

SAMPLE NURSING HOME GUIDE INFORMATION

Performance Measures

★	Means that for this measure this facility ranked better than 0% to 20% of the facilities in its region. That is, a single star means that the facility ranked in the bottom 20% of facilities in its region.
★★	Means that for this measure this facility ranked better than 21% to 40% of the facilities in its region.
★★★	Means that for this measure this facility ranked better than 41% to 60% of the facilities in its region.
★★★★	Means that for this measure this facility ranked better than 61% to 80% of the facilities in its region.
★★★★★	Means that for this measure this facility ranked better than 81% to 100% of the facilities in its region. That is, five stars means that the facility ranked in the top 20% of facilities in its region.
NA	Means that a rank is not available for this facility. This is typically because the facility just recently opened.

Each of the performance measures represents how a nursing home ranked **within its geographical region**.

As stated above, these ranks indicate only relative rankings within a region. All of the nursing homes in a particular region could perform better than the statewide average. Therefore, a low rank does not necessarily indicate a "low quality" facility. Similarly, all of the nursing homes in a particular region could perform lower than the statewide average. Therefore, receiving a high rank does not necessarily indicate a "high quality" facility. All facilities listed in this guide have met the requirements for being licensed as a nursing home.

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Inspection

On the right hand side of each table are a set of performance measures. The performance in each category is indicated by stars. The more stars (up to 5) that are shown, the better the facility scored on that particular measure. The broadest measure of performance is Overall Inspection. The eight other categories represent different pieces of the Overall Inspection rank.

Each of the performance measures represents how a nursing home ranked within its geographic region. The regions are defined as follows:

North	
Region	Counties
1	Escambia, Okaloosa, Santa Rosa, Walton
2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington
3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumpter, Suwannee, Union
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia

Central	
Region	Counties
5	Pasco, Pinellas
6	Hardee, Highlands, Hillsborough, Manatee, Polk
7	Brevard, Orange, Osceola, Seminole

South	
Region	Counties
8	Charlotte, Collier, De Soto, Glades, Hendry, Lee, Sarasota
9	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie
10	Broward
11	Dade, Monroe

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Any performance measure will have strengths and weaknesses. These are discussed below.

Inspection

The goal of the Inspection measures is to assess how well the nursing home complies with the federal laws governing nursing homes that accept Medicare or Medicaid payments. While the laws are federal, the state of Florida conducts the actual inspections as a subcontractor to the federal Centers for Medicare and Medicaid Services (CMS).

If the nursing home is found to be out of compliance during an inspection, deficiencies are issued to the facility. The deficiencies are assigned a severity (e.g. is a resident merely at risk for being harmed, or has a resident experienced actual harm) as well as a scope (e.g. is only one resident affected or are many residents affected). Deficiencies are given points according to the level of the scope and severity (the more serious the deficiency, the more points assigned). Points are doubled for deficiencies that represent substandard quality of care.

Total deficiency points are used to compute a score for the nursing home. This score takes into account the number of deficiencies, their scope, and their severity over the past 30 months.

The ranks shown in this guide are based on the facility's score over the past 30 months divided by the number of complete inspections. This time period will typically encompass at least two inspections. If the ownership of the facility has changed within the past 30 months, then the ranks will include deficiencies involving both the new owner and the previous owner(s).

The overall score is broken down into the three categories: Quality of Care, Quality of Life, and Administration. The combination of all three categories contains all 255 possible deficiencies that comprise the Overall Inspection rank.

Some of the more common deficiencies in the Quality of Care category involve the unsanitary storage, preparation, and distribution of food; improper treatment to prevent and treat pressure ulcers; and failing to maintain a resident's nutritional status.

Some of the more common deficiencies in the Quality of Life category involve improper use of physical or chemical restraints, failing to treat the resident with dignity, and failing to accommodate resident needs and preferences.

Some of the more common deficiencies in the Administration category involve the inaccuracy of comprehensive assessments of the residents' health status, and failing to

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develop adequate comprehensive care plans for the residents. The Administration category also includes physical aspects of the facility such as inaccessible fire exits and lack of fire prevention.

There were many specific areas of interest expressed by consumers while developing this guide. The five of greatest interest are included as the Components of Inspection. Because of their narrow focus, these components collectively represent 18 out of the 255 possible deficiencies. However, in many cases they represent the more frequently cited deficiencies at the higher severity and scope levels.

