III. Descriptive Profile of County Nursing Homes

This chapter provides a descriptive profile of the number, size and other characteristics of county nursing homes; and an indication of how that profile has changed over time and of how it compares with the profile of other nursing homes throughout the state (for-profit and non-profit). As indicated in the Methodology, in most cases comparative data are trended over the past decade, using the years 2001-2006-2010. 2010 was the most recent year for which most data were available for comparison across types of homes. Where more recent data were available from the county home survey, they are included. As in previous statewide studies by CGR, and by previous agreement, *the focus of the comparisons is on all nursing homes outside New York City*.

Most nursing homes in New York are owned by for-profit or non-profit entities. For-profit homes are typically run by an individual or corporation. They function as commercial, for-profit enterprises and typically do not have boards of directors. Non-profit homes are owned and operated by not-for-profit entities, typically responsible to boards of directors. County homes, by contrast, are typically units of county government, and oversight is usually provided by an elected legislature or board of supervisors (except for two in New York that are currently operated as public benefit corporations).

Number and Size of Facilities: County Homes Losing Market Share

Table 2 provides a summary of the number of nursing homes and beds provided across all non-NYC counties in 2012. County facilities clearly represent a minority of all facilities and beds in the state. For-profit facilities account for almost half of all non-NYC nursing homes and beds.

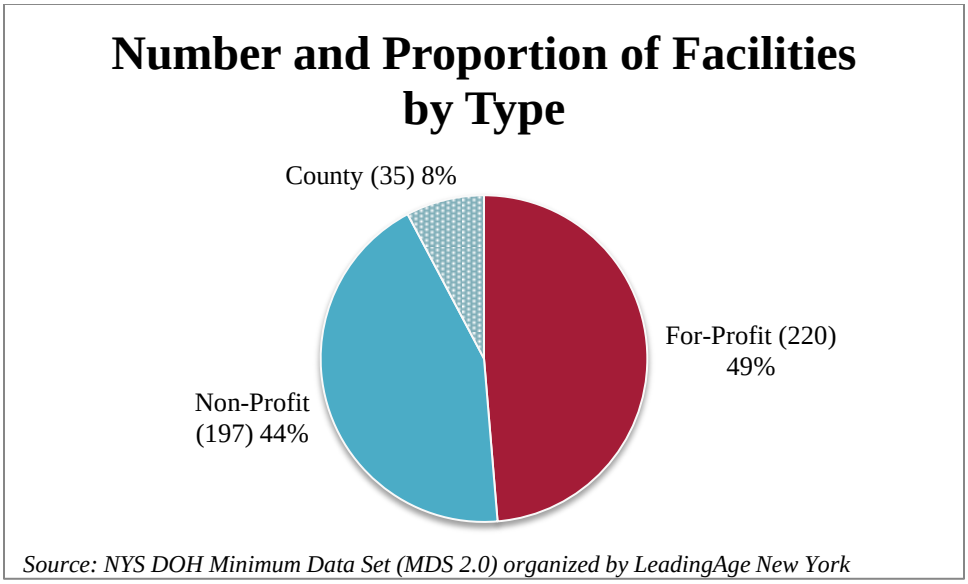
Table 2: Nursing Homes and Skilled Nursing Facility Beds in Counties Outside of NYC, By Type of Facility, 2012

Type Facility	# of Facilities	Total Beds	% of Beds
For-Profit	220	33,756	48.6
Non-Profit	197	27,852	40.1
County	35	7,856	11.3
Total	452	69,464	100.0

Source: Department of Health Cost Report and OSCAR Data, presented by LeadingAge New York. Note: Number of Facilities based on 2010 data.

