Utilization of Nursing Homes United States: National Nursing Home Survey August 1973-April 1974

Presents statistics on various measures of utilization according to selected facility, resident, staffing, and financial characteristics. These statistics include distribution of beds, occupancy rate, demographic characteristics of residents, length of stay since current admission, primary reason for admission, living arrangements prior to admission, admissions, discharges, rate of turnover, full-time equivalent staff, skill of charge person, charges for care, and sources of payment. Based on data collected in the National Nursing Home Survey.

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UTILIZATION OF NURSING HOMES

Jeannine Fox Sutton, Division of Health Resources Utilization Statistics

INTRODUCTION

Scope of Report

In the last 10 years, the increased utilization of nursing homes has made them one of the most rapidly expanding sectors of the Nation's health care delivery system. This report will present a three-dimensional view of the Nation's utilization of nursing homes by reviewing (1) facility data, (2) resident data, and (3) staffing and charge data collected in the National Nursing Home Survey from August 1973 to April 1974. Examination of these three areas will include a review of such measures as admissions to and discharges from nursing homes, primary reason for admission, prior living arrangement, occupancy rates of nursing home beds, the average length of stay since current admission, the level of skill of the person in charge of work shifts in the home, and the average monthly charge for resident care.

Reports pertaining to data collected in the 1973-74 National Nursing Home Survey have been published. One report presents data on operating and financial characteristics of the facility, and a second report presents data on demographic and social characteristics of the residents. Future publications will present data on the health profile of the residents, their charges for care, and medical services received as well as data on facility and staff characteristics and on the cost of providing care.

Background

The 1973-74 National Nursing Home Survey was designed and developed by the Division of Health Resources Utilization Statistics in con-

junction with a group of experts in various fields encompassing the broad area of long-term care. It was specifically designed as the first in a continuing series of surveys to satisfy the diverse data needs of those who establish standards for, plan, and provide long-term care. Facilities within the scope of this survey were those nursing homes that provided some level of nursing care. Criteria for classifying nursing homes and definitions of the two classes discussed here are presented in appendix IV.

From August 1973 to April 1974, data from a national sample of nursing homes concerning their services, costs, residents, and staff were collected via a combination of mail and personal interview survey techniques. Data on characteristics of the facilities and on all staff members were collected by interviewing the administrator. Data for a sample of residents were collected by personal interview with the nurse who usually provided care for the resident. When answering the questions, the nurse generally referred to the resident's medical record. A detailed description of the data collection procedures is presented in appendix I; definitions of terms are given in appendix II; the data collection instruments are presented in appendix III. Because the estimates from the survey are based on a sample of nursing homes rather than on a complete enumeration, they are subject to sampling variability. Detailed information on the sampling variability of these estimates is given in appendix I.

Data from five previous surveys of nursing homes conducted by the National Center for Health Statistics may be used to study changes in nursing home care. Published data are available from the three sample surveys of "resident

1

Table A. Number and percent distribution of nursing homes by certification status, according to size, ownership, and geographic region:
United States, August 1973-April 1974

			Certification status				
	Number		Both Medi-	Medicai	d only	Not certi- fied	
Size, ownership, and geographic region	of homes	Total	care and Medi- caid ¹	SNH's ²	ICF's		
			Perce	ent distribu	tion		
All homes	15,700	100.0	26.5	22.4	28.1	23.1	
Size							
Less than 50 beds	6,400 5,500 3,200 600	100.0 100.0 100.0 100.0	9.5 31.8 46.7 48.2	15.9 24.8 29.1 32.9	35.9 28.5 16.0	38.8 14.9 8.2	
Ownership							
Proprietary Nonprofit and government	11,900 3,900	100.0 100.0	27.2 24.4	21.2 25.9	29.3 24.4	22.3 25.3	
Geographic region				į			
Northeast	3,100 5,600 4,100 2,900	100.0 100.0 100.0 100.0	31.3 16.3 20.1 50.3	27.1 19.9 22.4 22.0	17.7 35.6 36.5 12.8	24.0 28.2 21.0 15.0	

Of these homes, 8 percent were certified by Medicare only.

places" conducted in 1963,³⁻⁶ 1964,⁷⁻¹⁴ and 1969,¹⁵⁻²¹ as well as from a national census of nursing homes conducted in 1968. The 1963, 1964, and 1969 surveys included those facilities that provided either nursing or personal care, and the 1973-74 survey included only those providing some level of nursing care. (The 1963 survey also covered homes providing hospital care.) To allow for valid comparisons of data over time, homes providing personal care or hospital care were excluded from the 1963, 1964, and 1969 estimates.

FACILITY DATA

General Characteristics of Homes

Approximately 15,700 homes provided nursing care in the United States during the period

under study. Of these homes, about 75 percent were operated under a proprietary type of ownership (table A) and about 25 percent under nonprofit or government auspices. These homes provided care for about 1,075,800 residents, or approximately 5 percent of the U.S. population 65 years of age and over. The following nursing care homes were included in the 1973-74 survey:

Those certified as extended care facilities (ECF's) by Medicare (Title XVIII of the Social Security Act).²

²Of these homes, 35 percent were certified as both SNH's and ICF's.

^aThe extended care facility and skilled nursing home designations are used in this report because most of the survey was conducted prior to the legislation that created the skilled nursing facility.

Those certified as skilled nursing homes (SNH's) by Medicaid (Title XIX of the Social Security Act).^a

Those certified as intermediate care facilities (ICF's) by Medicaid.

Those not certified by either program but providing some level of nursing care.

Of the homes certified, some were certified by both the Medicare and the Medicaid programs, and others were certified only by the Medicaid program to participate as both a skilled nursing home and as an intermediate care facility. In order to provide detailed data on the homes by certification status, some small certification subgroups were combined with larger ones when both provided similar levels of care. Thus, the 4,200 homes classified as having been certified by both Medicare and Medicaid include 8 percent that were certified by Medicare only. Similarly, the 3,500 homes classified as having been certified by Medicaid as skilled nursing homes (SNH's) include 35 percent that were also certified as intermediate care facilities (ICF's).

When the number of homes in these four certification groups are examined (table A), percents range from 22 percent for SNH's to 28 percent for ICF's. Even though the distribution of homes appears nearly equal over the four certification groups, there were, in fact, significantly more homes in the ICF group than in the SNH group.

Examination of the geographic location of the homes shows that, of the four geographic regions, the North Central Region had the highest proportion of the total homes (over one-third) and the South had the second highest (over one-fourth) (table A). Additional information on the distribution of nursing homes is presented in table 7.

When the number of homes from the 1963 and 1969 surveys were adjusted to reflect the same population as that used for the 1973-74 survey, the percent increase in the number of homes providing nursing care since 1969 was small, about 3 percent for the entire period or an average yearly increase of less than 1 percent. For the 10- or 11-year span from 1963 to 1973-74, however, the increase was 23 percent (or an

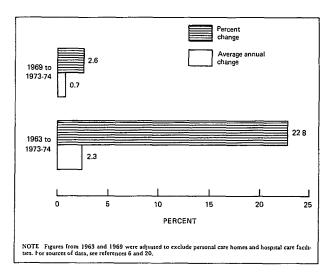


Figure 1. Percent change in the number of nursing homes and the average annual change for 1963, 1969, and August 1973-April 1974: United States

average yearly increase of over 2 percent) (figure 1).

Distribution of Beds

Nursing care homes in the 1973-74 survey have been categorized for this report into four bed-size groups—less than 50 beds, 50-99 beds, 100-199 beds, and 200 beds or more. Homes with more than 200 beds accounted for only 4 percent of the total number of homes and represented a significantly smaller percent of homes than those in the other three groups. At the other end of the spectrum, homes with less than 100 beds represented about 75 percent of all homes.

During the survey period, nursing home beds totaled about 1,177,300. Of these, 24 percent were certified as ECF beds by Medicare; 49 percent were certified as SNH beds by Medicaid; and 32 percent were certified as ICF beds by Medicaid (table B). It should be noted that these percents do not add to 100 percent because some beds have dual certification. For example, a bed certified by Medicare may also be certified by Medicaid. Since one bed may be counted twice, the sum of all certified beds exceeds the actual number of beds by more than 5 percent. Homes under a proprietary ownership accounted for over 70 percent of the total number of beds. Since over three-fourths of all homes are in this

Table B. Number and percent distribution of nursing home beds by ownership and geographic region of the home, according to certification status of the bed: United States, August 1973-April 1974

Certification status of the Ded. Officed States, August 1975-April 1974								
	Certification of bed							
Ownership and geographic region	All beds ¹	Medicare beds	SNH beds	ICF beds				
		Nun	nber					
All beds	1,177,300	287,500	579,600	373,200				
	Percent distribution							
Total	100.0	100.0	100.0	100.0				
Ownership								
Proprietary	70.7 29.3	78.2 21.8	76.0 24.0	73.1 26.9				
Geographic region								
Northeast	21.3 34.7 25.8 18.2	28.3 17.3 17.9 36.5	24.2 25.9 21.7 28.1	14.2 39.4 34.6 11.8				

¹The sum of certified beds exceeds the total number of beds because some beds may have dual certification.

NOTE: Estimates for beds differ by an average of 0.3 percent from those presented in reference 2 due to inclusion of a bed-ratio adjustment factor in the weighting as described in appendix I.

ownership category, this significantly higher percent of beds is not unexpected.

The numbers of beds were distributed similarly to the number of homes when examined by region. As with homes, the percent of beds in the North Central Region was significantly greater than the percents in the other three regions. The South also accounted for a significantly larger percent of beds than the Northeast or the West did.

Figure 2 shows the percent change in the number of beds in homes providing nursing care. When the numbers of beds from the 1963 and 1969 surveys are adjusted to reflect a similar population to that of the 1973-74 survey, the percent increase in beds between 1963 and 1973-74 is 131 percent or an average yearly increase of about 13 percent. Growth since 1969 was much slower; the increase was 38 percent for the 4-year span, or over 9 percent per year.

Occupancy Rate

Another measure of the utilization of nursing homes is the occupancy rate of the beds in the home. This rate was computed for this

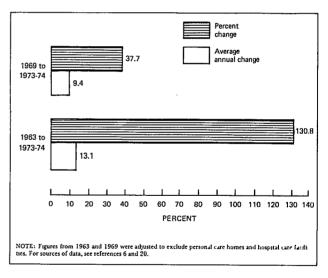


Figure 2. Percent change in the number of nursing home beds and the average annual change for 1963, 1969, and August 1973-April 1974: United States

report by using the formula

Aggregate number of days of care provided to residents in 1972 × 100

 \sum Estimated number of beds in 1972 \times 366

The number of beds in 1972 was estimated by adjusting the number of beds in 1973-74 for any change in beds during the preceding year of 1972. An occupancy rate based on days of care provided gives a more stable estimate of utilization for a calendar year than a rate based on number of beds occupied last night does.

