

# W.Va. Nursing Homes Receive Poor Rating

February 1, 2009

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West Virginia Gazette

CHARLESTON, W.Va. -- Twelve West Virginia nursing home programs got five-star ratings ("much above average") from Medicare's Nursing Home Compare program in December.

Medicare also slapped 34 of West Virginia's 130 licensed nursing homes with a "well below average" rating. Each received only one star out of five in Medicare's new rating system.

Half of West Virginia's nursing homes - 50.8 percent - scored below average, with only two or one stars.

"I was furious when I saw that," said Jesse Samples, director of West Virginia Health Care Association, the state nursing home association. "This new five-star rating system is very unfortunate and unfair."

In previous years, Nursing Home Compare published report cards for nursing homes that could not easily be compared. This year, Medicare added a five-star rating system, so consumers can compare home to home and eventually year to year.

That's the problem, Samples said. Nursing homes are too complex to be star-rated like hotels, he said. "CMS [Centers for Medicare and Medicaid] has rolled out a new system based on data that a lot of people in the profession find flawed and incomplete."

Staff at the five-star homes are predictably pleased. "It's great to see Medicare recognize what we see every day," said Don Black, administrator of Cortland Acres in Tucker County.

Several administrators of poorly rated nursing homes refused to comment. "I felt so defeated when I saw that one star," said one Charleston-area administrator, who asked not to be identified. "I know when I walk the halls that we're operating a good facility. This rating system is scary."

Charleston attorney Harry Bell welcomes the ratings. "The more oversight, review and evaluation you can get, the better," he said. "I think the Nursing Home Compare ratings are a great tool for consumers to use. It's needed."

In the past seven years, Bell's firm, Bell & Bands, has handled hundreds of cases against West Virginia nursing homes. His firm has 41 cases, mostly wrongful-death cases, scheduled against nursing homes now, he said.

"When people are looking for a nursing home, they don't know how to look. At the nursing home, they hand you a glossy brochure, and who's going to step up and say anything different?"

"The larger, for-profit chains are the ones where we see the problems," he said. "We rarely get calls about nonprofit facilities."

The ratings appear to support his point. National for-profit chains operate 20 of 34 West Virginia nursing homes that received only one star, the lowest Medicare rating.

The for-profit Sunbridge chain operates six West Virginia nursing homes. Three of them, in Dunbar, Putnam County, and Salem were rated one star, much below average.

The Heartland chain operates seven state nursing homes. Four were rated much below average: Heartland of Charleston, Beckley, Keyser and Martinsburg.

Pennsylvania-based Genesis HealthCare owns 27 West Virginia nursing homes, more than any other chain. Medicare gave 11 of them a one-star rating, including Charleston's Oak Ridge Center and Marmet Center. One Genesis home received a five-star rating.

"We do not believe the five-star rating system is an accurate depiction of the care provided in our centers on a day-to-day basis," said Genesis national spokeswoman Jeanne Moore.

"Countrywide, the distribution of one- to five-star centers at Genesis HealthCare closely mirrors national performance," she said. Nationally, 23 percent of all nursing homes got one star. But in West Virginia, 44 percent of Genesis homes received only one star.

Nursing homes are considered good investments as the Baby Boom hits old age, Bell said. The Genesis chain was purchased for \$125 million in 2007 by FC-GEN, a venture owned by a senior-citizen-housing/long-term-care company and a real-estate investment management company.

Last year, the Services Employees International Union asked the state Health Care Authority not to approve the sale of the Heartland chain to The Carlyle Group, a corporate-buyout group involved in munitions and a variety of ventures. The union predicted staffing would be reduced and patient safety jeopardized. The authority eventually approved the deal.

Five stars: based on what?

"Our goal in developing this unprecedented quality rating system is to provide families a straightforward assessment of nursing home quality, with meaningful distinctions between high and low-performing homes," acting CMS Administrator Kerry Weems said in December.

Medicare rates each home in three detailed areas: staff-patient ratio for nurses and other staff; three years of state inspections, which include patient safety and treatment and environmental safety; and 10 health quality measures such as percentage of patients with bedsores or urinary infections.

For instance, Heartland of Charleston got two stars for staff-patient ratio and quality measures, one star on state inspections, and a one-star overall rating.

If Medicare were really giving a "straightforward assessment of nursing home quality," Samples said, they should also rate patient satisfaction with the home, home atmosphere, availability of special services, the extent to which the home accepts patients with complex problems and/or Medicaid (lower) payment, the staff quality, and the activities program, among other things.