The Nutrition and Hydration component includes three possible deficiencies for failure to comply with:

- F325: Facility must ensure that residents maintain their nutritional status
- F326: Facility must provide therapeutic diet when necessary
- F327: Facility must provide sufficient fluid intake

The Restraints and Abuse component includes four possible deficiencies for failure to comply with:

- F221: Residents must not be physically restrained for discipline or convenience
- F222: Residents must not be chemically restrained for discipline or convenience
- F223: Residents must not be verbally, mentally, or physically abused
- F224: Residents must be free of mistreatment and neglect

The Pressure Ulcers component includes one possible deficiencies for failure to comply with:

- F314: Residents must receive proper treatment to prevent and heal pressure sores

The Decline component includes six possible deficiencies for failure to comply with:

- F309: Facility must provide necessary care for highest practicable well being
- F310: Facility must ensure that ADLs do not decline unless unavoidable
- F311: Facility must give each resident treatment to improve or maintain ADLs
- F312: Facility must provide proper services for ADL dependent resident
- F317: Residents must receive proper therapy to prevent reduced range of motion
- F318: Residents with limited range of motion must receive appropriate treatment

ADL stands for Activities of Daily Living and include the resident's ability to move, walk, dress, eat, toilet, comb hair, brush teeth, etc.

The Dignity component includes four possible deficiencies for failure to comply with:

- F241: Facility must treat residents with dignity and respect

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F242: Residents are free to choose their activities, health care, and visitors

F245: Residents are free to participate in their chosen religious and social activities

F246: Facility must accommodate reasonable preferences of each resident

Star Summary (Review):

The more stars a facility receives in any of these categories or components, the more the facility was found to be in compliance with the regulations governing nursing homes.

The fewer stars a facility receives, the more the facility was found to be in noncompliance with the regulations governing nursing homes.

Months will typically pass between inspections. Much could change for the better or worse in a facility between inspections. Therefore, you must always inspect the facility yourself before making such an important decision.

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Inspection

Scoring and Ranking Algorithm

We assign points to each citation. CMS also assigns a letter to each possible severity and scope combination. These letters and their corresponding points are shown in the table below.

Severity				
Immediate Jeopardy to Resident Health or Safety	J=32	K=45	L=60	
Actual Harm that is not Immediate Jeopardy	G=16	H=22	I=28	
No Actual Harm with Potential for more than Minimal Harm	D=5	E=8	F=11	
No Actual Harm with Potential for Minimal Harm	A=0	B=1	C=3	
	Isolated	Pattern	Widespread	Scope

The federal Centers for Medicare and Medicaid Services (CMS) has a set of statutory provisions that it considers to be "Critical". When noncompliance with these Critical provisions is cited, then we assign twice the points shown above. The more commonly cited Critical provisions include noncompliance with:

- F221: Residents must not be physically restrained for discipline or convenience
- F241: Facility must treat residents with dignity and respect
- F309: Facility must provide necessary care for highest practicable well being
- F314: Residents must receive proper treatment to prevent and heal pressure sores
- F316: Incontinent residents must receive appropriate treatment
- F325: Facility must ensure that residents maintain their nutritional status

You can see the full listing when you are looking at a particular nursing home. Under the "stars" column click on the link that says "Inspection Details for this Facility". Once you click on the link, you will see a listing of what cites the nursing home has received over the past 30 months. If you click on the provision of interest in the Short Provision Description column, you will be taken to a page that provides the statutes that contain the relevant provision, as well as whether it is considered a Critical provision or not. This page will also show you which of the 3 broad categories a provision is placed in, as well as if it is in one of the 5 narrow components.

The points for a given facility are added up and divided by the number of annual inspections the facility had in the 30 month window. The result is called the facility's score. These scores are then ranked within each of the 11 geographical regions separately. The lowest score is given a

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rank of 100, and the rest of the scores are spread out evenly between 100 and 0. A high rank (i.e. low score) indicates that the facility had fewer deficiencies and/or less serious deficiencies relative to most other facilities in their region. A low rank (i.e. high score) indicates that the facility had more deficiencies and/or more serious deficiencies relative to most other facilities in their region.

This procedure is repeated for the 3 broad categories, as well as the 5 narrow components. In each case, only the deficiencies within that category or component are included in the scoring and ranking.

If facilities are tied at a point where the number of stars is in transition (e.g. between 4 stars and 5 stars), then the tied facilities are given the higher number of stars (in this example 5 stars). Therefore, more than 20% of the facilities could end up with 5 stars and fewer than 20% of the facilities could end up with 1 star.