Generally, 87 percent of all beds were occupied in homes during 1972 (table C). While the occupancy rate by type of certification varied from 85 percent for both Medicare and Medicaid homes to 89 for ICF's, no significant differences were found. No significant differences were found in the occupancy rates by ownership, size, or geographic region of the home.

Table C. Occupancy rate of beds in nursing homes, by certification status, ownership, size, and geographic region: United States, 1972

Certification, ownership, size, and geographic region	Occupancy rate ¹
All homes	86.5
Certification status	
Both Medicare and Medicaid ²	84.9
SNH's ³	85.7
ICF's	89.2
Not certified	88.4
Ownership	
Proprietary Nonprofit and government	86.4 86.7
Size	
Less than 50 beds	89.2 88.6 86.3 80.1
Geographic region	
Northeast	89.0 86.2 86.5 84.2

Aggregate number of days of care provided to residents in 1972 × 100

Estimated number of beds in 1972 × 366

See appendix II for additional information concerning ratios.

20f these homes, 8 percent were certified by Medicare only.

only.

30f these homes, 35 percent were certified as both SNH's and ICF's.

For Medicare, SNH, and ICF beds, table 6 presents the percent of beds filled "last night." When sampling variability is considered, the percent of beds filled "last night" is significantly smaller for Medicare beds than for those certified as SNH or ICF beds. Almost 60 percent of the SNH and ICF beds were filled compared with about 12 percent of Medicare beds. Further examination shows that, regardless of the ownership, size, or geographic region of the homes, a smaller percent of Medicare beds was filled on the night prior to the survey.

RESIDENT DATA

Demographic Characteristics

An overall picture of the types of persons using nursing homes during the 1973-74 survey can be obtained by examining the age and sex of the residents, their length of stay since current admission, primary reason for admission, and living arrangements prior to admission. Since, as of July 1973, almost 60 percent of the civilian population over 65 years of age were women, it is not surprising that 7 out of 10 nursing home residents that year were women. Generally, there were 238 females per 100 males. Of the female nursing home residents, almost 80 percent (figure 3) were 75 years and over—a reflection of the longer lifespan of

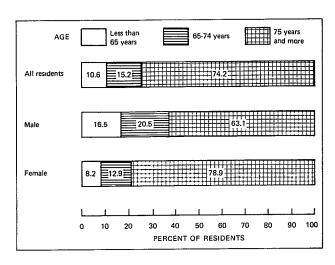


Figure 3. Percent distribution of residents by sex and age: United States, August 1973-April 1974

women. In comparison, about 63 percent of the male nursing home residents were 75 years and over. (The Division of Vital Statistics of the National Center for Health Statistics estimates the lifespan in 1973 to have been 75 years for females and 68 years for males.²²)

Length of Stay Since Current Admission

The length of stay as defined in this report is the time interval between the patient's current admission to the home and the day the survey was conducted. (See question 5 of the Resident Questionnaire in appendix III). Nearly 72 percent of all residents in nursing homes during the 1973-74 survey had been there for less than 3 years and nearly 15 percent had been in nursing homes for less than 3 months (figure 4).

The length of stay of residents according to their age and sex is shown in table D and table 1. Between 70 and 75 percent of the residents had a length of stay of less than 3 years regardless of the sex or age category examined.

Table E and table 2 examine length of stay according to various facility characteristics. Homes certified by both Medicare and Medicaid had a significantly larger percentage of the short-term residents (less than 3 years) than homes in

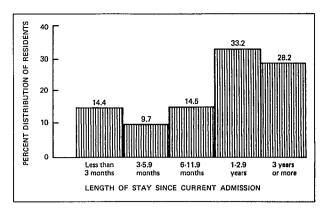


Figure 4. Percent distribution of residents by length of stay since current admission: United States, August 1973-April 1974

the other certification groups had. This was probably due to the generally shorter stay of residents receiving Medicare benefits (Medicare will finance a maximum of 100 days of care). Homes that were not certified had a significantly higher percent of longer term residents (3 years or more) in comparison with homes certified as SNH's, or for both Medicare and Medicaid.

When ownership of the home is considered, government and nonprofit homes had a significantly higher percent of long-term residents (38 percent). Proprietary homes had 24 per-

Table D. Number and percent distribution of residents by length of stay since current admission, according to age and sex: United States, August 1973-April 1974

	Number		Length of stay since current admission					
Age and sex	of residents	Total	Less than 3 months	3 to less than 6 months	6 to less than 12 months	1 to less than 3 years	3 years or more	
				Percent di	stribution			
All residents	1,075,800	100.0	14.4	9.7	14.5	33.2	28.2	
Less than 65 years	114,300 163,100 798,400	100.0 100.0 100.0	14.4 16.5 14.0	9.3 11.0 9.4	14.1 15.8 14.3	31.7 31.3 33.9	30.4 25.3 28.4	
Males	318,100	100.0	17.1	10.5	14.7	32.2	25.6	
Less than 65 years	52,400 65,100 200,600	100.0 100.0 100.0	15.5 17.3 17.5	9.6 11.0 10.5	14.1 15.2 14.7	31.9 30.8 32.7	28.9 25.6 24.7	
Females	757,700	100.0	13.3	9.3	14.4	33.7	29.3	
Less than 65 years	61,900 98,000 597,800	100.0 100.0 100.0	13.5 16.0 12.9	9.1 10.9 9.1	14.0 16.1 14.1	31.6 31.7 34.2	31.8 25.3 29.7	

Table E. Number and percent distribution of residents by length of stay since current admission, according to certification status, ownership, size, and geographic region: United States, August 1973-April 1974

Ownership, size, and geographic region. Office of decay, August 1979 April 1974									
		Numbor		Length of stay since current admission					
Age and sex	Number of residents	Total	Less than 3 months	3 to less than 6 months	6 to less than 12 months	1 to less than 3 years	3 years or more		
			-	Percent d	stribution				
All residents	1,075,800	100.0	14.4	9.7	14.5	33.2	28.2		
Certification status									
Both Medicaid and Medicare ¹	406,900	100.0	20.1	11.3	16.3	33.1	19.2		
SNH's ² ICF's Not certified	292,500 236,700 139,800	100.0 100.0 100.0	12.1 10.3 10.1	8.5 9.3 7.8	14.0 13.1 12.5	35.3 32.9 30.0	30.2 34.4 39.5		
Ownership									
Proprietary	756,200 319,700	100.0 100.0	16.0 10.7	10.4 7.9	15.1 13.0	34.5 30.2	24.0 38.1		
Size									
Less than 50 beds	162,600 367,700 386,100 159,300	100.0 100.0 100.0 100.0	12.1 14.9 16.4 11.0	10.3 9.2 10.3 8.5	11.7 14.6 15.5 14.4	32.1 34.3 33.2 32.1	33.8 27.0 24.5 34.0		
Geographic region									
Northeast	236,100 368,700 278,200 192,800	100.0 100.0 100.0 100.0	14.6 11.7 14.6 19.3	9.6 9.4 9.2 11.0	14.1 14.1 14.8 15.3	31.7 33.1 35.2 32.4	30.1 31.7 26.2 22.0		

¹Of these residents, 23,500 were in facilities certified by Medicare only.

cent of their residents in this "3-years-or-more" group.

Homes in the smallest and largest size groups (those with less than 50 beds and those with 200 or more) had significantly higher percents of long-term residents than homes in the middle-size categories had. Specifically, homes in each of these two bed-size groups accounted for about 34 percent of long-term residents.

Homes in the Northeast and North Central Regions had significantly larger percents (30-31 percent) of long-term residents than homes in the West Region (22 percent) had. Southern homes had 26 percent of residents with this longer length of stay.

The median length of stay is the point in the distribution where half of the residents have

shorter stays and half have longer stays. As such, it is a good measure of central tendency since it is not affected by the extremes in the distribution. The median length of stay for all residents in the survey was 547 days, or 1.5 years. Table F shows how this median varies according to certification, ownership, size, and geographic region of the home. Residents with a median length of stay greater than 2 years were those in noncertified facilities and those in homes operated under nonprofit and government auspices.

Primary Reason for Admission

The nurse respondent was asked to select the primary reason the resident was admitted

²Of these residents, 129,600 were in facilities certified as both SNH's and ICF's.

Table F. Median length of stay of residents since current admission by certification status, ownership, size, and geographic region: United States, August 1973-April 1974

Togeth Chica Catory Adjust 1070 April 1011								
Certification, ownership, size and geographic region	Median length of stay since current admission							
	In days	in years						
All residents	547	1.5						
Certification status								
Both Medicare and Medicaid Medicaid only:	397	1.1						
SNH's ²	609 691 762	1.7 1.9 2.1						
Ownership								
Proprietary Nonprofit and government	485 751	1.3 2.1						
Size								
Less than 50 beds	635 538 472 667	1.7 1.5 1.3 1.8						
Geographic region								
Northeast	581 614 532 430	1.6 1.7 1.5 1.2						

¹Of these residents, 23,500 were in facilities certified by Medicare only.

²Of these residents, 129,600 were in facilities certified as both SNH's and ICF's.

to the home from four general categories. These categories were listed as "physical reasons," "social reasons," "behavioral reasons," and "economic reasons." (See question 7 of the Resident Questionnaire, appendix III.) Over 80 percent of persons residing in nursing homes during the survey entered the home because of physical reasons (figure 5). In fact, regardless of sex, age, or length of stay of the resident (table G) or of any of the facility characteristics (table H), a significantly larger portion of residents were admitted to homes because of physical problems. Although nearly one-eighth of all residents were admitted because of behavioral

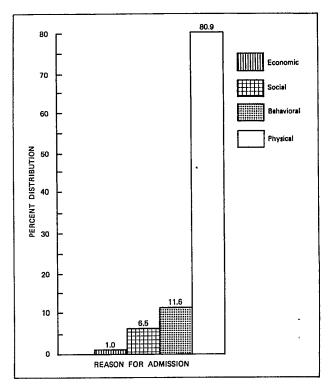


Figure 5. Percent distribution of residents by the primary reason for admission to the nursing home: United States, August 1973-April 1974

problems, about one-third of the younger residents (under 65 years of age) were admitted because of behavioral problems (table G). In contrast, a significantly smaller percent of residents in the older age groups was admitted for behavioral problems. Nearly 7 percent of residents were admitted primarily for social reasons and only 1 percent for economic reasons. Tables 3 and 4 present additional information on reason for admission.

