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Center for Governmental Research

## Statewide County Nursing Home Survey

Dear County Nursing Home Administrator,

As each of you is well aware, this is a critical time in the life of county-owned nursing home facilities. Reimbursement rates and levels are threatened, benefit costs continue to rise, IGT payments in the future are uncertain, and counties are raising questions about what levels of nursing home subsidies they are willing to sustain in the future. As a result, some counties have decided to close or sell their nursing homes, and others are raising questions about the future of their homes.

In this context, CGR ([Center for Governmental Research](#)) is conducting a statewide study in conjunction with [LeadingAge New York](#), funded by the [NYS Health Foundation](#). As you know, CGR has completed two other statewide nursing home studies, and has worked with many individual county nursing homes across the state.

This current study has two main objectives:

1. Document the tangible results—positive and negative, intended and unintended—of previous decisions to close, sell or maintain county homes, and
2. Provide data-driven policy guidance to the state and to counties that are deciding the future of their homes.

As a crucial component of this objective study, the survey that follows is designed to obtain needed current information from each County nursing home, regardless of your status. Even if your home is currently in the process of being sold, or sale is under consideration, it is important for the future of county homes in general that we receive complete requested information from each existing county facility. County Nursing Facilities of New York (CNFNY) is also cooperating in this study, and urges each county home administrator to ensure that this survey is completed in its entirety. The CNFNY executive committee reviewed drafts of the survey, and a number of revisions were made based on their thoughtful suggestions.

All responses will be returned directly to CGR, and only CGR will see the completed surveys. **All analyses will be treated in strictest confidence, and all findings will be reported only in the aggregate, with no information reported in any way that could be linked to a specific facility.**

We know how busy you are, and acknowledge that this survey will take some time to complete. We apologize for its length, but have tried to strip it down to the most essential questions affecting the future of county homes. Thank you very much for taking the time to complete the survey. We hope that the importance of the issues addressed will help make its completion a priority. It may be helpful to have financial reports and cost reports easily accessible as you complete aspects of the survey. You may also find that it is helpful to have more than one person complete portions of the survey. To that end, you can complete the survey at different times and/or by different people by simply saving (but not submitting) the portions that have been completed and return to it or have others return to the survey at any time. You can open, save and return to the survey document as often as you wish, up to the point of final submission.

If you need more space for specific responses, simply add the comments in a word document, indicate the name of your nursing home and the question number, and return as an email attachment to CGR.

Please take the time to complete the survey as accurately and thoughtfully as possible. Your input is critical, and is

much appreciated. **Please submit it as instructed at the end of the survey, if at all possible by no later than [date?].**

If you have questions about the survey, please contact Erika Rosenberg (585-327-7066, [erosenberg@cgr.org](mailto:erosenberg@cgr.org)) or Don Pryor (585-327-7067, [dpryor@cgr.org](mailto:dpryor@cgr.org)).

Thank you very much for your prompt, thoughtful attention to this important issue.

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## Statewide County Nursing Home Survey

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### INTRODUCTION

**\* Q1. Please indicate the official name of your Nursing Home.**

**\* Q2. In which County is your Nursing Home located?**

**\* Q3. Please provide the following information.**

Name of primary person completing survey:

Person's title:

Phone number:

Email address:

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Please contact Erika Rosenberg via [email](#) or phone (585) 327-7066, if you have any problems completing the survey.

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### DESCRIPTION & CHARACTERISTICS OF YOUR NURSING HOME

**Q4. How many nursing home/SNF beds are currently in your facility, and how many were there five years ago?**

	Current beds	Beds 5 years ago
Certified beds	<input type="text"/>	<input type="text"/>
Total beds in operation (if different from certified)	<input type="text"/>	<input type="text"/>

**Q5. Which of the following best describes your nursing home?**

Choose one of the following answers

- Standalone nursing facility
- Affiliated with a hospital
- Other arrangement (please describe)

Please enter your comment here:

**?** Please enter the number of hospital beds in the facility in the box provided.

**Q6. What year was your nursing home established?**

*Only numbers may be entered in this field*

**Q7. What year did your nursing home move into its current location?**

*Only numbers may be entered in this field*

**Q8. Have there been any major renovation projects undertaken since your facility was completed? (Please consider renovations of \$1 million or more.)**

- Yes
- No

**Q9. If yes, please complete if you've had major renovations completed.**

Most recent renovations completed in what year:

Briefly describe any recent major renovations.