As shown in Figure 4, county facilities account for about 8% of all nursing homes in the state. Because the typical county facility is larger than their typical for-profit and non-profit counterparts, county homes account for 11% of all nursing home beds, as reflected in Table 2.[20]

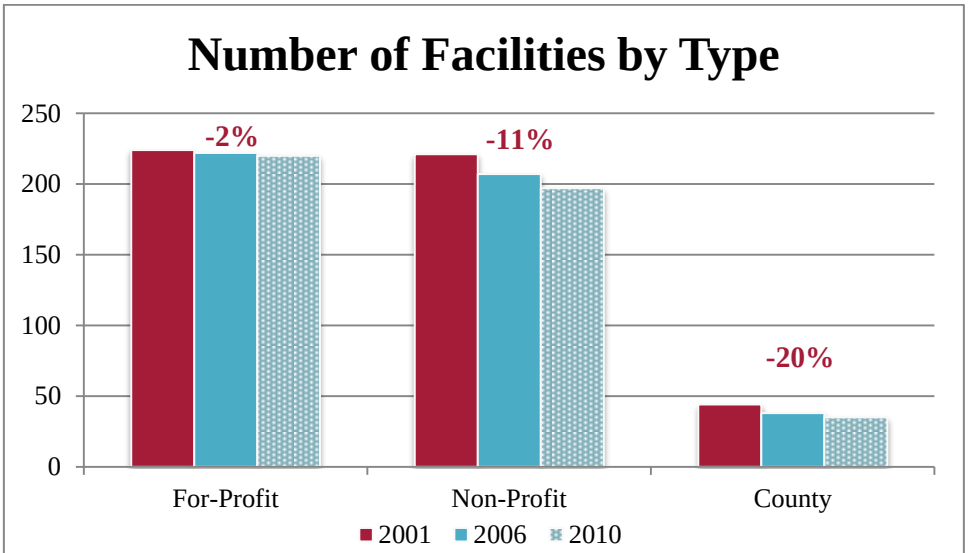
Figure 4



The relative impact and market share of for-profit facilities have been increasing over the past decade, over which time the numbers of county facilities, their beds and the numbers of residents served have all declined, relative to both for-profit and non-profit facilities. As indicated in Figure 5, the number of for-profit homes has remained relatively unchanged since 2001, while the number of non-profits has declined by 24—an 11% reduction. Proportionately, county homes have experienced the greatest decline, a 20% reduction since 2001, with more reductions in process, as indicated in Chapter I.

[20] Note that the source for the data in Figure 4 is the MDS data set. The full official citation for all subsequent graphs reporting MDS data is: "Minimum Data Set (MDS) data for all New York State Nursing Homes 2001, 2006, 2010 provided by LeadingAge New York under CMS DUA #08591 and NYS DUA #15407". Rather than using this full citation, the shortened version of the source citation shown in Figure 4 will be used for all subsequent graphs reporting MDS data.

Figure 5

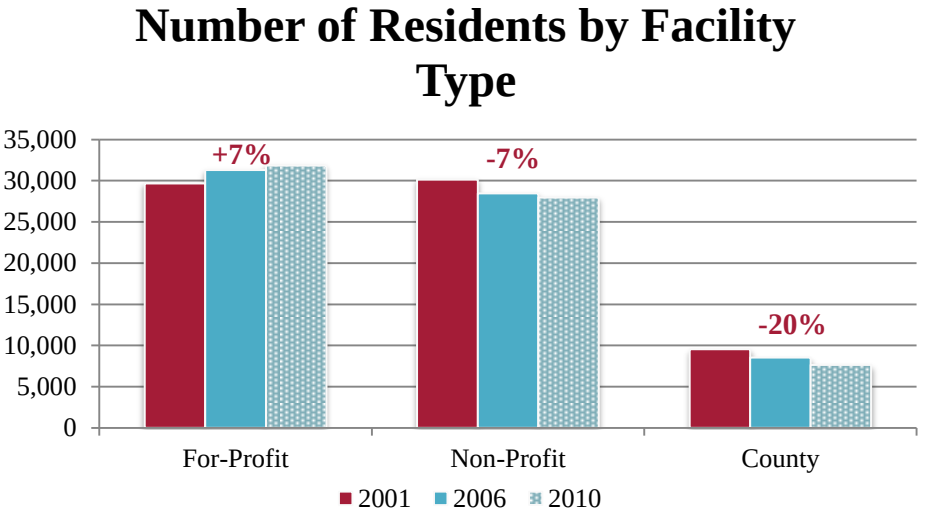


Source: NYS DOH Minimum Data Set (MDS 2.0) organized by LeadingAge New York

For-profit nursing homes account for almost half of all nursing home facilities and beds in the state, and for a growing market share of all residents served in nursing homes. By contrast, the numbers of county-owned nursing facilities, beds and residents served have all declined in the past decade.

