What's your question about nursing homes?

by Kathy Gannoe

Q: I went to visit my husband and he needed help. There wasn't a nurse in sight, only those aides. Aren't nursing homes supposed to have real nurses?

A: Nursing homes are required to have a registered nurse on duty eight consecutive hours each day, seven days a week. The rest of the time they must have a "professional" nurse on duty.

The key requirement is that 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 each resident, as determined by resident assessments and individual plans of care". Look to see if the care needs of the residents are being met and if they are being helped to get better and stronger. If lots of residents seem to be in decline, losing weight, losing mobility, getting depressed, developing bed sores and such, then, very likely the facility doesn't have enough nursing staff.

Q: I heard that there is a big problem with that web site you have been telling people to use to find out about nursing homes. What's going on?

A: At the web site www.medicare.gov/NHCompare.asp you will find the inspection history of a particular nursing home, the various physical and mental conditions of the current residents, and information about their staffing patterns.

What you won't find is a record of the substantiated complaints that have been made against the facility. This gives an incomplete history of the facility's ability to keep in compliance with the minimum standards required by law. You get a more complete picture if you know what kind of complaints have been filed with the state about their care and what the state found when they investigated these.

To fix this problem, Sen. Grassley of Iowa and Rep. Waxman of California established a new web site. This new site lists all of the complaints which have been substantiated against a nursing home.

I pulled six records off this site for facilities located in the Bluegrass region. Of those six, one facility had five complaints relating to serious lapses in nursing care; two had two each, dealing with poor care and abusive situations; two had one each, both of which dealt with abuse. One of the facilities had no complaints substantiated against it. This is information which the first web site would not have.

The new web site can be found at http://dev.cgr.m23.com/intro/h tm. This is a long address to type in, but it gets you right to the web site. You can then search for the nursing home you're interested in.

So, along with visiting a specific nursing home, checking out these web sites can give you more information about the quality of care which is likely being given there. While you're up on the web, check out the NHOA web site for lots of information about quality care. You'll find us at www.ombuddy.org. That's an easy one to type in!

Q: My wife is already in a nursing home. How can this help?

A: Knowing how a facility has performed over time is always useful. Is care getting better? Are certain problems occurring over and over? Armed with this knowledge, a resident or family council can work more effectively with the administration and the facility Ombudsman in targeting problem areas. This data can be a good starting point for discussion.

Q: This winter my aunt's room has not been comfortable. What temperature is it supposed to be in the nursing home?

A: Kentucky law requires nursing homes to have temperatures that do not go below 71 degrees in the winter or over 81 degrees in the summer. This applies to all occupied areas of the home. If individual residents need warmer or cooler conditions, the staff must work to develop a plan to accommodate the individual's specific needs.

Q: The doctor at my mother's personal care facility changed her medicine and I was never notified. I know this dosage is more than mother wants to take. Can they do this?

A: Every resident has the right to be involved in developing a plan for their care. Every resident has the right to refuse treatment, and this includes the right to say "no" to a change in medication — even if a doctor has ordered it.

Although personal care homes do not have the same requirements of assessment and care planning as do regular nursing homes, they must develop a basic plan for taking care of residents. State law requires that the resident or their "responsible family member" be involved in helping to develop the plan. Speak to the facility administrator and assert your mother's rights. If you need help, call your Ombudsman.

Q: My uncle is very frail and we are trying to decide if going into a nursing home is a good idea. He only has $50,000 in the bank. I know that nursing homes are very expensive.

A: The cost of a single year's worth of nursing home care can be as much as $163,400, according to a recent insurance industry survey. However, the national average is around $54,900. This is closer to the average cost in Kentucky.

If your uncle needs nursing home care and he is agreeable to the move, it is actually cheaper to take care of him there than it is at home. Round the clock, in-home care can cost between $192 to $396 per day. If he were to go into a nursing home now, he'd probably have enough money to pay for a year.

At the end of the year he could apply at the local Medicaid office for assistance from the state. Assuming he qualifies medically, he could then remain in the nursing home and continue to receive care with the state helping to pay for his care.

Q: Would he have to give his house to the nursing home?

A: No, No, No! That is a myth that keeps circulating. If he chooses to keep his house, he can still qualify for Medicaid when all of his "liquid" assets are used up. If he sells his house, the proceeds from the sale simply increase his "liquid assets" and postpone the time when he might be eligible for Medicaid.

His house only comes into things when he dies. Upon his death, Kentucky will lay a claim against the value of his house in excess of $50,500. Kentucky wants nursing home residents to retain their homes so that if they get better in the nursing home (which happens to lots of folks) they have a place to go when they are discharged. Kentucky is not interested in the first $50,500 of the value of a person's home; just in the amount over that figure. So if your uncle's home is worth $60,500, when he dies, Kentucky could ask his estate to pay $10,000 toward his Medicaid bill. The other $50,500 would be available for his heirs.

Q: I'm not sure I understand all of that. Can I have this information in writing?

A: Sure. Ask your local Ombudsman for help or talk with the folks at your local Medicaid office. Ask for information on "Medicaid Estate Recovery".

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