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### RELATIONSHIP OF YOUR NURSING HOME WITH COUNTY GOVERNMENT

**Q10. How would you characterize your relations with the leadership of your County government?**

Choose one of the following answers

- Very Cooperative
- Somewhat Cooperative
- Neither Cooperative Nor Uncooperative
- Somewhat Adversarial
- Very Adversarial

**Q11. To what extent does the leadership of your County government see the nursing home as essential to the mission of local government?**

Choose one of the following answers

- Very essential
- Somewhat essential
- Neither essential nor nonessential
- Somewhat nonessential
- Not essential

**Q12. Are key County officials currently considering alternatives for the future of the home?**

Check any that apply

- No major active consideration
- Encouraging management and cost savings efficiencies
- Encouraging sale of facility
- Encouraging closure of facility
- Other (please specify)

**Q13. How would you assess the current status of the County nursing home?**

Choose one of the following answers

- Decision has been made to sell
- Decision has been made to close
- Decision to sell under active consideration
- Decision to close under active consideration
- Uncertain; Discussions are ongoing
- No active consideration of sale or closure; likely to continue as County home for foreseeable future

**Q14. In your opinion, at which annual County subsidy level do you believe the County would consider no longer continuing ownership and operation of the County nursing home?**

*Only numbers may be entered in this field*

**Q15. How does your existing competition impact options your County might consider for the future of the County home?**

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### FUTURE OF THE COUNTY NURSING HOME

**Q16. What are the major *challenges* facing your nursing home?**

**Q17. Have these challenges changed significantly in the past 3-5 years? How?**

**Q18. What are the major *opportunities* for your nursing home?**

**Q19. Have these opportunities changed significantly in the last 3-5 years? How?**


**Q20. Are there any particular provisions in your labor agreements you would like to change? If yes, please explain which ones and why they should be changed.**



Choose one of the following answers

- No
- Yes

Please enter your comment here:

 Please explain in box provided.

**Q21. What would be your top two concerns if the County home were to be sold?**

Concern 1

Concern 2

**Q22. What would be your top two concerns if the County home were to be closed?**

Concern 1

Concern 2

**Q23. Are there circumstances under which the County should get out of the direct provision of nursing home services? If yes, please describe**

Choose one of the following answers

- No
- Yes

Please enter your comment here:

 Please describe in box provided.

**Q24. If the County were to no longer own and operate its nursing home, are there reasonable alternatives available elsewhere to your residents and future similar residents? If yes, please elaborate.**

Choose one of the following answers

- No
- Yes

Please enter your comment here:

 Please indicate in box provided.

**Q25. If the County nursing home were to go out of business or be sold, what should your County government do to protect the interests of your residents and potential future residents?**

**Q26. If the County nursing home were to go out of business or be sold, what, if anything, should your County government do to protect the interests of your staff?**

**Q27. In your estimation, what is the probability that the County nursing home will be closed within the next 2 to 3 years?**

Choose one of the following answers

- Almost no probability
- Slight probability
- 50-50
- Fairly probable
- Highly probable

**Q28. In your estimation, what is the probability that the County nursing home will be sold within the next 2 to 3 years?**

Choose one of the following answers

- Almost no probability
- Slight probability
- 50-50
- Fairly probable
- Highly probable

**Q29. Under what circumstances do you believe the County will continue to support ownership and operation of your nursing home?**

**Q30. The following table addresses alternatives for Limiting the County's Role in Nursing Home Care.**

For each option listed, please indicate if it has been considered, attempted, or implemented within the past 3-5 years by your County and/or nursing home.

	Not Considered	Considered and Rejected	Currently Being Considered	Has Been Implemented
Sale of licensed beds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishment of public benefit corporation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishment of local development corporation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conversion to freestanding not-for-profit / voluntary corporation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conversion to existing voluntary corporation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee buy-out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sale of County home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnership with organization outside of County government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Closure of County nursing home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q31. The following table addresses alternatives for Continuing County Nursing Home Operations with Reforms.**  
 For each option listed, please indicate if it has been considered, attempted, or implemented within the past 3-5 years by your County and/or nursing home.

	Not Considered	Considered and Rejected	Currently Being Considered	Has Been Implemented
Management contract to operate nursing home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More aggressive marketing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management efficiencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outsourcing selected services/functions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficiencies through labor reforms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Separate bargaining unit for County home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Renovation or new construction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Merging the home with another County department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Revisiting County cost allocations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q32. The following table addresses alternatives for Expanding the Range of Long-Term Care Options.**

For each option listed, please indicate if it has been considered, attempted, or implemented within the past 3-5 years by your County and/or nursing home.