Perhaps even more revealing are the data presented in Figure 6 below, indicating that for-profit facilities have been serving an increasing market share of all non-NYC nursing home residents (based on a snapshot of numbers of residents served in each facility as of the last Wednesday in July of each year). While the number of residents served in county facilities declined over the decade by 20% (a decline of almost 2,000 residents, to just over 7,650 in 2010)—consistent with the reduction in numbers of facilities—*the number of residents served in for-profit homes increased by 7%*, by more than 2,000 to its 2010 total of almost 32,000. In terms of market share, for-profit homes have grown from 43% of all residents in 2001 to 47% in 2010, while non-profits have declined from 43% to 41% and county facilities have declined from 14% to 11%.

Figure 6

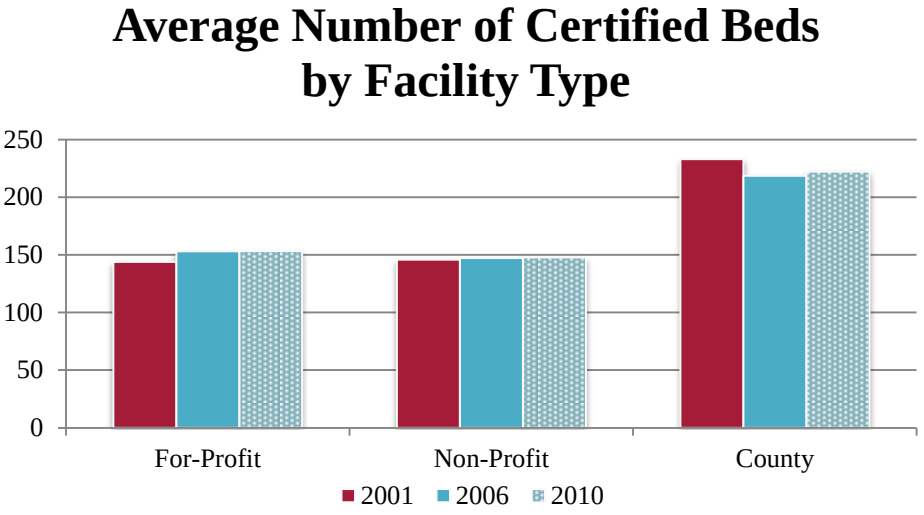


Source: NYS DOH Minimum Data Set (MDS 2.0) organized by LeadingAge New York

Marketplace shifts have been especially pronounced since 2006, fueled by changes in the numbers of beds across the state. Just since then, the overall number of nursing home beds outside NYC has declined by almost 3,800, including reductions of 14% and 10%, respectively, in county and non-profit beds. But in this time of overall decline, the number of beds in for-profit homes has *increased* by about 500 to its current 49% share of all beds. In addition to reductions in the number of county facilities, seven of the remaining 35 county homes experienced reductions in the number of beds during this time.

As noted earlier, county homes serve somewhat higher proportions of nursing home residents than would be predicted by the small proportion of all homes that they represent. This is a direct reflection of the fact that the typical county nursing home is considerably larger than the average for-profit and non-profit facilities. As indicated in Figure 7, the average county home of about 220 beds in 2010 was between 45% and 50% larger than the typical for-profit or non-profit home, respectively. Whereas a third of non-profit homes, and a quarter of for-profits, have fewer than 100 beds, only 14% of the county facilities are that small. Conversely, 43% of all county homes have more than 200 beds, compared to about a quarter of for-profits and non-profits. Indeed, eight of the 35 county facilities in 2010 had 300 or more beds, including four with more than 500.