The 6 nursing homes that are not certified to accept Medicaid or Medicare payments are not subject to the same federal laws that the other nursing homes are. Instead of one of twelve severity and scope levels for each federal level citation, they receive one of three class levels for each state level citation. Class 1 is the most serious, while Class 3 is the least serious. Under our method a Class 3 cite warrants 5 points, a Class 2 cite warrants 22 points, and a Class 1 cite warrants 45 points. Except for these differences, the scoring method for these 6 nursing homes is the same as for all the other nursing homes.

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AHCA Nursing Home Guide

Last Update: August, 2012

Facility Display

RIVER GARDEN HEBREW HOME FOR THE AGED

11401 OLD SAINT AUGUSTINE ROAD

JACKSONVILLE

32258

DUVAL

Voice:

(904) 260-1818

Fax:

(904) 260-9733

Web:

www.rivergarden.org



Gold Seal Awarded
Jul/01/12 - Jun/30/14

Overall Inspection	★★★★★
Quality of Care	★★★★★
Quality of Life	★★★★★
Administration	★★★★★

Components of Inspection	
Nutrition and Hydration	★★★★★
Restraints and Abuse	★★★★★
Pressure Ulcers	★★★★★
Decline	★★★★★
Dignity	★★★★★

Current Licensee: RIVER GARDEN HEBREW HOME FOR AGED

Licensee Since: 1996 or Earlier

Ownership Type: Non-Profit

Affiliation: Jewish

[Inspection Details for this Facility](#)

Beds: 180 Total: 40 Semi-Private / 138 Private

Occupancy Rate: 92.37%

Lowest Daily Charge: \$ 283.00

Payment Forms Insurance or HMO, Medicaid, Medicare

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Accepted:

Special Services: 24hr RN Onsite Coverage, Adult Daycare, Alzheimer's Care, Hospice, Pet Therapy, Respite Care, Tracheotomy Care

Languages Spoken: Filipino, French, German, Hebrew, Polish, Spanish

Prior Facility

Name(Last Two Years):

[Explanation of the Performance Measures \(Stars\)](#) [Glossary of Terms](#)

[Explanation of Inspection Scoring](#)

RIVER GARDEN HEBREW HOME FOR THE AGED

[View Facility Display](#)

Inspection Detail			
Survey Date	Provision	<u>Severity and Scope</u>	Short Provision Description
4/19/2012	None	-	NONE
3/10/2011	F425	D	<u>Facility must provide drugs and biological agents to residents</u>
2/25/2010	None	-	NONE

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Glossary of Terms Used in the Tables

Current Licensee

The licensee is the owner of the nursing home license. The licensee might own or lease the facility. The licensee might operate the nursing home or hire a management company to run the nursing home.

Licensee Since

This is the year the Current Licensee became the Licensee. A date of 1996 indicates that the current licensee has been the licensee since at least 1996.

Ownership Type

The six types of nursing home ownership are as follows:

For Profit	For Profit Licensee
Non-Profit	Non-Profit Licensee
Government	Government Licensee

Affiliation, if any

Many nursing homes are affiliated with other organizations such as a corporation, or a particular faith or religious organization. If the facility reported having any such affiliations, it is displayed. A facility may be affiliated with more than one organization.

Beds

The number of beds the nursing home is licensed to operate. The number of semi-private and private beds are also shown here. Semi-private rooms are those shared by two residents. Private rooms are for only one resident.

A few facilities have rooms shared by three or four residents. The number of these beds is simply the total number of beds less the private and semi-private beds.

Occupancy Rate

Within 45 days after the end of each calendar quarter, nursing homes report to the agency, or the Local Health Council, the number patient days in the quarter. The occupancy rate is calculated as the average percentage of patient days/total available bed days over the most recently available 6 month period. Patient days are the total number of days beds were occupied by residents in the facility. The occupancy rate excludes nursing home beds for children only, all nursing homes operated by the Department of Veterans' Affairs, and sheltered beds in Continuing Care Retirement Communities (beds reserved for retirement community members).

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Lowest Daily Charge

This is the daily rate for a semi-private room for a self-pay, skilled care, new resident. This information is self-reported by the facilities at the time of license renewal. Facilities are asked to report the lowest rate if there was a range. If the facility did not have semi-private rooms, they report the private room rate.

Payment Forms Accepted

All facilities will accept payment directly from the resident. In addition, other forms of accepted payments are shown below. These payment forms accepted are self-reported by the facilities. See The Nursing Home Stay section for more details about the different forms of payment.