	Not Considered	Considered and Rejected	Currently Being Considered	Has Been Implemented
Non-regulated services (e.g., home delivered meals, transportation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Model Adult Day Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Model Adult Day Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite Care Social Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite Care Medical Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enriched Housing Social Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Care Facility Social Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early to Mid-Stage Dementia Social Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisted Living Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified Home Health Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Licensed Home Care Service Agency Managed Care and Integrated Systems of Care Continuing Care Retirement Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subacute Care and Special Care Units	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expanded therapy / rehabilitation services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q33. Are there any alternatives you expect to consider or implement in the next 2 to 3 years? Please describe.**



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### POPULATION SERVED & SERVICES OFFERED

**Q34. Please enter the total number of residents you served during the year in each of the past three years:**

	2010	2011	2012
Total residents served	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Q35. Please indicate the number of new admissions (people who were not residents on December 31 of the previous year) who entered your facility during each of the past three years:**

	2010	2011	2012
New admits	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Q36. Please enter the number of discharges you had, and breakdown, by type, for each of the past three years:**

	2010	2011	2012
<b>Total discharges</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To hospitals	<input type="text"/>	<input type="text"/>	<input type="text"/>
To private residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
To other facility	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deceased	<input type="text"/>	<input type="text"/>	<input type="text"/>
Specify Other Discharge type (and # of discharges)	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Q37. Please enter your facility's average occupancy rate for each of the past three years.**

	2010	2011	2012
Average Occupancy Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Ideally to the nearest tenth of a percent.

**Q38. In 2012, about what percentage of your facility's residents were residents of your county prior to being admitted to your facility?**

Only numbers may be entered in this field

**Q39. Check any specialty services your facility offers.**

Check any that apply

- Young Adults
- Ventilator
- Rehabilitation
- Traumatic Brain Injury
- Dialysis
- Dementia/Alzheimer's
- Adult Day Care Program
- Other (please specify)

**Q40. Do the specialty services you offer differ significantly from those offered by other facilities in your county? If so, which, if any, of your services are unique to your facility?**

Choose one of the following answers

- No
- Yes

Please enter your comment here:

 Please answer in box provided.

**Q41. Do you have a Dementia/Alzheimer's unit with designated beds? If so, please indicate the number of beds in such a unit.**

Choose one of the following answers

- No
- Yes

Please enter your comment here:

 Please indicate the number of beds in box provided.

**Q42. Do you have a Rehabilitation unit with designated beds? If so, please indicate the number of beds in such a unit.**

Choose one of the following answers

- No
- Yes

Please enter your comment here:

 Please indicate the number of beds in box provided.

**Q43. Please check if you are considering adding any specific new services or expanding existing ones in the next 2 or 3 years. If so, which ones, and what benefits would you see in adding/expanding them?**

Check any that apply

- Adding new services

Expanding existing services

**?** Please answer in box provided.

**Q44. What percentage of your current residents do you estimate would be more appropriately housed in an assisted living facility?**

*Only numbers may be entered in this field*

**Q45. Please enter your total Case Mix Index and Medicaid-only CMI (full-house) for each of the past three years.**

	2010	2011	2012
All-resident CMI	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medicaid-only CMI (full-house)	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Q46. What percentage of your residents do you estimate to have low clinical complexity but high behavioral demands?**

*Only numbers may be entered in this field*

**Q47. Please provide any definition your facility uses to describe "safety net" or "hard to place" residents that you admit.**

**Q48. Using the definition above, estimate the number and percentage of current residents who you would consider "hard to place" or "safety net" persons that other nursing homes in your region would be unlikely to accept.**

*Only numbers may be entered in these fields*

Number

Percentage

**Q49. What is your candid assessment of what would realistically happen to most of the "safety net" residents you currently house if your facility were sold to a new owner?**

**Q50. Which nursing home (or assisted living) facilities do you consider to be your primary competitors? Please list any below. If none, leave blank.**

Facility 1	
Facility 2	
Facility 3	
Facility 4	
Facility 5	
Facility 6	
Facility 7	
Facility 8	
Facility 9	
Facility 10	

**Q51. What factors most distinguish your nursing home from your primary competitors?**

**Q52. For your three most recent annual surveys, please enter the number and level of deficiencies received (excluding K-Tag, Life Safety Code deficiencies).**

Reminder: the information will be reported in aggregate summaries only and not by individual facility.

	Most recent survey	Next most recent survey	Third most recent survey
<b>Total # of deficiencies</b>			
# in Level A			
# in Level B			
# in Level C			
# in Level D			
# in Level E			
# in Level F			
# in Level G			
# in Level H			
# in Level I			
# in Level J			
# in Level K			
# in Level L			

**Q53. Please also list the number and types of any deficiencies received during your three most recent mid-cycle (non-annual) surveys.**



**Q54. Enter information on the number of staff (County employees) employed in your nursing home for each of the past three years. Please use the same time of year for each annual total.**

	2010	2011	2012
# Full-time County employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
# Part-time County employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
# Per diem County employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total County employees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total County full-time equivalents (FTEs)	<input type="text"/>	<input type="text"/>	<input type="text"/>

**?** Please use the same time of year for each annual total.

**Q55. Please indicate for the previous question how you define full-time, part-time, and per diem employees. For example, how many hours per week are worked by a full-time or part-time employee?**

**Q56. Do you have staff assigned to an MDS coordinator/oversight role? If yes, indicate # FTEs.**  
Choose one of the following answers

- No
- Yes

Please enter your comment here:

**?** If yes, indicate # full-time equivalents (FTEs).

**Q57. Enter information on which functions or services at your facility are outsourced, i.e., are provided at least in part by individuals (or organizations) who are NOT County employees.**

Please indicate for each:

- # of FTEs that are contracted out
- # of any County employee FTE positions that remain in each function
- Estimate the annual dollar savings, if any, resulting from the outsourced services.