Figure 7



Source: NYS DOH Minimum Data Set (MDS 2.0) organized by LeadingAge New York

Perceived Distinct Mission of County Homes

The historic mission of most public nursing facilities has typically included providing care for disproportionate shares of indigent elderly residents and those with disabilities, as well as other persons considered "hard to place" for various reasons (such as crisis admissions and adult protective cases).

County homes, with their typically larger facilities, have the reputation, often borne out in comments by many of their competitors, of serving higher proportions of "hard to place" residents—the so-called "safety net" role—than do most of their non-public competitors. From this perspective, the relatively small number of county homes tends to mask their significance as providers of service to higher proportions of lower-income, high-behavioral-problem, low-case-mix-index residents. Many of the concerns expressed by both county home administrators and county policymakers about potential consequences of selling their homes reflected uncertainty about what would happen to such individuals in the future, as noted in the previous chapter.

Historically, county homes have had the reputation, often confirmed by their non-public competitors, of serving disproportionate numbers of "hard to place" residents, often viewed as part of their historic mission. Profiles and characteristics of residents are outlined in more detail in the next chapter.

In many, and perhaps most, county nursing homes, over time the perception of the county facilities has evolved from a frequent label as the "home of last resort" (with the connotation that county homes only serve those without the means or the ability to go elsewhere) to facilities perceived as offering attractive, high quality services that are often highly regarded and sought out as the facility of choice by many residents with means and options available to them. Nonetheless, despite changing

perceptions, most county homes do view themselves—as do many of their competitors—as retaining a sense of mission that is not typically shared by for-profit, or even many non-profit homes.

Perhaps unfortunately for the future sustainability of county homes, the perception of the homes as an essential part of the county government's mission seems to be eroding. When asked six years ago if the county government and its leadership view the county nursing home as "essential to the mission of local government," a solid two-thirds of the county home administrators said yes, with only four saying definitively "no."[21] By contrast, in the current survey, only 47% of the administrators said "very" or "somewhat" essential, including 28% who indicated "very essential." At the other end of the spectrum, eight (a quarter of the respondents) answered "not essential." County leadership, when asked the same question, offered slightly more positive responses, with 57% indicating "very" or "somewhat" essential, including 25% saying "very essential," with 14% saying "not essential."

The issue of the profiles and characteristics of those served in county facilities is addressed in more detail in Chapter IV.

Governance and Structure of Nursing Homes

As noted above, the policymaking board of each county home is typically its county legislature or board of supervisors (with the exception of two counties, Erie and Nassau, which created their homes, that they continue to support financially, as public benefit corporations; in both cases, those homes are part of nursing home/hospital configurations that together make up the PBCs).[22]

All but two of the 33 counties owning nursing homes at the beginning of 2013 owned and operated a single facility. Two counties owned two homes each, but that has now been reduced to a single county, as Erie combined its two facilities into one earlier this year—leaving only Cattaraugus, which continues to own two separate facilities in geographically distinct portions of the county. Both are overseen by a Director of Nursing Homes, who also serves as the administrator of one of the homes, while the other home has its own day-to-day administrator. The Director of Nursing Homes reports to a committee of the county

[21] CGR, *County Nursing Facilities in New York State*, op cit., p. 62.
[22] A third county created its home and hospital into a PBC in previous years, but the nursing home has subsequently been closed.