Medicaid	The facility accepts payment from Medicaid.
Medicare	The facility accepts payment from Medicare.
Insurance or HMO	The facility accepts payment from at least one commercial carrier.
VA	The facility accepts payment from the Veterans' Administration.
CHAMPUS	The facility accepts payment from the Civilian Health and Medical Programs for the Uniformed Services.
Workers' Compensation	The facility accepts payment from Workers' Compensation.

Special Services

Many nursing homes provide special services. Some of these services are reported in this Guide. Inquire at the facility if you require another special service. Each of the special services listed was self-reported by the facility at the time of re-licensure; please contact the facility for current services offered.

Adult Day Care	Adult day care offers therapeutic programs of health services and social activities such as leisure activities, self-care training, rest, nutritional services, and respite care for less than 24 hours a day.
Respite Care	Respite care is a short stay (normally not more than two weeks) that allows the home caregiver a break from caring for someone who needs constant supervision (24 hours a day).
Alzheimer's Care	Special accommodations are made for residents with Alzheimer's, dementia, or related diseases. Such accommodations include separate living areas and specific daily activities for the residents. The facility has staff trained in the care of patients with Alzheimer's, dementia or related diseases.
Ventilator Dependent	The facility accepts and is able to properly care for residents who are dependent on a ventilator.

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Tracheotomy Care	The facility accepts and is able to properly care for residents who require tracheotomy care.
Dialysis Services	The facility accepts and is able to properly care for residents who require dialysis.
Pediatric Care	The facility accepts and the nursing staff have been trained to care for residents who are under 18-years-old.
Pet Therapy	Pets are a regular part of the residents' therapy.
24-Hour RN Coverage	The facility has a registered nurse on staff at all times.
Eden Alternative	The facility provides an Eden alternative living environment.
Yoga	The facility provides yoga sessions.
Water Therapy	The facility provides water therapy exercises.
Weight Train	The facility helps residents maintain muscle strength with weight training exercises.
HIV	The facility accepts residents who are HIV positive.
Hospice	The facility provides hospice care.

Languages Spoken

Foreign languages spoken by staff at the facility are also provided in the *Guide*. These were self-reported by the facility.

Gold Seal Program

The Gold Seal Award was implemented in 2002 as a way to recognize Florida nursing homes that exhibit excellence in care management and quality of life for their residents. While the vast majority of nursing homes in the state adhere to laws requiring high quality of care, the Gold Seal program was designed to reward those facilities with exceptionally high standards and quality of care. Each Gold Seal facility must meet rigorous criteria and is evaluated relative to the performance of their peers by region. Gold Seal recipients must be in operation a minimum of 30 months prior to the date of application. Performance criteria includes financial soundness, high quality of care ranking, an excellent record with the State Long-Term Care Ombudsman Program, no "conditional" licenses nor Nursing Home Watch List appearances in the past 30 months, and a demonstrated evidence of community involvement.

The Gold Seal facilities are identified with a Gold Seal emblem within this Guide.

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Watch List

The Watch List identifies nursing homes that met are operating under bankruptcy protection or met the criteria for a conditional status during the past 30 months. A conditional status indicates that a facility did not meet, or correct upon follow-up, minimum standards at the time of an inspection. Immediate action is taken if a facility poses a threat to resident health or safety. Under Florida law, nursing homes have a right to challenge state sanctions. Facilities challenging a conditional license are noted as "under appeal". Watch List information is subject to change as appeals are processed; information is updated regularly on this web site.

Glossary of Nursing Home and Related Health Care Personnel

Many people are involved in the operations of a nursing home. Staffing can vary considerably among nursing homes. Some of these people are employees of the nursing home; others might work as independent contractors with the nursing home. Not all facilities have all of these positions, and some facilities might have staff that is not listed in this glossary. Below are some of the professionals that work in a nursing home.

Activities Director

The activities director is trained in social, recreational, or therapeutic programming. The director provides an ongoing program of meaningful activities to promote self-care and the physical, social, and mental well being of residents.

Administrator

An administrator is licensed by the state to supervise a nursing home. This person is ultimately responsible for all nursing home activities.

Advanced Registered Nurse Practitioner (ARNP)

In addition to professional nursing, the ARNP may perform acts of medical diagnosis and treatment, prescription, and operation, which are identified and approved in their identified protocols as signed by the physician and by their license in the state of Florida.

Attending Physician

A physician is the person responsible for the residents' medical care. A physician must visit residents in a skilled nursing facility once a month for the first three months, then every 60 days, and then every 90 days.

