicate lack of staff. Once an ombudsman finds that two persons have complained about the same issue regarding lack of staff, and/or the ombudsman has personally observed instances of lack of staff, the ombudsman can make the issue a **systemic complaint**.

If an ombudsman letter is sent to the facility administrator about the lack of staff, the ombudsman can provide copies of this letter and response(s) by the facility to the Department of Public Health during its offsite survey preparation.

When talking to facility staff about a “lack of staff” issue concerning residents or families who fear retaliation, the ombudsman should not divulge the location of the complainants’ rooms unless most everyone on that wing or floor had the same complaint about lack of staff or the shortage was reported, witnessed and documented by the ombudsman.

Keeping the information confidential when a resident does not want to be identified may prevent the ombudsman from handling the case efficiently, yet confidentiality is the primary consideration in protecting residents’ rights and privacy. Even though a resident is not ready to have her identity released today, make sure you visit that resident when you are in the facility next time so she knows the LTCOP is in the facility often.

D. WHY RESIDENTS AND FAMILIES ARE RELUCTANT TO COMPLAIN ABOUT LACK OF STAFF

Ombudsmen will find that residents and families who complain about lack of staff are reluctant to allow the ombudsman to use their names in resolving the problem. Most often, the reason is that residents like their caretakers (CNA’s) and are afraid that if they complain about lack of staff, the complaint will reflect on the caretakers. Additionally, residents and families are often afraid of retaliation when they complain about lack of staff. This fear, whether real or imagined, keeps residents and families, as individuals, or through their resident and family councils, from vigorously addressing the problems of lack of staff.

***Confidentiality:
the Cornerstone of
Empowerment***

V. WHAT THE OMBUDSMAN SHOULD DO BECAUSE OF “LACK OF STAFF” INVESTIGATION AND RESOLUTION STRATEGIES

When complaints alleging “lack of staff” do not provide information about how the “lack of staff” resulted in the lack of care for residents, but instead, only provided numbers of staff, e.g., “Two CNA’s were on the west wing last night caring for forty residents,” these complaints most always are unfounded by the Department of Public Health surveyors. This type of complaint is usually dismissed by the facility administration as being untrue.

Ombudsmen must use all other means available to resolve these types of concerns, most specifically, by empowering residents, families, and resident and family councils to speak out about care issues.

***Know the
Requirements.***

***Be a Voice for
Residents.***

The first requirement to addressing a complaint on lack of staff is to be “armed “ with the correct information on what the regulations require—the regulations require “sufficient staff.” Make certain you know the ratio of staff to residents that the experts recommend. (See the recommended NCCNHR ratios, Appendix B.) An important approach is to inform the facility on a continuing basis about lack of staff as observed by the ombudsman and as reported by residents and families. Both federal and state regulations *require a sufficient number of trained staff* to take care of residents—there is “no magic number.” The staff on **each shift** should be sufficient in number and in training to provide quality care and a quality of life for all the residents.

Possibly the best strategy is for the ombudsman to contact families to see if they will join together, support the good work going on in the nursing home, and raise concerns about the lack of staff. Collectively, families have a stronger voice in questioning nursing home care than any single voice or agency. This is one more reason why it important for the ombudsman to empower families to form independent family councils. Family councils have greatly influenced nursing homes and they may ultimately be the only group that has an influence over the nursing home in assuring adequate staff.

A. ***THE OMBUDSMAN REPRESENTS THE RESIDENT, THE ADMINISTRATOR REPRESENTS THE FACILITY***

Keep in mind that the ombudsman represents only the resident. (The resident’s designated representative is also considered the resident when the resident is incapable of communicating with the ombudsman.)

The administrator is first and foremost the representative of the facility. Although the ombudsman may feel sorry for the administrator and for staff, when there is a lack of staff issue, the resident’s issues must be pursued. Be prepared to talk about system problems in a manner that does not put the blame on the staff. If you believe that you know or feel that the facility is helpless to correct the problems concerning lack of staff, and if this attitude is interfering with your advocacy for residents, contact your supervisor.

An ombudsman may not know whether an individual can do his job or did not do his job. Even if the ombudsman has information about a certain staff member, the ombudsman should always approach the problem from a system perspective, which includes lack of staff, lack of trained staff and lack of supervision.

