



**Nursing Home Staffing Levels Are Inadequate  
in the 13<sup>th</sup> Congressional District of California**

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**Prepared for Rep. Fortney Pete Stark**

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U.S. House of Representatives**

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## EXECUTIVE SUMMARY

Many nursing homes in the San Francisco Bay Area are not providing adequate care for their residents. In June 2000, a report conducted at the request of Rep. Fortney Pete Stark and other Bay Area representatives found that 94% of nursing homes in the Bay Area did not meet federal health and safety standards during their most recent annual inspection. That report also found that over one in three nursing homes in the Bay Area had been cited by state inspectors for violations that caused actual harm to residents.

At the request of Rep. Stark, this report investigates a potential cause of these inadequate conditions. It examines whether nursing homes in his congressional district -- the 13<sup>th</sup> Congressional District of California -- have enough staff to care for their residents and whether insufficient staffing is linked to high levels of serious violations. The report finds that the majority nursing homes in Rep. Stark's district do not have adequate staff to care for residents.

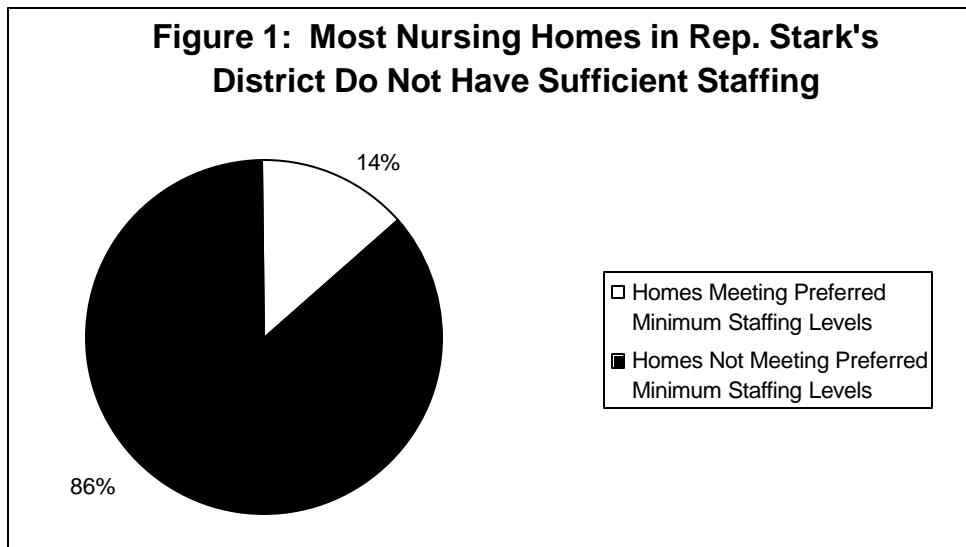
A recent report by the U.S. Department of Health and Human Services concluded that there are minimum staffing levels below which quality of care in nursing homes may be "seriously impaired." The HHS report found that residents in nursing homes that did not meet these minimum staffing levels were significantly more likely to suffer from serious health problems than residents in nursing homes that met the minimum staffing levels. According to the report, for example, residents in nursing homes with inadequate staffing were almost four times more likely to develop pressure sores and nearly two times more likely to suffer extensive weight loss as residents of nursing homes that had higher staffing levels.

The HHS report identified a "preferred minimum" level of nursing home staff. To meet this staffing level, nursing homes must have sufficient nursing staff to provide each resident with at least 3.45 hours of individual care per day, including at least 1.45 hours of individual care by registered or licensed nurses. For homes that meet this level of care, the report found that care was improved "across the board." The report also identified a lower "minimum staffing level," requiring 2.95 hours of individual care per day. Homes that provide this level of care have a "reduced . . . likelihood of quality problems in several areas."

In addition to the HHS recommendations, a panel of nursing home experts has published its own recommendations. After extensive investigation, the panel recommended that nursing homes provide over four hours of nursing staff per resident per day, including over one hour of individual care by registered or licensed nurses.

This report assesses whether nursing homes in Rep Stark's district are meeting these various staffing levels. It finds that 86% of the nursing homes in his district -- 25 nursing homes -- did not meet the HHS preferred minimum staffing level (Figure 1). These homes serve over 1,600 residents. Fifty-five percent of the nursing homes in his district did not meet even the lower minimum staffing level identified by HHS. Moreover, the report finds that 90% of the nursing homes in the district did not

meet the recommendations of the panel of experts.



