



Summary of Findings from the On-Site Rest Home Visits (July – October 2018)

October 28, 2019



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Executive Office of Health and Human Services
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To: Rest Home Administrator

From: Lauren Peters, EOHHS Undersecretary
Alice Bonner, Secretary of Elder Affairs
Elizabeth Chen, DPH Assistant Commissioner

Date: July 27th, 2018

RE: Executive Office of Health and Human Services (EOHHS), Executive office of Elder Affairs (EOEA), Department of Public Health (DPH), and MassHealth Rest Home Work Group Project

Your facility is one of twenty-two (22) Rest Homes that have been selected for a project collaboratively conducted by EOHHS, EOEA, MassHealth and the Department of Public Health. Your participation and that of residents is voluntary; there are no negative consequences if you or residents choose not to participate.

EOHHS has been working with state agencies and industry stakeholders such as Massachusetts Association of Residential Care Homes (MARCH) and LeadingAge to examine issues related to rest home operations and sustainability. EOHHS recognizes that rest homes provide a valuable service to residents.

The purpose of this project is to gather information related to resident care needs and the operational needs of rest homes. To obtain this information, an EOHHS two-person team of professional staff will conduct a one-day visit to tour your facility, interview yourself, staff, residents, and review selected resident clinical records with both your and residents' permission. This information will be compiled into a report for EOHHS and information about individual residents will be presented in aggregate, anonymous formats.

This visit is not being conducted to determine regulatory compliance. The purpose is to collect data regarding the facility and residents by touring your facility and interviewing yourself, staff and residents who wish to participate. (As with any professional who is a mandatory reporter, if the team were to identify an immediate, serious resident care concern, they would need to report

that and they would inform you that you may need to address the concern to ensure safe care of the resident(s).)

An EOHHS team member will contact you to arrange a date for the on-site visit and to explain some of the details about the project. On that call, the EOHHS team member will request the names of all residents currently living at your facility. We will randomly select at least seven (7) residents from that list, and ask that you confirm their willingness to speak with our team and permit access to their clinical records for the team's review upon arrival. These calls will be made at least five business days prior to the visit.

To help you better understand the nature of the information we are seeking, please find attached several forms, including examples of some questions we may ask you as a rest home owner or administrator. We ask that you take time to complete information in the forms and give them to the team upon arrival:

- 1) Background information about 7 randomly selected residents who have agreed to participate:
 - Resident Conditions and Mental Health Diagnoses;
 - Resident Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs);
- 2) Information about the Rest Home and its population of residents:
 - Insurance providers and revenue summary;
 - Numbers of residents with various medical diagnoses.

We are also providing examples of questions which may be asked of you and your staff at the time of the visit. These do not need to be completed in advance.

Should you have any questions on completing these forms or about this important collaborative project please contact: Nyca Bowen at 617-753-8004, and ask to speak with Paul DiNatale. He will call you back.

We appreciate your participation and support and look forward to working with you to better understand the needs of Massachusetts rest homes and the people you serve.

Thank you very much.

Components of the Report

- Methodology
- Observations About Physical Plant
- Services Provided by Rest Homes Visited
- Profile of Sampled Residents
- Administrators' Reports of Resident Care Needs
- Residents' Self-Reported
 - Quality of Life and Safety
 - Psychosocial Health
 - Quality of Care Coordination and Access to Health Care
- Owners' Voice
- Appendix: Selected Rest Home Regulations

2018 Site Visit Selection and Data Collection Process

- 29 Rest Homes were contacted via letter seeking voluntary participation
 - Selection Criteria:
 - Non-Religious
 - Accepts Public Pay residents and have Higher Numbers of Residents with Public Pay
 - Wide Geographic Representation Across the State
 - Greater number of beds
 - Free-standing
 - 17 agreed to participate (To ensure confidentiality, this report does not contain a list of the rest homes receiving an invitation to participate or a list of the rest homes that agreed to participate.)
- Two Teams of Two Visited 17 Rest Homes to Gather Data from Administrators and to Interview Residents and Owners*
 - Residents
 - Random selection of 7 MassHealth members at each facility (119 in total) to interview and review their resident record using a data-collection instrument.**
 - Administrators
 - Completed questionnaires to characterize the total resident population at the rest home: ADL/IADLs, payers, insurance coverage, medical and mental health diagnoses, etc.
 - Owners
 - Interviewed (~2 hours) regarding management, operational and financial challenges, residents' care needs, feedback and recommendations.

*Owners also served as Administrators in some facilities

**Owner and resident participation in this study was voluntary. Permission to visit with residents was obtained from the owner. Residents were informed of their right to refuse to participate and were then screened to determine their capacity to be interviewed.