Certified Nursing Assistant (CNA)

A certified nursing assistant is usually responsible for the personal care of the residents such as assistance with bathing, feeding, eating, walking, turning in bed, etc. CNAs must be trained to do each task.

Charge Nurse

A charge nurse is the registered nurse or a licensed practical nurse in charge of care in a given unit of the nursing home or in charge of nursing care in the absence of the DON.

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Dietary Supervisor

A dietary supervisor is trained in planning menus for regular and special diets and in establishing dietary procedures. A dietary supervisor is not necessarily a licensed dietitian.

Director of Nursing (DON)

The director of nursing is a registered nurse who oversees the nursing department, including nursing supervisors, licensed practical nurses, and CNAs. The director of nursing writes and executes procedures and policies for nursing practice. Consultations with residents' families, physicians, committees, and community groups are also important aspects of the job. The director of nursing is responsible for the overall medical quality and safety of patient care.

Discharge Planner

A discharge planner is the professional staff member of a hospital or nursing home who locates the necessary services that a patient will need after discharge.

Licensed Practical Nurse (LPN)

A licensed practical nurse administers treatment and medication under the direction of a registered nurse or a licensed physician. LPNs must complete coursework in a nursing school or vocational training school before they can be licensed by the state.

Medical Director

The medical director is the physician licensed in Florida, who is responsible for implementation of resident care policies and coordination of medical care in the facility.

Occupational Therapist (OT)

The occupational therapist is a licensed professional therapist who helps a person relearn activities of daily living (ADLs). The therapist uses adaptations and devices for the home environment to help the person function more independently.

Pharmacist

Nursing homes may have a pharmacy on the premises with a pharmacist on staff or may contract with a community pharmacy and a pharmacist to provide services. The pharmacist is responsible for supervising the pharmacy program in the home and for reviewing each resident's drug regimen at least monthly. The law allows residents to use a pharmacist, other than the one designated by the nursing facility. The law also allows residents to have their own pharmacist repackage bulk medications into unit doses.

Physical Therapist (PT)

A physical therapist is a licensed professional who is trained to restore functioning in the legs, hands, feet, back, and neck. The therapist treats the resident through exercise, massage, hydrotherapy, or mechanical devices to improve physical mobility.

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Physician Assistant (PA)

A physician assistant is certified to perform medical services delegated by the attending physician.

Registered Nurse (RN)

A Registered Nurse must complete more extensive coursework than an LPN. An RN has a broader range of permitted tasks and responsibilities than an LPN, but less so than an ARNP.

Social Service Director

The social service director identifies medically related social and emotional needs of residents and arranges services necessary to meet them. If the social service director is not licensed or trained, this person might work in consultation with a licensed health care professional. Full-time social service directors are required in nursing homes with more than 120 beds.

Speech and Language Pathologist (SLP)

A speech and language pathologist is a licensed professional who applies the principals, methods and procedures of the prevention, identification, evaluation, treatment, consultation, habilitation, rehabilitation, instruction and research relative to the development and disorders of human communication.

Glossary of Other Nursing Home Terms

This glossary provides definitions of some terms that are commonly used by nursing home professionals.

Activities of Daily Living (ADLs)

An individual's daily routine, including bathing, dressing, grooming, eating, walking, using the telephone, taking medications, and other personal care activities.

Bed Hold

Bed holds refer to the payment for a nursing home during temporary periods away from the nursing home in order to insure the availability of the nursing home bed upon return to the facility. Some examples of temporary periods away from the nursing home include hospital stays and extended visits at a family home. Some payers including Medicaid pay for a predefined number of bed hold days. Others require a resident to pay for the bed hold.

Chapter 395, Chapter 400 and Chapter 651

The Florida Statutes that govern nursing homes. Chapter 395 governs hospitals, including hospital-based skilled nursing units. Chapter 400 governs skilled nursing facilities, as well as many other long-term care facilities. Chapter 651 governs continuing care retirement communities. These Florida Statutes are available at many libraries and on the Web at:

www.leg.state.fl.us/statutes/ .

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Custodial Care

Custodial care provides help and supervision with daily living activities such as dressing, eating, personal hygiene, and similar functions.

Dementia

A clinical term used to describe a group of brain disorders that disrupt and impair cognitive functions (thinking, memory, judgement, personality, mood, and social functioning).

The Eden Alternative

The Eden Alternative introduces children, pets, and gardens into the nursing homes in order to make them more like home.

Personal Emergency Response System (PERS)

Equipment that monitors the safety of older people in their homes through signals electronically transmitted over the telephone and received at an emergency-monitoring center.