

## Orbeton, Jane

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**From:** Orbeton, Jane  
**Sent:** Friday, October 25, 2013 8:39 AM  
**To:** Orbeton, Jane  
**Subject:** FW: Additional Data  
**Attachments:** 2011 Payer Mix.pdf

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**From:** John Watson [<mailto:JWatson@thecedarsportland.org>]  
**Sent:** Thursday, October 24, 2013 5:17 PM  
**To:** Orbeton, Jane; 'Phil Cyr'; 'Margaret Craven'; Stuckey, Peter; Adolphsen, Nick; Martin, James; Albert, Kenneth; Nadeau, Stefanie; [rerb@mehca.org](mailto:rerb@mehca.org); [bgallant@maineombudsman.org](mailto:bgallant@maineombudsman.org); Burns, SenDavid; Farnsworth, RepRichard; Turner, RepBeth; [manager@calaismaine.org](mailto:manager@calaismaine.org)  
**Cc:** Broome, Anna  
**Subject:** RE: Additional Data

Hi Jane:

RE: issue of access: I have attached data from the same spreadsheet derived from filed cost reports that reflects the 2011 payer mix of each facility, where they are located and the relationship of their MaineCare losses to their MaineCare census for tomorrow's meeting. I will bring copies with me.

The issue of access should be apparent:

- High MaineCare census in rural locations almost ensures low Medicare/low private pay census and lack of other revenues to make up losses; and threatens rural access
- High MaineCare census is not an absolute indicator of high losses but is almost a guarantee of losses, regardless of location
- High MaineCare losses are mostly associated with a lower MaineCare census and urban locations which may seem counter-intuitive until one understands the impact Peer Grouping has on rate setting
- Subsequent lower MaineCare census in urban locations is a result of state reliance on Medicare and Private pay revenues, causes unsustainable losses and threatens access

John



**SOURCE:**  
**2011 FILED COST REPORTS OBTAINED FROM DHHS**

Facility	Nursing Home Information				Schedule K Days Concentration				Losses
	City	County	Peer Gr.	CAID	CARE	Other	Total	Total	
Atlantic Rehab	Calais	Washington	1	81%	7%	12%	90%	(\$438,363)	
Winthrop Manor LTC & Rehab Ctr	Winthrop	Kennebec	1	89%	4%	7%	88%	(\$9,268)	
Oceanview Nursing Home	Lubec	Washington	1	85%	3%	12%	84%	(\$25,372)	
Sanfield Rehab & Living Center	Hartland	Somerset	1	82%	6%	12%	98%	(\$33,038)	
Forest Hill Manor	Fort Kent	Aroostook	1	81%	14%	5%	95%	(\$65,497)	
Woodlawn	Skowhegan	Somerset	1	75%	9%	17%	88%	(\$74,615)	
St. Joseph's Operating Co., Inc.	Frenchville	Aroostook	1	91%	3%	6%	99%	(\$79,475)	
Colonial Healthcare	Lincoln	Penobscot	1	79%	9%	12%	85%	(\$86,271)	
Katahdin Nursing	Millinocket	Penobscot	1	86%	0%	14%	99%	(\$94,124)	
Coastal Manor	Yarmouth	Cumberland	1	66%	6%	28%	98%	(\$98,140)	
Mountain Heights Healthcare Facility	Patten	Penobscot	1	77%	4%	20%	96%	(\$101,061)	
Ledgewood Manor, Inc.	North Windham	Cumberland	1	80%	1%	19%	96%	(\$105,914)	
Cummings Health Care Facility	Howland	Penobscot	1	84%	7%	9%	92%	(\$108,395)	
Victorian Villa Living Center	Canton	Oxford	1	82%	7%	12%	97%	(\$109,779)	
Country Manor	Coopers Mills	Waldo	1	85%	6%	10%	91%	(\$113,163)	
Fryburg Health Care Center	Fryburg	Oxford	1	85%	4%	11%	93%	(\$119,400)	
Gardiner Health Care Facility	Houlton	Aroostook	1	74%	11%	15%	90%	(\$124,924)	
Sebastiack Valley Health Care Facility	Pittsfield	Somerset	1	81%	9%	11%	91%	(\$126,694)	
Eastport Memorial Nursing Home	Eastport	Washington	1	96%	0%	4%	93%	(\$129,204)	
Russell Park Rehab & Living Center	Lewiston	Androscoggin	1	74%	14%	12%	94%	(\$134,995)	
Somerset Rehab & Living Center	Bingham	Somerset	1	83%	9%	8%	92%	(\$136,568)	
Edgewood Rehab & living center	Farmington	Franklin	1	71%	13%	16%	92%	(\$142,187)	
Maplecrest Rehab & Living Center	Madison	Somerset	1	75%	14%	12%	92%	(\$174,999)	
Odd Fellows and Rebekahs Home of Maine	Auburn	Androscoggin	1	89%	0%	11%	98%	(\$177,140)	
St. Andrew's Village	Boothbay Harbor	Lincoln	1	59%	0%	41%	98%	(\$206,642)	
Heritage Rehab & Living Center	Winthrop	Kennebec	1	61%	23%	16%	92%	(\$208,384)	
Jackman Regional Nursing Home	Jackman	Somerset	1	82%	0%	18%	67%	(\$220,724)	
Dexter Healthcare	Dexter	Penobscot	1	79%	11%	10%	83%	(\$224,865)	
Tall Pines HCF	Belfast	Waldo	1	64%	20%	16%	91%	(\$230,538)	
Narraguagus Bay Healthcare Facility	Milbridge	Washington	1	73%	14%	13%	91%	(\$237,961)	
Orchard Park Rehab and living Center	Farmington	Franklin	1	65%	21%	14%	88%	(\$242,014)	
High View Manor, Inc.	Madawaska	Aroostook	1	80%	12%	8%	90%	(\$249,395)	
Mercy Home	Eagle Lake	Aroostook	1	85%	7%	7%	86%	(\$253,529)	
Colliers	Ellsworth	Hancock	1	69%	17%	14%	78%	(\$261,940)	
Island Nursing Home, Inc.	Deer Isle	Hancock	1	73%	8%	20%	99%	(\$264,229)	
Sonogee Rehab & Living Center	Bar Harbor	Hancock	1	56%	22%	22%	86%	(\$272,290)	
Rumford Community Home	Rumford	Oxford	1	86%	7%	7%	92%	(\$302,331)	
Evergreen Manor, Inc.	Saco	York	1	69%	16%	15%	89%	(\$303,572)	
Sunrise Care Facility	Jonesport	Washington	1	62%	22%	15%	88%	(\$325,959)	
Norway Rehabilitation & Living Center	Norway	Oxford	1	58%	25%	17%	90%	(\$326,248)	
Coutland Rehab and Living Center	Ellsworth	Hancock	1	58%	32%	10%	92%	(\$337,687)	
Bridgton Health Care Center	Bridgton	Cumberland	1	73%	13%	14%	88%	(\$338,477)	
Penobscot Nursing Home	Penobscot	Hancock	1	71%	10%	19%	67%	(\$342,614)	
Borderview Rehab & living Center	Van Buren	Aroostook	1	76%	14%	10%	95%	(\$349,703)	
Montello Manor	Lewiston	Androscoggin	1	73%	8%	19%	87%	(\$358,182)	
Gorham House	Gorham	Cumberland	1	48%	20%	32%	93%	(\$432,516)	
Mid Coast Geriatric Services	Brunswick	Cumberland	1	22%	39%	40%	86%	(\$473,850)	
Quarry Hill	Camden	Knox	1	36%	39%	25%	91%	(\$483,284)	
Windward Gardens	Camden	Knox	1	49%	27%	24%	93%	(\$523,050)	
Harbor Hill	Belfast	Waldo	1	42%	30%	29%	95%	(\$589,323)	

## SOURCE:

## 2011 FILED COST REPORTS OBTAINED FROM DHHS

Facility	Nursing Home Information			Schedule K Days Concentration				Losses
	City	County	Peer Gr.	CAID	CARE	Other	Total	Total
Pine Point	Scarborough	Cumberland	1	66%	19%	15%	95%	(\$596,887)
Maine Veterans Home -Caribou	Caribou	Aroostook	1	78%	10%	12%	85%	(\$645,584)
RiverRidge	Kennebunk	York	1	69%	24%	7%	100%	(\$768,963)
Houlton Regional Hospital SNF	Houlton	Aroostook	1	48%	45%	8%	76%	(\$1,137,496)
Ledgeview Living Center	West Paris	Oxford	2	79%	7%	15%	85%	\$87,583
Eastside Rehabilitation and living center	Bangor	Penobscot	2	74%	15%	11%	86%	(\$9,191)
Greenwood Nursing Care Center	Sanford	York	2	79%	10%	11%	46%	(\$145,809)
Westgate Manor	Bangor	Penobscot	2	58%	12%	30%	98%	(\$152,015)
Freeport Nursing Home	Freeport	Cumberland	2	86%	5%	10%	85%	(\$158,442)
Augusta Rehab Center	Augusta	Kennebec	2	56%	22%	22%	95%	(\$162,311)
Stillwater	Bangor	Penobscot	2	53%	35%	12%	91%	(\$173,958)
Horizons Living & Rehab Center, Inc. (SHO)	Brunswick	Cumberland	2	70%	9%	21%	53%	(\$190,096)
Brewer Rehab and Living Center	Brewer	Penobscot	2	56%	30%	14%	97%	(\$210,671)
Presque Isle Rehab & Nursing Center	Presque Isle	Aroostook	2	73%	7%	20%	96%	(\$229,511)
Clover Manor	Auburn	Androscoggin	2	68%	9%	23%	95%	(\$232,030)
Henrietta D. Goodall Hospital Inc.	Sanford	York	2	69%	16%	15%	92%	(\$242,671)
Freeport Convalescent Center	Freeport	Cumberland	2	70%	12%	19%	91%	(\$254,038)
Caribou Rehab and Nursing Center	Caribou	Aroostook	2	84%	14%	2%	95%	(\$272,989)
Maple Grove/Madigan Estates	Houlton	Aroostook	2	64%	10%	26%	94%	(\$306,145)
Varney Crossing NCC	North Berwick	York	2	70%	7%	23%	99%	(\$319,988)
Sandy River	Farmington	Franklin	2	64%	17%	19%	95%	(\$341,087)
Brentwood Rehab and Nursing	Yarmouth	Cumberland	2	76%	14%	10%	83%	(\$355,657)
Southridge Rehab & Living Center	Biddeford	York	2	74%	17%	10%	87%	(\$357,965)
Winship Green Nursing Center	Bath	Sagadahoc	2	61%	17%	22%	89%	(\$410,915)
South Portland Nursing Home	South Portland	Cumberland	2	75%	5%	20%	97%	(\$469,111)
Sedgewood	Falmouth	Cumberland	2	47%	8%	45%	98%	(\$492,226)
Falmouth by the Sea	Falmouth	Cumberland	2	48%	11%	41%	97%	(\$501,122)
TAMC Aroostook Health Center	Presque Isle	Aroostook	2	82%	7%	11%	82%	(\$524,973)
Seaside Nursing	Portland	Cumberland	2	60%	17%	22%	90%	(\$529,138)
Marshwood	Lewiston	Androscoggin	2	56%	26%	18%	89%	(\$532,803)
Mount St. Joseph Nursing Home	Waterville	Kennebec	2	78%	11%	11%	96%	(\$553,745)
Kennebunk Nrsng and Rehab Ctr.	Kennebunk	York	2	54%	24%	22%	83%	(\$585,790)
Cedar Ridge	Skowhegan	Somerset	2	67%	22%	11%	94%	(\$598,938)
Orono Commons	Orono	Penobscot	2	74%	14%	12%	93%	(\$605,101)
Oak Grove	Waterville	Kennebec	2	55%	19%	26%	97%	(\$614,683)
St. Andre Health Care	Biddeford	York	2	72%	17%	11%	89%	(\$639,752)
Hibbard Nursing Home, Inc.	Dover-Foxcroft	Piscataquis	2	66%	11%	24%	87%	(\$678,544)
Springbrook	Westbrook	Cumberland	2	55%	21%	25%	95%	(\$708,890)
Seal Rock	Saco	York	2	49%	23%	28%	96%	(\$713,970)
Bangor Nursing & Rehab	Bangor	Penobscot	2	52%	33%	15%	89%	(\$787,139)
Ross Manor	Bangor	Penobscot	2	58%	33%	8%	93%	(\$787,566)
Sentry Commons d/b/a Durgin Pines	Kittery		2	60%	22%	18%	92%	(\$791,042)
Market Square Health Care Center	South Paris	Oxford	2	60%	14%	26%	83%	(\$854,874)
Knox Cetner LTC	Rockland	Knox	2	64%	18%	19%	95%	(\$897,228)
Maine Veterans' Home - Augusta	Augusta	Kennebec	2	59%	10%	31%	94%	(\$969,766)
Lakewood Manor	Waterville	Kennebec	2	64%	17%	20%	95%	(\$1,026,826)
Maine Veterans' Home - South Paris	South Paris	Oxford	2	64%	11%	25%	92%	(\$1,034,430)
Coves Edge	Damariscotta	Lincoln	2	58%	22%	19%	96%	(\$1,198,315)
Maine Veterans Home - Bangor	Bangor	Penobscot	2	58%	19%	22%	96%	(\$1,253,399)
St. Joseph's Manor	Portland	Cumberland	2	59%	17%	23%	94%	(\$1,324,160)
Maine Veterans Home - Scarborough	Scarborough	Cumberland	2	61%	12%	27%	97%	(\$1,630,289)

**SOURCE:**

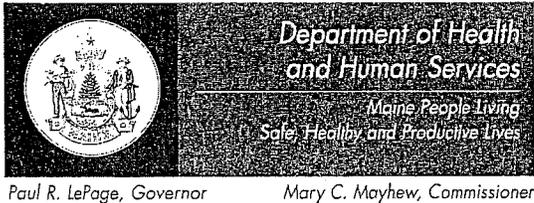
**2011 FILED COST REPORTS OBTAINED FROM DHHS**

Facility	Nursing Home Information			Peer Gr.	Schedule K Days Concentration				Losses
	City	County			CAID	CARE	Other	Total	Total
Cedars Nursing Care	Portland	Cumberland		2	43%	32%	24%	91%	(\$1,639,675)
Barron Center	Portland	Cumberland		2	78%	9%	13%	94%	(\$2,524,570)
St. Mary's d'Youville Pavilion	Lewiston	Androscoggin		2	73%	14%	13%	96%	(\$2,990,487)
<b>TOTAL MAINECARE UNDERFUNDING FOR ALL PROVIDERS:</b>									<b>(\$47,213,279)</b>
<b>AVERAGE LOSS PER FACILITY:</b>									<b>(\$453,974)</b>
<b>ALLOCATION OF STATE UNDERFUNDING BURDEN:</b>									
	29	NONPROFIT PROVIDERS							(\$25,301,104)
	75	FOR-PROFIT PROVIDERS							(\$21,912,175)
									(\$47,213,279)
	AVE	NONPROFIT PROVIDERS							(\$872,452)
	AVE	FOR-PROFIT PROVIDERS							(\$292,162)
<b>Percentage that the Underfunding of nonprofits exceeds for-profits</b>									<b>299%</b>

<b>DISTRIBUTION OF NONPROFIT UNDERFUNDING BURDEN:</b>		
Hospitals share of nonprofit losses for Sched B,C,D and HCPT:		(\$11,738,724)
Maine Veterans Homes share of nonprofit losses:		(\$5,533,468)
All Other nonprofits		(\$8,028,912)
		(\$25,301,104)

**UNDERFUNDING DEFINED AS DIFFERENCE BETWEEN ACTUAL ALLOWABLE COST AND REIMBURSEMENT FOR DIRECT CARE (schedule B losses) ADMINISTRATIVE COSTS (schedule D) AS WELL AS UNRETURNED HCPT (difference between HCPT paid on all revenues and HCPT returned as**





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October 25, 2013

To: Commission to Study Long-term Care Facilities

From: Mary C. Mayhew, Commissioner, Department of Health and Human Services

Re: DHHS response to questions and information requests from meeting on October 11, 2103

**1. General information requests:**

- A. Effect of 1997 repeal of Social Security Act Boren Amendment, the federal requirement that states fund nursing facilities adequately for efficiently run facilities to provide care that complies with law and rules and quality and safety standards.

**Response:** Prior to the repeal of the Boren Amendment, upper limits by peer group were set to assure coverage of the cost of 75% of the facilities in the peer group. After the repeal of Boren, amount of funding available determined where peer group would be set.

- B. Please provide information on Maine's long-term care system: In addition to the responses below, see also response B(2).

(1) The structure, design, utilization and costs and reimbursement;

**Response:** This is for the services typically considered "Traditional LTSS" (i.e. elders and adults with disabilities). These costs only included those services paid for by MaineCare.

SFY 2012		
	Members Served	Total Cost
<b>Facility Based Services</b>		
Section 67 - Nursing Facility	6,758	\$ 225,791,893.50
Section 97 - PNMI (Appendix C)	3,142	\$ 129,239,228.28
Section 2 Adult Family Care Home	227	\$ 3,806,342.57
<b>Subtotal Facility Based Services</b>	<b>10,127</b>	<b>\$ 358,837,464.35</b>
<b>Home Based Services</b>		
Section 96 Private Duty Nursing Level and Personal Care services - ADULTS ONLY	2,813	\$ 15,910,056.33
Section 12 Consumer Directed Attendant Services	594	\$ 4,939,537.44
Section 26 Adult Day Health	62	\$ 242,677.10
Section 22 HCB Physically Disabled Waiver	167	\$ 5,558,253.92
Section 19 HCB Elderly and Adults with Disabilities Waiver	1,718	\$ 25,550,349.13
<b>Subtotal Home Based Services</b>	<b>5,354</b>	<b>\$ 52,200,873.92</b>
<b>Grand Total</b>	<b>15,481</b>	<b>\$ 411,038,338.27</b>

All Data used in this Summary is located at:

\\oit-teaqfsemc01\dhhs-oms\groups\DHHS Analytics\Data Requests\Long-term Care Services

(2) State policy on financing;

**Response:** Please see Section 67 Chapter 2 and 3 rules as sent to Jane Orbeton on 10/24/13 at 7:54 a.m.

(3) Restructuring after the passage of Title 22 chapter 1622-A and Resolve 2011, chapter 71;

**Response:** Maine's long-term care system is made up of an array of services funded primarily by Medicaid State plan, Medicaid waiver and all state dollars. Eligibility for services is dependent upon a person's financial and medical/functional need. The components of this system are highly interdependent. This means that every policy change and its consequences, both intended and unintended, has a ripple effect through the system.

The specific structure, design, utilization and costs and reimbursement depend on the particular program but a great deal of this information can be found in Maine's 2012 definition of the Chartbook on "Older Adults and Adults with physical Disabilities: Population and Service Use Trends in Maine." The link for the Chartbook is: <http://muskie.usm.maine.edu/Publications/DA/Adults-Disabilities-Maine-Service-Use-Trends-chartbook-2012.pdf>

As part of the merger of the former Office of Elder Services and the former Office of Adults with Physical and Cognitive Disabilities, the consolidated Office of Aging and Disabilities Services (OADS) has issued an RFP consolidating assessing services for elders, adults with physical disabilities and adults with intellectual disabilities with the goal of further unifying the intake and assessment processes for adults needing long-term care services and supports.

In addition, Maine has recently been awarded funding under the Balancing Incentive Payment (BIP) Program, authorized under Section 10202 of the ACA. This program requires certain structural changes to the long-term services and supports (LTSS) system cross populations, including a No Wrong Door/Single Point of Entry, standards in assessment tools allowing for the collection of standard core data and conflict-free case management. The intent of these reforms is to transform the LTSS system by lowering costs through improved systems performance and efficiency; create tools to facilitate person centered assessment and care planning; improve quality measurement and oversight; and serve individuals in most appropriate, least restrictive settings. This work is underway and must be completed before September 30, 2015, the end of the federal grant period.

Further program consolidation is expected to be made this state fiscal year. Section 22 is due for renewal July 1, 2014 and prior to that date, this waiver will be consolidated with Section 19. As mentioned above, the components of the long-term care system are highly interdependent. These changes will be timed with other changes affecting the Medicaid State plan services reimbursing for personal care services, a primary service under all of the long-term care services for elders and adults with physical disabilities.

(4) The relationship of the long-term care system to the system of care available to persons with developmental disabilities.

**Response:** The system of care encapsulating Developmental Services is often referred to as Long-term Services and Supports (LTSS). LTSS describes all services that are provided to individuals who will require care for the unforeseen future. As described in the questions above, the LTSS system is being streamlined in order to create an easier and consolidated access to services. Key initiatives include those activities described in the BIP; no wrong door entry, standardized assessment processes and conflict free case management.

- (5) Sources and Uses statement for the nursing facility budget that identifies total appropriations and detailed sources of revenues to cover appropriations.

**Response:** We will provide a response at a later date.

- (6) Financial Health of Maine's NF providers in terms of liquidity, profitability and capital structure (basic financial measurements such as debt to equity, debt service coverage ratio, net operating margin, days cash on hand, average age of plant, capacity for refurbishing/replacing – cash reserves or depreciation cash flow)

**Response:** We are unable to provide a response at this time.

- (7) In addition to the \$29 million underfunding for 2011, provide the number of years of unaudited filed cost reports, by facility, and estimate of what is owed (DHHS).

**Response:** See Attachment A

- (8) Number of providers waiting for payment of audited/settled cost reports for more than 30 days and estimate of how much is owed.

**Response:** We will provide a response at a later date.

- (9) Facility by facility detail of state underfunding for Direct Care, Routine Costs and total of the two ranked by Peer Group and by amount of dollars underfunded (low to high) with town, county, ownership, MaineCare census and bed size that agrees to the reported underfunding provided by Berry Dunn at the first meeting (DHHS; sample attached prepared by LeadingAge with assistance from Baker Newman Noyes for 2011 from filed cost reports).

**Response:** See Attachment B

## 2. Urban/rural access issues:

- A. Please provide information on allowable costs and reimbursement to nursing facilities over the past 10 years.

**Response:** Nick Adolphsen sent an e-mail on 10/25/13 at 7:40 a.m. to Jane Orbeton's attention attaching several spreadsheets in response to this request for data.