B. BE PREPARED TO CONFRONT THE FACT THAT YOU MAY BE TALKED INTO BELIEVING THAT THE FACILITY HAS DONE ALL IT CAN AND ALWAYS SERVES THE BEST INTERESTS OF THE RESIDENTS

When there is a chronic lack of staff that prevents residents from reaching their highest health potential, you must be prepared to answer the kinds of responses the administrator is going to give you, which may throw you “off track.” *Ombudsmen will not consider any seemingly logical reason for chronic lack of staff.* If you are accepting reasons for lack of care because of lack of staff, you are not doing your job and you should call in the “rest of your troops (your supervisor).”

Be prepared to respond to administrators who defend their position that there is sufficient staff. The following are sample statements by administrators with possible ombudsman responses:

Administrator: “I know who the complainers are. We have many residents who love it here. We can never satisfy the complainers.”

Response: “There are multiple residents and family members that do not feel comfortable in bringing their concerns to you as the administrator. For every “complainer,” there are more people with the same concerns who are not vocal. Those that do voice their concerns have valid concerns that can affect multiple residents.”

Administrator: “If there weren’t so many federal and state regulations, we could do a better job. It is the State that keeps us from doing what we should do.”

Response: “This issue isn’t really about regulations. The overriding regulation requirement is to have enough staff to meet the residents’ needs. Residents are saying that they are not having their needs met consistently. Staff are feeling overworked and “frazzled.” That’s the ultimate motivation to get more staff.”

Administrator: “It does no good for you to call the Department of Public Health. “They just come and interfere with us. And they don’t find anything. We haven’t had any deficiencies in a long time.”

Response: “We follow the complainant’s wishes in an appropriate manner. Sometimes we have no other choice than to call DPH. I am trying to resolve this problem now. We want to work with you.” (Call anyway. Familiarize yourself with the past DPH reports. Explain the right of anyone to share concerns with any outside organization they deem necessary.)

Administrator: “We have enough help. I know the time that there wasn’t enough help. Suzy was sick and we were short of help on that one day.”

Response: “The concern about lack of staff encompasses more than one isolated day. It is an ongoing problem identified by multiple residents, which results in lack of care. ‘Short of help’ seems to be a common occurrence.”

”What is your policy for finding replacements when staff members call off sick or simply do not show up?”

Administrator: “We love our residents and we do everything for them. When you come in here, you only know a part of what is going on.”

Response: “I recognize your commitment to residents. Many of your staff should be commended for their dedication. You and I have the same goal—to assure all residents receive quality care. I may not be here all the time, but the residents and families are here. That’s why I wanted to come to you with the resident and family concerns about lack of staff. I knew you’d be as concerned as the residents and families are.”

Administrator: “I cannot deal with what you are telling me unless you tell me who this is.”

Response: “I appreciate the difficulty in dealing with an issue without all the specifics, you know that if a resident requests confidentiality, that is his/her right. One administrator has said that she knows immediately when she needs to add another staff person. This issue does not require specific information. The lack of staff is a facility-wide problem that has been expressed to me by multiple residents, families and staff members. A system-wide problem needs a system-wide solution.”

Administrator: “Let me see your notes. I don’t understand what you are saying.”

Response: **(No one should ever see your notes. This is a confidential document.)** “I will try to explain the issue again. However, you know that my notes are confidential. I must give residents, families and staff assurance that they can speak to me in confidence. You and I both know the importance of residents’ rights.”

Administrator: “You have never told me before that anything is wrong when I asked.”

Response: “New issues arise all the time. It may not have been an issue before, but it is an issue now. Are there special circumstances that have recently increased problems with lacking of staff?”

C. SUGGESTED PROCEDURES FOR HANDLING LACK OF STAFF ISSUES

1. Talk to the resident or family member and obtain as much information as possible using the *when, where, who, frequency, how, what, and why* questions.
2. If this is a neglect issue or an alleged neglect issue, call your supervisor about reporting to the Department of Public Health in writing and by phone to the IDPH Hotline. Any complaint to the Hotline should be followed-up with a letter.

If the situation is reported to the Department of Public Health, discontinue your investigation of that particular issue or incident, but continue to visit the facility and keep an inquiring mind about issues that may be similar. Never threaten a facility by saying that you will be calling the Department of Public Health. This type of statement can be construed as informing the facility of a pending Department of Public Health complaint investigation and is subject to a \$2000 fine.