Nursing Home Compare is not intended to rate those factors, Medicare national spokeswoman Mary Kahn said. It is designed to provide information that visitors to a nursing home cannot see or easily obtain.

Star ratings are updated as new data come in from state inspections, she said, so a nursing home is not stuck with a low rating if they improve.

Samples said Medicare puts state ratings on a bell curve that does not reflect reality. Regional Medicare spokeswoman Lorraine Ryan said that is not the case. "Medicare reports the actual information reported by the states themselves," she said.

Among states, West Virginia had the 12th-highest percentage of "much below average" nursing homes and ranked 46th among states in percentage of "much above average" homes. But Ryan said conditions vary so much from state to state that nursing home ratings are most accurately

compared within a given state.

West Virginia's ratings are lowered, Samples said, by the fact that 75 percent of the nursing home beds, on average, are paid for by Medicaid, compared with 60 percent nationwide. Medicaid does not pay as much as Medicare or private pay. "They hold us to these Nursing Home Compare staffing standards, but they refuse to mandate those standards, maybe because then they'd have to reimburse on a level that would let our facilities hire that level of staff."

The Services Employees International Union, which represents more than a thousand West Virginia nursing home employees, says the five-star rankings do not reflect all problems. "One way to improve the rankings would be to track employee turnover rate," said spokesman Jim Wilkinson.

No substitute for a visit

Nursing home care is very complex, said Roy Herzbach, who directs the West Virginia Nursing Home Ombudsman Project. "The five-star ratings tell only part of any nursing home's story, but they should definitely be considered.

"The ability of a person to stay in or near their community is the first and foremost consideration, so they can still be part of the community. It's extremely important that people can, for instance, stay involved with their church or easily visit with family members and friends.

"You've got to balance all factors," he said. "If your local nursing home got two stars from Nursing Home Compare, that doesn't automatically mean your loved one would be better off 60 miles away in a home that got four stars," he said.

Samples agrees with that. Some five-star facilities refuse to take Medicaid patients or patients who have complex physical or mental problems, he said. "It's easier to get a high quality-of-care rating if you get more money or don't have patients with difficult problems."

Small-town homes may refuse to take patients with more complex problems if no specialists in their area deal with those problems, he said. "So ironically, a facility with a five-star rating may provide none of the services your loved one needs."

"But you've got to look beyond the number of stars a home gets," Herzbach said. "For instance, [Sunbridge of Parkersburg] got an overall five-star rating, even though it got only one star in staffing. When I saw that, I thought, 'Wait a minute. Staffing is very important. How do you get a five-star rating, yet have one star for staffing?'"

"Nothing can substitute for visiting the facility," he said. "You've got to go and see for yourself."

Visit at least twice, attorney Bell said. Schedule a visit during hours when residents are involved in activities and another at off hours.

"When I go to a home, I'm looking for friendly bantering between staff and patients," Herzbach said. "I'm looking for smiles. I'm looking for interpersonal relationships. When patients evaluate a home, those kinds of things are four of the top five things they mention.

"Homes that have been poorly rated by the inspection, patients may like very much because the staff is friendly and kind," he said. "And vice versa."

"Nursing Home Compare makes it look like West Virginia is below the national average," Samples said. "But our nursing homes rank higher than national average on consumer satisfaction surveys."

Samples could not name any patient-satisfaction survey of all West Virginia nursing homes. But

in 2007, he said, 64 percent of his members - which include assisted-living homes - hired a Wisconsin company, My InnerViews, to ask their staff, patients and patient families how satisfied they were with the program.

An InnerViews spokesman said 88 percent of West Virginians rated their program "excellent" or "good" on the mail-in surveys, compared with 86 percent nationally. However, she said, no scores are available for individual nursing homes.

In 2007, before the five-star system, more than 700 nursing home administrators evaluated Medicare's report card system in the *Journals of Gerontology*.

"A majority of facilities [69 percent] reported reviewing their quality scores regularly, and many have taken specific actions to improve quality," the authors wrote. "Homes with poor quality scores were more likely to take actions following the publication of the report card."

Will the five-star ratings accelerate that process? The jury's out, Herzbach said. "The worst thing that could happen is that homes would be more reluctant to take Medicaid patients or patients who have serious problems," because it would be harder to get stars, he said. "The best that could happen is that consumer pressure creates more reason for homes to improve."