- B. Please provide information on long-term care financing issues particular to rural and urban nursing facilities:
- (1) Percentage MaineCare, Medicare and private pay in different facilities;
  - (2) Effect of availability of beds in hospitals that place the hospitals in direct competition with nursing facilities for patients/residents.
  - (3) Information on reimbursement levels, particularly if formulas are specific to rural or urban areas.
  - (4) Information on the fiscal stress caused by certain payor mixes and combinations of case mix/resident acuity.

**Response:** These questions are facility specific and will require input from facilities.

- C. Please provide information on opportunities for publicly-owned nursing facilities and the history of such facilities.

**Response:** As of 2013, the only municipally owned nursing facility is the Barron Center in Portland. In FY2013, the facility averaged about 212 occupants in the 219-bed facility with about 163 MaineCare recipients. The facility received \$9,879,000 in revenue from MaineCare for 58,500 patient days. Since 2008, the Barron Center has been the largest nursing home in the State of Maine. Fourteen of 107 facilities have capacities over 100 beds with only the Barron Center and D'Youville Pavilion in Lewiston having more than 200 beds. Approximately 10 years ago, the City of Bangor transferred ownership of its long-term care facility to a non-profit corporation.

**Rate structure:**

- Nursing Facility rates are broken down into three components – Direct Care, Routine Costs and Fixed/Capital costs.
- The Fixed cost component is not capped other than by approval through a certificate of need.
- Direct and Routine component are capped based on which peer group the facility falls under.
- There are three peer groups – hospital based; non-hospital based with equal to or less than 60 beds; and non-hospital based greater than 60 beds.
- The caps for hospital based are the highest.

**Rate setting:**

- Rates are based on a pro-forma cost report limited to the peer group cap for Direct and Routine costs. For example if actual direct costs on the pro-forma are \$75.00 per day and the cap for the peer group is \$70.00 per day, the rate would be limited to the cap of \$70.00 for direct costs.
- Fixed costs are allowed without cap as long as they are reasonable and necessary.

**Publicly owned facilities:**

- The Principles allow publicly owned facilities to receive up to their actual costs (as reported on the Medicare cost report) if the municipality certifies the expenditure.
- The rate reimbursed is the same as any other nursing facility with caps; however, if the actual costs incurred by the municipality owned facility exceed the allowable reimbursement defined in the Principles, the municipality can receive the federal portion of the costs exceeding regular reimbursement as long as they certify the expenditures. For example, if the allowable rate for a publicly owned facility, based on the appropriate peer group caps is \$175.00 per day but the actual allowable expenditures verified from the Medicare Cost report are \$205.00 per day, the municipality could receive the federal share of the difference from the actual cost to the allowable capped rate. If the federal match rate is 66% then the municipality would receive a total of \$195.00 per day in the above example (the difference in rate \$30.00 times the federal match rate of 66% or \$20.00 per day plus the allowable rate of \$175.00)
- In order to receive the additional federal funding described above, the unit certifying the expenditures must be a State, town or local unit of government with general taxing authority.
- The unit of government must be responsible for paying for the operating costs of the facility and the funds used to cover the costs cannot be other federal funds.
- The unit must meet the definition of a public facility in the Principles of Reimbursement for nursing facilities.

**Publicly owned facility defined:**

- Per the definitions in the Principles of reimbursement, a publicly owned nursing facility is defined as:
- **“Publicly Owned Nursing Facility** must be owned and operated by the State, City, Town, or other local government entity and be receiving funding from that public entity for the purposes of operating and providing nursing facility services to the residents of the facility.”

- The question of whether or not a joint ownership between a City or Town and another entity such as a hospital would qualify as a publicly owned facility. Any ownership by an entity other than a State, City or Town would not appear to meet the definition. Legal clarification should be sought.
  - The question could be asked, if the City or Town owned and operated the facility but the day to day management was contracted out to another entity such as a hospital, would that meet the definition of a publicly owned nursing facility? As long as the City or Town is legally responsible for the operations, contracting out the day to day operations would not prevent the facility from being a publicly owned facility.
- D. Please provide information on state law and rules (including certificate of need) that discourage, encourage or enable the expansion on long-term care facilities and/or more nursing beds and whether changes to them could improve the long-term care system. Please provide information on options that could replace the budget neutrality language for nursing facility beds in the certificate of need law and the practice of selling beds.

**Response:** The Statue governing Certificate of Need law and specific language related to long-term care facilities is located at M.R.S. 22 §333-A and 22 §334-A. The department has not considered or developed options in contemplation of replacing the budget neutrality language for nursing facility beds. **See Attachment C.**

- E. Please provide information on the possibility of collaborative agreements between nursing facilities and hospitals.

**Response:** Please provide additional clarification.

### 3. Staffing and Regulatory Requirements:

- A. Please provide information on nursing facility staffing requirements:

(1) Staffing ratios,

**Response:** See Attachment D for what is currently in the statue and our rules.

(2) Assessment of resident needs, primary diagnosis, presence of co-morbidities and why, under physicians order, they are not discharged home but to NF level care.

**Response:** When MED assessment determines a member qualifies for NF level of care, based on nursing, ADL, and therapy needs, the member chooses to receive care at a facility or at home through a home health agency or other nursing services. Ombudsman may be able to provide additional detail.

(3) Differences in patient acuity by geographic region,

**Response:** See Attachment E for Case Mix indices by county, by quarter from 3<sup>rd</sup> quarter 2011 through 3<sup>rd</sup> quarter 2013.

(4) History of facilities' actual staffing ratios; hours of nursing care used ppd PER CASE MIX INDEX per facility to reflect relationship of acuity score to hours of staff provided for that acuity (DHHS has data from cost reports/rate letters-sample for Peer group 2 attached taken from LD 1700 work group meetings)

**Response:** We will respond at a later date.

- (5) Problems with compliance with DHHS requirements: incidence of deficiencies, fines, quality issues, citations for staffing, trends, sanctions.

Response: **Attachment F** is the 5 page ASPEN report that lists all citations issued by each of the 3 CMS regulation sets/updates (12.02, 13.01 and 14.0) from 10/1/11 to 9/30/13. Thus you need to add the number of times a tag appears under each regulation set in order to get the total. For F353 (sufficient nursing staffing) the total is 3 citations issued from 10/1/11 to 9/30/13. The average scope and severity numbers are based on the CMS scope and severity grid. The translation of the numbers in the report to the grid are calculated as follows:

The severity/scope grid breaks down as follows:

Level 4 severity is at the top of the grid (letters J, K, and L)

Level 1 severity is at the bottom (letters A, B, and C)

Limited scope is at the left (letters A, D, G, and J) and

Widespread scope is at the right (letters C, F, I, and L)

For example, a condition that has resulted in a death, but occurred in only one instance would be rated J - very severe but limited scope. A condition that is fairly minor but observed in almost every patient room would be rated C - not severe but widespread.

On this grid, Scope is 1-3 horizontally, and Severity is 1-4 from bottom up. So A is 1/1 and L is 4/3.

		Scope		
Severity	4	J	K	L
	3	G	H	I
	2	D	E	F
	1	A	B	C
		One	Two	

Note; K tags are from the Fire Marshal's Office and reflect CMS life safety regulations.

**Attachment G** is a report of all citations issued from 2011 to 2013, and citations specifically for insufficient number of staff have been issued twice in this time frame (F353). One of those citations involved a facility in Southern Maine that had met the state minimum staffing ratios (1 direct care provider for every 5 residents on the day shift), but still lacked sufficient staff to feed all the residents who required hands on assistance during the meal service. Thus, a facility can meet the staffing ratio requirement and still be cited due to a lack of sufficient staff to meet the resident's needs.

- (6) Staffing resources (nursing hours ppd) required in Resource Utilization Groups used for Maine's reimbursement system.

**Response:** RUG III time study data from Muskie is not yet available. We will send as soon as possible.

- (7) Cost data for basis of non-nursing hours and non-staffing needs in Maine's RUG scores

**Response:** RUG III time study data from Muskie is not yet available. We will send as soon as possible.

(8) Basis for Staffing Resources required in Medicare RUG levels

**Response:** See Attachment H for the RUG IV time study data.

- B. Please provide information on the basis for the requirements of 4.1 hours per patient per day and the shift-based staffing ratios. (DHHS, BerryDunn, John Watson – attached report titled Nursing Facilities, Staffing, Residents and Facility Deficiencies for years 2005-2010; compiled from CMS data and assembled by the University of California (SF) Department of Social and Behavioral Services, under the direction of Charlene Harrington, Phd. This report contains a five year history, state by state, of nursing hours provided per patient day (p. 75) as well as deficiencies associated with those hours (p. 79); the recommended nursing hours ppd (p. 58); the level of nursing hours below which an increase in deficiencies are found (highlighted on p. 58) as well as what nursing staff make up the 4.1 hours (highlighted on p.59)

Response: This information is not yet available.

- C. Please provide information on changes that have been made to or proposed for nursing facility rules as a result of LD 1700 study. (DHHS)

Response: We will provide this information at a later date.

#### 4. Reimbursement:

- A. Please provide information on the principles of reimbursement for nursing facilities that in addition to those items below have DHHS identify when the current model was created, what the service delivery model looked like at that time, what the acuity and payer mix of the resident population was at the time and when the system stopped providing exceptions to limits for high acuity/high resource utilization providers or funds for rural providers with funding related access issues:
- (1) Direct patient care costs, fixed costs, routine costs and ancillaries;
  - (2) Actual and allowable costs;
  - (3) Median costs, peer groups, reduction factors;
  - (4) Incentives to deliver care more efficiently and occupancy limits.
  - (5) Description of Administrative and Management costs; level of unfunded Admin & Mgmt. costs limited by the Administrative and Management ceiling for whole state; history of implementation and reason for keeping.

**Response:** the administrative and management ceiling was implemented to limit MaineCare reimbursement for NF administrators and other management functions.

- (6) Description of disallowed central office costs and reason for disallowance

**Response:** Unable to provide this information.

- (7) Amount of HCPT collected on MaineCare, Medicare and Private pay revenues and percentage kept by the state that cannot be paid to nursing facilities to comply with hold harmless provision; amount of federal match generated on MaineCare payments for HCPT; timeframe for phase out under the ACA; impact of loss on state LTC funding (DHHS)

**Response:** Information should be supplied by providers.

(8) Actual allowable Direct Care Cost ppd for regions 1,2,3 4 and percent that Region 1 exceeds regions 2,3,4 (Berry Dunn or Baker Newman Noyes)

**Response:** This is not a request for DHHS.

(9) Rationale for Peer group structure as well as rationale for lumping all providers in a Peer Group from the entire state together to set an upper limit for Routine Costs without regard to service or financial delivery models, acuity or labor markets (DHHS)

**Response:** Will provide a response at a later date.

(10) Case Mix index required to move a facility's Direct Care Upper Limit to their actual allowable direct care cost PPD and whether that acuity exists as a facility average in Maine.

**Response:** Information should be supplied by providers.

B. Please provide information on cost of living or inflation increases, history over last 10 years, and effect on nursing facilities.

**Response:** Nursing Homes were re-based in 2005, since that time there has only been one inflation increase in FY2012 for 2%.

C. Please provide information on Medicare reimbursement to nursing facilities, effect on provision of care and rates for MaineCare and private pay residents.

**Response:** DHHS does not have Medicare specific information.

D. Please provide information on options for increasing reimbursement, without an offsetting reimbursement decrease elsewhere, for facilities:

- (1) With a high percentage of residents whose care is paid by MaineCare and
- (2) With high performance ratings for quality of care and resident satisfaction. (DHHS, BerryDunn)

**Response:** Will provide a response at a later date.

E. Please provide information on options for NF level care in hospitals through the use of swing beds and the effect on nearby nursing facilities.

**Response:** Please provide further clarification.

Nursing Home										
Unaudited as of October 2013										
As of 10/25/13										
# of Facility										
Beds	Type	CORF	Facility	FYE	Amount due to/(from) providers					
CASES TO DO					NF	RCF	RCF	Paid	Invoiced	Net
1	51	NF	DVG	High View Manor	12/31/09	18,862				18,862
1	202	NF		Cedars Nursing Care Center	04/30/10	195,751				195,751
2	42	NF	GILL	Clover Manor, Inc.	12/31/10	(18,420)	1,162	17,399	(9,210)	9,351
3	80	NF	NCA	Courtland Rehab & Living Ctr	12/31/10	62,876	(15,556)		(7,778)	55,098
4	44	NF		Cummings Health Care Facility	12/31/10	15,715	(12,220)			3,495
5	58	NF	NCA	Edgewood Manor	12/31/10	26,588	(3,546)		(1,773)	24,815
6	61	NF	NCA	Heritage Manor	12/31/10	19,001	(11,597)		(5,799)	13,203
7	51	NF	DVG	High View Manor	12/31/10	(88,175)			(44,088)	(44,087)
8	18	NF	EMMC	Jackman Region Health Center	06/30/10	10,755				10,755
9	57	NF	PBMC	Knox Center for Long Term Care	03/31/10	98,502				98,502
10	60	NF		Ledgewood Manor	12/31/10	(70,191)			(35,095)	(35,095)
11	120	NF	MGMC	MaineGeneral-G.Birch	06/30/10	25,706	14,057			39,763
12	125	NF	MGMC	MaineGeneral-Glenridge	06/30/10	14,475				14,475
13	58	NF	NCA	Maplecrest Living Center	12/31/10	(13,604)			(6,802)	(6,802)
14	16	NF		Mid-Coast Hospital Geriatric Services	09/30/10	44,239				44,239
15	25	NF	NCA	Mountain Heights Health Care Facility	12/31/10	(12,096)			(6,047)	(6,049)
16	66	NF	NCA	Narraguagus Bay Health Care Facility	12/31/10	50,334	14,313			64,647
17	102	NF	HEN	Newton Center (Hillcrest)	05/31/10	(7,620)	7,512	4,602		4,494
18	26	NF		Odd Fellow's Home of Maine	06/30/10	(21,917)	13,852		(10,958)	2,893
19	38	NF	NCA	Orchard Park Living Center	12/31/10	(7,810)			(3,905)	(3,905)
20	203	NF	PBMC	Quarry Hill (Camden Health Care)	03/31/10	149,801	(6,424)	(9,163)		134,214
21	34	NF	NCA	Somerset Rehab & Living Ctr	12/31/10	10,659	2,115			12,774
22	83	NF	NCA	Sonogee Rehab & Living Ctr	12/31/10	65,870	6,051			71,921
23	122	NF	NCA	Southridge Living Center	12/31/10	130,692	6,867			137,559
24	200	NF		St. Joseph's Manor	06/30/10	57,755	3,577			61,332
25	288	NF		St. Marguerite D'Youville Pav.	12/31/10	260,550				260,550
1	58	NF	RE	Amenity Manor (Closed 06/15/11)	06/15/11	39,415				39,415
2	235	NF		Barron Center	06/30/11	227,645				227,645
3	202	NF		Cedars Nursing Care Center	04/30/11	177,331				177,331
4	42	NF	GILL	Clover Manor, Inc.	12/31/11	89,257	30,684			119,941
5	80	NF	FA	Colonial Acres Nursing Home	12/31/11	360,997	(19,387)			341,610
6	80	NF	NCA	Courtland Rehab & Living Ctr	12/31/11	50,491	(13,234)		(13,234)	50,491
7	44	NF		Cummings Health Care Facility	12/31/11	(3,503)	59		(3,444)	-
8	66	NF		Durgin Pines	12/31/11	196,413				196,413
9	58	NF	NCA	Edgewood Manor	12/31/11	9,926	(3,850)		(3,850)	9,926
10	60	NF	NCA	Gardiner Nursing Home	12/31/11	25,853	(1,299)		(1,299)	25,853
11	50	NF	GILL	Gorham House	12/31/11	8,401	(10,299)		(10,299)	8,401
12	17	NF	GILL	Gorham Manor	12/31/11	302,565				302,565
13	100	NF	FA	Hawthorne House	12/31/11	(14,503)	44,600	(848)		29,249
14	61	NF	NCA	Heritage Manor	12/31/11	(4,946)	(4,635)		(9,581)	-
15	51	NF	DVG	High View Manor	12/31/11	(64,212)			(32,106)	(32,106)
16	58	NF	RE	Horizons Living & Rehab opened 6/15/11)	12/31/11	(83,826)			(83,826)	-
17	28	NF		Houlton Regional Hospital	09/30/11	27,044				27,044
18	66	NF		Island Nursing Home	06/30/11	(28,090)	(2,889)		(15,490)	(15,489)
19	18	NF	EMMC	Jackman Region Health Center	06/30/11	35,006				35,006
20	57	NF	PBMC	Knox Center for Long Term Care	03/31/11	24,614				24,614
21	57	NF	PBMC	Knox Center for Long Term Care (SP 4/1/ to 9/30/11)	09/30/11	21,056				21,056
22	76	NF	EMMC	Lakewood Manor Nursing Home	09/30/11	135,374				135,374
23	60	NF		Ledgewood Manor	12/31/11	(61,773)			(30,887)	(30,887)
24	120	NF	MGMC	MaineGeneral-G.Birch	06/30/11	15,362	12,667			28,029
25	125	NF	MGMC	MaineGeneral-Glenridge	06/30/11	53,205				53,205
26	58	NF	NCA	Maplecrest Living Center	12/31/11	28,692				28,692



Nursing Home										
Unaudited as of October 2013										
As of 10/25/13										
# of Beds	Facility Type	CORF	Facility	FYE	Amount due to/(from) providers					
CASES TO DO					NF	RCF	RCF	Paid	Invoiced	Net
27	45	NF		Forest Hill Manor	09/30/12	(43,727)			(43,727)	-
28	65	NF	HICK	Freeport Nursing Home	12/31/12	(124,742)			(4,742)	(120,000)
29	82	NF	HICK	Fryeburg Health Care Center	12/31/12	(15,711)	8,331		(7,380)	-
30	60	NF	NCA	Gardiner Nursing Home	12/31/12	39,025	583			39,609
31	50	NF	GILL	Gorham House/ Gorham Manor	12/31/12	(3,479)	(4,242)		(7,721)	-
32	96	NF	BOIS	Greenwood Center	12/31/12	(8,625)			(8,625)	-
33	42	NF	SRHS	Harbor Hill	12/31/12	74,057	48,578			122,635
34	100	NF	FA	Hawthorne House	12/31/12	(15,207)	(3,692)	58,016		39,117
35	61	NF	NCA	Heritage Manor	12/31/12	(3,134)	(13,431)		(16,565)	-
36	51	NF	DVG	High View Manor	12/31/12	(30,100)			(30,100)	-
37	58	NF	RE	Horizons Living & Rehab	12/31/12	(92,791)			(92,791)	-
38	28	NF		Houlton Regional Hospital	09/30/12	17,488				17,488
39	66	NF		Island Nursing Home	06/30/12	(39,967)	(3,428)		(43,393)	-
40	18	NF	EMMC	Jackman Region Health Center	06/30/12	36,263				36,263
41	50	NF		Katahdin Health Care	12/31/12	(107,885)			(107,885)	-
42	80	NF	VENC	Kennebunk Nursing Home	12/31/12	156,378				156,378
43	57	NF	PBMC	Knox Center for Long Term Care	09/30/12	48,981				48,981
44	76	NF	EMMC	Lakewood Manor Nursing Home	09/30/12	139,045				139,045
45	60	NF		Ledgewood Manor	12/31/12	(25,829)			(25,829)	-
46	87	NF		Madigan Estates	12/31/12	61,166				61,166
47	120	NF	MGMC	MaineGeneral-G.Birch	06/30/12	(28,298)			(28,298)	-
48	125	NF	MGMC	MaineGeneral-Glenridge	06/30/12	28,279				28,279
49	58	NF	NCA	Maplecrest Living Center	12/31/12	(16,751)				(16,751)
50	60	NF		Marshall's Health Care Facility	12/31/12	(84,327)	12,630		(84,627)	12,930
51	120	NF	SRHS	Marshwood Nursing Care Center	12/31/12	225,995				225,995
52	16	NF		Mid-Coast Hospital Geriatric Services	09/30/12	6,386				6,386
53	101	NF	RE	Montello Manor	12/31/12	(93,233)	(1,301)	(24,771)	(119,305)	-
54	25	NF	NCA	Mountain Heights Health Care Facility	12/31/12	(31,314)			(31,314)	-
55	66	NF	NCA	Narraguagus Bay Health Care Facility	12/31/12	42,127	3,464			45,591
56	102	NF	HEN	Newton Center (Hillcrest)	05/31/12	18,615				18,615
57	73	NF	VENC	Norway Convalescent Center	12/31/12	25,689	(712)		(712)	25,689
58	82	NF	SRHS	Oak Grove Nursing Care Ctr.	12/31/12	86,445				86,445
59	26	NF		Odd Fellow's Home of Maine	06/30/12	(36,131)	(5,537)		(41,668)	-
60	38	NF	NCA	Orchard Park Living Center	12/31/12	(27,091)			(27,091)	-
61	109	NF	SRHS	Orono Commons	12/31/12	51,323	(1,604)			49,719
62	120	NF		Penobscot Nursing Home	12/31/12	(3,698)	(16,725)			(20,423)
63	77	NF	SRHS	Pine Point Nursing Care Center	12/31/12	90,312	16,578			106,890
64	203	NF	PBMC	Quarry Hill (Camden Health Care)	09/30/12	(4,694)	(10,202)	17,685		2,789
65	64	NF	SRHS	Riveridge	12/31/12	53,339	(29,707)			23,632
66	65	NF	FA	Ross Manor	12/31/12	83,659	2,397			86,056
67	97	NF		Rumford Community Home	06/30/12	39,189	(3,748)	(1,545)	(5,293)	39,189
68	120	NF	NCA	Russell Park Manor	12/31/12	8,467	(13,961)		(13,961)	8,467
69	95	NF	SRHS	Sandy River Nursing Care Ctr.	12/31/12	(17,930)	(6,359)		(24,289)	-
70	47	NF	NCA	Sanfield Living Center	12/31/12	(9,879)	(865)		(10,744)	-
71	41	NF		Seal Rock	12/31/12	279,742				279,742
72	122	NF	FA	Seaside Nursing and Ret. Home	12/31/12	(41,786)	8,422		(33,364)	-
73	69	NF		Sebastcook Valley Health Care Facility	12/31/12	(18,983)			(18,983)	-
74	67	NF	SRHS	Sedgewood Commons/Homewood	12/31/12	65,645	19,548			85,193
75	73	NF		So. Portland Nursing Home	12/31/12	(12,594)			(12,594)	-
76	34	NF	NCA	Somerset Rehab & Living Ctr	12/31/12	428	(14,789)		(14,789)	428
77	83	NF	NCA	Sonogee Rehab & Living Ctr	12/31/12	(713)	9,822		(713)	9,822
78	122	NF	NCA	Southridge Living Center	12/31/12	(42,038)	37,424		(42,038)	37,424
79	126	NF	SRHS	Springbrook Nursing Care Center	12/31/12	139,996	15,661			155,657
80	96	NF		St. Andre Health Care Facility	12/31/12	(103,408)			(103,408)	-