	Function outsourced? Y/N	# FTEs contracted out	County employee FTEs	Estimated annual dollar savings due to outsourcing
Laundry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


	Function outsourced? Y/N	# FTEs contracted out	County employee FTEs	Estimated annual dollar savings due to outsourcing
Housekeeping				
Dietary/food services				
Therapists				
PTAs				
COTAs				
Maintenance				
Medical services				
Other type (response)				

**Q58. Are there any other services you are considering outsourcing, in whole or in part? If yes, indicate which, and the potential benefit of outsourcing.**

Choose one of the following answers

- No
- Yes

Please enter your comment here:

 Please describe the benefits in box provided.

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**FINANCIAL INFORMATION**

**Q59. Payer Type at Admission: For all new admissions for the past three years, please indicate what percent were covered by each primary payer type on the first day of admission.**

	2010	2011	2012
Medicaid FFS			
Medicare			
Private pay			
Private insurance			
Medicaid pending			
Managed care			
No payer			
Specify Other type (and %)			

**Q60. Payer Type for All Resident Days: Please indicate the percentage of total resident days for each primary payer type for each of the past three years.**

	2010	2011	2012
Medicaid FFS			
Medicare			
Private pay			
Private insurance			
Managed care			
No payer			
Specify Other type (and %)			

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**Q61. Please enter the requested financial information for each of the past 3 years, as well as for the 2013 approved County budget.**


**For 2010 and 2011, please fill in the actual data AND please upload the audited financial reports for those two years on the next screen.**

**For 2012, please provide both (a) the approved budget data lines for the year and (b) the most complete end-of-year estimates currently available.**

	2010	2011	Approved Budget 2012	2012 Actual (or year-end-estimate)	2013 Approved Budget
Total Operating Revenues					
Total Operating Expenses					
Net Loss/Gain from Operations					
Net Non-Operating Revenues (Expenses)					
IGT Revenues					
County Contribution/Transfer					
County Tax Levy Subsidy					
Change in Net Assets/Fund Equity					
Fund Balance End of Year					

**Q61\_Upload. For 2010 and 2011 upload your audited financial reports by clicking on "Upload File" below.**  
Please upload between 0 and 4 files

### Upload files

 After upload is complete, you will be able to return to the survey.

**Q62. In the most recent year in which your home received an IGT payment, did you receive the full IGT amount for which you were eligible that year? If not, what percentage of the total amount did you receive, i.e, what percentage of the total IGT allocation potentially available to the County was matched by the County from its General Fund?**  
Check any that apply

- Yes, full amount
- If no, please enter the percentage received and year.

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**Q63. Please enter the annual amount of general County indirect costs for such things as audit costs, personnel/HR support, legal service support, etc. which were allocated against your nursing home budget in each of the past three years.**

	2010	2011	2012 Actual OR	2012 Best Estimate
Indirect Cost Amount				

**Q64. Does your nursing home transfer funds from your Nursing Home Enterprise Fund to the County General Fund to cover some or all of these indirect charges?**

Choose one of the following answers

- No
- Yes

**Q65. If yes, what dollar amount of these indirect cost charges were transferred from the Nursing Home to the County in each of the past three years?**

	2010	2011	2012
\$ amount of indirect costs transferred by NH to County			

**Q66. In the approved 2013 County Budget, the total fringe benefits amount equals what percentage of the total of all salaries and wages for your nursing home?**

*Only numbers may be entered in this field*

**Q67. What is your home's outstanding capital debt as of year end 2012?**

*Only numbers may be entered in this field*



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### FINAL QUESTIONS

**Q68. If there are any other issues you would like to raise, please do so here, or by telephone, or by email.**

**(585) 327-7066**

[erosenberg@cgr.org](mailto:erosenberg@cgr.org)

**Q69. Please indicate if you would be willing to participate in a follow-up brief telephone interview.**

Choose one of the following answers

- No
- Yes - please provide telephone number in box provided.

Please enter your comment here:

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If you have any questions or issues you would like to raise please contact:

**Erika Rosenberg** | Associate Director  
CGR | 1 S. Washington, Suite 400 | Rochester, NY 14614  
Phone: 585.327.7066  
[erosenberg@cgr.org](mailto:erosenberg@cgr.org)

**Did not save**

Your survey responses have not been recorded. This survey is not yet active.

[Clear responses](#)