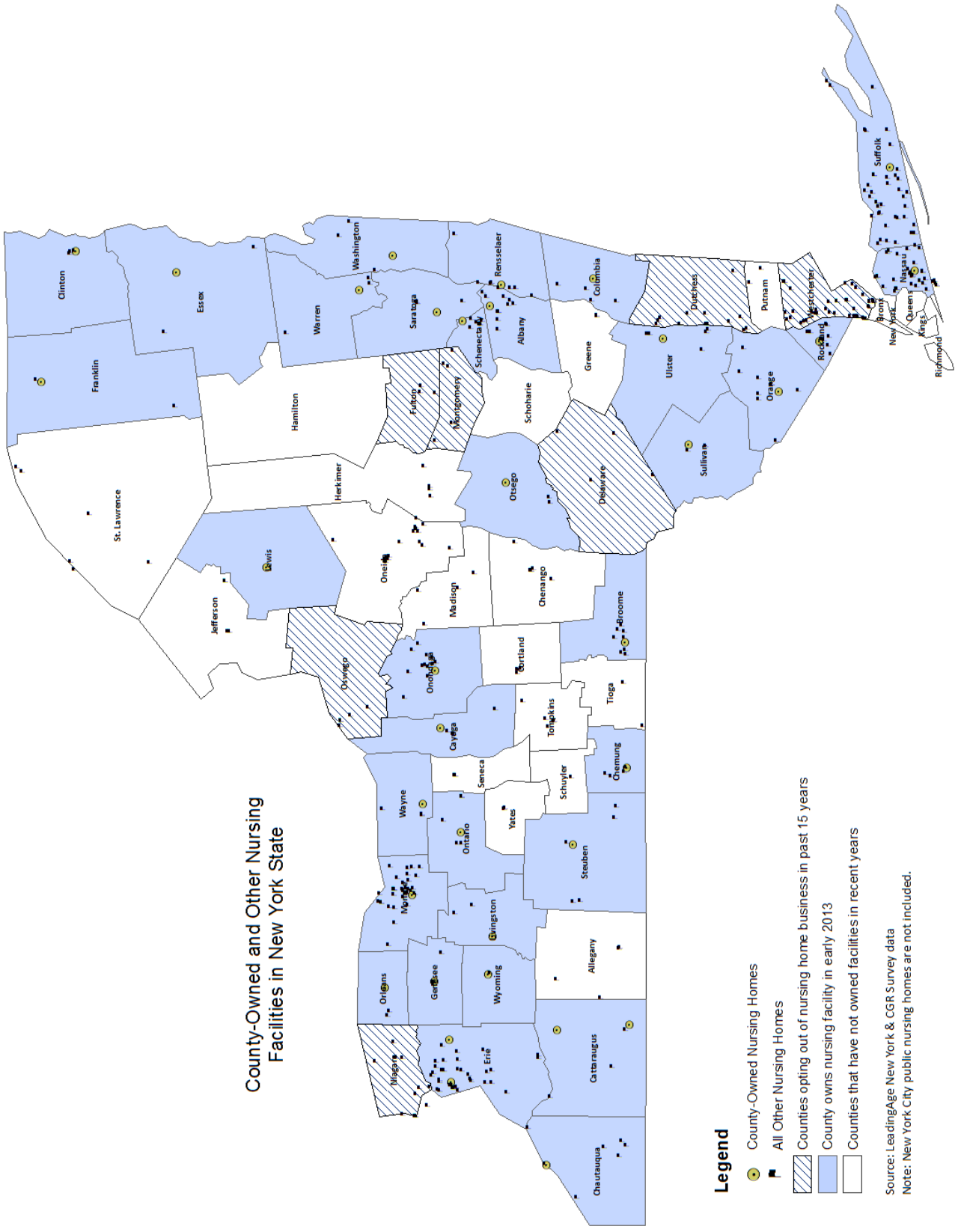
legislature and the County Administrator, similar to the reporting relationship of administrator of other county facilities.

The nursing homes in six counties, including the two PBC counties, are affiliated with a county hospital, and are thus considered to be hospital-based nursing homes. This represents 18% of all county homes. By contrast, cost report data indicate that only two hospital-nursing home structures exist among for-profit homes, but almost a quarter of all non-profit nursing homes (48 of 197) are hospital-affiliated.

Geographic Concentrations of County Nursing Homes

As indicated in Map 2, the bulk of the counties with nursing homes are concentrated in the western part of the state, the counties along and further to the south of Lake Ontario, counties along the northeast and eastern borders of the state, and counties in the southeast southern tier and southeast sector of the state encompassing the Hudson Valley and portions of the NYC suburban areas, including Long Island. By contrast, in the central and Adirondacks regions of the state (mostly counties with relatively small populations and/or large geographic areas with low population density), relatively few counties operate public nursing facilities. As shown in the map, most, but not all, of those counties without a public nursing facility have at least one and often two or more other nursing homes operated by for-profit and/or non-profit entities. The map also indicates the location of county-owned homes along with non-public homes in the 33 counties which had public homes at the beginning of 2013.