The report also finds that inadequate staffing correlates with poor conditions in nursing homes. The report uses data from HHS to compare conditions in nursing homes that meet the preferred minimum staffing levels with conditions in nursing homes that do not meet these staffing levels. This analysis indicates that homes that meet the preferred minimum staffing levels are more likely to provide better care.

Twenty-five nursing homes in the 13<sup>th</sup> Congressional District failed to meet the preferred minimum staffing levels. In the most recent annual inspections by state inspectors, 68% of these homes were cited for a violation that caused actual harm to residents. In comparison, none of the four nursing homes that met the preferred minimum staffing levels were cited for any violations causing actual harm to residents.

## I. BACKGROUND

### A. Conditions in Nursing Homes

America's aging population is increasing demands on nursing homes. The U.S. Department of Health and Human Services has estimated that almost half of all 65 year olds will use a nursing home at some point during their lives.<sup>1</sup> The population in nursing homes is expected to quadruple over the next 50 years, from 1.5 million today to 6.6 million by 2050.<sup>2</sup> The growing population in nursing homes increases the importance of ensuring that nursing homes provide a high level of care.

Unfortunately, several recent studies have indicated that many nursing homes in the United States are failing to meet the federal standards established to protect and maintain the health, safety, and dignity of residents. In 1999, the U.S. General Accounting Office (GAO), an investigative arm of Congress, found that "more than one-fourth of the homes had deficiencies that caused actual harm to residents or placed them at risk of death or serious injury."<sup>3</sup> Later that same year, the Coalition to Protect America's Elders concluded: "Every day, thousands of frail elderly Americans are endangered by nursing home abuse and neglect that have reached epidemic proportions."<sup>4</sup>

The first study to investigate the conditions of nursing homes in the Bay Area was released by Rep. Stark and a number of other Bay Area members in June 2000.<sup>5</sup> That report found that there are serious violations in many nursing homes in the Bay Area. The report found that 94% of nursing homes in the Bay Area violated federal health and safety standards in their most recent inspection. Moreover, the report found that more than one out of every three nursing homes in the Bay Area (41%) had been cited by state inspectors for a violation that caused actual harm to residents or placed them at risk of

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<sup>1</sup>HCFA Report to Congress, *Study of Private Accreditation (Deeming) of Nursing Homes, Regulatory Incentives and Non-Regulatory Initiatives, and Effectiveness of the Survey and Certification System*, §1.1 (July 21, 1998).

<sup>2</sup>American Health Care Association, *Facts and Trends: The Nursing Facility Sourcebook*, 5 (1999).

<sup>3</sup>GAO, *Nursing Homes: Additional Steps Needed to Strengthen Enforcement of Federal Quality Standards*, 3 (Mar. 1999).

<sup>4</sup>Coalition to Protect America's Elders, *America's Secret Crisis: The Tragedy of Nursing Home Care*, 6 (Sept. 14, 1999).

<sup>5</sup>Minority Staff Report of the House Committee on Government Reform, *Nursing Home Conditions in the San Francisco Bay Area: Many Homes Fail to Meet Federal Standards for Adequate Care* (June 8, 2000).

death or serious injury.<sup>6</sup>

That investigation reviewed a sample of state inspection reports to assess the severity of the violations cited by the state inspectors. It indicated that the violations cited by state inspectors were for serious care problems, including failure to prevent or properly treat pressure sores, failure to prevent serious accidents, failure to properly clean and care for residents, failure to provide proper medical care, improper use of physical and chemical restraints, improper nutrition and hydration, and inadequate staffing.<sup>7</sup>

## **B. Nursing Home Staffing Requirements**

Nursing homes cannot provide a high level of care unless they have sufficient well-trained staff to care for their residents. The Institute of Medicine, a branch of the National Academy of Sciences, found in 1996:

The preponderance of evidence from a number of studies using different types of quality measures has shown a positive relationship between nursing staff levels and quality of nursing home care, indicating a strong need to increase the overall level of nursing staff in nursing homes.<sup>8</sup>

The staffing requirements under the 1987 federal nursing home law are minimal, however. In general, the law allows each nursing home to decide for itself how many hours of nursing care to provide residents each day.