Living Arrangements Prior to Admission

Of the 1,075,800 persons in nursing homes during August 1973-April 1974, 38 percent were admitted from a private residence and 59 percent from another facility (table J). (See question 6a of the Resident Questionnaire, appendix III.) For 35 percent of all residents, the place of residence prior to admission was a general or short-stay hospital. This percent is significantly larger than any for the other types of facilities. As many as half of the residents admitted to

Table G. Percent distribution of residents by primary reason for admission, according to sex, age, and length of stay since current admission: United States, August 1973-April 1974

Sex, age, and length of stay since current admission		Primary reason for admission					
Sex, age, and religition stay since current aumission	Ali reasons	Physical	Social	Behavioral	Economic		
		Perc	ent distri	bution			
Both sexes	100.0	80.9	6.5	11.6	1.0		
Less than 65 years	100.0	59.4	5.5	33.9	*		
65-74 years	100.0 100.0	76.6 84.9	5.4 6.8	16.9 7.4	1.0		
Male	100.0	79.0	6.5	13.4	1.2		
Less than 65 years	100.0 100.0 100.0	57.7 77.3 85.1	5.7 5.7 6.9	35.3 15.8 6.9	*		
Female	100.0	81.8	6.4	10.9	0.9		
Less than 65 years	100.0 100.0 100.0	60.8 76.2 84.8	5.4 5.3 6.8	32.7 17.6 7.5	* * 0.9		
Less than 3 months	100.0 100.0 100.0 100.0 100.0 100.0 100.0	87.2 84.7 84.2 81.3 79.0 74.1 56.3	5.0 4.5 4.5 5.6 6.9 10.5 20.2	7.5 10.1 10.5 12.2 12.9 14.1 19.4	* * 1.0 * *		

homes certified by both Medicare and Medicaid were admitted from general or short-stay hospitals. Since Medicare residents are generally admitted to ECF's following discharge from a hospital, many of them were probably admitted to recuperate from an operation or acute illness. Also, homes certified by both Medicare and Medicaid generally provide a higher level of nursing care, which is appropriate for persons recuperating from a hospital stay. Table 5 shows in more detail the distribution of residents according to their living arrangements prior to admission.

Admissions

About 1,110,800 persons were admitted to nursing homes during 1972. (See question 13 of the Facility Questionnaire, appendix III.) Over

half of these admissions (table K) were to the one-quarter of homes that were certified by both Medicare and Medicaid. The fact that these homes, on the whole, were larger accounts for this significantly large portion of the admissions.

An examination of admissions according to ownership of the home shows a significantly larger percent of admissions to proprietary homes in 1972. Since about three-fourths of all homes were operated under proprietary auspices, this could be expected.

Examination of admissions according to geographic location of the home revealed no significant difference among the percents for the four regions—they ranged from 22 percent of the admissions for homes in the Northeast Region to 28 percent of those for homes in the North Central. Table 6 presents additional data on admissions.

Table H. Percent distribution of residents by primary reason for admission, according to certification status, ownership, size, and geographic region: United States, August 1973-April 1974

		Pr	sion						
Certification, ownership, size, and geographic region	All reasons	Physical	Social	Behavioral	Economic				
	Percent distribution								
All residents	100.0	80.9	6.5	11.6	1.0				
Certification status									
Both Medicare and Medicaid ¹	100.0	87.1	4.0	8.2	0.7				
Medicaid only: SNH's ² ICF's Not certified	100.0 100.0 100.0	83.0 78.3 63.3	5.2 6.6 16.1	11.2 14.5 17.4	* * 3.2				
Ownership									
Proprietary	100.0 100.0	82.3 77.7	4.3 11.5	12.8 8.7	0.5 2.2				
Size									
Less than 50 beds	100.0 100.0 100.0 100.0	75.5 81.8 83.0 79.4	8.2 5.2 6.4 7.7	14.7 12.1 9.9 11.5	1.6 0.9 0.7 1.5				
Geographic region				<u> </u>					
Northeast North Central South West	100.0 100.0 100.0 100.0	82.4 77.3 82.2 84.3	7.9 7.7 5.2 4.0	8.1 14.1 11.7 11.1	1.7 0.9 0.9 *				

Of these residents, 23,500 were in facilities certified by Medicare only.

Table L shows a comparison of the admissions to nursing homes in 1962, 1968, and 1972. (Data have been adjusted to reflect similar populations.) For the 10-year period since 1962, admissions to nursing homes increased by 210 percent, but the number of beds increased by only 131 percent. This might indicate increased utilization of previously unoccupied beds and a reduction in the length of stay.

Rate of Patient Turnover

A relative measure of turnover, which allows a comparison to be made among the various types of institutions, is the number of admissions per bed. This ratio varied somewhat in 1972 according to the certification, ownership, size, and geographic region of the home. An examination of table M reveals a significantly higher rate of turnover of residents in homes certified by both Medicare and Medicaid, homes with a proprietary type of ownership, and homes in the West Region of the United States. Admissions per bed per year ranged from 0.7 for homes in the largest size group (200 beds or more) to 1.1 for homes in the 100-199 bed-size group. In fact, homes with 200 beds or more had a significantly smaller rate of turnover than homes in the bed-size groups 50-99 and 100-199.

The rate of turnover has varied over the years as shown in table L. Admissions per bed varied from 0.7 for 1962 to 1.1 for 1968 to 0.9 for 1972. The lower ratio for 1972 as compared

²Of these residents, 129,600 were in facilities certified as both SNH's and ICF's.

Table J. Number and percent distribution of residents by living arrangements prior to admission, according to certification status, ownership, size, and geographic region: United States, August 1973-April 1974

	0	ther health	facility						
Certification, ownership, size, and geographic region	Number	Total	All facil- ities	Gen- eral or short- stay hospi- tal	Mental hospi- tal or other long- term care spe- cialty hospi- tal	Another nursing home or re- lated facility	Boarding home or other place	Private resi- dence	Un- known
					Percer	nt distributio	on		
All residents	1,075,800	100.0	58.8	34.8	7.9	13.9	2.2	37.5	3.8
Certification status									
Both Medicare and Medicaid 1	406,900	100.0	69.7	50.0	5.5	12.2	2.0	27.3	3.0
SNH's ² ICF's Not certified	292,500 236,700 139,800	100.0 100.0 100.0	57.5 50.0 44.4	32.9 21.7 16.5	7.7 10.6 10.4	14.7 16.2 13.2	2.1 1.5 4.3	38.9 46.0 49.4	3.6 4.0 6.2
Ownership									
Proprietary Nonprofit and government	756,200 319,700	100.0 100.0	64.2 45.9	38.6 25.8	9.2 4.8	14.6 12.4	1.9 3.0	32.7 48.6	3.1 5.4
Size									
Less than 50 beds	162,600 367,700 386,100 159,300	100.0 100.0 100.0 100.0	54.9 59.4 61.6 54.6	24.1 35.5 39.6 32.2	11.0 8.0 6.5 7.9	16.9 14.0 13.2 12.4	2.8 1.9 2.3 2.1	42.1 36.7 34.9 40.6	3.0 3.9 3.5 4.8
Geographic region									
Northeast	236,100 368,700 278,200 192,800	100.0 100.0 100.0 100.0	60.8 56.5 52.0 70.4	41.0 30.5 29.6 42.8	4.8 10.2 7.7 7.5	12.1 13.9 13.5 16.6	2.8 1.9 1.2 3.5	37.1 39.0 43.7 25.9	2.1 4.5 4.3 3.7

Of these residents, 23,500 were in facilities certified by Medicare only.

with that for 1968 is probably due to the greater increase in the number of beds (37 percent) when compared with the increase in the number of admissions (17 percent).

Waiting Lists

Another measure of utilization of nursing homes is the demand for nursing home beds.

This can be indicated by the number of homes maintaining a waiting list and the number of persons on these lists. During the survey, 72 percent of all homes (or 11,300) maintained waiting lists (table N). These lists contained the names of 152,300 persons who, if admitted, would have utilized 13 percent of all beds. Because one person may have had his name on several lists, the number 152,300 overestimates

²⁰f these residents, 129,600 were in facilities certified as both SNH's and ICF's.

Table K. Number and percent distribution of admissions to nursing homes, by certification status, ownership, size, and geographic region: United States, 1972

Certification, ownership, size, and geographic region	Number	Percent distri- bution
All admissions	1,110,800	100.0
Certification status		
Both Medicare and Medicaid 1	624,100	56.2
SNH's ²	223,600 164,900 98,200	20.1 14.8 8.8
Ownership		
Proprietary Nonprofit and government	852,800 258,000	76.8 23.2
Size		
Less than 50 beds	148,900 397,000 441,200 123,700	13.4 35.7 39.7 11.1
Geographic region		
Northeast	238,700 306,900 289,100 276,100	21.5 27.6 26.0 24.9

¹Of these homes, 8 percent were certified by Medicare

only.

2Of these homes, 35 percent were certified as both SNH's and ICF's.

NOTE: Figures may not add to totals due to rounding.

Table L. Number of admissions to nursing homes and admissions per bed: United States, 1962, 1968, and 1972

Admissions and admissions per bed	1962 ¹	1968 ¹	1972
Number of admissions	358,500	946,000	1,110,800
Admissions per bed	0.7	1.1	0.9

¹These figures were adjusted to include only homes providing some level of nursing care. For sources of data see references 6 and 20, respectively.

the demand. Nevertheless, the fact that 72 percent of all homes maintained waiting lists indicated that the demand for beds exceeded the supply in a majority of homes.

Of the homes not certified by Medicare or Medicaid, 61 percent maintained waiting lists

Table M. Rate of resident turnover (admissions per bed), by certification status, ownership, size, and geographic region: United States, 1972

Officed Otates, 1072	
Certification, ownership, size, and geographic region	Admis- sions per bed
All homes	.9
Certification status	
Both Medicare and Medicaid ¹ Medicaid only: SNH's ²	1.4
ICF's	.7 .7
Ownership	
Proprietary	1.0 .7
Size	
Less than 50 beds	.8 1.0 + 1.1 .7
Geographic region	
Northeast North Central	1.0 .8 1.0 1.3

¹Of these homes, 8 percent were certified by Medicare ²Of these homes, 35 percent were certified as both SNH's and ICF's.

NOTE: See appendix II for additional information concerning ratios.

(table N). This percent was significantly smaller than the percents for homes in the other three certification categories. The 77 percent of nonprofit and government homes with waiting lists was not significantly greater than the 70 percent of proprietary homes. Significantly fewer homes (67 percent) with less than 50 beds than those with 50-99 beds (76 percent) maintained waiting lists. About 75 percent of all homes in the two larger bed-size groups maintained these lists.