Data Collection Team's Observations About Physical Plant

- The rest home buildings ranged from poorly maintained (e.g., in need of exterior/interior cleaning, maintenance, and repairs) to very well maintained.
- The style of housing ranged from repurposed residential style buildings (e.g., former estate “mansions”, Victorian style, Federal style, “farm house” style, or Cape Cod style wood frame and some brick framed buildings) to “nursing-home-like” institutional-style structures.
- The quality of the interior décor of the rest homes visited ranged from
 - a) poorly maintained, poorly lighted, not clean with a mix of worn and institutional style furniture and furnishings
 - b) maintained, clean and homelike, and
 - c) well maintained, clean and beautifully furnished and decorated.
- **NOTE:** *Following are 10 pictures published on the Internet in Google Maps (street view) or on a Rest Home's website. Identifying information has been removed. These pictures are examples only and do not necessarily depict Rest Homes visited nor the complete range of quality observed.*



Source: Website



Source: Google Maps



Source: Google Maps





Source: Google Maps



Source: Google Maps



Source: Google Maps



Source: Google Maps



Source: Google Maps



Profile of Residents Interviewed

(N=119)

- MassHealth Member: 100% (due to selecting for MassHealth members)
- Male: 59%
- Race and Ethnicity:
 - White – 87%
 - Hispanic – 3%
- English is Primary Language: 97%
- Marital History:
 - Never Married – 46%
 - Divorced/Separated – 34%
 - Widowed – 13%
 - Married – 3%
 - Other/blank – 4%
- Education Completed
 - 8th Grade or less – 7%
 - Some High School/Trade School – 29%
 - High School Degree/GED – 38%
 - More than High School – 27%
- Have Legal Guardian – 8%
- Have Advance Directive – 35%
- Length of Stay in Rest Home
 - <1 year – 23%
 - 1-2 years – 13%
 - >2 years – 65%
- Lived Prior to This Rest Home
 - Private Home – 48%
 - Boarding/Group Home/Assisted Living – 17%
 - Nursing Home – 12%
 - Inpatient Hospital – 3%
 - Homeless – 5%
 - Rest Home – 7%
 - Other – 8%
- % Resided in Nursing Home in Past 5 Years: 20%

Administrators' Estimates of the Percentage of Residents Needing IADL and ADL Support*

% Residents Needing Each IADL Support

	Completely Independent	Need Supervision	Hands-On Assistance	Completely Dependent
Housework	21	11	11	50
Meal Prep	10	21	5	63
Medications	2	13	12	62
Phone Use	63	4	8	19
Shopping	32	18	8	24
Managing Finances	5	11	20	47

% Residents Needing Each ADL Support

	Completely Independent	Need Supervision	Hands-On Assistance	Completely Dependent
Bed Mobility	98	1	1	0
Eating	97	0	2	0
Toileting	92	2.5	5.2	0.2
Transfer	98	1	1	0
Personal Hygiene	58	24	11	1
Dressing	81	4	7	0.4
Locomotion in and Out of Home	90	3	2	0

*Each administrator was asked to estimate the numbers of individuals in their facility requiring each IADL or ADL support. These estimates represent 522 residents as reported by 17 facilities.

Residents' Self-Reported: (source 119 sampled residents)

- Quality of Life and Safety
- Psychosocial Health
- Quality of Care Coordination and Access to Health Services

Resident Satisfaction

(N=119)

82% Respondents Replied “Yes” to: “Do you like living here?”

What do you like about living here?	
Some Residents	31%
Get Services Needed	29%
Staff	29%
Food	24%
Freedom	19%
Neighborhood/location/Access to places	17%
Comfortable/safe/Roof over my Head	11%
Activities	8%
Room	6%
Clean	5%
Keeps Me Sober	3%
Can help out at RH	3%

What don't you like about living here? (Top 20 responses)	
No complaints	22%
Food	18%
Other Residents	10%
Staff	8%
Activities: lack of	6%
Bedroom is crowded	5%
Privacy: Lack of	5%
Noise/Chaos/overwhelming	5%
Dependency on staff for food and necessities	5%
Not own place	4%
Bathrooms: dirty; no soap	3%
Building	3%
Gym: Lack of	3%
Insufficient Personal Needs Money	3%
Doctor	2%
House manager/Owner	2%
Don't like living here	2%
Theft: \$ missing/theft	2%
Don't Get outside often	2%
Stairs-need help	2%

Residents' Self-Reported Quality of Life

(N=119)

How would you rate the quality of your life overall?

Quality of life is good or excellent	72%
Quality of Life is bad or alright	28%

Percent of Residents who Consider RH their home 84%

Which of these statements best describes how you feel about the way you are helped/treated in this facility?

It makes me feel better about myself	62%
It does not affect me	30%
It makes me feel bad about myself sometimes or always	7%

Which statements best describes how safe you feel?