3. If this will only be investigated by the ombudsman, discuss with your supervisor what approaches might be the most effective for that facility.
 - a) Talk to the residents and families, observe the facility and get detailed information. A family council can be most helpful to you. Contact the president or some other member of the council.
 - b) Obtain the job description of the CNA's for the particular hall or facility in which you have observed lack of staff. Then ask the following questions.
 - What is the number of residents assigned per CNA?
 - How many residents need total care, toileting, feeding, and assistance with ambulating and other care needs?
 - What happens when a CNA calls in sick or does not show for work?
 - Was there time for the CNA to assess residents for pain control, anxiety and depression?
 - Do the residents have dementia and need additional time for care due to the residents' difficulty in understanding the CNA?
 - c) Visit the facility more often at the time that residents say there is lack of staff and count the number of staff in the facility. (Staff are required to wear name tags, showing their titles.)
 - d) Talk to the administrator and ask how the facility determined the amount of staff. (See Appendix D on talking to an administrator.)
 - e) Inquire about the facility's supervisory policy. Staffing problems can often result from a system in which the licensed nurses do not supervise the direct care staff. Licensed nurses must take an active role in supervising CNA's and create an atmosphere for cooperative teamwork.

- f) Write a letter to the administrator (see Appendix A).
- g) Write a letter to the owners.
- h) If there is no family council, empower families to form a family council and provide them with technical support to take a vigorous stand on the lack of staff, including writing to their legislators.
- i) Bring up the lack of staff issue at the resident council meeting.
- j) Educate families or the family council of their right to write to the editor of the newspaper.
- k) Hold a public information session on what families can do about lack of staff.
- l) Compile all documentation for submission to the Department of Public Health Hotline.
- m) Compile documentation, redacting all confidential information, and send it to all of the legislators in the area and to the governor.
- n) Meet with other ombudsmen in your area and all go as a group to the facility weekly, at different times in the day and evening, to document lack of staff.
- o) Take your legislator with you, unannounced, to the facility, other than during the daytime when you have observed lack of staff, and let him or her see for him/herself the problems when there is not enough staff to care for residents.

***Believe that you
are a change
agent and can
make a
difference.***

D. OMBUDSMEN ARE TO REPORT INADEQUATE CARE AND NEGLECT TO THEIR SUPERVISOR

Families most often cite lack of staff as the reason for inadequate care and neglect of residents. Ombudsmen are to report issues of poor care that may constitute neglect to their supervisor. The supervisor will work with the ombudsman to develop a resolution strategy. The strategy may be to 1) talk to the administration about staffing, 2) organize families to campaign for more staff, and/or 3) to report the lack of staff to the Illinois Department of Public Health. As a resident empowerment program, ombudsmen are to obtain resident (or designated representative) consent, to report issues to the Department of Public Health. If a resident is incapable, ombudsmen are to assume that a resident wants his or her rights to health, safety and good care protected. In this case, the ombudsman should immediately consult his/her supervisor.

If you see what you believe is a sign of chronic neglect, or hear of alleged neglect, report this instance to the supervisor. The need to report such instances to your

supervisor is important because there may be duplicate reporting of the same instance of neglect to your supervisor. Do not delay reporting neglect to your supervisor. If you cannot reach your supervisor, call the regional ombudsman.

**E. REPORTING TO THE DEPARTMENT OF PUBLIC HEALTH
Information Needed to Make a Complaint Most Likely to
Result in a Deficiency**

When an ombudsman provides the Department of Public Health with information prior to the annual survey or makes a complaint about lack of staff, it needs to be as specific as possible.

The Department of Public Health surveyors have success in citing facilities for lack of care (not staff) by observing the lack of care of residents while on site.

The information your supervisor will want includes

- The number and names (or room numbers) of residents who are believed to have not received the care that would maintain their health;
- The names of residents who have bed sores;
- The names of residents who are or appear to be declining in health, e.g., were walking two months ago and are now in wheelchairs;
- The names of residents who have lost weight;
- The names of residents who have skin rashes or other skin abrasions that are untreated;
- The names of residents who reported that on nights and weekends, there are no activities;
- The names of residents who are bedfast that have no activity, etc.

Surveyors need specific information to follow up on complaints; otherwise, they are not likely to observe all of those residents who have evidence of or are most at risk for poor care. (The end result will be that the Department of Public Health surveyors will not cite a deficiency for lack of staff when they cannot substantiate poor care.)