Discharges

About 1,077,500 persons were discharged from nursing homes in 1972-approximately

Table N. Number and percent distribution of nursing homes by whether or not a waiting list was maintained, according to certification status, ownership, size, and geographic region: United States, August 1973-April 1974

Certification, ownership, size, and geographic region	Total	With waiting list	Without waiting list	Total	With wait- ing list	With- out wait- ing list
		Number		Percer	nt distrib	oution
All homes	15,700	11,300	4,400	100.0	72.0	28.1
Certification status						,
Both Medicare and Medicaid ¹	4,200	3,200	1,000	100.0	77.1	22.9
Medicaid only: SNH's ² ICF's Not certified	3,500 4,400 3,600	2,800 3,100 2,200	700 1,300 1,400	100.0 100.0 100.0	79.2 70.2 61.2	20.8 29.8 38.8
Ownership						
Proprietary Nonprofit and government	11,900 3,900	8,300 3,000	3,500 900	100.0 100.0	70.3 77.0	29.7 23.0
Size						
Less than 50 beds	6,400 5,500 3,200 600	4,300 4,200 2,400 500	2,100 1,300 800 *	100.0 100.0 100.0 100.0	66.9 76.1 74.0 75.8	33.1 23.9 26.0
Geographic region						
Northeast	3,100 5,600 4,100 2,900	2,400 4,000 3,000 2,000	800 1,600 1,100 900	100.0 100.0 100.0 100.0	75.4 70.7 72.4 70.1	24.6 29.3 27.7 29.9

¹Of these homes, 8 percent were certified by Medicare only.

33,000 less than the number of persons admitted. As might be expected, discharges in 1972 followed the same pattern as that of admissions:

Over half of the discharges were from homes certified by both Medicare and Medicaid.

About three-fourths of all discharges were from proprietary homes.

A significantly smaller portion of the discharges were from homes in the smallest and largest bed-size groups.

Discharges were rather evenly distributed among homes in the four geographic regions.

Almost 70 percent of all persons discharged in 1972 were alive and 30 percent were dead (table O). Although only 30 percent of the discharges were due to death, for 1972 the death rate for nursing homes residents of 304 per 1,000 was 5.1 times the rate for the U.S. population aged 65 and over.

The percent of discharges due to death was significantly larger for homes not certified (47 percent) than for homes certified as SNH's or ICF's (34 percent) or by both Medicare and Medicaid (25 percent).

Homes in the smallest size group (less than 50 beds) had a significantly larger percent of discharges due to death (41 percent) than homes

²⁰f these homes, 35 percent were certified as both SNH's and ICF's.

Table O. Number and percent distribution of discharges by discharge status, according to certification status, ownership, size, and geographic region: United States, 1972

Certification, ownership, size, and geographic region	Number of discharges	Total	Dis- charged alive	Dis- charged dead
		Per	cent distrib	ution
All discharges	1,077,500	100.0	69.6	30.4
Certification status				
Both Medicare and Medicaid ¹	599,300	100.0	74.9	25.1
Medicaid only:	209,400 153,600 115,300	100.0 100.0 100.0	66.3 66.3 52.7	33.7 33.7 47.3
Ownership				
Proprietary Nonprofit and government	833,800 243,700	100.0 100.0	70.5 66.4	29.5 33.6
Size				
Less than 50 beds	164,500 378,900 415,500 118,600	100.0 100.0 100.0 100.0	59.2 71.7 72.1 68.7	40.8 28.3 27.9 31.3
Geographic region				
Northeast	223,300 307,800 273,300 273,100	100.0 100.0 100.0 100.0	70.9 62.4 70.0 76.4	29.1 37.6 30.0 23.6

¹Of these homes, 8 percent were certified by Medicare only.

with 50-99 beds or 100-199 beds had. Table 6 presents additional data on discharges.

Table P shows the number of discharges both alive and dead for 1962, 1968, and 1972. Data for 1962 and 1968 have been adjusted to reflect a population similar to the one included in the 1973-74 survey. Although percent change in discharges since 1962 follows a pattern similar to that for admissions, the amount of change is slightly larger. Since 1968, discharges increased by 24 percent over the 4-year span, or 6 percent per year. For the 10-year period since 1962, the number of discharges increased by 218 percent, or about 22 percent per year. There was a significant decline in the percent of discharges due to

Table P. Number and percent distribution of discharges by discharge status: United States, 1962, 1968, and 1972

Discharges	1962 ¹	1968 ¹	1972	
Number of dis- charges	339,300	872,300	1,077,500	
	Percent distribution			
Total	100.0	100.0	100.0	
Discharged alive Discharged dead	58.9 41.1	66.0 34.0	69.6 30.4	

¹These figures were adjusted to include only homes providing some level of nursing care. For sources of data see references 6 and 20, respectively.

²⁰f these homes, 35 percent were certified as both SNH's and ICF's.

death over the 10-year span. Between 1962 and 1972, the percent of discharges due to death dropped from 41 percent to 30 percent.

STAFFING AND FINANCIAL CHARACTERISTICS

Full-Time Equivalent Employees

Employees of nursing homes may be examined best in terms of full-time equivalent (FTE) employees rather than actual employees. Because a full-time equivalent employee is defined as one who works a minimum of 35 hours per week, part-time employees were converted to FTE's by dividing the number of hours worked per week by 35. By using this equivalent, the variation between homes in the proportion of part-time staff was held constant.

During the 1973-74 survey, there were about 713,100 full-time equivalent employees in nursing homes; of these, over half were members of the nursing staff (figure 6) and about 46 percent were nurse's aides. As the level of education and training of the nursing staff increased from

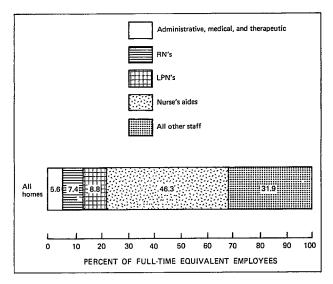


Figure 6. Percent distribution of full-time equivalent employees in nursing homes by occupation category: United States, August 1973-April 1974

nurse's aide to licensed practical nurse (LPN) to registered nurse (RN), the percent of FTE's decreased from 46 percent for nurse's aides to 9 percent for LPN's to 7 percent for RN's (table Q and table 8). In fact, the percent of nurse's

Table Q. Percent distribution of full-time equivalent employees by occupation category, according to certification status of the home:

United States, August 1973-April 1974

		Certification				
	A.II	Both Medi-	Medicai	d only		
Occupation category All homes		care and Medi- caid ¹	SNH's ²	ICF's	Not certi- fied	
		Percent distribution				
All occupations	100.0	100.0	100.0	100.0	100.0	
Administrative and medical ³	3.8 1.8	3.0 2.4	3.4 1.6	4.7 1.1	6.3 1.4	
Registered nurse	7.4 8.8 46.3 31.9	9.1 8.9 45.9 30.7	7.5 9.4 45.5 32.5	4.2 8.5 49.5 32.0	6.4 7.2 44.0 34.8	

¹Of these homes, 8 percent were certified by Medicare only.

²⁰f these homes, 35 percent were certified as both SNH's and ICF's.

³Includes administrators, physicians, dentists, pharmacists, dietitians, medical records administrators, and other professional staff.

⁴Includes occupational therapists, physical therapists, speech pathologists, audiologists, activities directors, social workers, and their assistants.

Table R. Number of full-time equivalent employees per 100 residents, by occupation category and certification status of the home:

United States, August 1973-April 1974

			Certification			
	All homes	Both Medi-	Medicai	d only		
Occupation category		51	SNH's ²	ICF's	Not certi- fied	
	Num	ber of employees per 100 residents			idents	
All occupations	66.3	72.3	68.7	57.5	58.5	
Administrative and medical ³	2.5 1.2 41.4 4.9 5.8	2.2 1.7 46.1 6.5 6.4	2.4 1.1 42.9 5.2 6.5	2.7 0.7 35.8 2.4 4.9	3.7 0.8 33.6 3.7 4.2	
Nurse's aide	30.7 21.2	33.2 22.2	31.2 22.3	28.5 18.4	25.7 20.4	

¹Of these homes, 8 percent were certified by Medicare only.

20f these homes, 35 percent were certified as both SNH's and ICF's.

NOTE: See appendix II for additional information concerning ratios.

aides was significantly greater than the percent of RN's or LPN's were. Administrative, medical, and therapeutic FTE's comprised less than 6 percent of the total nursing home staff.

The percents of FTE nursing staff (RN's, LPN's, and aides) ranged from 58 percent for homes not certified to 64 percent for homes certified by both Medicare and Medicaid. When the percents and their sampling variabilities were compared, the percent of FTE nursing staff was significantly smaller for homes with no certification.

The ratio of FTE's per 100 residents provides a crude measure of the workload as well as the availability of staff to provide care for residents. Overall, there were 66 full-time equivalent employees per 100 residents, or about 1 FTE employee for every 1.5 residents (table R). Forty-one percent of FTE's were part of the nursing staff. Homes certified by both Medicare and Medicaid or as SNH's had significantly more FTE's per 100 residents than those certified as ICF's and those that were not certified.

Over a 10-year span, the number of FTE's per 100 residents increased by 22, from 44 per

100 in 1964 to 66 in 1973-74 (table S). This increase indicates that residents in the 1973-74 survey received more staff time and care than residents in prior survey years did.

Table S. Number of full-time equivalent employees per 100 nursing home residents for 1964, 1968, and August 1973-April 1974: United States

Year	PTE's per 100 resi- dents
1973-74	66.3 61.5 44.1

¹These figures were adjusted to include only homes providing some level of nursing care. For sources of data see references 7 and 23, respectively.

NOTE: See appendix II for additional information concerning ratios.

Level of Skill of Person in Charge

Another measure of the availability of care in nursing homes is the number of shifts in the

³Includes administrators, physicians, dentists, pharmacists, dietitians, medical records administrators, and other professional staff.

⁴Includes occupational therapists, physical therapists, speech pathologists, audiologists, activities directors, social workers, and their assistants.

home and the level of skill of the nurse in charge who is on duty (that is, awake, dressed, and serving the residents) for each of the shifts. (See questions 22 and 23 of the Facility Questionnaire, appendix III.) Most nursing homes in the survey (86 percent) had three shifts and had an on-duty charge nurse available around the clock (figure 7).

As the level of certification of the home decreased, the percent of homes with three shifts decreased (table 9). A significantly smaller percent of homes not certified (64 percent) than of those with some type of certification (86 percent or more) had three shifts.

Since the proportion of homes with three shifts represents such a large percent (86 percent) of all the homes, the examination of the level of skill (education) of the nurse in charge was based on those in these homes. In 78 percent of these homes, RN's and/or LPN's were the on-duty persons in charge. Slightly over

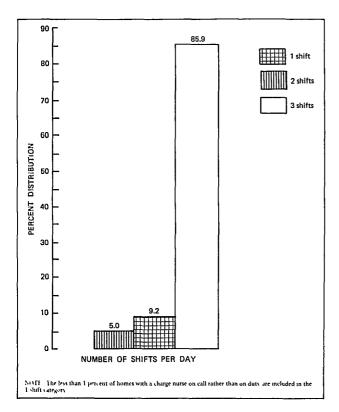


Figure 7. Percent distribution of nursing homes by number of shifts per day: United States, August 1973-April 1974

one-fourth of the homes had an RN on duty for all three shifts (table T and table 9).