The 1987 federal law recognizes three types of nursing staff: registered nurses, licensed nurses, and nursing assistants. Registered nurses, who are usually in a supervisory position, are nurses who have obtained comprehensive training in resident care and basic medicine.<sup>9</sup> Under the 1987 law, all nursing homes must have a registered nurse on duty for at least eight hours per day.<sup>10</sup> This standard applies regardless of the size of the nursing home or the number of residents. The law does not specify a minimum registered nurse-to-resident ratio.

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<sup>6</sup>*Id.*

<sup>7</sup>*Id.*

<sup>8</sup>Institute of Medicine, *Nursing Staff in Hospitals and Nursing Homes*, 153 (1996).

<sup>9</sup>Training to become a registered nurse takes two to four years, and all registered nurses are required to take state licensing examinations. *Id.* at 69.

<sup>10</sup>42 U.S.C. § 1396r(b)(4)(c)(i).

Licensed professional nurses provide a level of care between the nursing assistant and the registered nurse. Licensed nurses generally undergo a 12-18 month period of training in basic bedside nursing in order to provide care under the supervision of a registered nurse.<sup>11</sup> Under the 1987 law, nursing homes must have a licensed nurse on duty 24 hours a day.<sup>12</sup> Again, this standard applies regardless of the size of the nursing home or the number of residents and does not specify a minimum licensed nurse-to-resident ratio.

Nursing assistants provide the majority of care in most facilities. Federal law requires that nursing assistants receive a minimal amount of special training.<sup>13</sup> The law does not, however, contain any requirements regarding the level of staffing by nursing assistants. Rather, each nursing home is permitted to determine for itself how many hours of care by nursing assistants it will provide residents each day.

### **C. Need for Additional Nursing Home Staffing**

There is a widespread consensus among nursing home experts that the current federal staffing requirements are inadequate. In January 2000, a panel of nursing home experts concluded:

The evidence shows that . . . nurse staffing levels are important factors in ensuring high quality of care in nursing homes. These findings, along with the evidence for poor quality of care in many nursing homes, support the need for increased minimum nurse staffing levels to improve quality of care.<sup>14</sup>

To assess the need for new staffing standards, the U.S. Department of Health and Human Services released the results of the first part of an eight-year study, entitled *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes*, in July 2000. In order to determine whether minimum nursing home staffing ratios could be identified, researchers analyzed detailed staffing and resident data from almost 1,800 nursing homes. The analysis examined the ratio of nursing assistants, licensed nurses, and registered nurses to nursing home residents and assessed whether these staffing

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<sup>11</sup>*Nursing Staff in Hospitals and Nursing Homes*, *supra* note 8, at 76.

<sup>12</sup>42 U.S.C. § 1396r(b)(4)(c)(i).

<sup>13</sup>The 1987 federal nursing home law requires that nursing assistants receive 75 hours of training and testing within four months of employment. Nursing assistants must also receive 12 hours of additional training annually. *Nursing Staff in Hospitals and Nursing Homes*, *supra* note 8 at 157.

<sup>14</sup>Gerontologist, *Experts Recommend Minimum Nurse Staffing Standards for Nursing Facilities in the United States*, 5 (Jan. 2000).

ratios affected resident outcomes, such as the risk of hospitalization or the risk of developing pressure sores.

The report found “associations between low staffing levels and the likelihood of quality problems across an array of measures for different types of staff.”<sup>15</sup> For example, the report found that nearly half of the nursing homes that provided less than 2.0 hours of daily care by nursing assistants per resident experienced significant pressure sore problems. As a result, residents in these homes were almost four times more likely to develop pressure sores than residents of homes that provided more than 2.0 hours of individual care by nursing assistants each day. Similarly, residents of nursing homes that provided less than 0.5 hours of individual daily care by registered nurses were nearly twice as likely to suffer significant weight loss as residents of nursing homes that provided more care by registered nurses.

Based on these findings, HHS identified two sets of minimum staffing levels. First, HHS identified a “preferred minimum” staffing level, above which “quality of care was improved across the board.”<sup>16</sup> The preferred minimum staffing level requires 3.45 hours of care per resident per day, with 2.0 hours of this provided by nursing assistants, 1.0 hours provided by registered or licensed nurses, and 0.45 hours provided by registered nurses.