VI. WHAT THE STATE DOES ABOUT LACK OF STAFF ISSUES

When a complaint is registered with the Department of Public Health about lack of staff, unless the surveyors can document a negative resident(s) outcome that can be attributed to lack of staff, the facility will not be cited for lack of staff. In investigating lack of staff issues, the IDPH surveyors also compare the facility's staffing plan, based on the facility's own formula, to the number of staff employed during a specific time period to determine if the facility followed its own plan for staffing. The IDPH surveyors determine how many staff, by category, should be working for each shift, e.g., how many nurses, how many CNA's.

IDPH lacks staff too.

Though a facility can devise its own formula for computing how much staff is needed, it most always uses the *example* of a formula in the State regulations. In this manner, the

facility may state, “We are in compliance with the number of staff required in State regulations.” Thus the facility may state it is in compliance with the state requirements, but not have the number of staff needed for the specific residents with their complexity of need residing in the facility at that time.

An in-depth investigation of whether or not the facility lacks staff is not always possible during a Department of Public Health survey because

- The surveyors’ schedules and investigative protocols are too routine and are all required only once a year,
- There are survey time limitations may not allow the surveyors enough time or follow-up surveys to document ongoing lack of care. Examples of lack of care include call lights not answered on time, residents not toileted, treatments not given, residents not being assisted with eating, passive range of motion not provided, etc.
- The narrow window of time in which surveys take place does not represent the twenty-four hour facility operation. (Only 10 percent of the surveys have to be conducted on weekends and during the night shifts, according to a federal requirement.)
- Some facilities temporarily increase the number of staff during the time that the Department of Public Health surveyors are in the facility.

The Department of Public Health surveyors will check the attendance records against the hours used by the facility to compute the payroll, depending on the complaint(s). (Complaints have been received about persons who are no longer working at the facility but are still being shown as “punching the time clock.”) The surveyors usually do not have time to check out what employees may be “ghost employees.”

When investigating a complaint on lack of staff, the Department of Public Health surveyors look at the number of staff required for the whole facility on a specific shift, not for a specific hall or area of the facility.

The surveyors are unable to determine if some part of the facility lacked staff on a certain day for a certain shift.

There is no requirement that the facility document instances in which a staff person is transferred from the hall assigned to a nother assignment. For example, one complainant said, “I was pulled off Hall #1 to help on Hall #2, which left Hall #1 unattended for three hours. That included the time that Mrs. Jones fell out of her wheelchair and lay on the floor for more than two hours.”

The surveyors look at residents’ health care records and observe the care of residents if a problem with care has been reported. Otherwise, in following up on a complaint about

lack of care, it is a “shot in the dark” for surveyors to pull records at random to pinpoint the lack of care for some residents.

For example, a certified nursing assistant tells the ombudsman that she has 25 residents on the West Hall to care for during the second shift. The complainant says that she has been unable to feed some of the residents or take their temperature. Unless the names of residents who were not fed are reported to the Department of Public Health for the surveyors to check for weight loss and general neglect, the surveyor may not be able and most often, will not be able to prove a deficiency in the category of “lack of staff” or “inadequate nursing care” for West Hall.

The Facility Does Not Staff According to its Formula

If the facility does not have the correct number of staff on all shifts, according to its own formula, the Department of Public Health will cite the facility for lack of staff. The facility may utilize its own formula for determining the number of staff needed or may use the example in the State regulations to compute the number of minimum staff needed. If a facility uses the State regulations, even though out-of-date, and if the Department of Public Health cannot substantiate lack of care, lack of staff is not cited as a deficiency. In this type of case, the facility is not compelled to hire more staff, even though “everyone knows” that more staff members are needed to provide quality care for residents. The Department of Public Health surveyors have more success in citing facilities for lack of care (not staff) by observing the lack of care of residents while on site.

Problems with the State Survey and Investigation Processes

The General Accounting Office has issued at least two studies on the “deficiencies in the oversight of the quality of care provided to nursing home residents, noting weaknesses in states’ complaint investigations, annual surveys and enforcement actions” (GAO 2). The latest report cited inadequate state procedures and limited federal guidance. Furthermore, the plans of corrections do not ensure that these nursing homes will maintain compliance with the care standards (p.2), thus nothing changes as a result of the Department of Public Health citing deficiencies.