Nursing Home										
Unaudited as of October 2013										
As of 10/25/13										
# of Facility										
Beds	Type	CORP	Facility	FYE	Amount due to/(from) providers					
CASES TO DO					NF	RCF	RCF	Paid	Invoiced	Net
81	30	NF	St. Andrews Village	09/30/12	(481)	(1,190)		(1,671)		-
82	41	NF	St. Joseph Nursing Home	12/31/12	(71,192)			(71,192)		-
83	121	NF	St. Joseph Rehab & Residence	06/30/12	82,698	19,421				102,119
84	288	NF	St. Marguerite D'Youville Pav.	12/31/12	12,454					12,454
85	67	NF	FA Stillwater Health Care	12/31/12	137,294					137,294
86	28	NF	Sunrise Residential Care Facility	12/31/12	14,709					14,709
87	70	NF	NCA Tallpines Health Care Facility (SP 1/1/12 to 4/30/12)	04/30/12	(40,448)			(40,448)		-
88	70	NF	NCA Tallpines Health Care Facility (SP 5/1/12 to 12/31/12)	12/31/12	(62,277)	(6,985)		(69,262)		-
89	64	NF	BOIS Varney Crossing Nursing Care Center	12/31/12	(7,966)					(7,966)
90	56	NF	RED Victorian Villa Nursing Home	12/31/12	56,769	15,493				72,262
91	118	NF	VENC Westgate Manor	12/31/12	(34,876)	1,232		(34,876)		1,232
92	72	NF	VENC Winship Green Nursing Center	12/31/12	(162,957)			(162,957)		-
93	46	NF	Winthrop Manor Long Term	12/31/12	(41,320)			(41,320)		-
94	32	NF	SRHS Windward Gardens	12/31/12	92,006	(3,753)				88,253
95	50	NF	FA Woodlawn Nursing Home	12/31/12	(13,750)			(13,750)		-
174			174 TOTAL		5,395,534	(5,098)	36,431	(2,581,323)	(244,033)	8,252,223
Note: Based on as filed cost report data										





## 22 §333-A. PROCEDURES FOR ALLOWING REALLOCATION OF NURSING FACILITY CAPACITY

**1. Nursing facility MaineCare funding pool.** Except as set forth in subsection 3-A and section 334-A, savings to the MaineCare program as a result of delicensing of nursing facility beds on or after July 1, 2005, including savings from lapsed beds but excluding savings from reserved beds, must be credited to the nursing facility MaineCare funding pool, which must be maintained by the department to provide for the development of new beds or other improvements requiring a certificate of need. For those nursing facility projects that propose to add new nursing facility beds to the inventory of beds within the State, the balance of the nursing facility MaineCare funding pool, as adjusted to reflect current costs consistent with the rules and statutes governing reimbursement of nursing facilities, serves as a limit on the MaineCare share of all incremental 3rd-year operating costs of such projects unless such projects are approved under applicable provisions of section 334-A. Nursing facility projects that do not add new nursing facility beds to the inventory of beds within the State are not subject to the nursing facility MaineCare funding pool.

[ 2011, c. 424, Pt. B, §5 (AMD); 2011, c. 424, Pt. E, §1 (AFF) .]

**2. Procedure.** The balance of the nursing facility MaineCare funding pool must be used for development of additional nursing facility beds in areas of the State where additional beds are needed to meet the community need. The department must assess needs throughout the State and issue requests for proposals for the development of additional beds in areas where need has been identified by the department, except in the event of an emergency, when the department may use a sole source process. Proposals must be evaluated based on consideration of quality of care and cost, and preference must be given to existing nursing facilities in the identified need area that may increase licensed capacity by adding on to or renovating the existing facility.

[ 2011, c. 424, Pt. B, §6 (AMD); 2011, c. 424, Pt. E, §1 (AFF) .]

### **3. Emergencies and necessary renovations.**

[ 2011, c. 424, Pt. B, §7 (RP); 2011, c. 424, Pt. E, §1 (AFF) .]

**3-A. Transfers between nursing facility and residential care facility.** A nursing facility may delicense and sell or transfer beds to a residential care facility for the purpose of permitting the residential care facility to add MaineCare-funded beds to meet identified needs for such beds. Such a transfer does not require a certificate of need but is subject to prior approval of the department on an expedited basis. The divisions within the department that are responsible for licensing and MaineCare reimbursement for nursing facilities and residential care facilities shall work cooperatively to review and consider whether to approve such transfers on an expedited basis. When the average then current occupancy rate for existing state-funded residential care beds within 30 miles of the applicant facility is 80% or less, the department in its review under section 335 shall evaluate the impact that the proposed additional state-funded residential care beds would have on these existing state-funded residential care beds and facilities. Beds and MaineCare resources transferred pursuant to this subsection are not subject to the nursing facility MaineCare funding pool. In order for the department to approve delicensing, selling or transferring under this subsection, the department must determine that any increased MaineCare residential care costs associated with the converted beds are fully offset by reductions in the MaineCare costs from the reduction in MaineCare nursing facility costs associated with the converted beds.

[ 2011, c. 648, §4 (AMD) .]

**4. Rulemaking.** The department may establish rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

[ 2007, c. 681, §6 (AMD) .]

SECTION HISTORY

2007, c. 440, §11 (NEW). 2007, c. 681, §§4-6 (AMD). 2009, c. 429, §2 (AMD). 2011, c. 90, Pt. J, §4 (AMD). 2011, c. 424, Pt. B, §§5-8 (AMD). 2011, c. 424, Pt. E, §1 (AFF). 2011, c. 648, §4 (AMD).

## 22 §334-A. NURSING FACILITY PROJECTS

### 1. Projects that expand current bed capacity.

[ 2011, c. 424, Pt. B, §9 (RP); 2011, c. 424, Pt. E, §1 (AFF) .]

**1-A. Projects that expand current bed capacity.** Nursing facility projects that propose to add new nursing facility beds to the inventory of nursing facility beds within the State may be considered under either of the following 2 options:

A. These projects may be grouped for competitive review purposes consistent with funds available from the nursing facility MaineCare funding pool and may be approved if sufficient funds are available from the nursing facility MaineCare funding pool or are added to the pool by an act of the Legislature, except that the department may approve, without available funds from the pool, projects to reopen beds previously reserved by a nursing facility through a voluntary reduction pursuant to section 333 if the annual total of reopened beds approved does not exceed 100; or [2011, c. 424, Pt. B, §10 (NEW); 2011, c. 424, Pt. E, §1 (AFF) .]

B. Petitioners proposing such projects may elect not to participate in a competitive review under paragraph A and the projects may be approved if:

(1) The petitioner, or one or more nursing facilities or residential care facilities or combinations thereof under common ownership or control, has agreed to delicense a sufficient number of beds from the total number of currently licensed or reserved beds, or is otherwise reconfiguring the operations of such facilities, so that the MaineCare savings associated with such actions are sufficient to fully offset any incremental MaineCare costs that would otherwise arise from implementation of the certificate of need project and, as a result, there are no net incremental MaineCare costs arising from implementation of the certificate of need project; or

(2) The petitioner, or one or more nursing facilities or residential care facilities or combinations thereof under common ownership or control, has acquired bed rights from another nursing facility or facilities or residential care facility or facilities or combinations thereof that agree to delicense beds or that are ceasing operations or otherwise reconfiguring their operations, and the MaineCare revenues associated with these acquired bed rights and related actions are sufficient to cover the additional requested MaineCare costs associated with the project. The divisions within the department that are responsible for licensing and MaineCare reimbursement for nursing facilities and residential care facilities shall work cooperatively to review and consider whether to approve such projects.

With respect to the option described in this paragraph, when the average then current occupancy rate for existing nursing facility beds at facilities within 30 miles of the applicant facility exceeds 85%, the department in its review under section 335 shall evaluate the impact that the proposed additional nursing facility beds would have on those existing nursing facility beds and facilities and shall determine whether to approve the request based on current certificate of need criteria and methodology.

Certificate of need projects described in this paragraph are not subject to or limited by the nursing facility MaineCare funding pool. [2011, c. 648, §5 (AMD) .]

[ 2011, c. 648, §5 (AMD) .]

**2. Projects to relocate beds.** Nursing facility projects that do not add new nursing facility beds to the inventory of nursing facility beds within the State, but instead propose to relocate beds from one or more nursing facilities to one or more existing or new nursing facilities:

A. May also propose renovation, replacement or other actions requiring certificate of need review; and [2007, c. 440, §13 (NEW).]

B. May be approved by the department upon a showing by the petitioner that the project fulfills all pertinent requirements and the review criteria set forth in section 335. [2011, c. 424, Pt. B, §11 (AMD); 2011, c. 424, Pt. E, §1 (AFF).]

Certificate of need projects described in this subsection are not subject to or limited by the nursing facility MaineCare funding pool.

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These transactions are done in the free market arena and while transaction costs are not reported to the state a reasonable approximation is that a bed right costs between \$20,000 and \$32,000.

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### **Original Discussion Below -**

There are numerous suppositions in determining the need for bed rights.

Estimated a facility with per bed costs of \$225,000 each reflecting the relative small size of the facility. (Most recent facility costs are \$169000, 178000, 197000, Casa with 20 beds was \$225,000, ICF/ID).

Using depreciation of 27.5 years and an interest rate of 4% calculated the parts of the fixed costs that needed to be added back in.

Estimate of allowable annual costs of \$1.65M to 3.617M. (Bed Rights cash flow to be purchased).

Using 25-35% as a range for the price of the bed rights leads to an purchase cost of 413,000 to \$1.266M depending on the number of beds.

A calculation of the per bed right purchase cost led to costs of **\$21,000** to a high of **\$32,000** per bed right.

You can buy more bed rights that produce a cash flow equal to the amount needed you cannot purchase less bed rights than the number needed for the number of beds in the facility.)

The calculation is reproduced below ---.

Sample Calculation of Costs of Purchasing Bed Rights

Bed Capacity	20	30	36	40
			<b>Allowable</b>	
Actual Capital Expenditures			\$ 2,252,733	
Depreciation/ Interest on Debt			\$ (147,902)	
<u>Remaining Fixed Costs</u>			<u>\$ (308,966)</u>	
Variable Expenditure	\$ 997,703	\$ 1,496,554	\$ 1,795,865	\$ 1,995,406
Capital Expenditure				
Estimated Hard Costs	\$ 3,000,000	\$ 4,500,000	\$ 5,400,000	\$ 6,000,000
Estimated Soft Costs	<u>1,550,000</u>	<u>2,075,000</u>	<u>2,390,000</u>	<u>2,600,000</u>
	\$ 4,550,000	\$ 6,575,000	\$ 7,790,000	\$ 8,600,000
 Depreciation (27.5 years)	 165,455	 239,091	 283,273	 312,727
Interest on Debt (4%)	<u>182,000</u>	<u>263,000</u>	<u>311,600</u>	<u>344,000</u>
	\$ 347,455	\$ 502,091	\$ 594,873	\$ 656,727
 Estimated new Facility Costs				
Variable Costs	\$ 997,703	\$ 1,998,645	\$ 2,390,738	\$ 2,652,133
Depr/Interest on Debt	\$ 347,455	\$ 502,091	\$ 594,873	\$ 656,727
Other Fixed Costs	<u>\$ 308,966</u>	<u>\$ 308,966</u>	<u>\$ 308,966</u>	<u>\$ 308,966</u>
	\$ 1,654,123	\$ 2,809,702	\$ 3,294,576	\$ 3,617,826
 Range of Purchase Bed Rights				
25%	413,531	702,425	823,644	904,457
35%	578,943	983,396	1,153,102	1,266,239
 Per Bed Purchase of Bed Right Costs				
25%	\$ <b>20,677</b>	\$ 23,414	\$ 22,879	\$ 22,611
35%	\$ 28,947	\$ 32,780	\$ 32,031	<b>\$ 31,656</b>

**Title 22: HEALTH AND WELFARE**

**Subtitle 2: HEALTH**

**Part 4: HOSPITALS AND MEDICAL CARE**

**Chapter 405: LICENSING OF HOSPITALS AND INSTITUTIONS**

**§1812-C. Nursing staff in nursing homes; reimbursement; delegation of duties; and policies**

**6. Rules; maintenance of approved staffing pattern.** The department shall revise its rules or adopt rules to require documentation when any nursing home receives reimbursement for an approved staffing pattern which exceeds the minimum staffing level and fails to meet that approved staffing level for one year. Failure to meet the minimum staffing requirements as set forth in the Regulations Governing the Licensure of Long-Term Care Facilities shall be cause for licensure sanctions permitted under law and rules.

[ 1987, c. 195, §2 (NEW) .]

**Chapter 110:  
Regulations Governing the Licensing and Functioning of  
Skilled Nursing Facilities and Nursing Facilities**

9.A.3. **Licensed Staff Coverage**

- a. There shall be a Registered Professional Nurse on duty for at least eight (8) consecutive hours each day of the week.
- b. Licensed nurse coverage shall be provided according to the needs of the residents as determined by their levels of care. The following minimum coverage shall be met:
  1. Day Shift
    - a. In each facility there shall be a licensed nurse on duty seven (7) days a week.
    - b. Each facility must designate a Registered Professional Nurse or a Licensed Practical Nurse as the charge nurse. In facilities with twenty (20) beds or less, the Director of Nursing may also be the charge nurse.
    - c. In facilities larger than twenty (20) beds, in addition to the Director of Nursing, there shall also be another licensed nurse on duty.
    - d. An additional licensed nurse shall be added for each fifty (50) beds above fifty (50).
    - e. In facilities of one hundred (100) beds and over, the additional licensed nurse shall be a Registered Professional Nurse for each multiple of one hundred (100) beds.
  2. Evening Shift
    - a. There shall be a licensed nurse on duty eight (8) hours each evening.
    - b. An additional licensed nurse shall be added for each seventy (70) beds.
    - c. In facilities of one hundred (100) beds and over, one of the additional licensed nurses shall be a Registered Professional Nurse.
  3. Night Shift
    - a. There shall be a licensed nurse on duty eight (8) hours each night.
    - b. An additional licensed nurse shall be added for each one hundred (100) beds.
    - c. In facilities of one hundred (100) beds and over there shall be a Registered professional Nurse on duty.
    - d. Registered Professional Nurse on Call

All licensed nursing facilities, regardless of size, shall have a Registered Professional Nurse on duty or on call at all times.

e. Private Duty Nurses

The presence of private duty nurses shall have no effect on the nursing staff requirements.

9.A.4. **Minimum Staffing Ratios**

- A. The nursing staff-to-resident ratio is the number of nursing staff to the number of occupied beds. Nursing assistants in training shall not be counted in the ratios.

The minimum nursing staff-to-resident ratio shall not be less than the following:

1. On the day shift, one direct-care provider for every 5 residents;
2. On the evening shift, one direct-care provider for every 10 residents; and
3. On the night shift, one direct-care provider for every 15 residents

The definition of direct care providers and direct care is found in Chapter 1 of these Regulations.

“**Direct Care**” means hands-on care provided to residents, including, but not limited to feeding, bathing, toileting, dressing, lifting, moving residents, treatments, and medication administration. Direct care does not include food preparation, housekeeping or laundry services except in circumstances when such services are required to meet the needs of an individual resident on a given occasion.

“**Direct Care Provider**” means, Registered Professional Nurses and Licensed Practical Nurses, and Certified Nursing Assistants who provide direct care to nursing facility residents.

Average case mix indices by county for 7/1/2011 to 9/30/2011

	MaineCare	Medicare	Other	Total
ANDROSCOGGIN	1.519	1.817	1.538	1.543
AROOSTOOK	1.507	1.978	1.487	1.552
CUMBERLAND	1.491	1.912	1.478	1.530
FRANKLIN	1.497	1.966	1.506	1.570
HANCOCK	1.467	1.854	1.426	1.509
KENNEBEC	1.482	1.884	1.531	1.532
KNOX	1.517	1.909	1.486	1.554
LINCOLN	1.450	1.956	1.447	1.507
OXFORD	1.509	1.891	1.509	1.548
PENOBSCOT	1.509	1.873	1.505	1.561
PISCATAQUIS	1.506	1.940	1.368	1.512
SAGadahoc	1.555	1.903	1.375	1.569
SOMERSET	1.513	1.839	1.443	1.526
WALDO	1.574	1.893	1.437	1.610
WASHINGTON	1.484	1.851	1.416	1.496
YORK	1.499	1.813	1.471	1.540

Average case mix indices by county for 10/1/2011 to 12/31/2011

	MaineCare	Medicare	Other	Total
ANDROSCOGGIN	1.538	1.864	1.514	1.558
AROOSTOOK	1.513	1.975	1.525	1.557
CUMBERLAND	1.500	1.888	1.462	1.528
FRANKLIN	1.494	1.894	1.455	1.535
HANCOCK	1.478	1.865	1.424	1.513
KENNEBEC	1.487	1.858	1.489	1.521
KNOX	1.530	1.831	1.462	1.551
LINCOLN	1.464	1.977	1.468	1.514
OXFORD	1.502	1.906	1.482	1.544
PENOBSCOT	1.510	1.887	1.530	1.563
PISCATAQUIS	1.498	1.918	1.377	1.506
SAGadahoc	1.518	1.853	1.390	1.535
SOMERSET	1.493	1.919	1.460	1.510
WALDO	1.598	1.943	1.615	1.665
WASHINGTON	1.456	1.905	1.414	1.478
YORK	1.500	1.842	1.418	1.537

Average case mix indices by county for 1/1/2012 to 3/31/2012

	MaineCare	Medicare	Other	Total
ANDROSCOGGIN	1.539	1.826	1.487	1.552
AROOSTOOK	1.519	1.942	1.539	1.564
CUMBERLAND	1.505	1.895	1.467	1.531
FRANKLIN	1.512	1.979	1.495	1.571
HANCOCK	1.490	1.860	1.391	1.514
KENNEBEC	1.495	1.872	1.480	1.532
KNOX	1.537	1.864	1.453	1.563
LINCOLN	1.519	1.957	1.506	1.574
OXFORD	1.530	1.881	1.538	1.570
PENOBSCOT	1.510	1.888	1.500	1.565
PISCATAQUIS	1.510	2.001	1.390	1.528
SAGadahoc	1.472	1.909	1.409	1.500
SOMERSET	1.492	1.870	1.450	1.509
WALDO	1.618	1.916	1.561	1.668
WASHINGTON	1.491	1.890	1.370	1.489
YORK	1.510	1.836	1.437	1.541

Average case mix indices by county for 4/1/2012 to 6/30/2012

	MaineCare	Medicare	Other	Total
ANDROSCOGGIN	1.540	1.838	1.524	1.563
AROOSTOOK	1.528	1.948	1.539	1.581
CUMBERLAND	1.507	1.897	1.478	1.539
FRANKLIN	1.557	1.902	1.479	1.574
HANCOCK	1.456	1.891	1.425	1.491
KENNEBEC	1.489	1.878	1.509	1.534
KNOX	1.522	1.902	1.462	1.563
LINCOLN	1.554	2.010	1.516	1.611
OXFORD	1.507	1.894	1.562	1.562
PENOBSCOT	1.499	1.874	1.509	1.559
PISCATAQUIS	1.498	1.962	1.369	1.532
SAGADAHOC	1.486	1.829	1.380	1.507
SOMERSET	1.480	1.866	1.420	1.492
WALDO	1.592	1.850	1.465	1.622
WASHINGTON	1.495	1.953	1.372	1.491
YORK	1.531	1.831	1.442	1.556

Average case mix indices by county for 7/1/2012 to 9/30/2012

	MaineCare	Medicare	Other	Total
ANDROSCOGGIN	1.537	1.852	1.546	1.567
AROOSTOOK	1.532	1.954	1.549	1.583
CUMBERLAND	1.494	1.904	1.468	1.526
FRANKLIN	1.507	1.934	1.427	1.548
HANCOCK	1.497	1.882	1.403	1.516
KENNEBEC	1.492	1.878	1.510	1.534
KNOX	1.525	1.909	1.478	1.573
LINCOLN	1.535	1.980	1.471	1.581
OXFORD	1.497	1.945	1.536	1.534
PENOBSCOT	1.505	1.900	1.479	1.562
PISCATAQUIS	1.532	1.974	1.424	1.557
SAGadahoc	1.482	1.968	1.364	1.505
SOMERSET	1.497	1.911	1.371	1.503
WALDO	1.571	1.865	1.490	1.607
WASHINGTON	1.496	1.936	1.417	1.497
YORK	1.512	1.836	1.473	1.553

Average case mix indices by county for 10/1/2012 to 12/31/2012

	MaineCare	Medicare	Other	Total
ANDROSCOGGIN	1.536	1.784	1.542	1.555
AROOSTOOK	1.533	1.946	1.505	1.572
CUMBERLAND	1.494	1.919	1.479	1.531
FRANKLIN	1.471	1.912	1.455	1.532
HANCOCK	1.489	1.866	1.402	1.506
KENNEBEC	1.509	1.843	1.477	1.540
KNOX	1.521	1.905	1.518	1.577
LINCOLN	1.514	1.880	1.499	1.562
OXFORD	1.510	1.908	1.526	1.548
PENOBSCOT	1.514	1.880	1.499	1.562
PISCATAQUIS	1.480	1.948	1.422	1.524
SAGadahoc	1.523	1.959	1.338	1.507
SOMERSET	1.505	1.936	1.376	1.507
WALDO	1.609	1.802	1.482	1.616
WASHINGTON	1.470	1.841	1.410	1.475
YORK	1.519	1.870	1.465	1.564