Examination of table T shows that as the certification status of the home decreased so did the level of skill of the charge nurse on duty. Homes certified by both Medicare and Medicaid had an RN, LPN, or some combination of the two on duty for three shifts in a significantly larger percent of homes—over 94 percent. This pattern is directly related to certification requirements in effect at the time of the survey-that homes certified by Medicare were required to provide 24-hour nursing services with an RN on duty for 40 hours per week. (This requirement could be waived in certain special situations, such as in rural nursing homes that were unable to assure the presence of a full-time RN.) On the other hand, 61 percent of ICF's and only 49 percent of homes not certified had a combination of RN's and LPN's on

When level of skill of person in charge is considered in relation to size of the home, all homes having 200 beds or more had an RN or some combination of RN's or LPN's in charge for all three shifts. This is probably true because most of these larger homes were certified by both Medicare and Medicaid or were providing a high level of nursing care.

Data relating to RN's on duty for all three shifts are available from the 1968 Nursing Home Survey²³ as well as from this 1973-74 survey. In 1968, 95 percent of the 15,200 homes operated three shifts of employees each day (table U). Of these homes, 2,900 (or 19 percent) had an RN on duty for all three shifts. In contrast, fewer homes (86 percent) operated these shifts in 1973-74 but more homes (approximately 3,700 or 23 percent) had an RN on duty for all of the three shifts. When sampling variability was examined, however, there was no significant difference in the percent of homes with an RN on duty for three shifts between 1968 and 1973-74.

Average Total Monthly Charge for Care

Data on average total monthly charge for care were based on the answer to the question, "Last month, what was the total charge for the

Table T. Percent distribution of nursing homes with person in charge on duty for three shifts by level of skill of the person in charge, according to certification status, ownership, and size of home: United States, August 1973-April 1974

		Skill of charge person on duty in homes with three shifts			with	
Certification, ownership, and size	Total	RN's all three shifts	RN/LPN combi- nation for all three shifts ¹	LPN all three shifts	Nurse's aide all three shifts	Other combi- nations
			Percent di	stribution		
All homes with three shifts	100.0	27.4	45.1	5.8	4.9	16.7
Certification status						
Both Medicare and Medicaid ²	100.0	53.2	40.9	*	*	*
SNH's ³ ICF's Not certified	100.0 100.0 100.0	32.0 6.5 11.9	60.6 44.1 32.4	10.1 *	5.0 19.5	34.3 31.6
Ownership						
Proprietary Nonprofit and government	100.0 100.0	25.0 34.3	47.5 38.1	5.6 6.5	5.5 *	16.3 18.1
Size						
Less than 50 beds	100.0 100.0 100.0 100.0	12.1 21.1 52.6 79.3	37.7 58.4 39.8 *	7.7 6.1 *	12.0 * * -	30.6 12.9 *

¹Includes homes with RN's on duty for two of three shifts and homes with LPN's for two of three shifts.

Table U. Number and percent of nursing homes with three shifts and percent with RN's in charge for three shifts: United States, 1968 and August 1973-April 1974

Year	Num- ber of homes	Per- cent with three shifts	Per- cent with RN's in charge for three shifts
1973-74	15,700	85.5	23.4
19681	15,200	94.8	19.3

¹These figures were adjusted to include only homes providing some level of nursing care. For source of data see reference 23.

resident's care, including all charges for special services, drugs, and special medical supplies?" (See question 25c of the Resident Questionnaire, appendix III.) Since the question asked for total charges for last month, data were not collected for those residents living in nursing homes for less than one full month. The average monthly charge data included about 15,700 residents who were covered by "life-care" plans or "no-charge" plans.

For the survey period, the average total monthly charge for the 1,012,000 residents who had been in the home for at least a month ranged from no charge to over \$1,000. About 3 percent of these residents paid over \$1,000 while only about 1 percent paid no charge at all.

²Of these homes, 8 percent were certified by Medicare only.

³Of these homes, 35 percent were certified as both SNH's and ICF's.

In fact, the average total charge for all residents was \$479 per month with about two-thirds of all the residents being charged less than \$500.

Table W presents the average total monthly charge by selected resident characteristics. When examined according to length of stay since current admission, the average total charge ranged from under \$390 per month for those residents with a length of stay of 10 years or more to \$542 for residents with stays of less than 3 months. In fact, residents with 10 years or more paid significantly less than those staying less

Table W. Average total monthly charge and number of residents, by age, sex, length of stay since current admission, and primary reason for admission: United States, August 1973-April 1974

Age, sex, length of stay since current admission, and primary reason for admission	Average total monthly charge ¹	Number of resi- dents
All residents in home 1 month or more	\$479	1,012,000
Age		
Less than 65 years	434 473 486	107,500 152,000 752,500
Sex		
Male	466 484	294,800 717,200
Length of stay since current admission		
Less than 3 months	542 521 499 479 459 420 383	91,500 103,800 155,700 357,700 149,700 116,200 37,300
Primary reason for admission		
Physical	499 369 419 294	815,200 66,400 119,800 10,500

[.]¹Includes basic charge plus any special charges for medical or nursing services, medical supplies, equipment, and so forth.

NOTE: Figures may not add to totals due to rounding.

than a year did. Since over 21 percent of the residents participating in life care (resident made an initial payment for lifetime care) or no-charge plans had a length of stay of 10 years or more, the significantly lower charge for these longer term residents was related to these arrangements.

The primary reason for admission was related to the average total monthly charge for care. Residents admitted because of physical problems paid significantly higher charges per month than persons admitted for social, behavioral, or economic reasons did. Since those admitted for physical problems generally require greater care and increased services, it is not surprising that the charges for those residents were greater. Additional data on average total monthly charge are presented in table 10.

Data on the average total monthly charge for care were collected in the sample surveys conducted in 1964 and 1969. Table Y shows how these monthly charges increased over the 10 years from 1964 to 1974. Since 1964, the increase in charges was 159 percent (or about 16 percent per year), but since 1969 it increased by only 43 percent (or about 11 percent per year).

Table Y. Average total monthly charge: United States, 1964, 1969, and August 1973-April 1974

Year	Average total monthly charge ¹
1973-74	\$479
19692	335
1964 ²	185

¹Includes basic charge plus any special charges for medical or nursing services, medical supplies, equipment, and so forth. Based on data for residents in the home for 1 month or more.

Primary Source of Payment

Data on the resident's primary means of paying for care are based on responses given to the question, "What was the primary source of payment for care last month?" (See question 26b of the Resident Questionnaire, appendix

²These figures were adjusted to include only homes providing some level of nursing care. Residents with life care and no-charge arrangements were included in these figures. For sources of data see references 11 and 18, respectively.

Table Z. Percent distribution of residents by primary source of payment according to age, sex, length of stay since current admission, and primary reason for admission: United States, August 1973-April 1974

		Primary source of payment					
Age, sex, length of stay since current admission, and primary reason for admission	All resi- dents	Own in- come	Medi- care	Medi- caid	Other public assistance	Other	
			Percent d	istributio	n		
All residents in home 1 month or more	100.0	36.7	1.1	47.9	11.4	3.0	
Age							
Less than 65 years	100.0 100.0 100.0	18.1 30.8 40.6	* * 1.1	53.9 51.9 46.2	22.3 13.3 9.4	5.6 2.5 2.7	
Sex							
MaleFemale	100.0 100.0	35.9 37.1	0.9 1.1	46.5 48.4	12.3 11.0	4.4 2.4	
Length of stay since current admission							
Less than 3 months	100.0 100.0 100.0 100.0 100.0 100.0	40.5 43.5 42.6 35.9 32.2 30.4	7.8 * * * *	40.5 44.8 46.4 51.0 51.3 45.2	8.3 7.3 8.9 10.8 13.3 17.9	2.9 2.6 1.7 2.2 3.1 6.3	
Primary reason for admission							
Physical	100.0 100.0 100.0 100.0	37.0 48.0 29.8 22.7	1.3 * * *	50.0 28.9 45.5 27.7	9.5 13.7 21.9 18.2	2.2 9.3 2.4 30.8	

III.) As shown in table Z, Medicaid was the primary source of payment for almost half (48 percent) of the residents in nursing homes during the survey, and about 37 percent of the residents used their own income. Medicare was the primary payment source for about 1 percent of the residents. Table Z and table 11 show the primary sources of payment according to selected resident characteristics. Regardless of age or sex of the resident, Medicaid was the most frequent primary source of payment. It was also the most frequent source for residents staying 1 year or more. In contrast, residents staying less

than 1 year used their own income as frequently as they used Medicaid.

When the primary source of payment is examined according to the reason for the resident's admission to the home, Medicaid was the most frequent primary source for residents admitted because of physical or behavioral reasons. Residents admitted for social reasons most frequently used their own income as the primary source of payment.

Detailed tabulations and an in-depth analysis of resident charges and primary source of payment will be presented in a future report.

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Table 1. Number and percent distribution of residents in nursing homes by length of stay since current admission, according to age and sex: United States, August 1973-April 1974

		Length of stay since current admission							
Age and sex	All residents	Less than 3 months	3 to less than 6 months	6 to less than 12 months	1 to less than 3 years	3 to less than 5 years	5 years or more		
Both sexes				Number					
All ages	1,075,800	155,400	103,800	155,700	357,700	149,700	153,500		
Under 45 years 45-54 years 55-64 years 65-69 years 70-74 years 75-79 years 80-84 years 85-89 years 90-94 years 95 years and over	23,500 28,300 62,500 64,700 98,400 162,700 222,100 233,300 137,000 43,300	3,500 3,400 9,600 10,300 16,700 27,000 35,500 30,700 14,700 4,000	2,700 2,700 5,300 7,900 10,000 17,200 22,700 22,200 10,800 2,400	3,300 3,800 9,000 9,200 16,500 25,700 32,900 33,500 16,800 5,000	7,200 8,800 20,200 20,000 31,100 55,200 76,100 79,800 46,800 12,400	3,700 4,500 8,500 8,700 12,300 19,800 30,000 32,500 21,900 7,900	3,200 5,100 9,900 8,600 11,800 17,800 25,000 34,600 26,000 11,500		
Male									
All ages	318,100	54,400	33,300	46,800	102,300	40,300	41,000		
Under 45 years	12,600 12,600 27,200 28,700 36,500 47,200 55,100 56,600 32,800 8,900	4,600 4,500 6,800 9,300 10,000 10,700 3,800	* 2,400 3,400 3,800 5,200 5,800 6,300 3,100 *	* 3,800 4,300 5,600 6,700 8,900 8,100 4,500	3,700 4,300 8,700 8,600 11,500 15,100 18,400 11,400	* 3,700 3,700 3,800 5,700 5,800 7,300 4,700 *	4,100 4,100 5,100 5,100 6,200 5,900 5,300		
Female All ages	757,700	101,000	70,600	108,900	255,300	109,400	112 500		
Under 45 years	10,900 15,700 35,300 36,100 61,900 115,500 167,000 176,700 104,200 34,400	* * 5,000 5,800 9,900 17,700 25,500 20,000 10,900 2,800	3,000 4,500 6,300 12,000 16,900 15,900 7,700	* * 5,200 4,900 10,900 19,000 24,000 25,400 12,300 3,800	3,500 4,500 11,500 11,400 19,600 40,100 57,700 61,400 35,400 10,200	* 2,600 4,700 5,000 8,500 14,000 24,200 25,300 17,200 6,100	* 3,200 5,900 4,500 6,700 12,700 18,800 28,700 20,700 9,800		

Table 1. Number and percent distribution of residents in nursing homes by length of stay since current admission, according to age and sex: United States, August 1973-April 1974—Con.