I feel as safe as I want	69%
I feel adequately to less than adequately safe, but not as safe as I would like	28%
I don't feel at all safe	3%

When provided the reasons for feeling unsafe include:

- Falling 13%
- Other Residents: verbal abuse, fighting, judging, arguing 8%
- fear of sexual predator 2%
- Staff 2%
- Neighborhood 1%

Residents' Self-Reported Psychosocial Health

(N=119)

Thinking about your life here at the rest home, do you ever feel lonely? YES 34%

Which of the following statement best describes your interest in wanting to interact with other people at the rest home?

Have enough social contact	75%
Want less social contact	7%
Want more social contact	15%
Have little social contact with people & feel socially isolated	3%

How much time or number of activities at the rest home do you participate in?

Participate in Activities 3 or more times a week	34%
Participate in Activities less than 3 times a week	34%
Do not Participate in any activities	29%

Thinking about getting around outside of the rest home, which of the following statement best describes your present situation?

Able to get to places outside RH	61%
Difficulty or unable to get to places I want	27%
Do not leave RH	12%

Do you receive any help on regular basis from a husband/wife, partner, friends, family members?

NO	60%
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How is your mental health in general?

Very good	44%
Good	33%
Fair	21%
Bad	1%
Very Bad	1%

Residents' Opinions About Care Coordination

(N=119)

How well do you think the Rest home is coordinating your medical care with your doctor, (ask as applicable: mental health provider, substance abuse services, and other health care providers)?

So good, it could not be better	38%
Good	43%
Alright	14%
Bad	2%
I don't get any medical care coordination	3%

What could make a difference to the way your care is coordinated?

Nothing	35%
Better Mental Health	5%
Better care/services	5%
Improve Communication	6%
Transportation: improve/pay for/provide	6%
Vision/Dental care	1%
Medication service	6%
Physician Services: See More often; Don't Like	3%
Staffing: increase/provide PCA	3%

Residents' Self-Reported Access to Behavioral Health Services

(N=119)

Receive Mental/behavioral health services	62%
Provider Type:	
LMHC/SW/Counsellor	32%
Psychiatrist	23%
Psychologist	4%
NP	3%

Treated in last 90 days at hospital or clinic:	43%
Mental Health condition	3%
Medical condition	36%
Treated for substance/alcohol use disorder in last 90 days	4%

Services Provided by Rest Homes Visited

- Independent Activities of Daily Living Services:

- Meal preparation
- Ordinary house work
- Managing finance (at resident's option)
- Managing medications

- Activities of Daily Living (minimum basic care and support services for residents having difficulty in caring for themselves)

- Transfer
- Dressing
- Eating
- Personal hygiene
- Incontinent management

- Recreational Activities

- Health Care Services:

- Nursing services
- Social Work services

- Health Care Coordination for:

- Primary care providers
- Hospital/clinic services
- Mental Health/Behavioral health care providers
- Pharmaceutical services
- Rehabilitation services

Site Visit:

Data Collection Team's Observations Related to Services

- **Activities: (Observation, staff/resident interview, Review of Calendars):**

While many RHs maintained an activity program, there were at least 5 RHs which offered no activities, few activities, or non-meaningful activities (TV Room)

- **Records Review:**

At least 5 rest homes did not have records that contained sufficient documentation reflecting resident's overall medical and nursing care needs and care provided

- **Direct Care Staff interview and observations:**

- Responsible Persons were generally found to be caring individuals, but the data-gathers observed that:
 - In at least 4 Rest Homes, those administering medications had limited knowledge of the medications being administered*; and,
 - At 6 Rest Homes, the Responsible Person had little time left to interact with residents after administering medications, charting, coordinating care and services

*Per DPH Regulations, Responsible Persons are not required to be certified nurse aides or licensed – the requirements are they are 21 years of age, a high school graduate, mature and communicate in English. If the Responsible Person administers medications, they must at a minimum receive training via RN or Pharmacist in accordance with DPH guidelines.

Owners/Administrator's Voice (N=17)

- 6 owners stated that the rates do not cover increasing costs, such as EMAC¹, minimum wage, mandatory sick time; and other costs such as guardianship renewals
- 3 reported having cash flow problems when a 5th pay-period is in the month
- 6 reported investing significant personal funds to make the Rest Home viable
- 4 reported admitting private-pay residents to make Rest Home financially viable
- There were misunderstandings of regulations, especially staffing regulations and rate setting process
- 3 owners recommended increasing the requirements for nursing oversight due to clinical needs of residents

¹ Employer Medical Assistance Contribution: <https://www.mass.gov/service-details/learn-about-the-employer-medical-assistance-contribution-emac-supplement>