State agencies rarely recommend to CMS that civil monetary penalties be imposed against nursing homes for abuse-related deficiencies. In assessing the civil monetary penalties, most are reduced on appeal (p.5).

VII. LACK OF CONFIDENTIALITY OF COMPLAINANTS KEEPS NURSING HOME AIDES AND NURSES FROM REPORTING LACK OF STAFF

When conducting a survey, the Department of Public Health surveyor identifies each resident, employee and others interviewed or provided information by a code number. This includes doctors, consultants, family members, ombudsmen and others that have provided information that resulted in writing deficiencies. Residents are coded, R1, R2, R3, etc. and employees are coded likewise, E1, E2, E3, etc. The surveyor writes the deficiencies using the code numbers and enters the codes with the corresponding names on a separate code sheet.

However, according to Illinois law, facility owners have the right to know who is complaining about the lack of care in their facility. If a facility or complainant appeals a Department of Public Health deficiency that was cited during a survey or a complaint investigation (nearly all serious deficiencies are appealed), the code sheets, that up to this point have been confidential, are provided to both parties. The facility will know who made the complaint, if the staff person complained to a surveyor during a survey or gave his/her name to the Department of Public Health Hotline.

If a certified nursing assistant (CNA) told a surveyor that she had to take care of 35 residents by herself for an evening, she will most likely be known to the facility as the complainer upon appeal.

Also, there is a common practice of facility administration personnel attempting to “guess” who made complaints.

The only alternative for staff or any person that makes a complaint to the Department of Public Health is to make an anonymous complaint through the Department of Public Health Hotline. As long as the complainant does not divulge his/her name, he/she will remain anonymous because no telephone voice record is kept by the Department of Public Health to identify who made the call.

When making an Illinois Department of Public Health Hotline call, a complainant can request anonymity after giving his/her name to receive a written response to the complain. But the complainant's name remains anonymous only if the facility or complainant does not appeal the determination of the deficiency.

A. THE LONG TERM CARE OMBUDSMAN PROGRAM CAN PROVIDE CONFIDENTIALITY TO STAFF AND OTHER COMPLAINANTS

Ombudsman complaint records are confidential unless there is a court order to disclose the record. Complainants, including facility staff, have protection from having their names known by the facility when making a complaint to an ombudsman, unless there is a court order requiring the release of the complainant's name.

An ombudsman can handle a complaint without divulging the complainant's name when contacting the Department of Public Health Hotline. Only when a court orders the ombudsman records to be disclosed, would the name of the complainant be known. The ombudsman needs to inform complainants, including staff, that in order to assure that their names are *never known* under any circumstance, they cannot give their names to either the Department of Public Health or to the ombudsman. The complainant should be informed that by making an anonymous complaint, the identity of a witness to verify a situation is removed. This may result in a complaint being found "not valid."

Since court orders have seldom occurred, the ombudsman should make a special effort to become acquainted with facility staff, especially the certified nursing assistants and nurses. Only when the facility staffs trust an ombudsman program, will they file a complaint with the ombudsman. The ombudsman, by handling a complaint in a confidential manner, can serve as protection for the staff when they make complaints about lack of staff and lack of care.

B. FACILITY STAFFS HAVE NO "WHISTLE BLOWER" PROTECTION WHEN COMPLAINING ABOUT LACK OF STAFF

Facility staffs have more specific information about the lack of care of residents than the ombudsman and families have, combined. Facility direct care staffs are often frustrated with lack of staff and with residents not receiving the care to which they are entitled. In some facilities, the nursing staff have complained to the ombudsmen that they put their professional licenses in jeopardy every day because of not being able to complete treatments and because they are required to falsify records.

Facility staffs often complain to administrators about lack of staff, to no avail. In most facilities, the corporation sets the staffing numbers. Many times the administrator is unable to convince the license holder/owner that more staff is needed.

If the staff member is known to complain to persons outside of the facility, such as the ombudsman, that staff person is likely to be terminated. The Illinois Supreme Court has ruled that it is legal for a facility to terminate staffs that cooperate with investigations by the Illinois Department of Public Health. There is no Illinois law that would prevent the facility from firing staff who complained to any agency about lack of staff.

Facility staffs have no protection from being fired.