			Length	Length of stay since current admission						
Age and sex	All residents	Less than 3 months	3 to less than 6 months	6 to less than 12 months	1 to less than 3 years	3 to less than 5 years	5 years or more			
Both sexes			Percent distribution							
All ages	100.0	14.4	9.7	14.5	33.2	13.9	14.3			
Under 45 years	100.0 100.0 100.0 100.0	14.8 12.2 15.3 15.9	11.4 9.4 8.5 12.2	14.0 13.4 14.4 14.3	30.8 31.2 32.3 30.9	15.6 15.9 13.5 13.4	13.5 18.0 15.9 13.3			
70-74 years	100.0 100.0 100.0 100.0 100.0 100.0	16.9 16.6 16.0 13.1 10.7 9.3	10.2 10.6 10.2 9.5 7.9 5.6	16.8 15.8 14.8 14.4 12.3 11.5	31.6 33.9 34.3 34.2 34.1 28.8	12.5 12.2 13.5 13.9 16.0 18.3	12.0 11.0 11.2 14.8 19.0 26.5			
Male										
All ages	100.0	17.1	10.5	14.7	32.2	12.7	12.9			
Under 45 years 45-54 years 55-64 years 65-69 years 70-74 years 75-79 years 80-84 years 85-89 years 90-94 years 95 years and over	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	* 16.7 15.6 18.6 19.7 18.1 18.9 11.7	8.7 12.0 10.3 10.9 10.5 11.1 9.4	* 14.0 15.1 15.3 14.3 16.2 14.3 13.8	29.5 34.0 32.0 30.0 31.5 32.1 33.4 32.5 34.7	13.7 12.9 10.4 12.2 10.5 12.8 14.3	14.9 14.4 13.8 10.9 11.3 10.4 16.1			
Female All ages	100.0	13.3	9.3	14.4	33.7	14.4	14.8			
Under 45 years	100.0 100.0 100.0 100.0 100.0 100.0	14.2 16.2 16.0 15.3	* 8.4 12.3 10.1 10.4	* 14.7 13.6 17.6 16.4	32.3 28.9 32.6 31.6 31.7 34.7	* 16.8 13.4 13.8 13.7 12.2	20.3 16.7 12.5 10.9 11.0			
80-84 years	100.0 100.0 100.0 100.0	15.3 11.3 10.4 8.2	10.1 9.0 7.4 *	14.4 14.4 11.8 11.1	34.5 34.8 34.0 29.5	14.5 14.3 16.5 17.8	11.2 16.2 19.9 28.4			

Table 2. Number and percent distribution of residents in nursing homes by length of stay since current admission, according to certification status, ownership, size, and geographic region: United States, August 1973-April 1974

Length of stay since current admissi							
Certification, ownership, size, and geographic region	All residents	Less than 3 months	3 to less than 6 months	6 to less than 12 months	1 to less than 3 years	3 to less than 5 years	5 years or more
		· · · · · · · · · · · · · · · · · · ·		Number			
All homes	1,075,800	155,400	103,800	155,700	357,700	149,700	153,500
Certification status							
Both Medicare and Medicaid ¹	406,900 292,500 236,700	81,700 35,300 24,300	46,000 24,800 22,100	66,400 40,900 30,900	134,600 103,100 78,000	45,100 44,300 39,300	33,100 44,100 42,006
Not certified Ownership	139,800	14,100	11,000	17,500	42,000	21,000	34,200
Proprietary	756,200 319,700	121,100 34,300	78,400 25,400	114,000 41,700	261,100 96,600	100,500 49,200	81,000 72,500
Size							
Less than 50 beds	162,600 367,700 386,100 159,300	19,700 54,700 63,400 17,500	16,700 33,700 39,900 13,500	19,000 53,700 60,000 22,900	52,300 126,100 128,200 51,100	25,700 51,200 50,600 22,300	29,300 48,200 44,000 31,900
Geographic region							
Northeast	236,100 368,700 278,200 192,800	34,400 43,300 40,500 37,200	22,600 34,500 25,600 21,200	33,200 51,800 41,100 29,600	74,900 122,200 98,100 62,500	33,400 53,400 39,800 23,100	37,500 63,500 33,200 19,300

 ¹⁰f these residents 23,500 were in facilities certified by Medicare only.
 20f these residents 129,600 were in facilities certified as both SNH's and ICF's.

Table 2. Number and percent distribution of residents in nursing homes by length of stay since current admission, according to certification status, ownership, size, and geographic region: United States, August 1973-April 1974—Con.

			dmission				
Certification, ownership, size, and geographic region	All residents	Less than 3 months	3 to less than 6 months	6 to less than 12 months	1 to less than 3 years	3 to less than 5 years	5 years or more
		<u></u>	Perce	nt distribut	ion	•	·
All homes	100.0	14.4	9.7	14.5	33.2	13.9	14.3
Certification status							
Both Medicare and Medicaid ¹	100.0	20.1	11.3	16.3	33.1	11.1	8.1
Medicaid only: SNH's ² ICF's Not certified	100.0 100.0 100.0	12.1 10.3 10.1	8.5 9.3 7.8	14.0 13.1 12.5	35.3 32.9 30.0	15.1 16.6 15.0	15.1 17.8 24.5
Ownership							
Proprietary Nonprofit and government	100.0 100.0	16.0 10.7	10.4 7.9	15.1 13.0	34.5 30.2	13.3 15.4	10.7 22.7
Size							
Less than 50 beds	100.0 100.0 100.0 100.0	12.1 14.9 16.4 11.0	10.3 9.2 10.3 8.5	11.7 14.6 15.5 14.4	32.1 34.3 33.2 32.1	15.8 13.9 13.1 14.0	18.0 13.1 11.4 20.0
Geographic region							
Northeast	100.0 100.0 100.0 100.0	14.6 11.7 14.6 19.3	9.6 9.4 9.2 11.0	14.1 14.1 14.8 15.3	31.7 33.1 35.2 32.4	14.2 14.5 14.3 12.0	15.9 17.2 11.9 10.0

¹⁰f these residents 23,500 were in facilities certified by Medicare only. 20f these residents 129,600 were in facilities certified as both SNH's and ICF's.

Table 3. Number and percent distribution of residents in nursing homes by primary reason for admission, according to sex, age, and length of stay since current admission: United States, August 1973-April 1974

		Pr	Primary reason for admission					Primary reason for admission			
Sex, age and length of stay since current admission	AII residents	Physical	Social	Behav- ioral	Eco- nomic	All resi- dents	Phys- ical	So- cial	Be- hav- ioral	Eco- nomic	
			Number				Percer	nt distril	oution		
Both sexes	1,075,800	870,700	69,400	125,000	10,700	100.0	80.9	6.5	11.6	1.0	
Under 65 years 65-74 years 75-84 years and over Males Under 65 years 65-74 years 75-84 years and over Females Under 65 years 85 years and over Length of stay since current	114,300 163,100 384,900 413,600 318,100 52,400 65,100 102,300 98,300 757,700 61,900 98,000 282,600 315,300	67,900 124,900 321,000 356,900 251,200 30,200 50,300 86,200 84,500 619,500 37,600 74,600 234,800 272,400	6,300 8,900 24,300 29,900 20,600 3,000 3,700 6,300 7,600 48,900 3,300 5,200 18,000 22,300	38,700 27,600 35,800 22,800 42,700 18,500 10,300 8,700 5,200 82,300 20,200 17,300 27,200 17,700	* 3,700 3,900 3,700 * * * 7,000 * * 2,600 2,800	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0	59.4 76.6 83.4 86.3 79.0 57.7 77.3 84.3 85.9 81.8 60.8 76.2 83.1 86.4	5.5 5.4 6.3 7.2 6.5 5.7 5.7 6.1 7.7 6.4 5.4 5.3 6.4 7.1	33.9 16.9 9.3 5.5 13.4 35.3 15.8 8.5 5.3 10.9 32.7 17.6 9.6 5.6	1.0 0.9 1.2 * * * * 0.9 0.9	
admission Less than 3 months	155,400 103,800 155,700 357,700 149,700 153,500	135,500 88,000 131,100 290,700 118,300 107,100	7,700 4,700 7,100 19,900 10,300 19,800	11,700 10,500 16,300 43,500 19,400 23,600	3,600 3,000	100.0 100.0 100.0 100.0 100.0 100.0	87.2 84.7 84.2 81.3 79.0 69.8	5.0 4.5 4.5 5.6 6.9 12.9	7.5 10.1 10.5 12.2 12.9 15.4	1.0 1.9	

Table 4. Number and percent distribution of residents in nursing homes by primary reason for admission, according to certification status, ownership, size, and geographic region: United States, August 1973-April 1974

		Primary reason for admission					Primary reason for admission			
Certification, ownership, size, and geographic region	All residents	Physical	Social	Behav- ioral	Eco- nomîc	All resi- dents	Phys- ical	So- cial	Be- hav- ioral	Eco- nomic
			Number				Perce	nt distrib	oution	
All homes	1,075,800	870,700	69,400	125,000	10,700	100.0	80.9	6.5	11.6	1.0
Certification status										
Both Medicare and Medicaid ¹ Medicaid only:	406,900	354,300	16,200	33,500	2,800	100.0	87.1	4.0	8.2	0.7
SNH's ²	292,500 236,700 139,800	242,700 185,300 88,500	15,100 15,700 22,400	32,700 34,400 24,400	* * 4,500	100.0 100.0 100.0	83.0 78.3 63.3	5.2 6.6 16.1	11.2 14.5 17.4	* * 3.2
Ownership				: :				'		
Proprietary Nonprofit and government	756,200 319,700	622,400 248,300	32,800 36,600	97,200 27,800	3,800 6,900	100.0 100.0	82.3 77.7	4.3 11.5	12.8 8.7	0.5 2.2
Size										
Less than 50 beds	162,600 367,700 386,100 159,300	122,900 301,000 320,500 126,400	13,400 19,100 24,800 12,200	23,900 44,600 38,300 18,300	2,500 3,100 2,700 2,400	100.0 100.0 100.0 100.0	75.5 81.8 83.0 79.4	8.2 5.2 6.4 7.7	14.7 12.1 9.9 11.5	1.6 0.9 0.7 1.5
Geographic region										
Northeast	236,100 368,700 278,200 192,800	194,400 285,100 228,800 162,400	18,700 28,600 14,500 7,700	19,000 52,000 32,500 21,500	3,900 3,100 2,500 *	100.0 100.0 100.0 100.0	82.4 77.3 82.2 84.3	7.9 7.7 5.2 4.0	8.1 14.1 11.7 11.1	1.7 0.9 0.9 *

¹⁰f these residents 23,500 were in facilities certified by Medicare only. 20f these residents 129,600 were in facilities certified as both SNH's and ICF's.