Average case mix indices by county for 1/1/2013 to 3/31/2013

	MaineCare	Medicare	Other	Total	
ANDROSCOGGIN	1.531	1.854	1.540	1.562	
AROOSTOOK	1.531	1.951	1.514	1.580	
CUMBERLAND	1.477	1.884	1.478	1.519	
FRANKLIN	1.492	1.883	1.519	1.557	
HANCOCK	1.509	1.918	1.440	1.543	
KENNEBEC	1.498	1.864	1.477	1.541	
KNOX	1.494	1.949	1.532	1.593	
LINCOLN	1.492	2.004	1.510	1.561	
OXFORD	1.500	1.921	1.532	1.548	
PENOBSCOT	1.505	1.870	1.511	1.559	
PISCATAQUIS	1.538	1.967	1.421	1.593	
SAGadahoc	1.499	1.732	1.347	1.479	
SOMERSET	1.493	1.785	1.341	1.485	
WALDO	1.570	1.845	1.448	1.585	
WASHINGTON	1.486	1.883	1.364	1.481	
YORK	1.542	1.871	1.526	1.591	

Average case mix indices by county for 4/1/2013 to 6/30/2013

	MaineCare	Medicare	Other	Total
ANDROSCOGGIN	1.523	1.885	1.566	1.572
AROOSTOOK	1.531	1.972	1.562	1.587
CUMBERLAND	1.479	1.892	1.477	1.519
FRANKLIN	1.482	1.875	1.457	1.533
HANCOCK	1.482	1.924	1.44	1.519
KENNEBEC	1.501	1.89	1.492	1.542
KNOX	1.509	1.864	1.503	1.574
LINCOLN	1.487	1.964	1.534	1.556
OXFORD	1.518	1.893	1.512	1.552
PENOBSCOT	1.514	1.864	1.504	1.56
PISCATAQUIS	1.459	1.969	1.416	1.541
SAGadahoc	1.424	1.896	1.449	1.446
SOMERSET	1.476	1.909	1.364	1.488
WALDO	1.556	1.922	1.529	1.6
WASHINGTON	1.462	1.939	1.357	1.474
YORK	1.544	1.898	1.528	1.595

Average case mix indices by county for 7/1/2013 to 9/30/2013

	MaineCare	Medicare	Other	Total
ANDROSCOGGIN	1.517	1.837	1.519	1.557
AROOSTOOK	1.524	1.936	1.543	1.564
CUMBERLAND	1.467	1.905	1.466	1.507
FRANKLIN	1.495	1.907	1.491	1.540
HANCOCK	1.490	1.847	1.482	1.526
KENNEBEC	1.487	1.858	1.500	1.534
KNOX	1.479	1.903	1.515	1.558
LINCOLN	1.473	1.909	1.484	1.533
OXFORD	1.538	1.903	1.496	1.559
PENOBSCOT	1.505	1.857	1.565	1.559
PISCATAQUIS	1.525	1.876	1.420	1.543
SAGadahoc	1.457	1.778	1.392	1.472
SOMERSET	1.453	1.920	1.368	1.483
WALDO	1.534	1.875	1.517	1.593
WASHINGTON	1.447	1.827	1.512	1.485
YORK	1.534	1.913	1.518	1.592

## ASPEN: Tag Summary Report (TAG1)

from 10/01/2011 thru 09/30/2013

## FED - FF07 - F - Long Term Care Facilities (12.02)

Tag	Cite Frequency	Average Severity	Average Scope
0151 - RIGHT TO EXERCISE RIGHTS - FREE OF REPRISAL	1	2.00	2.00
0152 - RIGHTS EXERCISED BY REPRESENTATIVE	1	3.00	1.00
0154 - INFORMED OF HEALTH STATUS, CARE, & TREATMENTS	2	2.00	1.50
0155 - RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES	1	3.00	1.00
0156 - NOTICE OF RIGHTS, RULES, SERVICES, CHARGES	9	1.22	1.78
0157 - NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)	8	2.00	1.13
0159 - FACILITY MANAGEMENT OF PERSONAL FUNDS	1	1.00	3.00
0161 - SURETY BOND - SECURITY OF PERSONAL FUNDS	1	2.00	2.00
0164 - PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS	7	1.57	1.14
0165 - RIGHT TO VOICE GRIEVANCES WITHOUT REPRISAL	1	2.00	2.00
0167 - RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE	2	1.00	1.50
0170 - RIGHT TO PRIVACY - SEND/RECEIVE UNOPENED MAIL	2	1.50	2.50
0172 - RIGHT TO/FACILITY PROVISION OF VISITOR ACCESS	1	2.00	2.00
0201 - REASONS FOR TRANSFER/DISCHARGE OF RESIDENT	1	3.00	1.00
0203 - NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE	1	2.00	1.00
0206 - POLICY TO PERMIT READMISSION BEYOND BED-HOLD	1	2.00	1.00
0221 - RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS	2	2.00	1.50
0224 - PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATE	3	2.33	1.67
0225 - INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS	5	2.20	1.60
0226 - DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES	8	2.25	1.38
0241 - DIGNITY AND RESPECT OF INDIVIDUALITY	14	1.93	1.21
0242 - SELF-DETERMINATION - RIGHT TO MAKE CHOICES	2	2.00	1.50
0246 - REASONABLE ACCOMMODATION OF NEEDS/PREFERENCE	2	2.00	1.00
0247 - RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE	1	1.00	1.00
0250 - PROVISION OF MEDICALLY RELATED SOCIAL SERVICE	3	2.00	1.67
0252 - SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT	1	1.00	2.00
0253 - HOUSEKEEPING & MAINTENANCE SERVICES	16	1.63	1.81
0272 - COMPREHENSIVE ASSESSMENTS	5	2.00	1.40
0273 - COMPREHENSIVE ASSESSMENT 14 DAYS AFTER ADMIT	2	1.50	1.50
0274 - COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE	2	1.50	1.00
0278 - ASSESSMENT ACCURACY/COORDINATION/CERTIFIED	8	1.75	1.00
0279 - DEVELOP COMPREHENSIVE CARE PLANS	19	1.95	1.42
0280 - RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	31	1.97	1.39
0281 - SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	9	2.00	1.22
0282 - SERVICES BY QUALIFIED PERSONS/PER CARE PLAN	26	2.04	1.46
0309 - PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	16	2.25	1.38
0313 - TREATMENT/DEVICES TO MAINTAIN HEARING/VISION	1	2.00	2.00
0314 - TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	11	2.00	1.55
0315 - NO CATHETER, PREVENT UTI, RESTORE BLADDER	9	2.00	1.67
0318 - INCREASE/PREVENT DECREASE IN RANGE OF MOTION	1	2.00	1.00
0323 - FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	25	2.12	1.72
0325 - MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE	6	2.00	1.50
0327 - SUFFICIENT FLUID TO MAINTAIN HYDRATION	2	2.00	1.00
0329 - DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	19	2.11	1.53
0332 - FREE OF MEDICATION ERROR RATES OF 5% OR MORE	1	2.00	2.00
0333 - RESIDENTS FREE OF SIGNIFICANT MED ERRORS	3	2.00	1.00
0334 - INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS	7	1.71	1.57
0353 - SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS	2	2.00	2.00
0354 - WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON	1	2.00	1.00
0356 - POSTED NURSE STAFFING INFORMATION	4	1.00	2.75
0363 - MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED	1	2.00	1.00
0364 - NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP	4	2.00	1.75
0365 - FOOD IN FORM TO MEET INDIVIDUAL NEEDS	1	2.00	1.00
0371 - FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	36	1.94	1.75
0373 - FEEDING ASST - TRAINING/SUPERVISION/RESIDENT	1	2.00	2.00
0385 - RESIDENTS' CARE SUPERVISED BY A PHYSICIAN	2	3.00	1.00
0386 - PHYSICIAN VISITS - REVIEW CARE/NOTES/ORDERS	1	2.00	2.00
0406 - PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES	2	2.00	1.50
0425 - PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH	8	2.25	1.38
0428 - DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON	11	2.18	1.55
0431 - DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	18	1.94	1.72

## ASPEN: Tag Summary Report (TAG1)

from 10/01/2011 thru 09/30/2013

## FED - FF07 - F - Long Term Care Facilities (12.02)

Tag	Cite Frequency	Average Severity	Average Scope
0441 - INFECTION CONTROL, PREVENT SPREAD, LINENS	20	2.00	1.70
0454 - LIFE SAFETY FROM FIRE	1	4.00	3.00
0456 - ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION	2	1.00	3.00
0463 - RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH	3	2.00	1.67
0469 - MAINTAINS EFFECTIVE PEST CONTROL PROGRAM	1	2.00	1.00
0490 - EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING	3	3.33	2.00
0492 - COMPLY WITH FEDERAL/STATE/LOCAL LAWS/PROF STD	8	1.63	1.88
0497 - NURSE AIDE PERFORM REVIEW-12 HR/YR INSERVICE	2	1.50	2.00
0502 - ADMINISTRATION	3	2.00	1.67
0503 - LAB SVCS - FAC PROVIDED, REFERRED, AGREEMENT	1	2.00	2.00
0504 - LAB SVCS ONLY WHEN ORDERED BY PHYSICIAN	1	2.00	1.00
0508 - PROVIDE/OBTAIN RADIOLOGY/DIAGNOSTIC SVCS	1	2.00	2.00
0513 - X-RAY/DIAGNOSTIC REPORT IN RECORD-SIGN/DATED	1	1.00	1.00
0514 - RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE	16	1.88	1.63
0517 - WRITTEN PLANS TO MEET EMERGENCIES/DISASTERS	1	1.00	3.00
0518 - TRAIN ALL STAFF-EMERGENCY PROCEDURES/DRILLS	1	2.00	3.00
0520 - QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS	4	2.00	2.25

## FED - FF08 - F - Long Term Care Facilities (13.01)

Tag	Cite Frequency	Average Severity	Average Scope
0155 - RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES	1	2.00	1.00
0156 - NOTICE OF RIGHTS, RULES, SERVICES, CHARGES	10	1.10	1.90
0157 - NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)	6	2.00	1.33
0159 - FACILITY MANAGEMENT OF PERSONAL FUNDS	2	1.50	2.50
0164 - PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS	5	1.80	1.40
0167 - RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE	1	1.00	2.00
0205 - NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR	2	2.00	1.00
0221 - RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS	1	2.00	2.00
0224 - PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN	5	3.00	1.40
0225 - INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS	6	2.00	1.17
0226 - DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES	11	2.00	1.27
0241 - DIGNITY AND RESPECT OF INDIVIDUALITY	21	1.95	1.14
0242 - SELF-DETERMINATION - RIGHT TO MAKE CHOICES	6	1.50	1.50
0246 - REASONABLE ACCOMMODATION OF NEEDS/PREFERENCE	2	2.00	1.50
0247 - RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE	1	1.00	1.00
0250 - PROVISION OF MEDICALLY RELATED SOCIAL SERVICE	1	2.00	1.00
0253 - HOUSEKEEPING & MAINTENANCE SERVICES	37	1.84	1.84
0257 - COMFORTABLE & SAFE TEMPERATURE LEVELS	1	2.00	2.00
0272 - COMPREHENSIVE ASSESSMENTS	8	2.00	1.13
0273 - COMPREHENSIVE ASSESSMENT 14 DAYS AFTER ADMIT	1	2.00	1.00
0274 - COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE	2	2.00	1.00
0278 - ASSESSMENT ACCURACY/COORDINATION/CERTIFIED	7	1.86	1.14
0279 - DEVELOP COMPREHENSIVE CARE PLANS	16	2.00	1.38
0280 - RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	31	2.00	1.39
0281 - SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	3	2.00	1.00
0282 - SERVICES BY QUALIFIED PERSONS/PER CARE PLAN	22	2.00	1.36
0309 - PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	14	2.29	1.36
0312 - ADL CARE PROVIDED FOR DEPENDENT RESIDENTS	1	2.00	1.00
0313 - TREATMENT/DEVICES TO MAINTAIN HEARING/VISION	1	2.00	1.00
0314 - TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	10	2.10	1.50
0315 - NO CATHETER, PREVENT UTI, RESTORE BLADDER	4	2.00	1.25
0323 - FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	28	2.00	1.50
0325 - MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE	6	2.00	1.50
0329 - DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	21	2.05	1.62
0332 - FREE OF MEDICATION ERROR RATES OF 5% OR MORE	3	2.00	1.00
0333 - RESIDENTS FREE OF SIGNIFICANT MED ERRORS	3	2.00	1.33
0334 - INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS	2	2.00	1.50
0356 - POSTED NURSE STAFFING INFORMATION	4	1.00	2.00
0364 - NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP	1	1.00	2.00

## ASPEN: Tag Summary Report (TAG1)

from 10/01/2011 thru 09/30/2013

## FED - FF08 - F - Long Term Care Facilities (13.01)

Tag	Cite Frequency	Average Severity	Average Scope
0371 - FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	45	2.04	1.62
0372 - DISPOSE GARBAGE & REFUSE PROPERLY	3	1.67	1.67
0386 - PHYSICIAN VISITS - REVIEW CARE/NOTES/ORDERS	3	2.00	1.67
0387 - FREQUENCY & TIMELINESS OF PHYSICIAN VISIT	1	1.00	2.00
0412 - ROUTINE/EMERGENCY DENTAL SERVICES IN NFS	1	2.00	2.00
0425 - PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH	14	2.00	1.43
0428 - DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON	14	2.00	1.43
0431 - DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	28	1.96	1.54
0441 - INFECTION CONTROL, PREVENT SPREAD, LINENS	10	1.90	1.60
0454 - LIFE SAFETY FROM FIRE	1	4.00	3.00
0455 - EMERGENCY ELECTRICAL POWER SYSTEM	1	2.00	2.00
0456 - ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION	3	2.00	1.67
0463 - RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH	3	2.00	1.00
0465 - SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON	7	2.00	1.33
0467 - ADEQUATE OUTSIDE VENTILATION-WINDOW/MECHANIC	1	2.00	2.00
0492 - COMPLY WITH FEDERAL/STATE/LOCAL LAWS/PROF STD	9	1.67	1.78
0496 - NURSE AIDE REGISTRY VERIFICATION, RETRAINING	4	2.00	1.25
0502 - ADMINISTRATION	2	2.00	1.00
0503 - LAB SVCS - FAC PROVIDED, REFERRED, AGREEMENT	2	2.00	2.00
0505 - PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS	1	2.00	1.00
0514 - RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE	11	1.91	1.27
0520 - QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS	11	1.91	1.73

## FED - FF09 - F - LONG TERM CARE FACILITIES (14.00)

Tag	Cite Frequency	Average Severity	Average Scope
0156 - NOTICE OF RIGHTS, RULES, SERVICES, CHARGES	4	1.00	1.25
0157 - NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)	2	2.00	1.00
0164 - PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS	1	2.00	1.00
0224 - PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN	1	3.00	1.00
0225 - INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS	1	2.00	2.00
0240 - CARE AND ENVIRONMENT PROMOTES QUALITY OF LIFE	1	3.00	2.00
0241 - DIGNITY AND RESPECT OF INDIVIDUALITY	2	2.00	1.00
0246 - REASONABLE ACCOMMODATION OF NEEDS/PREFERENCE	1	3.00	2.00
0253 - HOUSEKEEPING & MAINTENANCE SERVICES	5	2.00	2.00
0272 - COMPREHENSIVE ASSESSMENTS	2	2.00	1.00
0274 - COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE	1	2.00	2.00
0278 - ASSESSMENT ACCURACY/COORDINATION/CERTIFIED	1	1.00	2.00
0280 - RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	7	2.00	1.29
0282 - SERVICES BY QUALIFIED PERSONS/PER CARE PLAN	3	2.00	1.33
0309 - PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	3	2.00	1.33
0314 - TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	1	2.00	1.00
0322 - NG TREATMENT/SERVICES - RESTORE EATING SKILLS	1	2.00	2.00
0323 - FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	5	2.00	1.80
0325 - MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE	1	2.00	2.00
0329 - DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	3	2.00	1.33
0333 - RESIDENTS FREE OF SIGNIFICANT MED ERRORS	1	2.00	1.00
0353 - SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS	1	2.00	2.00
0356 - POSTED NURSE STAFFING INFORMATION	2	1.00	2.00
0364 - NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP	1	2.00	2.00
0371 - FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	7	2.00	1.71
0386 - PHYSICIAN VISITS - REVIEW CARE/NOTES/ORDERS	1	2.00	1.00
0425 - PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH	3	2.00	2.00
0428 - DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON	2	2.00	1.50
0431 - DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	6	1.83	1.50
0441 - INFECTION CONTROL, PREVENT SPREAD, LINENS	1	2.00	2.00
0456 - ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION	2	2.00	1.00
0492 - COMPLY WITH FEDERAL/STATE/LOCAL LAWS/PROF STD	1	1.00	3.00
0502 - ADMINISTRATION	1	2.00	1.00
0514 - RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE	2	2.00	1.50

## ASPEN: Tag Summary Report (TAG1)

from 10/01/2011 thru 09/30/2013

## FED - FF09 - F - LONG TERM CARE FACILITIES (14.00)

Tag	Cite Frequency	Average Severity	Average Scope
0520 - QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS	1	2.00	1.00

## FED - K201 - K - LSC 2000 Health Existing (01.03)

Tag	Cite Frequency	Average Severity	Average Scope
0011 - LIFE SAFETY CODE STANDARD	6	1.67	1.67
0012 - LIFE SAFETY CODE STANDARD	4	1.25	2.25
0014 - LIFE SAFETY CODE STANDARD	1	1.00	2.00
0018 - LIFE SAFETY CODE STANDARD	48	1.25	1.63
0020 - LIFE SAFETY CODE STANDARD	4	1.50	1.50
0021 - LIFE SAFETY CODE STANDARD	1	1.00	1.00
0025 - LIFE SAFETY CODE STANDARD	7	1.14	2.71
0027 - LIFE SAFETY CODE STANDARD	7	1.29	1.71
0028 - LIFE SAFETY CODE STANDARD	2	1.00	1.50
0029 - LIFE SAFETY CODE STANDARD	27	1.26	1.96
0032 - LIFE SAFETY CODE STANDARD	1	1.00	1.00
0033 - LIFE SAFETY CODE STANDARD	7	1.71	1.57
0034 - LIFE SAFETY CODE STANDARD	4	1.25	2.00
0038 - LIFE SAFETY CODE STANDARD	22	1.45	1.95
0039 - LIFE SAFETY CODE STANDARD	5	1.20	2.20
0040 - LIFE SAFETY CODE STANDARD	2	1.00	2.50
0043 - LIFE SAFETY CODE STANDARD	1	1.00	1.00
0044 - LIFE SAFETY CODE STANDARD	1	2.00	2.00
0045 - LIFE SAFETY CODE STANDARD	1	1.00	2.00
0046 - LIFE SAFETY CODE STANDARD	5	1.20	1.40
0047 - LIFE SAFETY CODE STANDARD	1	1.00	3.00
0048 - LIFE SAFETY CODE STANDARD	5	1.20	2.60
0050 - LIFE SAFETY CODE STANDARD	20	1.35	2.05
0051 - LIFE SAFETY CODE STANDARD	6	1.67	1.83
0052 - LIFE SAFETY CODE STANDARD	3	1.67	2.00
0056 - LIFE SAFETY CODE STANDARD	17	1.47	2.06
0062 - LIFE SAFETY CODE STANDARD	9	2.11	2.00
0064 - LIFE SAFETY CODE STANDARD	4	1.00	2.50
0067 - LIFE SAFETY CODE STANDARD	2	1.50	3.00
0069 - LIFE SAFETY CODE STANDARD	9	1.33	1.56
0070 - LIFE SAFETY CODE STANDARD	1	1.00	1.00
0072 - LIFE SAFETY CODE STANDARD	8	1.63	1.50
0073 - LIFE SAFETY CODE STANDARD	3	1.67	2.00
0074 - LIFE SAFETY CODE STANDARD	4	1.00	1.50
0076 - LIFE SAFETY CODE STANDARD	10	1.40	1.90
0130 - MISCELLANEOUS	29	1.07	1.34
0135 - LIFE SAFETY CODE STANDARD	2	2.00	1.00
0143 - LIFE SAFETY CODE STANDARD	1	1.00	1.00
0144 - LIFE SAFETY CODE STANDARD	6	1.50	1.83
0146 - LIFE SAFETY CODE STANDARD	2	1.50	2.00
0147 - LIFE SAFETY CODE STANDARD	27	1.11	1.96
0154 - LIFE SAFETY CODE STANDARD	3	1.67	2.67

## ST - 7NNR - T - Long Term Care Facilities (3.01)

Tag	Cite Frequency	Average Severity	Average Scope
0001 - Initial Comments	23	0.00	0.00
0060 - Functions	2	0.00	0.00
0089 - Responsibilities of the Committee	1	0.00	0.00
0092 - Accident Prevention	1	0.00	0.00
0093 - Pharmaceutical Services	1	0.00	0.00
0098 - Reports of Abuse, Neglect or Misappropriation	2	0.00	0.00
0099 - Report of Abuse, Neglect and Misappropriation	1	0.00	0.00
0100 - Reporting of Abuse, Neglect or Misappropriation	1	0.00	0.00
0128 - Written Policies	2	3.00	1.00

TagSummary.rpt

2/27/2003

Cite Frequency column counts the first citation of a tag - uncorrected citations of the same tag on revisits are not recounted.

Tags cited by more than one surveyor on the same survey are counted once.

Citations with empty scope and severity are included in counts but not averages.