Map 2


County-Owned and Other Nursing Facilities in New York State
Legend
County-Owned Nursing Homes
All Other Nursing Homes
Counties opting out of nursing home business in past 15 years
County owns nursing facility in early 2013
Counties that have not owned facilities in recent years
Source: LeadingAge New York & CGR Survey data
Note: New York City public nursing homes are not included.
Clinton
Essex
Franklin
St. Lawrence
Lewis
Jefferson
Hamilton
Herkimer
Oneida
Oswego
Madison
Onondaga
Cayuga
Seneca
Oneida
Onondaga
Cortland
Tompkins
Tioga
Broome
Chenango
Delaware
Otsego
Schoharie
Montgomery
Fulton
Schenectady
Albany
Rensselaer
Washington
Warren
Saratoga
Greene
Columbia
Ulster
Sullivan
Dutchess
Putnam
Orange
Rockland
Westchester
Bronx
New York
Queens
Kings
Nassau
Suffolk
Richmond
Schuyler
Chemung
Yates
Steuben
Wayne
Ontario
Monroe
Livingston
Allegany
Wyoming
Genesee
Orleans
Niagara
Erie
Cattaraugus
Chautauqua

In general, most large counties in the state offer public nursing homes, while few of the smaller counties do so—with a mixture in the counties in between the largest and smallest. Only five of the 17 counties in the state with populations under 55,000 currently operate their own nursing homes, and that number may decline in the next year or two. On the other hand, 14 of the 18 non-NYC counties with populations of more than 125,000 owned county nursing facilities at the beginning of 2013, as did 12 of the 15 counties with populations between 55,000 and 95,000. Only two of the seven counties with mid-range populations between 95,000 and 125,000 (and none of the three along the eastern edge of Lake Ontario) operate county homes. And those numbers notwithstanding, recent decisions and current discussions indicate that the numbers of counties owning public nursing homes in each of these population ranges will in all likelihood be declining within the next two to three years or less.

County Facilities: Age and Capital Improvements

County nursing facilities are often perceived to be older than the majority of their non-public counterparts. Unfortunately, good comparative data are not available to test this perception. However, data obtained through the county nursing home administrator survey sheds some light on this issue. Many of the homes have histories of more than a century: 43% of the responding administrators indicated that their homes were established well before 1900. Another 28% were established between about 1920 and 1967, with all but one of the rest established in the 1970s.

Two-thirds of the county nursing facilities moved into their current locations since 1970, including almost a third since 1980. Most counties have made major investments in their facilities in recent years: two-thirds have undergone major renovations of $1 million or more since moving into their current location, with most of those since 2000.

But dates of establishment only tell part of the story. Many have moved into new locations since they were established. Just under a third of the county homes have been in their current location since the 1960s or earlier (the oldest being 1880 and 1933). Another 38% moved into their current locations during the 1970s, and 14% in the 1980s or 1990s. Seventeen percent moved into their current locations since 2000.