Table 5. Number and percent distribution of nursing home residents by living arrangements prior to admission, according to certification status, ownership, size, and geographic region:

United States, August 1973-April 1974

				· · · · · · · · · · · · · · · · · · ·	Livin	ing arrangements prior to admission									
			Another	facility			***************************************	Priv	ate residenc	e			γ		
Certification, ownership, size, and			Mental		Board-			V	Vith others ¹			l	Un-		
geographic region	All arrange- ments	Another nursing home or related facility	hospital or other long- term specialty hospital	General or short- stay hospital	ing home or other place	Alone	Total	Spouse	Children	Other relatives	Non- rela- tives	Un- known if with others	known		
						N	Number								
All homes	1,075,800	149,600	84,600	374,200	23,800	127,900	231,900	63,800	101,400	59,800	12,200	43,100	40,700		
Certification status															
Both Medicare and Medicaid ² Medicaid only:	406,900	49,800	22,500	203,400	8,000	29,800	67,700	19,900	30,200	15,900	3,600	13,500	12,100		
SNH's ³ ICF's Not certified	292,500 236,700 139,800	43,100 38,300 18,400	22,500 25,200 14,500	96,300 51,400 23,100	6,300 3,400 6,100	33,700 35,900 28,400	66,600 63,300 34,300	18,200 16,800 8,800	30,200 27,900 13,000	16,600 17,100 10,200	2,700 3,100 2,800	13,600 9,700 6,300	10,400 9,500 8,700		
Ownership															
Proprietary Nonprofit and government	756,200 319,700	110,000 39,600	69,400 15,300	291,600 82,500	14,300 9,500	70,900 57,000	151,700 80,200	41,100 22,700	68,900 32,500	38,400 21,400	7,500 4,600	24,900 18,200	23,300 17,400		
Size						i									
Less than 50 beds	162,600 367,700 386,100 159,300	27,500 51,500 51,000 19,700	17,900 29,200 24,900 12,500	39,200 130,600 153,000 51,400	4,600 7,000 8,900 3,300	24,100 44,800 40,700 18,200	39,700 79,800 77,900 34,500	10,100 23,300 20,600 9,800	16,100 34,800 36,400 14,000	11,200 19,200 19,800 9,600	3,500 4,400 2,800	4,600 10,400 16,100 12,000	4,900 14,400 13,600 7,700		
Geographic region												ļ			
Northeast	236,100 368,700 278,200 192,800	28,700 51,300 37,600 32,000	11,300 37,500 21,400 14,400	96,900 112,500 82,300 82,600	6,700 7,100 3,300 6,700	28,700 52,200 30,700 16,300	46,900 78,900 77,100 29,000	12,700 22,000 19,800 9,300	19,900 34,300 33,100 14,100	13,000 21,200 20,600 5,000	2,800 4,000 4,400	11,900 12,700 13,800 4,700	5,000 16,500 12,100 7,100		
						Percent	distribution	1							
All homes	100.0	13.9	7.9	34.8	2.2	11.9	21.6	5.9	9.4	5.6	1.1	4.0	3.8		
Certification status															
Both Medicare and Medicaid ² Medicaid only:	100.0	12.2	5.5	50.0	2.0	7.3	16.6	4.9	7.4	3.9	0.9	3.3	2.9		
SNH's ³	100.0 100.0 100.0	14.7 16.2 13.2	7.7 10.6 10.4	32.9 21.7 16.5	2.1 1.5 4.3	11.5 15.2 20.4	22.8 26.7 24.5	6.2 7.1 6.3	10.3 11.8 9.3	5.7 7.2 7.3	0.9 1.3 2.0	4.7 4.1 4.5	3.6 4.0 6.2		
Ownership															
Proprietary Nonprofit and government	100.0 100.0	14.6 12.4	9.2 4.8	38.6 25.8	1.9 3.0	9.4 17.8	20.1 25.1	5.4 7.1	9.1 10.2	5.1 6.7	1.0 1.4	3.3 5.7	3.1 5.4		
Size															
Less than 50 beds	100.0 100.0 100.0 100.0	16.9 14.0 13.2 12.4	11.0 8.0 6.5 7.9	24.1 35.5 39.6 32.2	2.8 1.9 2.3 2.1	14.8 12.2 10.6 11.4	24.4 21.7 20.2 21.7	6.2 6.3 5.3 6.1	9.9 9.5 9.4 8.8	6.9 5.2 5.1 6.0	2.2 1.2 0.7	2.8 2.8 4.2 7.5	3.0 3.9 3.5 4.8		
Geographic region															
Northeast	100.0 100.0 100.0 100.0	12.1 13.9 13.5 16.6	4.8 10.2 7.7 7.5	41.0 30.5 29.6 42.8	2.8 1.9 1.2 3.5	12.1 14.2 11.0 8.5	19.9 21.4 27.7 15.0	5.4 6.0 7.1 4.8	8.4 9.3 11.9 7.3	5.5 5.7 7.4 2.6	1.2 1.1 1.6	5.1 3.4 4.9 2.4	2.1 4.5 4.3 3.7		

¹Because residents may have lived with more than one category of person, the sum of the subparts exceeds the total. ²Of these residents, 23,500 were in facilities certified by Medicare only. ³Of these residents, 129,600 were in facilities certified as both SNH's and ICF's.

NOTE: Figures may not add to total due to rounding.

Table 6. Measures of utilization for 1972 and number of residents and certified beds for August 1973-April 1974, by certification status, ownership, size, and geographic region:
United States

United States														
		Measures of	utilization,	1972					Bed	s, ¹ 1973-74				
			Discharges					Medica	re	SNH		IC	F	
Certification, ownership, size, and geographic region	Admis- sions	Total	Live	Dead	Occu- pancy rate ²	ancy 1973-74		Total beds	Certi- fied beds	Per- cent filled last night	Certi- fied beds	Per- cent filled last night	Certi- fied beds	Per- cent filled last night
All types of certifica- tion and ownership	1,110,800	1,077,500	750,100	327,400	86.51	1,075,800	1,177,300	287,400	12.3	579,500	58.7	373,200	59.5	
Proprietary Nonprofit and government	852,800 258,000	833,800 243,700	588,200 161,900	245,600 81,800	86.42 86.72	756,200 319,700	832,300 345,000	224,900 62,500	11.3 15.7	440,300 139,200	58.9 58.1	272,700 100,500	61.8 53.3	
Both Medicare and Medicard and	624,100	599,300	448,800	150,500	84.87	406,900	442,300	287,400	12.3	337,500	54.9	70,100	52.6	
ProprietaryNonprofit and government	497,700 126,400	480,100 119,200	360,500 88,300	119,600 30,900	85.09 84.14	313,900 93,000	339,500 102,800	224,900 62,500	11.3 15.7	269,400 68,200	55.0 54.5	52,800 17,300	50.5 59.1	
Medicald only: SNH4	223,600	209,400	138,800	70,600	85.72	292,500	321,200			242,000	63.9	66,300	60.4	
Proprietary Nonprofit and government	169,900 53,700	158,600 50,800	109,400 29,400	49,200 21,400	84.08 89.26	193,700 98,800	218,900 102,300			170,900 71,100	64.9 61.5	42,000 24,300	64.4 53.5	
Medicaid only: ICF	164,900	153,600	101,800	51,800	89.17	236,700	253,200					236,700	61.2	
Proprietary Nonprofit and government	121,300 43,600	113,000 40,600	74,300 27,500	38,700 13,100	89.58 88.07	170,100 66,500	184,100 69,100			:::		177,800 58,900	64.5 51.5	
Not certified	98,200	115,300	60,700	54,500	88.38	139,800	160,600							
Proprietary	63,900 34,300	82,200 33,100	44,100 16,700	38,100 16,400	90.60 85.56	78,500 61,300	89,800 70,800			:::	• • • •			
Size														
Less than 50 beds	148,900 397,000 441,200 123,700	164,500 378,900 415,500 118,600	97,400 271,500 299,700 81,500	67,000 107,400 115,800 37,100	89.16 88.60 86.27 80.10	162,600 367,700 386,100 159,300	178,800 392,500 417,900 188,000	18,600 106,600 119,500 42,700	18.8 11.1 12.0 13.0	43,300 193,700 244,900 97,700	58.3 56.3 57.9 65.5	75,900 134,800 117,200 45,300	61.8 57.6 60.4 58.8	
Geographic region														
Northeast	238,700 306,900 289,100 276,100	223,300 307,800 273,300 273,100	158,300 191,900 191,200 208,700	65,000 115,900 82,100 64,400	88.97 86.21 86.49 84.22	236,100 368,700 278,200 192,800	250,800 408,800 303,700 214,100	81,400 49,800 51,400 104,900	12.4 20.0 15.8 6.7	140,400 150,400 126,000 162,800	66.6 49.7 60.7 58.6	53,000 147,200 129,200 43,900	74.4 51.2 69.4 39.9	

¹ The sum of certified beds exceeds the total number of beds because some beds may have dual certification.

2 E Aggregate number of days of care provided to residents in 1972 × 100

E Number of beds × 366

For those homes which had changes in size in 1972, the number of beds has been adjusted accordingly.

3 Of these homes, 8 percent were certified by Medicare only.

4 Of these homes, 35 percent were certified as both SNH's and ICF's.

NOTES: Estimates for beds differ by an average of 0 3 percent from those presented in reference 2 due to inclusion of a bed-ratio adjustment factor in the weighting as described in appendix 1.

See appendix II for additional information concerning ratios.

Figures may not add to totals due to rounding.

Table 7. Number and percent distribution of nursing homes by certification status, according to ownership, size, and geographic region:

United States, August 1973-April 1974

	All	Both Medi-	Medica	id only		All types	Both Medi-	Medicaid only			
Ownership, size, and geographic region	types of certifi- cation	care and Medi- caid ¹	SNF ²	ICF	Not certi- fied	of certi- fica- tion	care and Medi- caid ¹	SNH ²	ICF	Not certi- fied	
			Number				Percer	nt distribu	ibution		
All homes	15,700	4,200	3,500	4,400	3,600	100.0	26.5	22.4	28.1	23.1	
Ownership											
ProprietaryNonprofit and government	11,900 3,900	3,200 900	2,500 1,000	3,500 900	2,700 1,000	100.0 100.0	27.1 24.4	21.2 25.9	29.3 24.4	22.3 25.3	
Size											
Less than 50 beds	6,400 5,500 3,200 600	600 1,800 1,500 300	1,000 1,400 900 200	, 2,300 1,600 500 *	2,500 800 300 *	100.0 100.0 100.0 100.0	9.5 31.8 46.7 48.2	15.9 24.8 29.1 32.9	35.9 28.5 16.0 *	38.8 14.9 8.2 *	
Geographic region											
Northeast	3,100 5,600 4,100 2,900	1,000 900 800 1,400	800 1,100 900 600	600 2,000 1,500 400	800 1,600 900 400	100.0 100.0 100.0 100.0	31.3 16.3 20.1 50.3	27.1 19.9 22.4 22.0	17.7 35.6 36.5 12.8	24.0 28.2 21.0 15.0	

NOTE: Figures may not add to totals due to rounding.