## ASPEN: Tag Summary Report (TAG1)

from 10/01/2011 thru 09/30/2013

## ST - 7NRR - T - Long Term Care Facilities (3.01)

Tag	Cite Frequency	Average Severity	Average Scope
0183 - In-Service Program	2	0.00	0.00
0186 - Reporting of Abuse (or Suspicion of)	1	0.00	0.00
0187 - Reporting of Abuse (or Suspicion of)	1	0.00	0.00
0199 - Minimum Nursing Staff Requirements	1	0.00	0.00
0209 - Director of Nursing - Responsibilities	1	0.00	0.00
0222 - Minimum Staffing Rules	2	0.00	0.00
0234 - Exercise of Rights	2	3.00	2.00
0240 - Exercise of Rights	1	0.00	0.00
0287 - Transfer and Discharge Requirements	1	0.00	0.00
0307 - Freedom From Abuse, Punishment or Involuntary	4	0.00	0.00
0324 - Physical Restraints	1	0.00	0.00
0332 - Physical Restraints	1	0.00	0.00
0359 - Definitions	3	0.00	0.00
0360 - Definitions	3	3.00	1.00
0365 - Specialized Therapy Services	1	0.00	0.00
0369 - Quality of Care	6	0.00	0.00
0376 - Incontinence	1	0.00	0.00
0377 - Pressure Sores	1	0.00	0.00
0379 - Accidents	5	3.00	1.00
0386 - Responsibilities for Social Services Staff	1	0.00	0.00
0398 - Physician Services	1	0.00	0.00
0407 - Pharmaceutical Services	1	0.00	0.00
0409 - Adverse Drug Reaction	1	0.00	0.00
0411 - Unnecessary Drug	3	4.00	1.00
0414 - Supervision of Drugs and Biologicals	1	0.00	0.00
0415 - Reports of the Pharmacist Consultant Shall co	1	0.00	0.00
0423 - Handling of Drugs and Biologicals	1	0.00	0.00
0464 - Food Service Supervisor	2	0.00	0.00
0465 - Food Service Supervisor	4	0.00	0.00
0492 - Food Supplies	1	0.00	0.00
0513 - Refrigerator and Freezer	1	0.00	0.00
0519 - Food Preparation	1	0.00	0.00
0553 - Kitchen Area	1	0.00	0.00
0572 - Inactive Clinical Records	1	0.00	0.00
0580 - Incident and Accident Records	1	0.00	0.00
0581 - Incident and Accident Records	1	0.00	0.00
0605 - Requirements for Each Facility	2	0.00	0.00
0620 - Testing of Equipment	1	0.00	0.00
0628 - Requirements	1	0.00	0.00

# Nursing Facilities Surveys – October 2012 thru September 2013 (FY 2013)

## Top 25 “Tags” - State of Maine vs. National Results

Maine Rank	National Rank	Tag #	Tag Description	Maine Active Providers = 107		Total Number of Surveys = 311	
				# Citations	% Providers Cited	% Surveys Cited	% Surveys Cited
1	3	F0371	FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	36	32.70%	36	11.60%
2	16	F0253	HOUSEKEEPING & MAINTENANCE SERVICES	30	26.20%	30	9.60%
3	7	F0431	DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	25	21.50%	25	8.00%
4	17	F0280	RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	22	19.60%	22	7.10%
5	1	F0323	FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	21	16.80%	21	6.80%
6	11	F0282	SERVICES BY QUALIFIED PERSONS/PER CARE PLAN	18	15.90%	18	5.80%
7	9	F0241	DIGNITY AND RESPECT OF INDIVIDUALITY	16	15.00%	16	5.10%
8	5	F0329	DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	15	13.10%	15	4.80%
9	6	F0279	DEVELOP COMPREHENSIVE CARE PLANS	13	12.10%	13	4.20%
10	20	F0425	PHARMACEUTICAL SVC - ACCURATE PROCEDURES; RPH-	13	12.10%	13	4.20%
11	22	F0428	DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON	11	10.30%	11	3.50%
12	4	F0309	PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	10	8.40%	10	3.20%
13	N/A	F0520	QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS	9	8.40%	9	2.90%
14	N/A	F0156	NOTICE OF RIGHTS, RULES, SERVICES, CHARGES	8	7.50%	8	2.60%
15	14	F0226	DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES	7	6.50%	7	2.30%
16	8	F0514	RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE	7	6.50%	7	2.30%
17	12	F0314	TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	7	6.50%	7	2.30%
18	N/A	F0492	COMPLY WITH FEDERAL/STATE/LOCAL LAWS/PROF STD	6	5.60%	6	1.90%
19	2	F0441	INFECTION CONTROL, PREVENT SPREAD, LINENS	6	5.60%	6	1.90%
20	N/A	F0272	COMPREHENSIVE ASSESSMENTS	5	4.70%	5	1.60%
21	13	F0225	INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS	5	4.70%	5	1.60%
22	N/A	F0164	PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS	5	4.70%	5	1.60%
23	21	F0465	SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON	5	4.70%	5	1.60%
24	24	F0278	ASSESSMENT ACCURACY/COORDINATION/CERTIFIED	4	3.70%	4	1.30%
25	N/A	F0242	SELF-DETERMINATION - RIGHT TO MAKE CHOICES	4	3.70%	4	1.30%

# Nursing Facilities Surveys – October 2012 thru September 2013 (FY 2013)

## Top 25 “Tags” - State of Maine vs. National Results

	National Rank	Maine Rank	Tag #	Tag Description	Active Providers = 15802		Total Number of Surveys = 53101	
					# Citations	% Providers Cited	% Surveys Cited	% Surveys Cited
1	5		F0323	FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	5,995	30.40%	30.40%	11.30%
2	19		F0441	INFECTION CONTROL, PREVENT SPREAD, LINENS	5,563	31.60%	31.60%	10.50%
3	1		F0371	FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	4,802	28.30%	28.30%	9.00%
4	12		F0309	PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	4,731	24.70%	24.70%	8.90%
5	8		F0329	DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	3,393	19.70%	19.70%	6.40%
6	9		F0279	DEVELOP COMPREHENSIVE CARE PLANS	3,389	18.70%	18.70%	6.40%
7	3		F0431	DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	2,749	16.20%	16.20%	5.20%
8	16		F0514	RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE	2,736	14.60%	14.60%	5.20%
9	7		F0241	DIGNITY AND RESPECT OF INDIVIDUALITY	2,644	14.80%	14.80%	5.00%
10	N/A		F0281	SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	2,525	13.60%	13.60%	4.80%
11	6		F0282	SERVICES BY QUALIFIED PERSONS/PER CARE PLAN	2,292	12.70%	12.70%	4.30%
12	17		F0314	TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	2,235	12.40%	12.40%	4.20%
13	21		F0225	INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS	2,201	11.50%	11.50%	4.10%
14	15		F0226	DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES	2,070	11.20%	11.20%	3.90%
15	N/A		F0157	NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)	2,069	11.10%	11.10%	3.90%
16	2		F0253	HOUSEKEEPING & MAINTENANCE SERVICES	2,012	11.40%	11.40%	3.80%
17	4		F0280	RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	2,001	11.20%	11.20%	3.80%
18	N/A		F0315	NO CATHETER, PREVENT UTI, RESTORE BLADDER	1,927	11.00%	11.00%	3.60%
19	N/A		F0312	ADL CARE PROVIDED FOR DEPENDENT RESIDENTS	1,841	10.00%	10.00%	3.50%
20	10		F0425	PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH	1,743	9.90%	9.90%	3.30%
21	23		F0465	SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON	1,549	9.10%	9.10%	2.90%
22	11		F0428	DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON	1,281	7.50%	7.50%	2.40%
23	N/A		F0332	FREE OF MEDICATION ERROR RATES OF 5% OR MORE	1,180	7.00%	7.00%	2.20%
24	24		F0278	ASSESSMENT ACCURACY/COORDINATION/CERTIFIED	1,170	6.90%	6.90%	2.20%
25	N/A		F0325	MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE	1,029	6.10%	6.10%	1.90%

## **STRIVE Nursing Staff Time Package**

11/28/2011 V1.00

### **Background**

The Centers for Medicare and Medicaid Services (CMS) funded a national nursing home staff time measurement study to update the Resource Utilization Groups (RUG) case mix system, which supports the Skilled Nursing Facility Prospective Payment System (SNF PPS) and many state Medicaid nursing home payment systems. This study, the Staff Time and Resource Intensity Verification, (STRIVE) collected the staff time devoted to the care of individual nursing home residents in a national sample of 9,706 residents in 205 nursing homes during 2006 and 2007.

One or more nursing units (“study units”) were selected in each nursing home, and staff time was captured for all staff members who provided at least 1 minute of direct care to a resident on a study unit. Two categories of staff time are reported in the STRIVE Nursing Staff Time Package:

1. **Resident Specific Time (RST):** RST is number of minutes per day that the staff member spent directly with or on behalf of a resident on a study unit. If a staff member spent time with two or more residents simultaneously, then the staff time was split equally among those residents. RST is reported separately by general staff category and specific staff role (Table 1 describes the staff categories and roles).
2. **Non-Resident Specific Time (NRST):** NRST is based on the time staff members spent supporting the delivery of care for all residents on a study unit. NRST does not include time spent on units other than the study unit(s), general facility administration time, general facility training, and meals and breaks. NRST time was collected at the staff member level. To be useful for RUG analyses, it is necessary to allocate NRST to the individual residents on the study unit(s) to arrive at the NRST minutes per day for each resident. The STRIVE Nursing Staff Time Package reports NRST allocated with two different methods:
  - a. **NRST-Proportional.** The total NRST minutes per day (across all staff of a particular staff role) were allocated to each study unit resident proportional to the RST for that staff role for that resident. For example, the total LPN NRST minutes per day were allocated to each study unit resident on the basis of total LPN RST minutes per day for that resident. If one resident has twice the RST of another resident, the first resident was allocated twice the NRST. NRST-Proportional is reported separately by general staff category and specific staff role (Table 1 describes the staff categories and roles).
  - b. **NRST-Direct.** The total NRST minutes per day (across all staff of a particular staff role) were allocated directly (equally) to each study unit

## STRIVE Nursing Staff Time Package

11/28/2011 V1.00

resident. All residents on the study unit(s) receive the same number of allocated NRST minutes for the staff role. NRST-Direct is reported separately by general staff category and specific staff role (Table 1 describes the staff categories and roles).

For evaluating the RUG-III model, developing RUG-IV, and producing Case Mix Indices, the STRIVE study only used RST time. The sum of RST and NRST represents all the time spent by direct-care staff on a study unit’s resident care activities. However, STRIVE found that RST was the best indicator of different care needs for different residents. The STRIVE Nursing Staff Time Package reports NRST to allow other users to combine RST and NRST (either proportional or direct) to suit their requirements.

The STRIVE Nursing Staff Time Package includes CSV (comma separated values) data files for RST, NRST-Direct, and NRST-Proportional staff minutes per day for three different RUG-IV models (48-group, 57-group, and 66-group). Values are presented for each of 3 general staff categories (RN, LPN, and aide) and 13 specific staff roles.

### Staff Categories, Roles and Wage Weights

The STRIVE Nursing Staff Time Package reports staff time minutes per day for 13 different nursing staff roles and also summarizes those times for 3 broad nursing staff categories. Table 1 presents the staff categories, the staff roles (within each category), and relative wage weights for each staff role (based on the average 2006 Bureau of Labor Statistics wage rates standardized so that the Certified Nursing Aide weight is 1.00). The “Staff Role Label” column gives the column label in the CSV data files.

**Table 1.**  
**Staff Categories, Roles and Wage Weights**

Staff Category	Staff Role Label (in CSV Files)	Staff Role Description	Wage Weight
RN	RN	Registered Nurse	2.58
	Resp. Ther.	Respiratory Therapist	2.14
LPN	LPN	Licensed Practical Nurse or Licensed Vocational Nurse	1.65
Aide	CNA, GNA, RCT	Certified Nursing Assistant or Geriatric Nurse Assistant or Resident Care Technician	1.00
	Cert. Med. Aide	Certified Medication Aide	1.00
	Restor. Aide	Restorative Aide	1.20
	Bath Aide	Bath Aide	0.85
	Feeding Aide	Feeding Aide	0.85

**STRIVE Nursing Staff Time Package**

11/28/2011 V1.00

**Table 1.**  
**Staff Categories, Roles and Wage Weights**

Psych Aide	Psychiatric Aide	1.08
Non Cert. Care Tech	Non Certified Care Technician	0.85
Clin. Assoc.	Clinical Associate	1.00
Transportation	Transportation Aide	0.85
Resp. Ther. Asst.	Respiratory Therapist Assistant	1.76

**Detail Nursing Time Files Included in the Package**

The “Detail” nursing time files present staff minutes per day for each of the specific staff roles for each RUG group. The columns are the 13 specific staff roles. The first row presents the wage weight (standardized for a value of 1.00 for Certified Nursing Aides) for each staff role. Subsequent rows present the average staff minutes per day for each of the RUG groups. The 9 Detail Nursing Time files are:

- 48-group model:
  - RST time:
    1. “RUG4 48gp Nur RST Staff Detail V1.00 10-26-2011.csv”
  - NRST-Direct time:
    2. “RUG4 48gp Nur NRST-Direct Staff Detail V1.00 10-26-2011.csv”
  - NRST-Proportional time:
    3. “RUG4 48gp Nur NRST-Propor Staff Detail V1.00 10-26-2011.csv”
- 48-group model:
  - RST time:
    4. “RUG4 57gp Nur RST Staff Detail V1.00 10-26-2011.csv”
  - NRST-Direct time:
    5. “RUG4 57gp Nur NRST-Direct Staff Detail V1.00 10-26-2011.csv”
  - NRST-Proportional time:
    6. “RUG4 57gp Nur NRST-Propor Staff Detail V1.00 10-26-2011.csv”
- 48-group model:
  - RST time:
    7. “RUG4 66gp Nur RST Staff Detail V1.00 10-26-2011.csv”
  - NRST-Direct time:
    8. “RUG4 66gp Nur NRST-Direct Staff Detail V1.00 10-26-2011.csv”
  - NRST-Proportional time:
    9. “RUG4 66gp Nur NRST-Propor Staff Detail V1.00 10-26-2011.csv”

## **STRIVE Nursing Staff Time Package**

11/28/2011 V1.00

### **Summary Nursing Time Files Included in the Package**

The “Summary” nursing time files present staff minutes per day for each of the general staff categories for each RUG group. One set of 4 columns presents minutes per day for the 3 staff categories and the total across the staff categories. An additional set of 4 columns present wage weighted minutes per day for the 3 staff categories and the total across the staff categories. The wage weighted values for a category were calculated as follows. For each staff role within a category, multiply the minutes per day by the wage weight for that role and then sum the products.

The rows present the average staff minutes per day for each of the RUG groups. The 9 Summary Nursing Time files are:

- 48-group model:
  - RST time:
    1. “RUG4 48gp Nur RST Staff Summary V1.00 10-26-2011.csv”
  - NRST-Direct time:
    2. “RUG4 48gp Nur NRST-Direct Staff Summary V1.00 10-26-2011.csv”
  - NRST-Proportional time:
    3. “RUG4 48gp Nur NRST-Propor Staff Summary V1.00 10-26-2011.csv”
- 48-group model:
  - RST time:
    4. “RUG4 57gp Nur RST Staff Summary V1.00 10-26-2011.csv”
  - NRST-Direct time:
    5. “RUG4 57gp Nur NRST-Direct Staff Summary V1.00 10-26-2011.csv”
  - NRST-Proportional time:
    6. “RUG4 57gp Nur NRST-Propor Staff Summary V1.00 10-26-2011.csv”
- 48-group model:
  - RST time:
    7. “RUG4 66gp Nur RST Staff Summary V1.00 10-26-2011.csv”
  - NRST-Direct time:
    8. “RUG4 66gp Nur NRST-Direct Staff Summary V1.00 10-26-2011.csv”
  - NRST-Proportional time:
    9. “RUG4 66gp Nur NRST-Propor Staff Summary V1.00 10-26-2011.csv”

# ROY G. GEDAT

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October 25, 2013

## Statement of Concern to the Long term Care Commission to Study Nursing Facilities

Please do not dilute the staffing standards in nursing homes.

I am Roy Gedat from Norway Maine and I am here today as a volunteer to make this plea.

For 7 years I worked for advocacy organizations focused on improving the jobs of direct care staff. Those are the people who change the bedpans, give the baths, provide personal care and do much of the actual staffing of patients in residential facilities and homes. This advocacy usually focused on improving pay and health benefits as well as strengthening professional standards and insuring that the workforce is granted the respect and status they earn every day. This work put me in regular contact with direct care workers in Maine and across the country. I have also worked as a direct care worker. Currently I run a private duty "non-medical" home care business and serve as the elected Treasurer of Oxford County.

Never have I heard a direct care staff person request more flexibility and less staffing in a residential facility. In fact, people who work in those positions report quite the opposite!

Inadequate staffing puts personal care workers in unsafe and stressful positions every day resulting in compromised care to the patients and residents they are there to assist. Low wages coupled with difficult (at best) working conditions result in a discouraged workforce, difficult retention and high turnover. I can report that providing high quality care without enough staffing is simply not possible!

Maine's current staffing ratios really only set a low bar to insure quality care. While our state is better than many in this regard there is no doubt we could AND SHOULD do better. Many

experts advocate for a staffing ratio minimum of better than 4.5 hours per resident day, the national average is 4.1 (hprd) and Maine only requires 3.49.

Don't we owe it to the frail and compromised residents of our nursing homes to keep that in mind?

Finally, let me remind you why these standards exist in the first place. We have a sad and well documented history of NOT caring for human beings in nursing homes and other institutions. It took years of shocking stories of abuse, indifferent care and cover-ups for the government to step in and insure a level of quality care. In some states this is still going on. Now we have standards, inspections, a state ombudsman to field complaints and movements to empower self-advocacy. Even with those measures in place we still have to be vigilant to insure that we don't slip back too those dark days in the name of saving money or granting administrative flexibility.

Maine's network of residential care facilities are a vital and important part of our safety net. They are also an important economic driver providing important and needed jobs.

Yes, changes need to be made to our long term care system. We need to make sure we have a quality workforce. We need to provide more staffing and better quality care. There is simply no reason to lower staffing requirements in nursing homes and every reason to increase the staffing standards.

Thank you for your attention.

My name is Michele Heath. I am a Certified Nursing Assistant who works in a local nursing facility. I have worked as a CNA since the summer of 2010 in two different nursing facilities.

I got into direct care because I enjoy helping people. The first facility I worked per diem at \$10 an hour, but had left because I needed a job with a set amount of hours a week and health insurance. I currently work at another facility with a guaranteed 32 hours a week, health insurance and make \$9.97 an hour.

I work the evening shift, 3 in the afternoon until 11 at night, where the minimum staffing ratio is one 'direct care provider' for every 10 residents. I realize that 'direct care providers' include nurses, med-techs and CNAs on the floor, however, when using the minimum staffing ratio where I work I can have up to 13 residents to take care. This includes transfers (which may take two people), assisting them with ambulation, dressing, bathing and toileting. Passing meals, feeding, changing soiled bedding, turning residents who stay in bed every two hours to prevent pressure ulcers (bedsores), and charting on everything that takes place on my shift. Some of my residents are total assists, which means that I must do everything listed above for them. Almost all of my residents are two assists, meaning it takes two people to help them and take two CNAs off the floor until we have completed the task.

I try and get to my residents as soon as I can to provide the care they need but there are times that they do have to wait and they do know when we are working short because it takes a while before we can get to them to help them into bed. The facility I work for strives for quality, patient centered care and so do I. However, I ask myself "how can I deliver that when I got thirteen people to take care of?" The answer is that I can't do it. No matter how hard I try to

provide quality care for a resident when I am helping them, all I have is time to provide the basics and move on to the next resident.

The stress of working at the state minimum is frustrating for both the residents and myself. I have had residents ring their call bells during the busiest part of the evening, getting everyone into bed, and ask for something to drink and then apologize to me for taking me away from whatever it was I was doing or going to do because they know how busy the other aids and I are. These facilities are their homes and they shouldn't have to feel like they are taking us away from other people to ask for a simple request like something to drink. I will admit that this upsets me and makes me wonder 'how many of my residents need or want something but don't tell the other aids or me because we always appear to be busy with something?'

I know that I am a good CNA. My residents are constantly thanking me for everything I do for them, telling me that I am patient with them and a hard worker. I appreciate hearing this from my residents because it lets me know that I am doing a good job and that they appreciate everything I do for them. This is my reason why I got into this type of work because I enjoy helping people and want to see them stay as healthy as they can.

With the state considering changing the hours from 3.49 hours in a 24 hour period to 3 hours in a 24 hour period that is time being taken away from these residents for their care, and to allow nursing facilities to staff according to need is not going to help anymore. I do not see how the changes the state is considering to the hours of direct care is any benefit for these residents or even the workers. I believe that the staffing ratios need to remain in place, even be enhanced so that there is more staff for a lower number of residents and consider taking the med-techs and nurses out of the ratio because even though they help they have their meds to pass and their own work to do.

Greetings members of this committee considering staffing changes in Maine's nursing homes:

I am Helen Hanson. I am a Certified Nurse Aide who works in a local nursing facility. I have done this type of work for ten years now, in the home and in a nursing facility.

I got my start in home care as a homemaker and then a Personal Support Specialist. I helped and supported many elders and those with physical disabilities in their homes with everything from grocery shopping and housekeeping to assistance with bathing, dressing, toileting, catheter care, eating, and changing batteries in a motorized wheelchair. Let me tell you, those batteries are like those found in a car and just has heavy.

I left home care because the hours of work are not stable, there is no guarantee of working the number of hours you need to make a living and pay your bills, and just as important, there is no access to employer-sponsored health insurance. When I left my home care job, I made \$10.01 per hour.

I obtained my Nurse Aide certificate in 2009 because at that time, I worked with a quadriplegic in her home. She had many health issues beyond her physical disability and by becoming a CNA, it was a way for me to be better able to support her and understand her medical needs. I was also better able to communicate with her visiting nurse and take instruction and direction from this nurse.

I enjoy people and helping them, and this is why I got into direct care. I prefer to work in the home, one-to-one with the person I am caring for, and taking a little time to get to know them and what their preferences for care are, but because of the reasons mentioned above, I had to leave it. I now work per diem in a nursing facility, after working there full time for quite some time.

Working in a nursing facility offers a set amount of hours to work and access to health insurance. It does not offer a better, livable wage. My base pay is currently \$10.05 per hour, just four cents more than I made working in home care. Yes, when I worked a regular schedule I had a guaranteed amount of hours and yes I had access to health insurance, but at what cost to me?