Ombudsman programs often receive a number of complaints from facility staff who have reported complaints; some give their names while others do not. In most of these cases in which the staff have given specific information, the Illinois Department of Public Health surveyors are able to pinpoint the problem areas, cite the facility for deficiencies, but, according to experienced ombudsmen, the plan of correction submitted by the facility in response to such deficiencies

has not been sufficient to assure improved care overall for residents. It is not uncommon for ombudsmen to want a stronger plan of correction than what is approved by DPH.

VIII. SUMMARY

Chronic lack of staff, turnover of staff, and lack of training for staff are systemic issues that could be resolved if the administrator were capable and the facility owners were willing to make necessary changes. Corporations or not-for-profit organizations in which the bottom line is either profit or funds to expand the not-for-profit enterprise operate many facilities.

The ombudsman's work on lack of staff in a facility should be concentrated in four areas:

- Empowerment of the family council to document deficiencies in care and lack of care.
- Empowerment of families to call the Department of Public Health on a regular basis—daily, if necessary—to register complaints about lack of care and lack of staff.
- Promotion of Pioneer Network Practices, by encouraging the owners and the administrator to visit facilities, which have these practices.
- Education of the administrator and the public on lack of staff and residents' rights to individualized quality care on a continuing basis.

Facilities may meet the staffing requirements, but not the needs of residents. The bottom line is that the facility must meet the needs of residents regardless of any calculation or posting numbers of staff.

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APPENDICES

**APPENDIX A
LETTER TO ADMINISTRATOR**



Sharon Campbell,
Carlville
Lillian Ashley,
Staunton
Jan Sorenson,
Springfield

Advisory Board

Richard Mazzotti,
Taylorville

David Sutterfield,
Effingham
Hileen Hammann,
Carlville
Dr. Dean Hauter,
Lincoln

A LONG-TERM CARE OMBUDSMAN PROGRAM



September 18, 2003

Howard Markam, Administrator
Ashline Manor
1400 East First Street
Pagetown, Illinois 62720

Dear Mr. Markam:

Over the past three months, I have received numerous complaints about lack of staff in the evenings and on weekends, which I have discussed with you. One of the problems occurs in the evening when certified nursing assistants (CNAs) are not available to residents still in their rooms during the dinner hour. CNAs are required to stop whatever they are doing to assist residents to the dining room about 5:00 p.m. and help those not capable of feeding themselves. I have observed this situation and know that the call lights are not answered for twenty minutes to an hour. Some of the residents who eat in their rooms do not have the assistance they need.

The situation of taking everyone who is able to go to the dining room at one time could be changed if you and your staff implemented a different plan using some best practices, such as Pioneer Practices. Nursing homes who have implemented these practices have demonstrated an increase in staff and resident satisfaction. I would be glad to provide an in-service session on the possibilities of the Pioneer Practices for your staff. We know that nursing home issues, generally, are problems within the system. The ombudsman program will cooperate with you and the family and resident councils to transition to a new plan of providing meals and snacks; additionally, I will be glad to suggest ways on how to increase the weekend activities.

One of the best things that you can do now is provide more assistance in informing all new families about the family council. In this manner, all families can be involved in assisting the facility to provide quality care.

I will contact you next week to see when you can meet with me on this important issue. As always, if you have concerns or questions, do not hesitate to contact me at the office.

Sincerely yours,

Anne Marie Michael

Anne Marie Michael, Volunteer Advocate

cc: State Ombudsman

APPENDIX B
Recommended Number of Staff by the National Citizens' Coalition for Nursing Home Reform (NCCNHR)

The ombudsman should know the recommended ratios of staff as proposed by the NCCNHR. This organization had input on these recommendations from numerous nurses and CNA's who work in long term care facilities. This information can be quoted when a facility representative tells you that the facility's ratio of staff to residents is sufficient when you actually know by observation or by complaints from several persons that there is a lack of care. Remember that the requirement of both federal and state regulations is **sufficient staff**. Ask the administrator how the facility staff can provide quality care with less staff than what experts believe can be accomplished.