HHS also identified a lower minimum staffing level that “reduced the likelihood of quality problems in several areas.”<sup>17</sup> The minimum staffing level requires 2.95 hours of care per resident per day, with 2.0 hours of this provided by nursing assistants, 0.75 hours provided by registered or licensed nurses, and 0.2 hours provided by registered nurses.

In addition to the HHS recommendations, a panel of nursing home experts has recommended another benchmark. In 1998, a panel of nursing home experts, which included researchers, administrators, consumer advocates, health economists, and other individuals with knowledge of nursing homes, also concluded that current staffing levels are inadequate and recommended a minimum staff-to-resident ratio for U.S. nursing homes. This expert panel recommended that staff directly involved in caring for residents -- nursing assistants, registered nurses, and licensed nurses -- provide 4.13 hours of individual daily care, with 1.2 hours of this care provided by registered and licensed nurses.<sup>18</sup>

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<sup>15</sup>Department of Health and Human Services, *Report to Congress: Appropriateness of Minimum Nursing Staffing Ratios in Nursing Homes*, 12-1 (Spring 2000).

<sup>16</sup>*Id.* at 12-4

<sup>17</sup>*Id.* at 12-4.

<sup>18</sup>*Experts Recommend Minimum Nurse Staffing Standards for Nursing Facilities in the United States*, *supra* note 14, at 5. The expert panel on nursing home staff recommends an even



In recognition of the inadequate federal requirements, California enacted new staffing requirements in 1999 as part of the 1999 Budget Act. This new state law requires California homes to provide 3.2 hours of nursing care per resident per day. These staffing requirements first took effect in January 2000.<sup>19</sup>

**D. Purpose of this Report**

Rep. Stark represents California's 13<sup>th</sup> Congressional District, which encompasses the East Bay region and stretches from Oakland to San Jose. He requested this report as a follow-up to the June 2000 report released on conditions in nursing homes in the San Francisco Bay Area. He specifically requested that the report assess whether inadequate staffing is one of the causes of the poor conditions in nursing homes in his district.

This report is the first of its kind in Rep. Stark's district. It investigates current nurse staffing levels in his district and compares them to the minimum staffing levels identified by HHS and the recommendations of the expert panel. The report also evaluates whether inadequate staffing is correlated with serious violations of federal health and safety standards.

**II. METHODOLOGY**

**A. Determination of Current Staffing Levels**

Data on the staffing levels in nursing homes in Rep. Stark's district comes from the Online Survey, Certification, and Reporting (OSCAR) database, which is maintained by the Health Care Finance Administration (HCFA). HCFA is the agency within the U.S. Department of Health and Human Services which is charged with administering federal nursing home standards. The OSCAR database contains information on staffing levels and violations of federal nursing home standards for almost 17,000 nursing homes in the United States.

Federal law requires that all nursing homes that receive payments from Medicare and Medicaid meet basic health and safety standards established by HCFA. In order to determine if homes are meeting these standards, HCFA contracts with the states to conduct annual inspections of nursing homes. As part of these inspections, data on staffing levels are provided by the nursing homes to the state inspectors. The nursing homes provide staffing information for the two weeks prior to the inspections. This information on staffing levels is then reported by the states to HCFA and entered into

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higher level of direct care staffing (4.55 hours) when staff is required to spend time on nondirect resident care, such as administrative tasks.

<sup>19</sup>California Health and Safety Code § 1276.5 (2000).

the OSCAR database.<sup>20</sup>

The staffing data used in this report is the data contained in the most recent annual inspections for nursing homes in the 13<sup>th</sup> Congressional District. These inspections were conducted between January 1999 and May 2000. Prior to providing this data to the minority staff, HCFA staff analyzed the database and removed all staffing data that was erroneous or inconsistent or did not otherwise meet standards of accuracy.<sup>21</sup>

**B. Comparison of Current Staffing Levels with Preferred Minimum Staffing Levels**

As discussed in part I, there are no federal standards that specify the number of hours of care that residents of nursing homes should receive. For this reason, the report compares staffing levels reported in the OSCAR database to the preferred minimum staffing level identified by HHS. As summarized earlier, this preferred minimum staffing level requires 3.45 hours of nursing care for each resident each day, with 2.0 hours of this care provided by nursing assistants, 1.0 hours by registered or licensed nurses, and 0.45 hours by registered nurses. The report also compares staffing levels reported