I work second shift, the evening shift, where the minimum staffing ratio is one "direct-care provider" for every 10 residents. When we use the minimum staffing ratio where I work, it equals one CNA being responsible for 12 or 13 residents on my shift. I understand that "direct-care provider" includes the nurses, med-techs, and CNAs on the floor, but the nurses and med-techs are responsible for their medication passes, and the nurses are responsible for bandage changes, tube feedings, IV medication administration, monitoring blood sugars, admissions and documentation, to name just a few of what it is they do. That leaves little time for the nurses and med-techs to jump in and help the CNAs with all that we need to do: transferring residents from chair to bed or bed to chair, most times with a mechanical lift that takes two aides off the floor for a bit; assist with ambulation; assist with toileting; dressing; passing meal

trays; feeding; monitoring and emptying foleys and ostomies; taking and recording weights and vital signs; changing soiled bed linen; turning bed-bound residents every two hours to prevent bed sores (this can take two aides off the floor if the bed-bound person is big and heavy and has limited bed mobility); bathing a resident in the shower or whirlpool tub; charting everything that occurred during the shift; unclogging toilets when they plug up; and taking the trash out. CNAs also handle their portion of an admission; we inventory a new resident's cloths and belongings, orientate them to their room and the bathroom, explain the meal services and times, and get their weight and vital signs as a baseline.

We are supposed to be providing quality, resident-centered care, based upon their preferences, but how can quality, resident-centered care be delivered when there is one CNA to 12 or 13 people? I cannot provide it. Being responsible for that many people allows me to provide the basics at a rushed rate. They all demand something at the same time and it is impossible to meet all their needs. It is hard to not get frustrated when you have 12 or 13 people demanding something of you all at the same time. Some of these 12 or 13 people need more assistance than others. The term is that they are a two-assist, meaning it takes two aides to help them ambulate or to transfer them. I try to assist all of them as quickly as I can, but inevitably, some have to wait. They do not like having to wait and are very vocal about it. I try to apologize when this happens. They ask me if we are working short. They know because it takes so long for someone to answer their call bell or help them get ready for bed.

The stress level and frustration from working at the state minimums is incredible. While at work I find myself saying "I'm doing all this for just \$10 an hour!" I honestly do not see it getting better for CNAs working in nursing facilities and more importantly I do not see it getting better for the residents in these facilities.

I am a good CNA. I get feedback from my residents, telling me how compassionate and caring I am; how gentle I am. I try to be because I do not want to cause anyone more pain than what they are in. They tell me how patient I am. I have to be; most of these people cannot easily move on their own. The feedback I get from the people in my care means a lot. It lets me know I am doing a good job and that these folks are comfortable with me. I like that. This is why I got into direct care; I like people, I like helping them, and I want them to stay as healthy as possible.

With the State considering changing the hours of direct care from 3.49 hours in a 24-hour period to 3 hours in a 24-hour period and allowing the nursing homes themselves to staff according to need, without minimum staffing ratios, the changes recommended are NOT a good thing. Not good for the residents and not good for the already over-worked and extremely stressed staff. If anything, staffing ratios need to stay in place and need to be enhanced. A reasonable level is 1 CNA to 4 residents during the day, 1 CNA to six residents for the evening, and 1 CNA to 10 people overnight. Taking the RNs and med-techs out of the ratio equation should be considered too.

I am getting out of direct care. I struggle with my finances; not being able to set aside money for those emergencies that come up. I struggle with the frustration and stress of the job. I am tired of it. I am making a change and am in school at Husson University. I do not mind working hard, but I cannot continue to work so hard for so little and survive financially and mentally. I do not like the negativity I feel because of my job.

Good CNAs like me leave the profession. The turnover of nursing staff at my facility is extremely high. All the nurses that started when I did have moved on to other positions. Most of the CNAs I started working with have moved on to other jobs. The recurring theme is the stress and frustration we all deal with. What does this say about working in a nursing home? Who wants to do this work when there are not enough hands on the floor, when the pay barely allows you to pay your bills? Not me. The profession is losing one good CNA, one of many that leave to find work that is not so stressful and frustrating for \$10 an hour.



**Commission to Study Long-term Care Facilities**  
**Agenda for Meeting, October 25, 2013**  
**Cross Office Building Room 209, 10am to 4pm**

1. Welcome and renewal of introductions of commission members and staff
2. Overview of Maine's long-term care system  
Examples of long-term care systems in other states  
*Julie Fralich, Program Director, Disability and Aging, Muskie School of Public Policy, USM*
3. Nursing facility care from the perspective of direct care workers  
*Helen Hanson, CNA, Naomi Roberts, RN, and Roy Gedat, Direct Care Alliance*
4. Overview of occupancy and financial nursing facility data  
*Stephanie Rice, Berry Dunn, and DHHS representatives*
5. Access
  - Urban and rural access issues in long-term care
  - Current status of urban and rural access
  - Issues and information from Meeting #1
  - Challenges and needs
6. Staffing requirements and regulatory requirements
  - Issues related to staffing and regulatory requirements
  - Current staffing and regulatory requirements
  - Issues and information from Meeting #1
  - Challenges and needs
7. Reimbursement
  - Reimbursement of long-term care facilities under the MaineCare program
  - Current reimbursement methodologies
  - Issues and information from Meeting #1
  - Challenges and needs
8. Identification of information needed for 2 remaining meetings of the commission

**Remaining Commission Meetings – November 8 and November 15**  
**Cross Office Building, Room 209, 10am to 4pm**

## Orbeton, Jane

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**From:** John Watson <JWatson@thecedarsportland.org>  
**Sent:** Thursday, October 17, 2013 4:56 PM  
**To:** Broome, Anna; 'mmcraven@roadrunner.com'; Peter Stuckey; Malaby, RepRichard; 'senatorburns@myfairpoint.net'; 'rerb@mehca.org'; 'bgallant@maineombudsman.org'; 'omc@maine.rr.com'; 'Diane M. Barnes (manager@calaismaine.org)'; 'Philip A. Cyr (philcyr@caribourehab.com)'; Albert, Kenneth  
**Cc:** Orbeton, Jane  
**Subject:** RE: Long Term Care study questions  
**Attachments:** Additional Questions for distribution LTC Mtg 1.docx; U of Cal 5 yr study on staffing and deficiencies.pdf; Facility Specific 2011 STATE UNDERFUNDING.pdf; Peer Group 2 2009 - HOURS PPD per CML.pdf

Hi Anna:

A couple of questions/concerns I had raised at Friday's initial meeting are not completely reflected in your attachment that are relevant to the scope of state underfunding and were the main reason for the amendments to LD 986 that incorporated LD 1245 and LD 1246. Those concerns included:

- A lack of understanding who it is we serve with regards to their actual needs (diagnosis/co-morbidities vs a RUG score or acuity index and why they are in our facilities instead of at home);
- Allocation of state resources according to those needs (acuity);
- Why the heavy state reliance on non-MaineCare revenues, particularly for nonprofits
- Future of state's heavy reliance on the Health Care Provider Tax in light of the ACA

I added my requests for information/concerns to your attachment (in red) as well as provided some information shared at the LD 1700 work group meetings.

Thank you

John

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**From:** Broome, Anna [<mailto:Anna.Broome@legislature.maine.gov>]  
**Sent:** Thursday, October 17, 2013 11:12 AM  
**To:** 'mmcraven@roadrunner.com'; Peter Stuckey; Malaby, RepRichard; 'senatorburns@myfairpoint.net'; 'rerb@mehca.org'; 'bgallant@maineombudsman.org'; 'omc@maine.rr.com'; 'Diane M. Barnes (manager@calaismaine.org)'; 'Philip A. Cyr (philcyr@caribourehab.com)'; John Watson; Albert, Kenneth  
**Cc:** Orbeton, Jane  
**Subject:** Long Term Care study questions

Good Morning Everyone,  
Attached are the questions generated by the first Long Term Care Commission meeting. These questions have been sent out in order to prepare for the next commission meeting on October 25<sup>th</sup> at 10am. Please let Jane or I know if we have missed something.

Thank you for attending the meeting. It was nice to meet those of you that I had not met before!  
Anna

Anna Broome

**Questions and Information Requests from Meeting on October 11, 2103  
Commission to Study Long-term Care Facilities**

**1. General information requests:**

A. Effect of 1997 repeal of Social Security Act Boren Amendment, the federal requirement that states fund nursing facilities adequately for efficiently run facilities to provide care that complies with law and rules and quality and safety standards. (DHHS, Berry Dunn)

B. Please provide information on Maine's long-term care system:

- (1) The structure, design, utilization and costs and reimbursement;
- (2) State policy on financing;
- (3) Restructuring after the passage of Title 22 chapter 1622-A and Resolve 2011, chapter 71;
- (4) The relationship of the long-term care system to the system of care available to persons with developmental disabilities. (DHHS)
- (5) Sources and Uses statement for the nursing facility budget that identifies total appropriations and detailed sources of revenues to cover appropriations (DHHS or appropriate agency)
- (6) Financial Health of Maine's NF providers in terms of liquidity, profitability and capital structure (basic financial measurements such as debt to equity, debt service coverage ratio, net operating margin, days cash on hand, average age of plant, capacity for refurbishing/replacing – cash reserves or depreciation cash flow) (DHHS)
- (7) In addition to the \$29 million underfunding for 2011, provide the number of years of unaudited filed cost reports, by facility, and estimate of what is owed (DHHS) and
- (8) Number of providers waiting for payment of audited/settled cost reports for more than 30 days and estimate of how much is owed (DHHS)
- (9) Facility by facility detail of state underfunding for Direct Care, Routine Costs and total of the two ranked by Peer Group and by amount of dollars underfunded (low to high) with town, county, ownership, MaineCare census and bed size that agrees to the reported underfunding provided by Berry Dunn at the first meeting (DHHS; sample attached prepared by LeadingAge with assistance from Baker Newman Noyes for 2011 from filed cost reports).

**2. Urban/rural access issues:**

A. Please provide information on allowable costs and reimbursement to nursing facilities over the past 10 years. (DHHS and BerryDunn)

B. Please provide information on long-term care financing issues particular to rural and urban nursing facilities:

- (1) Percentage MaineCare, Medicare and private pay in different facilities;
- (2) Effect of availability of beds in hospitals that place the hospitals in direct competition with nursing facilities for patients/residents.
- (3) Information on reimbursement levels, particularly if formulas are specific to rural or urban areas.
- (4) Information on the fiscal stress caused by certain payor mixes and combinations of case mix/resident acuity.  
(DHHS, BerryDunn)

C. Please provide information on opportunities for publicly-owned nursing facilities and the history of such facilities. (DHHS and BerryDunn)

D. Please provide information on state law and rules (including certificate of need) that discourage, encourage or enable the expansion on long-term care facilities and/or more nursing beds and whether changes to them could improve the long-term care system. Please provide information on options that could replace the budget neutrality language for nursing facility beds in the certificate of need law and the practice of selling beds. (DHHS and BerryDunn)

E. Please provide information on the possibility of collaborative agreements between nursing facilities and hospitals. (DHHS and BerryDunn)

### **3. Staffing and Regulatory Requirements:**

A. Please provide information on nursing facility staffing requirements:

- (1) Staffing ratios,
- (2) Assessment of resident needs, primary diagnosis, presence of co-morbidities and why, under physicians order, they are not discharged home but to NF level care (DHHS, Ombudsman, Providers)
- (3) Differences in patient acuity by geographic region,
- (4) History of facilities' actual staffing ratios; hours of nursing care used ppd PER CASE MIX INDEX per facility to reflect relationship of acuity score to hours of staff provided for that acuity (DHHS has data from cost reports/rate letters-sample for Peer group 2 attached taken from LD 1700 work group meetings)
- (5) Problems with compliance with DHHS requirements: incidence of deficiencies, fines, quality issues, citations for staffing, trends, sanctions.  
(DHHS, BerryDunn, Ombudsman)
- (6) Staffing resources (nursing hours ppd) required in Resource Utilization Groups used for Maine's reimbursement system (DHHS)
- (7) Cost data for basis of non-nursing hours and non-staffing needs in Maine's RUG scores
- (8) Basis for Staffing Resources required in Medicare RUG levels

B. Please provide information on the basis for the requirements of 4.1 hours per patient per day and the shift-based staffing ratios. (DHHS, BerryDunn, John Watson – attached report titled Nursing Facilities, Staffing, Residents and Facility Deficiencies for years 2005-2010; compiled from CMS data and assembled by the University of California (SF) Department of Social and Behavioral Services, under the direction of Charlene Harrington, Phd. This report contains a five year history, state by state, of nursing hours provided per patient day (p. 75) as well as deficiencies associated with those hours (p. 79); the recommended nursing hours ppd (p. 58); the level of nursing hours below which an increase in deficiencies are found (highlighted on p. 58) as well as what nursing staff make up the 4.1 hours (highlighted on p.59)

C. Please provide information on changes that have been made to or proposed for nursing facility rules as a result of LD 1700 study. (DHHS)

#### 4. Reimbursement:

A. Please provide information on the principles of reimbursement for nursing facilities that in addition to those items below have DHHS identify when the current model was created, what the service delivery model looked like at that time, what the acuity and payer mix of the resident population was at the time and when the system stopped providing exceptions to limits for high acuity/high resource utilization providers or funds for rural providers with funding related access issues:

- (1) Direct patient care costs, fixed costs, routine costs and ancillaries;
- (2) Actual and allowable costs;
- (3) Median costs, peer groups, reduction factors;
- (4) Incentives to deliver care more efficiently and occupancy limits.

(DHHS, Berry Dunn)

(5) Description of Administrative and Management costs; level of unfunded Admin & Mgmt costs limited by the Administrative and Management ceiling for whole state; history of implementation and reason for keeping (DHHS)

(6) Description of disallowed central office costs and reason for disallowance (DHHS)

(7) Amount of HCPT collected on MaineCare, Medicare and Private pay revenues and percentage kept by the state that cannot be paid to nursing facilities to comply with hold harmless provision; amount of federal match generated on MaineCare payments for HCPT; timeframe for phase out under the ACA; impact of loss on state LTC funding (DHHS)

(8) Actual allowable Direct Care Cost ppd for regions 1,2,3 4 and percent that Region 1 exceeds regions 2,3,4 (Berry Dunn or Baker Newman Noyes)

(11) Rationale for Peer group structure as well as rationale for lumping all providers in a Peer Group from the entire state together to set an upper limit for Routine Costs without regard to service or financial delivery models, acuity or labor markets (DHHS)

(12) Case Mix index required to move a facility's Direct Care Upper Limit to their actual allowable direct care cost PPD and whether that acuity exists as a facility average in Maine (DHHS)

B. Please provide information on cost of living or inflation increases, history over last 10 years, and effect on nursing facilities. (DHHS, BerryDunn)

C. Please provide information on Medicare reimbursement to nursing facilities, effect on provision of care and rates for MaineCare and private pay residents. (DHHS, BerryDunn)

D. Please provide information on options for increasing reimbursement, without an offsetting reimbursement decrease elsewhere, for facilities:

- (1) With a high percentage of residents whose care is paid by MaineCare and
  - (2) With high performance ratings for quality of care and resident satisfaction.
- (DHHS, BerryDunn)

E. Please provide information on options for NF level care in hospitals through the use of swing beds and the effect on nearby nursing facilities. (DHHS, Berry Dunn)

**SOURCE: 2011 FILED COST REPORTS OBTAINED FROM DHHS**

Facility	Nursing Home Information			Ownership	Control	Peer Gr.	County	City	Losses			Total	Excluding Tax	PPD
	Facility	City	County						Sch B	Sch C	Sch D			
Atlantic Rehab	Calais	Washington	1	Corp	First	(\$196,603)	(\$190,812)	(\$18,900)	(\$32,049)	(\$436,363)	(\$406,315)	(\$29.47)		
Winthrop Manor LTC & Rehab Ctr	Winthrop	Kennebec	1	Corp	FS	\$27,500	\$51,826	(\$74,326)	(\$14,268)	(\$9,268)	\$5,000	\$0.38		
Oceanview Nursing Home	Lubec	Washington	1	Corp	ONH-Brown	(\$8,901)	(\$11,167)	(\$14,186)	(\$13,451)	(\$25,372)	(\$11,920)	(\$1.47)		
Sanfield Rehab & Living Center	Hartland	Somerset	1	Corp	NCA	\$30,141	(\$9,331)	(\$35,701)	(\$18,147)	(\$33,038)	(\$14,891)	(\$2.22)		
Forest Hill Manor	Fort Knet	Aroostook	1	NFP	HOSP-NIMMC	(\$136,992)	\$173,986	(\$61,770)	(\$40,722)	(\$65,497)	(\$24,776)	(\$1.96)		
Woodlawn	Slowhagan	Somerset	1	Corp	First	\$12,203	(\$56,509)	\$17,664	(\$47,973)	(\$74,615)	(\$26,642)	(\$2.42)		
St. Joseph's Operating Co., Inc.	Frenchville	Aroostook	1	Corp	FS	(\$33,666)	(\$4,719)	(\$19,016)	(\$15,095)	(\$79,475)	(\$64,380)	(\$4.53)		
Colonial Healthcare	Lincoln	Penobscot	1	Corp	First	(\$110,577)	\$84,221	(\$19,016)	(\$40,899)	(\$86,271)	(\$45,372)	(\$3.08)		
Katahdin Nursing	Millinocket	Penobscot	1	Corp	First	\$6,243	(\$84,286)	\$1,463	(\$17,544)	(\$94,124)	(\$76,580)	(\$6.87)		
Coastal Manor	Yarmouth	Cumberland	1	Corp	FS	(\$11,140)	(\$21,452)	(\$9,644)	(\$55,903)	(\$98,140)	(\$42,237)	(\$4.59)		
Mountain Heights Healthcare Facility	Patten	Penobscot	1	Corp	WEIS	(\$11,172)	(\$42,749)	(\$26,583)	(\$34,644)	(\$101,061)	(\$80,504)	(\$12.03)		
Ledgewood Manor, Inc.	Howland	Cumberland	1	Corp	FS	(\$80,422)	\$88,380	(\$79,228)	(\$34,644)	(\$105,914)	(\$71,270)	(\$4.21)		
Cummings Health Care Facility	Canton	Oxford	1	Corp	FS	(\$44,748)	(\$9,065)	(\$43,421)	(\$11,161)	(\$108,395)	(\$97,235)	(\$10.08)		
Victorian Villa Living Center	Coopers Mills	Waldo	1	Corp	NCA	(\$1,490)	(\$55,555)	(\$15,664)	(\$37,069)	(\$109,779)	(\$72,710)	(\$5.37)		
Country Manor	Fryburg	Oxford	1	Corp	HICKS	(\$54,251)	(\$5,702)	(\$38,637)	(\$14,574)	(\$113,163)	(\$98,590)	(\$11.76)		
Fryburg Health Care Center	Houlton	Aroostook	1	Corp	NCA	(\$65,651)	(\$36,907)	(\$404)	(\$16,438)	(\$119,400)	(\$102,962)	(\$11.86)		
Gardner Health Care Facility	Pittsfield	Somerset	1	Corp	FS	\$5,394	(\$43,706)	(\$49,251)	(\$37,362)	(\$124,924)	(\$87,562)	(\$7.95)		
Sebastoock Valley Health Care Facility	Eastport	Washington	1	NFP	FS	(\$47,283)	(\$33,511)	(\$2,060)	(\$43,840)	(\$126,694)	(\$82,855)	(\$5.41)		
Eastport Memorial Nursing Home	Lewiston	Androscoggin	1	Corp	NCA	(\$60,010)	(\$66,037)	\$0	(\$3,157)	(\$129,204)	(\$126,047)	(\$14.85)		
Russell Park Rehab & Living Center	Bingham	Somerset	1	Corp	NCA	(\$71,251)	(\$20,851)	\$15,243	(\$58,135)	(\$134,995)	(\$76,859)	(\$6.01)		
Somerset Rehab & Living Center	Framington	Franklin	1	Corp	NCA	(\$55,583)	(\$50,401)	(\$15,000)	(\$15,584)	(\$136,568)	(\$120,984)	(\$20.55)		
Edgewood Rehab & living center	Madison	Somerset	1	Corp	NCA	(\$73,538)	\$48,370	(\$76,323)	(\$40,696)	(\$142,187)	(\$101,491)	(\$12.90)		
Maplecrest Rehab & Living Center	Auburn	Androscoggin	1	NFP	NCA	(\$135,541)	\$99,561	(\$75,280)	(\$63,738)	(\$174,999)	(\$111,261)	(\$7.70)		
Odd Fellows and Rebekahs Home of Maine	Boothbay Harbor	Lincoln	1	NFP	HOSP-SAH	(\$52,642)	(\$89,334)	(\$25,464)	(\$9,700)	(\$177,140)	(\$167,440)	(\$20.26)		
St. Andrew's Village	Winthrop	Kennebec	1	Corp	NCA	(\$39,223)	(\$77,110)	(\$27,381)	(\$62,928)	(\$206,642)	(\$143,714)	(\$22.61)		
Heritage Rehab & Living Center	Jackman	Somerset	1	NFP	HOSP-MG	(\$93,358)	(\$5,896)	(\$53,028)	(\$56,102)	(\$208,384)	(\$152,282)	(\$26.60)		
Dexter Healthcare	Dexter	Penobscot	1	Corp	First	(\$164,181)	\$0	(\$45,793)	(\$10,750)	(\$220,724)	(\$209,974)	(\$58.47)		
Tall Pines HCF	Belfast	Waldo	1	Corp	FS	\$44,494	\$2,597	(\$26,026)	(\$41,765)	(\$224,865)	(\$183,100)	(\$14.42)		
Narragansett Bay Healthcare Facility	Milbridge	Washington	1	Corp	WEIS	(\$123,212)	\$10,473	(\$83,825)	(\$41,397)	(\$237,961)	(\$134,441)	(\$11.90)		
Orchard Park Rehab and Living Center	Framington	Franklin	1	Corp	NCA	(\$72,165)	(\$47,844)	(\$60,039)	(\$61,966)	(\$242,014)	(\$180,048)	(\$22.58)		
High View Manor, Inc.	Madawaska	Aroostook	1	Corp	FS	(\$251,290)	\$51,839	(\$10,481)	(\$39,463)	(\$249,395)	(\$209,933)	(\$15.67)		
Mercy Home	Eagle Lake	Aroostook	1	NFP	FS	(\$73,496)	(\$159,241)	(\$1,795)	(\$18,997)	(\$253,529)	(\$234,532)	(\$21.83)		
Colliers	Ellsworth	Hancock	1	Corp	First	(\$112,008)	(\$103,818)	(\$239)	(\$45,875)	(\$261,940)	(\$216,065)	(\$27.70)		
Island Nursing Home, Inc.	Deer Isle	Hancock	1	Corp	FS	(\$124,325)	(\$35,834)	(\$61,621)	(\$42,448)	(\$264,229)	(\$221,781)	(\$22.28)		
Sonvegee Rehab & Living Center	Bar Harbor	Hancock	1	Corp	NCA	(\$131,933)	(\$4,302)	(\$72,174)	(\$63,882)	(\$272,290)	(\$208,409)	(\$33.92)		
Rumford Community Home	Rumford	Oxford	1	NFP	CMH	(\$205,316)	(\$8,528)	(\$72,577)	(\$60,066)	(\$302,331)	(\$286,421)	(\$31.23)		
Evergreen Manor, Inc.	Saco	York	1	Corp	FS	(\$61,246)	(\$118,259)	(\$64,002)	(\$60,066)	(\$303,572)	(\$243,507)	(\$25.88)		
Sunrise Care Facility	Jonesport	Washington	1	NFP	HOSP-Downeast	(\$147,121)	(\$89,288)	(\$49,547)	(\$40,003)	(\$325,959)	(\$285,956)	(\$51.27)		
Norway Rehabilitation & Living Center	Norway	Oxford	1	Corp	Kindred	(\$137,679)	(\$68,880)	(\$30,768)	(\$88,921)	(\$326,248)	(\$237,327)	(\$29.39)		
Courtland Rehab and Living Center	Ellsworth	Hancock	1	Corp	NCA	(\$173,739)	\$61,079	(\$99,800)	(\$126,227)	(\$337,687)	(\$211,460)	(\$19.94)		
Bridgton Health Care Center	Penobscot	Cumberland	1	Corp	Hickg	(\$116,026)	(\$102,091)	(\$77,159)	(\$43,201)	(\$338,477)	(\$295,276)	(\$29.24)		
Penobscot Nursing Home	Van Buren	Aroostook	1	Corp	ELR Care	(\$180,102)	(\$97,614)	(\$59,761)	(\$5,137)	(\$342,614)	(\$337,477)	(\$35.92)		
Borderview Rehab & Living Center	Lewiston	Androscoggin	1	Corp	Roussseau	(\$145,204)	(\$35,864)	(\$114,408)	(\$62,707)	(\$349,703)	(\$295,384)	(\$20.42)		
Montello Manor	Gorham	Cumberland	1	Corp	CONT	(\$187,689)	(\$16,566)	(\$75,516)	(\$152,745)	(\$432,516)	(\$279,771)	(\$33.27)		
Gorham House	Brunswick	Cumberland	1	Corp	HOSP-MCH	(\$199,488)	(\$53,330)	(\$10,683)	(\$210,348)	(\$473,850)	(\$263,502)	(\$92.20)		
Mid Coast Geriatric Services	Camden	Knox	1	NFP	HOSP-PenBay	(\$233,020)	(\$16,898)	(\$87,176)	(\$146,190)	(\$483,284)	(\$337,095)	(\$72.01)		
Quarry Hill	Camden	Knox	1	Corp	Genesis	(\$246,403)	(\$115,857)	(\$48,447)	(\$112,343)	(\$523,050)	(\$410,707)	(\$64.87)		
Windward Gardens	Belfast	Waldo	1	Corp	Genesis	(\$258,985)	(\$130,469)	(\$51,563)	(\$148,307)	(\$589,323)	(\$441,017)	(\$76.77)		
Harbor Hill	Scarborough	Cumberland	1	Corp	Genesis	(\$161,825)	(\$248,355)	(\$71,673)	(\$115,034)	(\$596,887)	(\$481,854)	(\$63.03)		
Pine Point														