Recommended for every nursing facility:

- A full-time Registered Nurse (RN) Director of Nursing
- A full-time RN Assistant Director of Nursing (in facilities of 10 beds or more)
- A full-time Director of In-service Education
- An RN nursing supervisor on duty at all times (24 hours, 7 days per week)
- Direct caregivers (Certified Nursing Assistant (CNA), RN, or Licensed Practical Nurse (LPN))

Day	1:5 residents
Eve	1:10 residents
Night	1:15 residents
- In addition to the direct caregivers, licensed nurses (RN, LPN)

Day	1:15 residents
Eve	1:25 residents
Night	1:35 residents

APPENDIX C Examples of CNA Duties

The following are examples of resident care responsibilities that a CNA may have on a single shift in one day, with estimated time per resident:

Shower:	10-30 minutes
Bed bath	10-15 minutes
Personal hygiene (each time incontinent)	5-10 minutes
Partial baths (face, oral care, hands, peri-care)	10 minutes
Foley catheter care	5-10 minutes
Empty and measure catheter bag at the end of shift	5 minutes
Oral care/denture	5-10 minutes
Groom/shave resident	5-10 minutes
Dress resident	5-10 minutes
Nail care for resident	5-10 minutes
Body/hand lotion to skin	5 minutes
Toilet resident	10-15 minutes
Vital signs (temperature, pulse, respiration and blood pressure)	10 minutes
Set up meal tray, document food/fluid intake each meal	5-10 minutes
Total feed the meal	20-60 minutes
Partial feed for two residents	40 minutes
Serve and feed nutritional supplements	1-10 minutes
Hand washing between each resident	1 minute
Bed making—unoccupied	5 minutes
Bed making—resident in bed	10-15 minutes
Documentation and observations for resident care records	3-5 minutes
Passive range of motion (5-10 repeats)	15 minutes
Ambulating resident to dining room or other areas	10-15 minutes
Assessment of pain, depression and behavior	5-10 minutes

In addition the CNA has to participate in resident unit organization for 5-10 minutes for the shift. (*Karas*)

APPENDIX D

Talking to the Administrator

The Department on Aging has provided training on the kinds of administrators who manage nursing homes. The following descriptions of types of administrators who attempt to prevent ombudsmen from solving problems are from that training and the experience of Illinois' ombudsmen.

Characteristics of an administrator that prevents problem solving:

- Denies that anything is wrong.
- Quickly accepts that there is a problem, says that she will do something about it, but does nothing about it.
- Says that she knows who the complainers are and that they make a lot of trouble for the facility and the staff. She says that she constantly deals with these complainers and they are never satisfied.
- Says that you, the ombudsman, are wrong and she will do nothing about it.
- Keeps you off track by talking about something else, such as the over-regulation of nursing homes, rather than addressing the lack of staff issues. (This is called "begging the question.")
- Co-opts the ombudsman into being her friend so that the ombudsman represents the administrator or the facility instead of the resident.
- Blames everything on the State because of the Department of Public Health's "nit-picking" about small details during surveys and complaint visits or the State not appropriating sufficient funds.
- Blames everything on the inability to hire staff, as if that was a function independent of her responsibility.

There is another type of administrator who will address lack of staff issues and other problems. (Thank goodness!) Characteristics of this type of administrator:

- Hears the complaint, does something about it and promptly informs you about what she did.
- Tells you about supervision strategies that will assure that residents receive care, such as supervisors regularly coming into the facility at night unannounced.
- Tells how she can inform the company about residents' needs and the company response.
- Has several strategies she uses to hire staff; she has a proactive recruitment plan and does not wait to see who will answer a newspaper ad.
- Is often busy seeing about getting the appropriate training for her staff or listening to residents.
- Displays an open and friendly attitude, has a large group of volunteers working in the facility, and has fewer restrictions on residents and families than other facilities.
- Hears the complaint and tells you what she is doing about changing the culture in the nursing home. Changes in culture in a nursing home may bring

about some dysfunction at different times. The administrator takes all complaints to the direct care and nursing care staff to begin to resolve the complaint using a team process.

- Is on the floor most of the time and actually knows what is going on in the facility.

An administrator with good training will effectively manage a facility if he/she has

- Vision with respect to staff and program development
- The ability to manage staff of diverse cultures and talents
- The ability to effectively argue for resident needs before a corporate board
- Good communication skills for dealing effectively with families and staff
- An understanding of the role nursing homes play within the long-term care system

One indicator of a poor facility system and poor management abilities of an administrator might be gauged on the amount of the facility's newspaper advertising. A competent administrator that effectively manages facility staff and creates a safe, loving environment, in which staff are respected and work as a team, will make a name for him/herself. There will be a decrease in staff turnover, and thus, less of a need to advertise for positions because the community knows that the facility provides quality care and people want to work there.