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<sup>20</sup>According to some experts, this data may overestimate the number of staff involved in resident care. Researchers have suggested that nursing homes may increase their staff during the period around the survey, meaning that reported staffing levels would be higher than the staffing levels found at the nursing homes during most periods of the year. Charlene Harrington, et. al., *Nursing Home Staffing and Its Relationship to Deficiencies*, 17 (Aug. 1999). HHS research also suggests that the OSCAR data may overestimate actual staffing levels in some instances. HHS compared the staffing data in the OSCAR database with the staffing data contained in “Medicare Cost Reports,” which are audited cost statements that are prepared by nursing homes in order to receive Medicare payments. Although the HHS analysis found that, in the aggregate, average staffing levels in the OSCAR database and in the Medicare Cost Reports were similar, the analysis also found that for homes with lower staffing levels, the staffing levels reported in the OSCAR database were higher than the staffing levels reported in the Medicare Cost Reports. This indicates that for homes with lower staffing levels, the OSCAR database could overestimate actual staffing levels. *See Report to Congress: Appropriateness of Minimum Nursing Staffing Ratios in Nursing Homes*, *supra* note 15, at 8-7, 8-8.

<sup>21</sup>HCFA analysts eliminated data from all nonhospital-based nursing homes with less than 50% occupancy, all facilities that reported more residents than beds, all facilities that reported more than 24 hours of daily care by registered nurses, licensed nurses, or nursing assistants, and the 2% of facilities that reported the highest staffing by registered nurses, licensed nurses, or nursing assistants. In addition, all nursing homes that reported staffing levels of less than 0.5 hours per resident were eliminated. *See Report to Congress: Appropriateness of Minimum Nursing Staffing Ratios in Nursing Homes*, *supra* note 15.

in the OSCAR database to the lower minimum staffing level identified by HHS. This lower minimum staffing level requires 2.95 hours of nursing care, with 2.0 hours of this care provided by nursing assistants, 0.75 hours by registered or licensed nurses, and 0.2 hours by registered nurses.

Data in the OSCAR database was reported for each nursing home in terms of the number of hours worked by registered nurses, licensed nurses, and nursing assistants divided by the number of residents. To compare staffing data for each individual home to the HHS preferred minimum staffing for registered nurses and licensed nurses, the total time they worked was added together. If this sum was equal to or exceeded 1.45 hours per resident per day, with at least 0.45 hours of this care provided by registered nurses, then the nursing home met the HHS preferred minimum staffing level for registered and licensed nurses. Similarly, if the amount of time worked by nursing assistant was equal to or exceeded 2.0 hours per resident per day, then the nursing home met the HHS preferred minimum staffing level for nursing assistants.

In addition to comparing the data to the HHS recommendations, the report also compares staffing levels reported in the OSCAR database to staffing levels recommended by the 1998 expert panel on nursing home staffing. As summarized earlier, the expert panel recommended that nursing homes provide a minimum of 4.13 hours of nursing care for each resident each day with at least 1.2 hours of this care provided by registered or licensed nurses.

To compare staffing data for each individual home to the expert panel recommendations, the total time worked by registered nurses, licensed nurses, and nursing assistants was added together. The total hours worked by registered and licensed nurses were then added together. If this sum of the first calculation was equal to or exceeded 4.13 hours per resident per day, and the sum of the second calculation was equal to or exceeded 1.2 hours per resident per day, then the nursing home met the expert panel recommendation for care.<sup>22</sup>

### **C. Determination of Current Compliance Status**

The report also used the OSCAR database to determine the number and type of health and safety violations at nursing homes in Rep. Stark's district. As part of the annual inspections required by HCFA, state inspectors are required to document any violations of federal nursing home standards and to determine the scope and severity of these violations. The violations observed by the inspectors in

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<sup>22</sup>This study assumed that all of the reported work time by registered or licensed nurses and nursing assistants was spent directly caring for residents, not on administrative tasks. This assumption is likely to overestimate the actual time devoted to resident care. Because some nurses and nursing assistants spend time on administrative tasks rather than on individual resident care, the actual time devoted to resident care is likely to be less than reported in this study.

each individual home are reported by the state to HCFA and compiled in the OSCAR database.<sup>23</sup>

To assess the relationship between staffing and nursing home conditions, the report compared the compliance status of homes that did and did not meet the HHS preferred minimum staffing levels. The report focused on serious violations observed by inspectors, those that caused actual harm to residents, and compared the percentage of homes with actual harm violations that failed to meet the HHS preferred minimum staffing levels with the percentage of homes with actual harm violations that did meet the preferred minimum staffing levels.