**SOURCE:**  
**2011 FILED COST REPORTS OBTAINED FROM DHHS**

Facility	Nursing Home Information				Ownership				Losses			Total	Excluding Tax	
	City	County	Peer Gr.	Control	MVH	Sch B	Sch C	Sch D	HCP Tax	Per Facility	PPD			
Maine Veterans Home - Caribou	Caribou	Aroostook	1	NFP	Genesis	(\$275,588)	(\$211,834)	(\$144,222)	(\$31,940)	(\$645,584)	(\$63,644)	(\$63.03)		
RiverRidge	Kennebunk	York	1	Corp	Genesis	(\$275,652)	(\$378,175)	(\$9,823)	(\$105,312)	(\$768,969)	(\$663,650)	(\$82.34)		
Houlton Regional Hospital SNF	Houlton	Aroostook	1	NFP	HOSP-Houlton	(\$445,933)	(\$130,779)	(\$454,912)	(\$105,871)	(\$1,137,496)	(\$1,031,624)	(\$278.14)		
Ledgewick Living Center	West Paris	Oxford	2	Corp	FS	\$14,528	\$75,624	\$10,133	(\$12,752)	\$87,583	\$100,335	\$5.04		
Eastside Rehabilitation and living center	Bangor	Penobscot	2	Corp	Kindred	\$72,204	\$10,156	(\$28,482)	(\$63,069)	(\$9,191)	\$53,878	\$3.40		
Greenwood Nursing Care Center	Sanford	York	2	Corp	FS	(\$98,278)	\$16,495	(\$29,145)	(\$34,881)	(\$145,809)	(\$110,928)	(\$9.62)		
Westgate Manor	Bangor	Penobscot	2	Corp	Kindred	(\$3,375)	\$50,081	(\$42,002)	(\$156,720)	(\$152,015)	\$4,705	\$0.35		
Freeport Nursing Home	Freeport	Cumberland	2	Corp	HICKS	\$55,578	(\$128,058)	(\$48,946)	(\$37,017)	(\$158,442)	(\$121,425)	(\$7.47)		
Augusta Rehab Center	Augusta	Kennebec	2	Corp	Kindred	(\$71,688)	(\$54,566)	(\$18,729)	(\$17,328)	(\$162,311)	(\$144,983)	(\$10.42)		
Stillwater	Bangor	Penobscot	2	Corp	First	\$66,675	(\$31,278)	(\$37,508)	(\$171,846)	(\$173,958)	(\$2,111)	(\$0.19)		
Horizons Living & Rehab Center, Inc. (SHORT)	Brunswick	Cumberland	2	Corp	Roussseau	(\$49,354)	(\$52,886)	(\$33,745)	(\$54,111)	(\$190,096)	(\$135,985)	(\$15.40)		
Brewer Rehab and Living Center	Brewer	Penobscot	2	Corp	Kindred	\$46,042	\$114,121	(\$44,084)	(\$326,749)	(\$210,671)	\$116,079	\$5.90		
Presque Isle Rehab & Nursing Center	Presque Isle	Aroostook	2	Corp	FS	(\$681)	(\$110,768)	(\$38,441)	(\$79,621)	(\$229,511)	(\$149,889)	(\$8.81)		
Clover Manor	Autumn	Androscoggin	2	Corp	CONT	(\$70,846)	\$107,956	(\$111,835)	(\$157,305)	(\$232,080)	(\$74,725)	(\$2.88)		
Henrietta D. Goodall Hospital Inc.	Sanford	York	2	NFP	First	(\$350,066)	\$198,847	\$12,059	(\$103,511)	(\$242,671)	(\$139,160)	(\$8.18)		
Freeport Convalescent Center	Freeport	Cumberland	2	Corp	First	(\$177,183)	\$61,103	(\$47,039)	(\$90,918)	(\$254,038)	(\$163,120)	(\$11.19)		
Caribou Rehab and Nursing Center	Caribou	Aroostook	2	Corp	FS	(\$71,519)	(\$118,492)	(\$36,240)	(\$46,738)	(\$274,989)	(\$226,251)	(\$12.81)		
Maple Grove/Madigan Estates	Houlton	Aroostook	2	Corp	FS	(\$207,298)	(\$4,135)	(\$56,240)	(\$58,473)	(\$306,145)	(\$247,673)	(\$13.18)		
Varney Crossing NCC	North Berwick	York	2	Corp	FS	(\$87,090)	(\$121,701)	(\$40,164)	(\$71,033)	(\$319,988)	(\$248,955)	(\$15.46)		
Sandy River	Farmington	Franklin	2	Corp	Genesis	(\$133,494)	(\$27,843)	(\$74,650)	(\$112,657)	(\$341,087)	(\$228,430)	(\$16.55)		
Brentwood Rehab and Nursing	Yarmouth	Cumberland	2	Corp	Kindred	(\$42,667)	(\$138,083)	(\$94,554)	(\$80,353)	(\$355,657)	(\$275,304)	(\$15.29)		
Southern Rehab & Living Center	Biddeford	York	2	Corp	NCA	(\$221,608)	\$66,680	(\$119,281)	(\$83,756)	(\$357,965)	(\$274,209)	(\$18.05)		
Winship Green Nursing Center	Bath	Sagadahoc	2	Corp	Kindred	(\$52,693)	(\$168,076)	(\$67,061)	(\$123,085)	(\$410,915)	(\$287,830)	(\$20.16)		
South Portland Nursing Home	South Portland	Cumberland	2	Corp	GOV	(\$78,532)	(\$256,909)	(\$59,422)	(\$74,247)	(\$469,911)	(\$394,863)	(\$20.56)		
Sedgewood	Falmouth	Cumberland	2	Corp	Genesis	(\$62,922)	(\$136,663)	(\$74,650)	(\$218,040)	(\$492,226)	(\$274,215)	(\$24.84)		
Falmouth by the Sea	Falmouth	Cumberland	2	Corp	First	(\$202,782)	(\$69,035)	(\$32,220)	(\$197,085)	(\$501,122)	(\$304,037)	(\$27.44)		
TAMC Aroostook Health Center	Presque Isle	Aroostook	2	NFP	First	(\$284,355)	(\$134,900)	(\$70,507)	(\$35,211)	(\$524,973)	(\$489,762)	(\$21.49)		
Seaside Nursing	Portland	Cumberland	2	Corp	First	(\$232,262)	(\$7,135)	(\$39,085)	(\$250,656)	(\$529,138)	(\$278,482)	(\$11.32)		
Marshwood	Lewiston	Androscoggin	2	Corp	Genesis	\$5,338	(\$224,983)	(\$50,265)	(\$262,893)	(\$532,803)	(\$269,910)	(\$13.65)		
Mount St. Joseph Nursing Home	Waterville	Kennebec	2	NFP	FS	(\$433,692)	(\$27,972)	(\$6,104)	(\$85,977)	(\$553,745)	(\$467,768)	(\$18.56)		
Kennebunk Nrg and Rehab Ctr.	Kennebunk	York	2	Corp	Kindred	(\$156,178)	(\$197,885)	(\$71,460)	(\$160,267)	(\$585,790)	(\$425,522)	(\$33.16)		
Cedar Ridge	Skowhegan	Somerset	2	Corp	Genesis	(\$140,778)	(\$269,509)	(\$58,041)	(\$130,611)	(\$598,938)	(\$468,327)	(\$27.21)		
Orono Commons	Orono	Penobscot	2	Corp	Genesis	(\$237,909)	(\$241,342)	(\$39,418)	(\$86,432)	(\$605,101)	(\$518,669)	(\$25.68)		
Oak Grove	Waterville	Kennebec	2	Corp	Genesis	(\$73,250)	(\$250,593)	(\$67,463)	(\$223,377)	(\$614,683)	(\$391,307)	(\$22.33)		
St. Andre Health Care	Waterville	York	2	Corp	NFP	(\$7,801)	(\$322,522)	(\$181,842)	(\$127,587)	(\$639,752)	(\$512,165)	(\$22.98)		
Hibbard Nursing Home, Inc.	Dover-Foxcroft	Piscataquis	2	Corp	FS	(\$357,550)	(\$138,856)	(\$47,847)	(\$134,291)	(\$678,544)	(\$544,254)	(\$26.93)		
Springbrook	Westbrook	Cumberland	2	Corp	Genesis	(\$177,055)	(\$217,856)	(\$39,852)	(\$274,127)	(\$708,890)	(\$434,763)	(\$22.91)		
Seal Rock	Saco	York	2	Corp	First	(\$283,401)	(\$48,377)	(\$46,730)	(\$335,463)	(\$713,970)	(\$378,507)	(\$20.97)		
Bangor Nursing & Rehab	Bangor	Penobscot	2	NFP	FIRST	(\$282,048)	(\$250,126)	(\$99,848)	(\$155,117)	(\$787,139)	(\$632,021)	(\$62.56)		
Ross Manor	Bangor	Penobscot	2	Partnership	First	(\$391,049)	(\$126,007)	(\$42,680)	(\$27,830)	(\$787,566)	(\$559,736)	(\$33.94)		
Sentry Commons of/b/s Durgin Pines	Kittery	Oxford	2	Corp	CONT	(\$162,222)	(\$294,190)	(\$148,624)	(\$186,005)	(\$791,042)	(\$605,036)	(\$37.00)		
Market Square Health Care Center	South Paris	Oxford	2	NFP	HOSP-Stephen's	(\$505,697)	(\$209,454)	(\$14,158)	(\$125,566)	(\$854,874)	(\$729,308)	(\$52.86)		
Knox Cether LTC	Rockland	Knox	2	NFP	PenBay	(\$383,253)	(\$346,867)	(\$30,865)	(\$136,743)	(\$897,228)	(\$760,984)	(\$41.20)		
Maine Veterans' Home - Augusta	Augusta	Kennebec	2	NFP	MVH	(\$291,768)	(\$211,569)	(\$233,535)	(\$232,895)	(\$969,766)	(\$736,871)	(\$29.95)		
Lakewood Manor	Waterville	Kennebec	2	NFP	HOSP-Inland	(\$395,270)	(\$327,216)	(\$109,043)	(\$195,297)	(\$831,529)	(\$631,529)	(\$35.68)		
Maine Veterans' Home - South Paris	South Paris	Oxford	2	NFP	MVH	(\$390,150)	(\$382,077)	(\$149,077)	(\$113,127)	(\$1,034,430)	(\$921,303)	(\$66.19)		
Coves Edge	Damariscotta	Lincoln	2	NFP	HOSP-Miles	(\$378,365)	(\$442,571)	(\$201,557)	(\$175,822)	(\$1,198,315)	(\$1,022,493)	(\$65.45)		
Maine Veterans Home - Bangor	Bangor	Penobscot	2	NFP	MVH	(\$366,923)	(\$360,256)	(\$240,023)	(\$286,196)	(\$1,253,399)	(\$967,202)	(\$39.17)		
St. Joseph's Manor	Portland	Cumberland	2	NFP	Religious	(\$387,184)	(\$91,131)	(\$607,780)	(\$238,066)	(\$1,324,160)	(\$1,086,095)	(\$44.10)		
Maine Veterans Home - Scarborough	Scarborough	Cumberland	2	NFP	MVH	(\$833,533)	(\$341,790)	(\$223,977)	(\$230,989)	(\$1,630,289)	(\$1,399,300)	(\$54.12)		
Cedars Nursing Care	Portland	Cumberland	2	NFP	FS	(\$305,547)	(\$422,861)	(\$571,431)	(\$339,836)	(\$1,639,675)	(\$1,299,839)	(\$87.98)		
Barron Center	Portland	Cumberland	2	Gov	GOV	(\$1,485,130)	(\$609,870)	(\$213,030)	(\$216,540)	(\$2,524,570)	(\$2,308,030)	(\$39.40)		
St. Mary's d'Youville Pavilion	Lewiston	Androscoggin	2	NFP	HOSP-SMH	(\$1,383,959)	(\$1,106,953)	(\$227,518)	(\$272,057)	(\$2,990,487)	(\$2,718,430)	(\$50.83)		





SOURCE: Filed Cost Reports for 2009 for PEER GROUP 2

Total Facilities: 49  
 For Profit Facilities: 30  
 Nonprofit Facilities: 17  
 Jointly Owned: 2

Rank	Facility Name	Ownership	Affiliation/Service Model	State Funding of Actual Allowable Direct Care Costs	Medicaid Utilization	MEDICARE Utilization	Total CMI Rank	Medicaid CMI Rank	Actual Direct Care Cost per Total CMI	Hours PPD	Hours PPD per Total CMI
1	Presque Isle Nursing Home	For Profit	Multi Facility	93.4%	69.3%	9.5%	38	45	64.37	5.62	3.87
2	Caribou Nursing Home	For Profit	Multi Facility	99.0%	80.0%	12.1%	26	16	64.37	5.88	3.75
3	Cove's Edge	Non-profit	HOSPITAL	80.2%	44.5%	25.1%	17	29	87.93	5.31	3.32
4	Ross Manor	50-50	HOSPITAL	77.8%	42.4%	37.7%	10	24	77.22	5.28	3.25
5	Aroostook Medical Center, The - Health Center	Non-profit	HOSPITAL	80.7%	78.5%	7.8%	43	44	75.33	4.92	3.35
6	Cedars Nursing Care Center	Non-profit	Stand Alone	82.2%	46.8%	35.8%	4	13	76.78	5.18	3.07
7	Market Square Health Center	Non-profit	HOSPITAL	88.6%	62.4%	14.6%	36	34	78.26	4.72	3.13
8	Southridge Living Center	For Profit	Multi Facility	87.1%	67.1%	21.4%	15	20	69.99	4.81	3.00
9	Maine General - Graybirch	Non-profit	HOSPITAL	94.9%	65.1%	24.6%	18	19	74.07	4.79	3.00
10	Madigan Estates	For Profit	Multi Facility	90.0%	72.3%	8.9%	41	38	52.23	4.49	3.02
11	Clover Manor	For Profit	Multi Facility	96.3%	66.6%	11.3%	45	41	65.02	4.43	3.03
12	Knox Center for Long Term Care	Non-profit	HOSPITAL	76.1%	65.0%	16.3%	25	27	71.86	4.57	2.91
13	Maine Vet. Home - So. Paris	Non-profit	VA	75.2%	66.6%	10.5%	2	1	71.19	5.18	2.94
14	Barron Center	Non-profit	CITY	75.2%	78.9%	7.4%	40	37	81.42	4.38	2.92
15	Falmouth By The Sea	For Profit	Multi Facility	82.6%	47.5%	12.6%	42	39	77.21	4.32	2.91
16	Maine Vet. Home - Augusta	Non-profit	VA	87.9%	52.3%	16.0%	7	4	70.56	4.92	2.96
17	Greenwood Center	For Profit	Multi Facility	99.2%	74.5%	12.6%	32	23	60.75	4.51	2.92
18	Ledgeview Nursing Home	For Profit	Stand Alone	94.1%	73.9%	6.8%	46	42	61.30	4.22	2.92
19	Durgin Pines	For Profit	Multi Facility	83.1%	57.7%	24.7%	28	30	70.01	4.35	2.80
20	St. Marguerite D'Youville Pav.	Non-profit	HOSPITAL	86.6%	73.8%	15.9%	33	32	77.13	4.31	2.80
21	Maine Vet. Home - Scarborough	Non-profit	VA	79.2%	54.0%	12.2%	5	5	78.57	4.68	2.79
22	Maine Vet. Home - Bangor	Non-profit	VA	90.2%	52.0%	24.0%	6	3	69.98	4.77	2.85
23	Hibbard Nursing Home	For Profit	Multi Facility	100.0%	61.8%	21.2%	14	10	59.20	4.44	2.76
24	Oak Grove Nursing Care Ctr.	For Profit	Multi Facility	88.4%	69.6%	14.6%	17	15	68.47	4.39	2.81
25	Orono Nursing Home, Inc.	For Profit	Multi Facility	98.4%	83.5%	26.9%	12	14	56.11	4.39	2.71
26	Cedar Ridge Nursing Care Center	For Profit	HOSPITAL	97.9%	85.2%	22.4%	22	36	56.11	4.14	2.61
27	Siltwater Health Care	50-50	Multi Facility	95.1%	68.5%	17.6%	19	25	62.44	4.26	2.67
28	Sandy River Nursing Care Ctr.	For Profit	Multi Facility	91.8%	50.6%	22.5%	8	11	65.26	4.37	2.65
29	Seal Rock	For Profit	Multi Facility	100.0%	70.9%	3.7%	47	43	59.51	4.00	2.76
30	Varmey Crossing Nursing Care Center	For Profit	Multi Facility	96.2%	64.3%	13.9%	20	33	53.56	4.11	2.58
31	Augusta Convalescent Center	For Profit	Multi Facility	100.0%	55.9%	24.0%	9	8	59.63	4.38	2.67
32	Marshwood Nursing Care Center	For Profit	Multi Facility	78.0%	56.1%	17.8%	30	28	72.79	4.11	2.65
33	Newton Center - Hillcrest Manor	Non-profit	HOSPITAL	97.2%	86.7%	2.8%	31	26	61.23	4.12	2.65
34	Maine General - Glenridge	Non-profit	HOSPITAL	85.1%	61.7%	16.0%	48	46	78.40	3.88	2.69
35	Lakewood Manor Nursing Home	Non-profit	Multi Facility	92.5%	60.2%	19.6%	3	6	71.02	4.31	2.55
36	Seaside Nursing and Ret. Home	For Profit	Multi Facility	88.2%	56.3%	21.8%	1	2	61.67	4.42	2.35
37	Springbrook Nursing Care Center	For Profit	Multi Facility	92.1%	70.9%	13.6%	21	31	69.31	3.87	2.43
38	St. Josephs Manor	Non-profit	CATHOLIC	94.2%	61.0%	5.7%	37	17	68.46	4.03	2.67
39	Sedgewood Commons	For Profit	Stand Alone	95.8%	72.2%	5.8%	49	48	69.42	3.67	2.56
40	So. Portland Nursing Home	For Profit	Multi Facility	97.6%	50.6%	20.5%	23	35	57.60	3.80	2.40
41	Winship Green Nursing Center	For Profit	Multi Facility	100.0%	56.4%	31.8%	11	22	51.34	3.92	2.42
42	Brewer Rehab & Living Center	For Profit	Multi Facility	93.4%	70.3%	19.3%	44	40	69.59	3.70	2.52
43	Brentwood Manor	For Profit	Multi Facility	100.0%	57.1%	13.5%	16	12	55.84	3.96	2.48
44	Westgate Manor	Non-profit	HOSPITAL	86.8%	72.4%	13.5%	35	49	71.02	3.57	2.35
45	St. Andre Health Care Facility	For Profit	Multi Facility	91.5%	71.5%	11.7%	29	21	75.01	3.78	2.44
46	Freeport Nursing Home	For Profit	Multi Facility	86.3%	77.5%	9.3%	39	47	75.26	3.45	2.30
47	Hawthorne House	For Profit	Multi Facility	97.6%	66.1%	19.3%	13	18	51.37	3.68	2.29
48	Eastside Rehab & LC ( Bangor CC)	For Profit	Multi Facility	98.4%	48.4%	30.9%	34	7	58.86	3.64	2.39
49	Kennebunk Nursing Home	For Profit	Multi Facility	90.5%	90.5%				67.29	4.38	2.79
	Average	For Profit		92.1%	66.34				66.34	4.29	2.75
	Non-profit			87.4%	69.07				69.07	4.54	2.86

NOTE: This table sorts Direct Care Hours PPD that were applied to each facility's acuity level or CMI (Case Mix Index). The ranking of the Direct Care hour PPD per CMI bears no resemblance to the actual CMI ranking nor does it reveal any rationale for the percentage of Direct Care funding



**Nursing Facilities, Staffing,  
Residents and Facility  
Deficiencies, 2005 Through 2010**

*by*

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## TABLE OF CONTENTS

### Introduction

Introduction .....	1
Purpose of the Data Book .....	2
Background on the Survey System and Data Collection .....	3
CMS Procedures and State Survey Variation .....	4

### Facility Characteristics

Background.....	6
Findings .....	8
Total Number of Certified Nursing Facilities Surveyed by Calendar Year .....	8
Total Number of Certified Nursing Facility Beds Surveyed by Calendar Year .....	10
Average Number of Certified Beds per Nursing Facility.....	12
Number of Nursing Facility Residents and Average Occupancy Rates .....	14
Facility Beds by Certification Category.....	16
Residents by Payer Source.....	18
Distribution of Facilities by Ownership Type .....	20
Facilities by Affiliation .....	22
Special Care Beds.....	24
Resident Groups / Family Groups .....	28

### Resident Characteristics and Services Provided

Background.....	30
Findings .....	32
Assistance with Activities of Daily Living .....	32
Summary Resident Acuity Index .....	34
Residents Who Are Bedfast or Chairbound .....	36
Contractures and Physical Restraints .....	38
Psychoactive Drugs and Mental Retardation .....	40
Dementia & Other Psychological Diagnoses.....	42
Pressure Sores and Skin Care.....	44
Rehabilitation and Other Special Treatments.....	46
Injections and Intravenous Therapy .....	48
Tube Feeding and Respiratory Therapy.....	50
Urinary Incontinence and Bladder Training .....	52
Bowel Incontinence and Bowel Training .....	54
Catheters .....	56

### Staffing Levels

Background.....	58
Medicaid-Only and Medicare / Medicaid Facility (Title 19 and Title 18/19) Staffing Levels	

## STAFFING LEVELS

### *Background*

There is agreement that there is a strong relationship between resident characteristics, nurse staffing time requirements, and nursing costs in nursing homes. Numerous studies have examined these relationships and it is this relationship which serves as the basis for the casemix reimbursement systems used in some states (Fries and Cooney, 1985; Fries et al., 1989; 1994; Schneider et al., 1988).