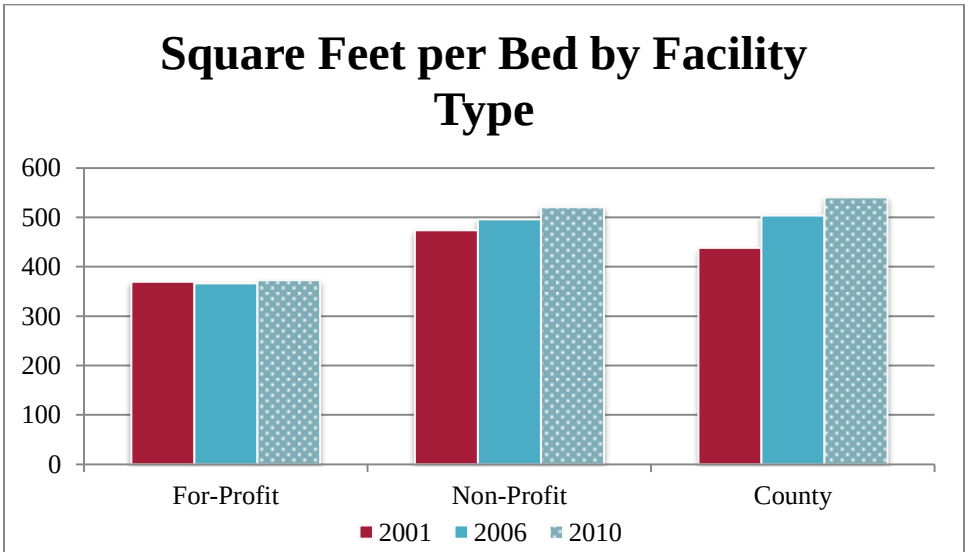
Since moving into their current location, two-thirds of the facilities have undergone major renovation projects, defined as renovations of $1 million or more. Almost two-thirds of those have occurred since 2000, including 39% in the past five years. Another 26% occurred in the 1990s, and 9% before that. These “major renovations” were described as a new building (9%); building renovations, including “complete renovation” (56%); expansion (22%); and service additions (13%).

Thus, while many of the facilities have been in existence for many years, it appears as if counties have been willing to engage in at least some level of renovations and capital improvements in recent years.

Square Footage in Facilities

The size of the facility, as measured by square footage per bed, can provide an indication of the spaciousness and open space available in a facility, as well as a possible indication of the average room size and of "home-like" living environments available to residents, and the amounts of space that must be covered by staff within each facility. As noted in Figure 8, county facilities tend to be much larger in terms of floor space/ square footage than the typical for-profit facility, and comparable to their non-profit counterparts.

Figure 8



Source: NYS DOH Minimum Data Set (MDS 2.0) organized by LeadingAge New York

Specialty Services

Data on specialty services offered by nursing home facilities were not readily available on a historical or comparative basis across different ownership types of nursing homes. However, data on specialty services currently offered by county-owned homes were available via the county home administrator survey.

The specialty services offered most frequently by county homes are rehabilitation and dementia/Alzheimer's services, each of which was identified by between two-thirds and three-quarters of all county homes. In addition, about one-sixth of the county homes offer adult day care programs and traumatic brain injury services, with young adult, ventilator and dialysis services also cited by a handful of county homes.

Most county nursing homes provide dementia/ Alzheimer's and rehabilitation/therapy services, and about a quarter of the homes indicated that their dementia services differ significantly from any other similar services in their counties. Many county homes offer dementia and rehabilitation units with designated beds. Concerns were expressed by several counties about potentially jeopardizing services to dementia/ memory care residents if their nursing home were to be sold or closed.

Asked which if any of the specialty services the administrators considered unique to their facility, i.e., any that differed significantly from other programs offered by other non-public nursing homes in their counties, about one-quarter indicated their memory care/dementia services and about 10% noted their physical therapy/rehabilitation services.

Beyond the core services, the administrators were also asked if their home offered a dementia/Alzheimer's unit and/or a rehabilitation unit with designated beds.

About 60% of the administrators indicated that they do have a dementia/ Alzheimer's unit with designated beds, including one about to be opened. The size of the bed units ranged from two with between 15 and 29 beds, nine with 30 – 44 beds, and six with 45 or more dedicated beds. One home reported that it was planning to expand the dementia services within the next two to three years.

Half of the administrators indicated that their home has a rehabilitation unit with designated beds, ranging from four with between 5 and 15 rehab beds, seven with 16 – 25 beds, and three with 26 or more designated beds. Three homes indicated plans to expand existing sub-acute/rehabilitation services, and two noted that they planned to add new outpatient therapy services within the next two to three years.

When asked their primary concerns if their nursing home were to be sold or closed, both nursing home administrators and county leaders frequently cited concerns about the continuing availability of care to certain subsets of the current resident population, and among the most-frequently-mentioned subsets were the dementia/Alzheimer's/memory care residents.