#### **D. Interpretation of Results**

Because this report is based on recent annual inspections, the results are representative of current conditions in nursing homes in Rep. Stark's district. Conditions in individual homes can change, however. New management or enforcement activities can bring rapid improvement; other changes can lead to sudden deterioration. Staffing turnover in nursing homes is high, and the addition or subtraction of individual staff or individual residents could change staffing hours and staff-to-resident ratios in a short time. For this reason, the report should be considered a representative "snapshot" of overall conditions in nursing homes in his district, not an analysis of current conditions in any specific home. Staff-to-resident ratios could be higher or lower, and conditions could be better or worse, at any individual nursing home today than when the most recent annual inspection was conducted and the most recent staffing data was reported.

### **III. STAFFING LEVELS IN MANY NURSING HOMES IN REP. STARK'S DISTRICT ARE INADEQUATE**

There are 30 nursing homes in Rep. Stark's district that receive Medicaid or Medicare payments. For 29 of these nursing homes (97%), there is sufficient data in the OSCAR database to evaluate staffing.<sup>24</sup> These homes serve a total of 2,009 residents.

A review of these homes shows that the majority of the nursing homes do not meet the HHS

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<sup>23</sup>In addition to tracking the violations at each home, the HCFA database compiles the following information about each home: the number of residents and beds; the type of ownership (*e.g.*, for-profit or nonprofit); whether the home accepts residents on Medicare and/or Medicaid; and the characteristics of the resident population (*e.g.*, number of incontinent residents, number of residents in restraints). To provide public access to this information, HCFA maintains a website (<http://www.medicare.gov/NHcompare/Home.asp>) where the public can obtain data about individual nursing homes.

<sup>24</sup>For the remaining home, the available data did not meet standards of accuracy. *See supra* note 21.

preferred minimum staffing levels and that there is a correlation between the level of staffing in a nursing home and the quality of care provided by that home.

**A. Many Nursing Homes Do Not Meet the HHS Preferred Minimum Staffing Levels**

Only 14% of nursing homes in Rep. Stark’s district -- 4 out of 29 -- met all of the preferred minimum staffing levels established by HHS. Twenty-five of the nursing homes -- 86% -- did not meet at least one of the preferred minimum staffing levels identified by HHS. These 25 homes serve a total of 1,695 residents (Table 1).

The vast majority of nursing homes in Rep. Stark’s district failed to meet the preferred minimum staffing levels for registered and licensed nurses identified by HHS. HHS identified a preferred minimum staff level of 1.45 hours of daily care for each resident by registered and licensed nurses, with at least 0.45 hours of this care provided by registered nurses. In total, 24 of the 29 nursing homes for which data is available (83%) failed to meet this preferred minimum staffing level. These nursing homes provide care for over 1,660 residents.

Many homes also did not have adequate numbers of nursing assistants. Forty-eight percent of the homes in Rep. Stark’s district -- 14 of the 29 homes for which data is available -- did not have adequate nursing assistant staff to meet the preferred minimum staffing level of 2.0 hours per resident per day. These homes serve 867 residents.

**Table 1: The Majority of Nursing Homes in Rep. Stark’s District Do Not Provide Sufficient Staff to Meet Preferred Minimum Staffing Levels Identified by HHS.**

Status of Nursing Home	Number of Homes	% of Homes	Number of Residents
Nursing Home Meets All Preferred Minimum Staffing Levels	4	14%	314
Nursing Home Fails to Meet Preferred Minimum Staffing Levels for Registered and Licensed Nurses	24	83%	1,660
Nursing Home Fails to Meet Preferred Minimum Staffing Levels for Nursing Assistants	14	48%	867
Nursing Home Fails to Meet All Preferred Minimum Staffing Levels	25	86%	1,695

**B. Many Nursing Homes Do Not Meet Even the Lower Minimum Staffing Levels Identified by HHS**

As noted earlier, in addition to identifying preferred minimum staffing standards, HHS also identified lower minimum staffing levels. The lower minimum staffing level requires 2.95 hours of nursing care, with 2.0 hours of this care provided by nursing assistants, 0.75 hours by registered or

licensed nurses, and 0.2 hours by registered nurses. Overall, 16 nursing homes in Rep. Stark's district (55%), serving 1,027 residents, failed to meet all the lower minimum staffing levels identified by HHS.