Not surprisingly, higher staffing levels in nursing homes have been associated with higher quality of care. Nursing homes with more RN hours per patients were associated with positive outcomes such as being alive, having improved physically, being discharged to home, and higher quality of care on a number of measures (Castle & Engberg, 2007; Harrington and colleagues, 2000a,b; Simmons & Schnelle, 2006). Bostick, Rantz, Flesner, & Riggs (2006) and Collier and Harrington (2009) reviewed some of the many studies on the positive relationship between staffing and nursing home quality.

The evidence from these studies led the Institute of Medicine (1996, 2001, and 2004) to conclude that the preponderance of evidence from a number of studies with different types of quality measures shows a positive relationship between nursing staffing and quality of nursing home care. An expert

panel recommended minimum staffing levels of 4.55 hours per patient day, (Harrington et al., 2000a) including all RNs, LVNs, and nursing assistants. See also recommendations by the National Citizens Coalition for Nursing Home Reform (1995).

The Centers for Medicare and Medicaid Services (CMS, 2001) reported that facilities with staffing levels below 4.1 hours per resident day for long stay residents may provide care that results in harm and jeopardy to the residents. A study by Schnelle and colleague (2004) also supports a threshold level of 4.1 total nursing hours per resident day to ensure that the processes of nursing care are adequate.

The level of registered nurse staffing is a growing concern for quality of care because of controls on Medicaid and Medicare reimbursement rates may have negative effects on staffing levels (Swan et al., 2000; IOM, 2001). Grabowski and colleagues have shown the relationship between low Medicaid reimbursement rates and low staffing and poor quality (2001; 2004; 2004). Harrington and colleagues (2006) found that although Medicaid reimbursement rates were related to higher staffing, minimum state staffing standards were a stronger predictor of higher staffing levels.

Nursing personnel in nursing facilities were of particular interest for this report. Nursing personnel included: registered nurses (RNs); licensed practical/ vocational nurses (LPN/LVNs), and nursing aides/orderlies/ assistants (NAs). Staffing hours (including full-time, part-time, and contract staff) are reported by facilities as total hours worked in a fourteen day period. Nursing personnel hours are examined for each of the above three categories separately, for all licensed nursing personnel (RNs and LPN/LVNs combined), and for total nursing personnel (RNs, LPN/LVNs, and NAs). **The staff time includes all administrative and direct care time.**

To compute the staffing ratios for this report, the total number of staffing payroll hours reported in a two-week period was divided by the total number of residents and by the 14 days in the reporting period. In examining the staffing data, there were some facilities that reported very high or low levels of staffing. In order to minimize the number of facilities that may have reported erroneous data, we developed standard rules to remove these facilities from the data set. A conservative approach was taken by eliminating the lower one percent of facilities and the upper 2 percent. (See the appendix).

Nursing facilities are required by regulation to meet minimum nursing standards. Facilities must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of residents. Facilities

must also provide sufficient numbers of licensed nursing personnel to provide care on a 24 hour basis to all residents in accordance with resident care plans.

Facilities must also use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week, except when they have been given a waiver. A Medicare-only skilled nursing facility may have a waiver if it is located in a rural area and has one registered nurse who is on duty 40 hours a week. Waivers may also be granted under certain conditions where there is a shortage of appropriate personnel and where the health and safety of individuals is not jeopardized.

For this report, the total hours of staffing per resident day were examined separately for dually certified facilities (Title 18/19), for Medicare-only facilities (Title 18), and for Medicaid- only facilities (Title 19). It should be noted that the reported staffing ratios reflect reported hours per resident day and not the actual hours of care delivered directly to residents. These data are reported by each facility for the two weeks prior to the facility survey.

**MaineCare Data Management Reports -- MDS for Nursing Facilities**  
**MDM-NF13: Occupancy and Distribution of Assessments by Sources of Payment**

**Roster Date: 7/15/2013**

	Total		Percent Occupancy	MaineCare		Medicare		Other		Unknown	
	Beds	Assess		Count	Pct	Count	Pct	Count	Pct	Count	Pct
Augusta Center For Health & Rehabilitation, Llc	72	68	94.44%	44	64.71%	6	8.82%	18	26.47%	0	0.00%
Bangor Nursing & Rehabilitation	60	56	93.33%	38	67.86%	4	7.14%	14	25.00%	0	0.00%
Barron Center	219	217	99.09%	168	77.42%	12	5.53%	37	17.05%	0	0.00%
Borderview Rehab & Living Ctr	55	52	94.55%	39	75.00%	8	15.39%	5	9.62%	0	0.00%
Brentwood Center For Health & Rehabilitation, Llc	78	65	83.33%	55	84.62%	1	1.54%	9	13.85%	0	0.00%
Brewer Center For Health & Rehabilitation, Llc	111	100	90.09%	60	60.00%	22	22.00%	18	18.00%	0	0.00%
Bridgton Health Care Center	43	34	79.07%	24	70.59%	4	11.77%	6	17.65%	0	0.00%
Caribou Rehab And Nursing Center	61	51	83.61%	42	82.35%	4	7.84%	5	9.80%	0	0.00%
Cedar Ridge Center	75	74	98.67%	53	71.62%	10	13.51%	11	14.87%	0	0.00%
Cedars Nursing Care Center	102	90	88.24%	38	42.22%	25	27.78%	27	30.00%	0	0.00%
Clover Manor	109	96	88.07%	72	75.00%	5	5.21%	19	19.79%	0	0.00%
Coastal Manor	39	38	97.44%	30	78.95%	1	2.63%	7	18.42%	0	0.00%
Collier's Rehab & Nursing Ctr	40	31	77.50%	23	74.19%	2	6.45%	6	19.36%	0	0.00%
Colonial Health Care	60	41	68.33%	34	82.93%	3	7.32%	4	9.76%	0	0.00%
Country Manor Nursing Home	30	26	86.67%	22	84.62%	2	7.69%	2	7.69%	0	0.00%
Courtland Rehab & Living Center	54	42	77.78%	21	50.00%	10	23.81%	11	26.19%	0	0.00%
Cove's Edge	76	72	94.74%	43	59.72%	14	19.44%	15	20.83%	0	0.00%
Cummings Health Care Facility	34	33	97.06%	26	78.79%	4	12.12%	3	9.09%	0	0.00%
Dexter Health Care	53	36	67.93%	29	80.56%	2	5.56%	5	13.89%	0	0.00%
Durgin Pines	81	77	95.06%	39	50.65%	14	18.18%	24	31.17%	0	0.00%
Eastport Memorial Nursing Home	26	26	100.00%	24	92.31%	0	0.00%	2	7.69%	0	0.00%
Eastside Center For Health & Rehabilitation, Llc	69	52	75.36%	44	84.62%	0	0.00%	8	15.39%	0	0.00%
Edgewood Rehab & Living Ctr	33	31	93.94%	22	70.97%	2	6.45%	7	22.58%	0	0.00%
Evergreen Manor	42	38	90.48%	25	65.79%	10	26.32%	3	7.90%	0	0.00%
Falmouth By The Sea	65	61	93.85%	12	19.67%	13	21.31%	36	59.02%	0	0.00%
Forest Hill Manor	45	44	97.78%	37	84.09%	4	9.09%	3	6.82%	0	0.00%

^^ Indicates occupancy over 100%. \*\* Indicates occupancy under 60%

Prepared by The Muskie School of Public Service. For more information, call Peter Lewis at 207-287-5882

**MaineCare Data Management Reports -- MDS for Nursing Facilities**  
**MDM-NF13: Occupancy and Distribution of Assessments by Sources of Payment**

**Roster Date: 7/15/2013**

	Total		Percent		MaineCare		Medicare		Other		Unknown		
	Beds	Assess	Occupancy	Count	Pct	Count	Pct	Count	Pct	Count	Pct	Count	Pct
Freeport Nursing & Rehab Center	61	48	78.69%	46	95.83%	0	0.00%	2	4.17%	0	0.00%		
Fryeburg Health Care Center	30	27	90.00%	21	77.78%	2	7.41%	4	14.82%	0	0.00%		
Gardiner Health Care Facility	45	43	95.56%	28	65.12%	4	9.30%	11	25.58%	0	0.00%		
Gorham House	69	63	91.30%	35	55.56%	4	6.35%	24	38.10%	0	0.00%		
Greenwood Center	86	77	89.54%	61	79.22%	4	5.20%	12	15.58%	0	0.00%		
Gregory Wing Of St Andrews Village	30	28	93.33%	20	71.43%	0	0.00%	8	28.57%	0	0.00%		
Harbor Hill Center	40	37	92.50%	19	51.35%	12	32.43%	6	16.22%	0	0.00%		
Hawthorne House	81	69	85.19%	49	71.01%	3	4.35%	17	24.64%	0	0.00%		
Heritage Rehab & Living Ctr	28	27	96.43%	15	55.56%	7	25.93%	5	18.52%	0	0.00%		
Hibbard Nursing Home	93	81	87.10%	51	62.96%	11	13.58%	19	23.46%	0	0.00%		
High View Manor	51	47	92.16%	39	82.98%	4	8.51%	4	8.51%	0	0.00%		
Horizons Living And Rehab Center	65	65	100.00%	37	56.92%	8	12.31%	20	30.77%	0	0.00%		
Island Nursing Home & Care Ctr	38	38	100.00%	33	86.84%	1	2.63%	4	10.53%	0	0.00%		
Jackman Regional Health Center	18	13	72.22%	11	84.62%	0	0.00%	2	15.39%	0	0.00%		
Katahdin Nursing Home	36	36	100.00%	28	77.78%	1	2.78%	7	19.44%	0	0.00%		
Kennebunk Center For Health & Rehabilitation, Lic	78	63	80.77%	21	33.33%	13	20.64%	29	46.03%	0	0.00%		
Kindred Nursing And Rehabilitation-westgate	65	64	98.46%	42	65.63%	5	7.81%	17	26.56%	0	0.00%		
Knox Center For Long Term Care	84	79	94.05%	57	72.15%	2	2.53%	20	25.32%	0	0.00%		
Lakewood	105	97	92.38%	64	65.98%	16	16.50%	17	17.53%	0	0.00%		
Ledgeview Living Center	81	69	85.19%	42	60.87%	5	7.25%	22	31.88%	0	0.00%		
Ledgewood Manor	60	57	95.00%	45	78.95%	1	1.75%	11	19.30%	0	0.00%		
Madigan Estates	86	83	96.51%	57	68.68%	7	8.43%	19	22.89%	0	0.00%		
Maine General Rehab & Nursing At Glenridge	125	124	99.20%	100	80.65%	5	4.03%	19	15.32%	0	0.00%		
Maine General Rehab & Nursing At Graybirch	77	67	87.01%	48	71.64%	10	14.93%	9	13.43%	0	0.00%		
Maine Veterans Home - Augusta	120	115	95.83%	55	47.83%	16	13.91%	44	38.26%	0	0.00%		
Maine Veterans Home - Bangor	120	113	94.17%	70	61.95%	13	11.50%	30	26.55%	0	0.00%		

^^ Indicates occupancy over 100%. \*\* Indicates occupancy under 60%

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**Roster Date: 7/15/2013**

	Total		Percent Occupancy	MaineCare		Medicare		Other		Unknown	
	Beds	Assess		Count	Pct	Count	Pct	Count	Pct	Count	Pct
Maine Veterans Home - Caribou	40	38	95.00%	26	68.42%	1	2.63%	11	28.95%	0	0.00%
Maine Veterans Home - Scarborough	120	111	92.50%	71	63.96%	7	6.31%	33	29.73%	0	0.00%
Maine Veterans Home - So Paris	62	59	95.16%	33	55.93%	2	3.39%	24	40.68%	0	0.00%
Maplecrest Rehab & Living Center	58	49	84.48%	36	73.47%	6	12.25%	7	14.29%	0	0.00%
Market Square Health Care Center	76	62	81.58%	40	64.52%	8	12.90%	14	22.58%	0	0.00%
Marshall Health Care And Rehab	64	53	82.81%	41	77.36%	4	7.55%	8	15.09%	0	0.00%
Marshwood Center	108	100	92.59%	70	70.00%	8	8.00%	22	22.00%	0	0.00%
Mercy Home	40	35	87.50%	32	91.43%	2	5.71%	1	2.86%	0	0.00%
Mid Coast Senior Health Center	42	40	95.24%	11	27.50%	11	27.50%	18	45.00%	0	0.00%
Montello Manor	37	35	94.60%	30	85.71%	2	5.71%	3	8.57%	0	0.00%
Mount St Joseph Nursing Home	111	109	98.20%	75	68.81%	19	17.43%	15	13.76%	0	0.00%
Mountain Heights Health Care	25	24	96.00%	18	75.00%	1	4.17%	5	20.83%	0	0.00%
Narraguagus Bay Health Care Facility	35	27	77.14%	22	81.48%	2	7.41%	3	11.11%	0	0.00%
Norway Center For Health & Rehabilitation, Llc	42	36	85.71%	26	72.22%	6	16.67%	4	11.11%	0	0.00%
Oak Grove Center	90	90	100.00%	60	66.67%	9	10.00%	21	23.33%	0	0.00%
Oceanview Nursing Home	31	27	87.10%	23	85.19%	1	3.70%	3	11.11%	0	0.00%
Odd Fellows & Rebekahs' Home Of Maine	26	26	100.00%	25	96.15%	0	0.00%	1	3.85%	0	0.00%
Orchard Park Rehab & Living	38	32	84.21%	19	59.38%	3	9.38%	10	31.25%	0	0.00%
Orono Commons	80	73	91.25%	54	73.97%	5	6.85%	14	19.18%	0	0.00%
Penobscot Nursing Home	54	41	75.93%	28	68.29%	4	9.76%	9	21.95%	0	0.00%
Pine Point Center	58	52	89.66%	40	76.92%	6	11.54%	6	11.54%	0	0.00%
Piper Shores	40	37	92.50%	0	0.00%	3	8.11%	34	91.89%	0	0.00%
Pittsfield Rehab & Nursing	57	50	87.72%	41	82.00%	2	4.00%	7	14.00%	0	0.00%
Presque Isle Rehab And Nursing Center	67	66	98.51%	46	69.70%	7	10.61%	13	19.70%	0	0.00%
River Ridge Center	48	45	93.75%	31	68.89%	7	15.56%	7	15.56%	0	0.00%
Ross Manor	83	74	89.16%	49	66.22%	16	21.62%	9	12.16%	0	0.00%

^^ Indicates occupancy over 100%. \*\* Indicates occupancy under 60%

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**MaineCare Data Management Reports -- MDS for Nursing Facilities  
MDM-NF13: Occupancy and Distribution of Assessments by Sources of Payment**

**Roster Date: 7/15/2013**

	Total		Percent Occupancy	MaineCare		Medicare		Other		Unknown	
	Beds	Assess		Count	Pct	Count	Pct	Count	Pct	Count	Pct
Rumford Community Home	32	32	100.00%	24	75.00%	0	0.00%	8	25.00%	0	0.00%
Russell Park Rehab & Living	50	46	92.00%	36	78.26%	5	10.87%	5	10.87%	0	0.00%
Sandy River Center	62	63	101.61%	39	61.91%	7	11.11%	17	26.98%	0	0.00%
Sanfield Rehab & Living Center	23	23	100.00%	20	86.96%	0	0.00%	3	13.04%	0	0.00%
Seal Rock Health Care	105	98	93.33%	37	37.76%	21	21.43%	40	40.82%	0	0.00%
Seaside Rehab & Health Care	124	109	87.90%	73	66.97%	15	13.76%	21	19.27%	0	0.00%
Sedgewood Commons	65	61	93.85%	33	54.10%	0	0.00%	28	45.90%	0	0.00%
Somersset Rehabilitation & Living Center	21	20	95.24%	14	70.00%	2	10.00%	4	20.00%	0	0.00%
Sonogee Rehabilitation & Living Center	35	31	88.57%	15	48.39%	2	6.45%	14	45.16%	0	0.00%
South Portland Nursing Home	73	73	100.00%	57	78.08%	2	2.74%	14	19.18%	0	0.00%
Southridge Rehab & Living Ctr	65	55	84.62%	33	60.00%	5	9.09%	17	30.91%	0	0.00%
Springbrook Center	123	111	90.24%	77	69.37%	10	9.01%	24	21.62%	0	0.00%
St Andre Health Care Facility	96	81	84.38%	57	70.37%	9	11.11%	15	18.52%	0	0.00%
St Joseph Nursing Home	43	43	100.00%	38	88.37%	1	2.33%	4	9.30%	0	0.00%
St Joseph's Rehabilitation And Residence	121	99	81.82%	68	68.69%	16	16.16%	15	15.15%	0	0.00%
St Mary's D'youville Pavilion	210	207	98.57%	145	70.05%	26	12.56%	36	17.39%	0	0.00%
Stillwater Health Care	63	56	88.89%	39	69.64%	10	17.86%	7	12.50%	0	0.00%
Sunrise Care Facility	28	26	92.86%	15	57.69%	3	11.54%	8	30.77%	0	0.00%
Tamc - Ahc	72	58	80.56%	32	55.17%	5	8.62%	21	36.21%	0	0.00%
The Commons At Tall Pines	53	49	92.45%	32	65.31%	7	14.29%	10	20.41%	0	0.00%
The Gardens	39	35	89.74%	10	28.57%	9	25.71%	16	45.71%	0	0.00%
The Houlton Reg Prog Care Fac	28	13	46.43%	3	23.08%	4	30.77%	6	46.15%	0	0.00%
The Newton Ctr For Rehab & Nur	74	69	93.24%	43	62.32%	10	14.49%	16	23.19%	0	0.00%
Varney Crossing Ncc	64	60	93.75%	44	73.33%	5	8.33%	11	18.33%	0	0.00%
Victorian Villa Rehabilitation	47	46	97.87%	36	78.26%	2	4.35%	8	17.39%	0	0.00%
Windward Gardens	58	50	86.21%	30	60.00%	11	22.00%	9	18.00%	0	0.00%

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Print Date: 10/2/2013 1:14:28 PM

Page 4 of 5

**MaineCare Data Management Reports -- MDS for Nursing Facilities**  
**MDM-NF13: Occupancy and Distribution of Assessments by Sources of Payment**

**Roster Date: 7/15/2013**

	Total		Percent Occupancy	MaineCare		Medicare		Other		Unknown	
	Beds	Assess		Count	Pct	Count	Pct	Count	Pct	Count	Pct
Winship Green Center For Health & Rehab, Lic	72	66	91.67%	49	74.24%	7	10.61%	10	15.15%	0	0.00%
Winthrop Manor Longterm Care & Rehab Ctr	46	36	78.26%	31	86.11%	2	5.56%	3	8.33%	0	0.00%
Woodlawn Rehabilitation & Nursing Center	46	39	84.78%	31	79.49%	2	5.13%	6	15.39%	0	0.00%

<b>Statewide Occupancy Rates</b>											
Total Count			MaineCare		Medicare		Other		Unknown		
Beds	Assess	Occupancy	Count	Pct	Count	Pct	Count	Pct	Count	Pct	Pct
6974	6327	90.72%	4266	67.43%	676	10.68%	1385	21.89%	0	0.00%	0.00%
Age groups			Under 65		65 Plus						
			473	11.09%	39	5.77%	66	4.77%	0	0.00%	0.00%
			3793	88.91%	637	94.23%	1319	95.23%	0	0.00%	0.00%

^^ Indicates occupancy over 100%. \*\* Indicates occupancy under 60%