Seven nursing homes in his district (24%) failed to meet the lower minimum standard for care by registered and licensed nurses. The lower minimum standard for care by nursing assistants is the same as the preferred minimum standard for care by nursing assistants. As described above, 14 nursing homes, 48% of nursing homes in the district, failed to meet this minimum standard.

**C. Few Nursing Homes Meet the Recommendations of the Expert Panel on Nursing Home Care**

The vast majority of nursing homes in Rep. Stark's district failed to meet the staffing recommendations established by the expert panel in 1998. The expert panel recommended that each home have adequate staff -- registered and licensed nurses and nurses assistants -- to provide 4.13 hours of daily care for each resident, with 1.2 hours of care provided by registered or licensed nurses. Overall, 26 homes (90%) serving over 1,800 residents did not meet the expert panel's recommendation.

**IV. NURSING HOMES WITH INADEQUATE STAFFING ARE MORE LIKELY TO PROVIDE INADEQUATE CARE**

In Rep. Stark's district, inadequate staffing is correlated with inadequate care. The report finds that nursing homes that did not meet the HHS preferred minimum staffing levels were more likely to be cited for serious violations of federal health and safety standards than nursing homes that met the preferred minimum staffing levels.

As discussed above, 25 nursing homes in Rep. Stark's district did not meet all the HHS preferred minimum staffing levels. During the most recent annual inspections, state inspectors cited 68% of these homes for violations that caused actual harm to residents. In contrast, four nursing homes met all of the preferred minimum staffing levels. None of these homes were cited for a violation that caused actual harm.

Similar correlations are present when the preferred minimum staffing levels are examined individually. For example, 24 nursing homes in Rep. Stark's district did not meet the preferred minimum of 1.45 hours of care by registered and licensed nurses, with at least 0.45 hours of this care by registered nurses. State investigators cited 17 of these homes (71%) for violations that caused actual harm to residents. In contrast, the five homes that met this preferred minimum staffing level were not cited for any violations that caused actual harm to residents.

Similarly, 14 nursing homes in his district did not meet the preferred minimum nursing assistant staffing level of 2.0 hours per resident per day. State investigators cited 48% of these homes for

violations that caused actual harm to residents. In contrast, 15 homes met this preferred minimum staffing level. Only 40% of these homes had violations that caused actual harm to residents.

Overall, the findings of this report provide strong evidence that inadequate care is correlated with insufficient staffing. Table 2 summarizes these results.

**Table 2: Homes That Do Not Provide Sufficient Staff Are More Likely to Violate Federal Nursing Home Standards.**

<b>Preferred Minimum Staffing Level</b>	<b>Status of Home</b>	<b>% of Homes With Serious Violations</b>
<b>All Preferred Minimum Staffing Levels</b>	<b>Meets Staffing Levels</b>	0%
	<b>Does Not Meet Staffing Levels</b>	68%
<b>Preferred Minimum Staffing Level for Registered and Licensed Nurses</b>	<b>Meets Staffing Level</b>	0%
	<b>Does Not Meet Staffing Level</b>	71%
<b>Preferred Minimum Staffing Level for Nursing Assistants</b>	<b>Meets Staffing Level</b>	40%
	<b>Does Not Meet Staffing Level</b>	48%

## V. CONCLUSION

This is a follow-up study of nursing homes in the 13<sup>th</sup> Congressional District conducted at the request of Rep. Stark. The first study found widespread failures by Bay Area nursing homes to provide adequate care for their residents. This report investigates one of the potential causes of this inadequate care: insufficient staffing. It finds that the majority of the nursing homes in Rep. Stark’s district do not meet the minimum staffing levels identified by HHS and that this insufficient staffing is linked to poor resident care.