¹⁰f these homes, 8 percent were certified for Medicare only.20f these homes, 35 percent were certified as both SNH's and ICF's.

Table 8. Total number and number per 100 residents of full-time equivalent staff in nursing homes, by occupation and certification status: United States, August 1973-April 1974

Total staff	Admin- istrative and medical staff ¹	Thera- peutic staff ²	Regis- tered nurse	Li- censed practi- cal nurse	Nurse's aide	All other staff
	N	umber of f	uli-time ec	juivalent st	aff	
713,100	27,200	13,000	52,700	62,500	330,000	227,800
294,200	8,800	7,000	26,600	26,100	135,200	90,400
201,000	6,900	3,300	15,100	19,000	91,400	65,400
						43,500
81,800	5,100	1,100	5,200	5,900	36,000	28,500
	Number of	full-time e	equivalent	staff per 10	00 residents	
66.3	2.5	1.2	4.9	5.8	30.7	21.2
72.3	2.2	1.7	6.5	6.4	33.2	22.2
68.7	2.4	1.1	5.2	6.5	31.2	22.3
57.5	2.7	0.7	2.4	4.9	28.5	18.4
58.5	3.7	0.8	3.7	4.2	25.7	20.4
	713,100 294,200 201,000 136,200 81,800 66.3 72.3 68.7 57.5	Total staff staff and medical staff N 713,100 27,200 294,200 8,800 201,000 6,900 136,200 6,400 81,800 5,100 Number of 66.3 2.5 72.3 2.2 68.7 2.4 57.5 2.7	Total staff listrative and medical staff Number of f 713,100 27,200 13,000 294,200 8,800 7,000 294,200 6,900 3,300 136,200 6,400 1,600 81,800 5,100 1,100 Number of full-time of f 66.3 2.5 1.2 72.3 2.2 1.7 68.7 2.4 1.1 57.5 2.7 0.7	Total staff istrative and medical staff1 Therapeutic staff2 tered nurse Number of full-time ecc 713,100 27,200 13,000 52,700 294,200 8,800 7,000 26,600 201,000 6,900 3,300 15,100 136,200 6,400 1,600 5,700 81,800 5,100 1,100 5,200 Number of full-time equivalent 66.3 2.5 1.2 4.9 72.3 2.2 1.7 6.5 68.7 2.4 1.1 5.2 57.5 2.7 0.7 2.4	Total staff istrative and medical staff Therapeutic staff Staff Therapeutic staff St	Total staff Staff

¹Includes administrators, physicians, dentists, pharmacists, dietitians, medical records administrators, and other professional staff. ²Includes occupational therapists, physical therapists, speech pathologists, audiologists, activities directors, social workers, and their assistants.

30f these homes, 8 percent were certified by Medicare only.

40f these homes, 35 percent were certified as both SNH's and ICF's.

NOTES: See appendix II for additional information concerning ratios.

Figures may not add to totals due to rounding.

Table 9. Number of nursing homes by skill of person in charge on duty for each shift, certification status, ownership, and size: United States, August 1973-April 1974

				Homes	with 1 shif	ft
Certification, ownership, and size	Total homes	Charge nurse on call	RN	LPN	Nurse's aide	Other staff
Total	15,700	*	500	300	300	300
Certification status						
Both Medicare and Medicaid ¹	4,200					
SNH's ²	3,500	*	*	*	-	*
ICF's Not certified	4,400 3,600	*	*	*	300	300
Ownership						
Proprietary Nonprofit and government	11,900 3,900	*	200 200	300	300	300 *
Size				l		
Less than 50 beds	6,400	*	*	200	300	300
50-99 beds	5,500	*	*	*	*	*
100-199 beds	3,200 600		*	:	-	

NOTE: Figures may not add to totals due to rounding.

¹Of these homes, 8 percent were certified for Medicare only. ²Of these homes, 35 percent were certified as both SNH's and ICF's.

Table 9. Number of nursing homes by skill of person in charge on duty for each shift, certification status, ownership, and size:

United States, August 1973-April 1974—Con.

	Hom	es with 2 s	hifts					Homes wi	th 3 shifts			
Both RN's	Both LPN's	Both nurse's aides	Both other staff	All other com- bina- tions	All RN's	AII LPN's	All nurse's aides	All other staff	RN's for 2 of 3 shifts	LPN's for 2 of 3 shifts	Nurse's aides for 2 of 3 shifts	All other com- bina- tions
200	*	*	*	300	3,700	800	700	*	2,500	3,600	1,400	800
*		*		 * * 200	2,100 1,000 300 300	* 400 *	200 500	*	800 1,000 400 400	900 1,000 1,300 400	* * 800 500	* * 500 200
*	*	*	*	200 *	2,500 1,200	600 200	600 *	- *	2,000 600	2,800 700	1,000 400	600 *
* *	* * *	* * -	* - -	300 * * *	600 1,100 1,600 500	400 300 *	600 * * -	* * -	700 1,100 600	1,200 1,800 500	1,000 300 * *	400 300 *

Table 10. Number of nursing home residents by average monthly charge for care, age, sex, length of stay since current admission, and primary reason for admission: United States, August 1973-April 1974

	Average	Average							Total mont	thly charge 1					
Age, sex, length of stay since current admission and pri- mary reason for admission	basic monthly charge	total monthly charge ¹	Total residents	Life care	No charge	\$1. \$149	\$150- \$299	\$300- \$399	\$400- \$499	\$500- \$599	\$600- \$699	\$700- \$799	\$800- \$899	\$900- \$999	\$1000 or more
								•	Nur	mber					
All residents in home 1 month or more	\$468	\$479	1,012,000	6,200	9,600	9,400	104,200	264,500	274,100	133,400	96,200	39,800	22,200	20,200	32,300
Age															
Less than 65 years	422 462 476 474	434 473 488 485	107,500 152,000 359,500 393,000	2,500 3,400	3,400 3,200	2,800 3,400	18,100 19,400 33,100 33,500	32,100 38,600 92,100 101,600	30,300 42,200 95,800 105,800	10,200 18,400 49,900 55,000	5,700 13,900 35,400 41,200	5,200 15,300 17,100	3,200 8,200 9,200	3,100 7,900 7,800	2,700 4,800 13,200 11,600
Sex															
Female Length of stay since current admission	455 473	466 484	294,800 717,200	5,700	3,200 6,400	3,300 6,100	36,200 67,900	82,200 182,300	76,900 197,100	37,700 95,700	25,800 70,400	9,500 30,200	5,720 16,600	5,600 14,600	8,100 24,100
Less than 3 months	521 504 486 470 450 404	542 521 499 479 459 411	91,500 103,800 155,700 357,700 149,700 153,500	3,000	4,000	4,400	5,100 7,300 12,500 35,000 18,000 26,200	19,500 24,900 37,700 94,100 44,700 43,700	24,800 26,700 44,300 104,000 39,300 34,800	14,100 16,300 23,200 46,600 17,100 16,100	9,600 11,900 15,800 35,800 12,900 10,300	5,800 5,300 7,300 12,300 5,000 4,000	2,900 3,300 4,400 7,700	3,400 2,300 3,200 6,200 2,500 2,600	5,100 4,700 5,100 10,600 4,200 2,600
Primary reason for admission Physical	487 362 412 288	499 369 419 294	815,200 66,400 119,800 10,500	:	6,200	4,400 2,900	62,900 16,100 23,100	209,300 17,700 36,200	228,400 12,000 31,700	115,100 5,500 11,900	83,500 4,500 7,800	35,200 3,100	20,700	18,100	29,900

¹Includes basic charge plus any special charges for medical or nursing services, medical supplies and equipment, and so forth.

NOTE: Figures may not add to totals due to rounding.

Table 11. Number of residents by primary source of payment, age, sex, primary reason for admission, length of stay since current admission, and median length of stay from current admission: United States, August 1973-April 1974

		Prir	nary sourc	e of paymer	it					
Age, sex, primary reason for admission, and length of stay since current admission	All sources	Own income	Medi- care	Medi- caid	Other public assist- ance	Other				
	Number									
All residents in home 1 month or more	1,012,000	371,700	10,800	484,300	114,900	30,200				
Age										
Less than 65 years	107,500 152,000 359,500 393,000	19,500 46,800 149,500 155,900	5,000 3,400	57,900 78,900 163,300 184,300	24,000 20,200 30,900 39,800	6,000 3,700 10,900 9,600				
Sex										
MaleFemale	294,800 717,200	105,700 266,000	2,600 8,200	137,200 347,200	36,200 78,700	13,100 17,100				
Primary reason for admission										
Physical	815,200 66,400 119,800 10,500	301,700 31,900 35,700 2,400	10,400 * * *	407,700 19,200 54,600 2,900	77,600 9,100 26,300 *	17,900 6,200 2,900 3,200				
Length of stay since current admission		1								
Less than 3 months 3 to less than 6 months 6 to less than 12 months 1 to less than 3 years 3 to less than 5 years 5 years or more	91,500 103,800 155,700 357,700 149,700 153,500	37,000 45,200 66,400 128,200 48,200 46,700	7,100 * * * * *	37,100 46,600 72,200 182,300 76,800 69,400	7,600 7,600 13,900 38,600 19,900 27,400	2,600 2,700 2,600 7,800 4,700 9,700				
Median length of etcu from aureant admission	5 <i>47</i>	t 507 l	Da [,] L co l		016 1	1 050				
Median length of stay from current admission	547	507	68	630	816	1,058				

NOTE: Figures may not add to totals due to rounding.

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APPENDIX I

TECHNICAL NOTES ON METHODS

SURVEY DESIGN

General

From August 1973 to April 1974, the Division of Health Resources Utilization Statistics (DHRUS) conducted the National Nursing Home Survey (NNHS)—a sample survey of nursing homes, their residents, and staff in the conterminous United States. The survey was designed and developed by the DHRUS in conjunction with a group of experts in various fields encompassing the broad area of long-term care.²⁴ It was specifically designed as the first of a series of surveys to satisfy the diverse data needs of those who establish standards for, plan, provide, and assess long-term care services.

Sampling Frame

The 1973-74 NNHS focused on nursing homes which provided some level of nursing care. Only homes providing nursing care were included because detailed questions on facility services and resident health status were relevant only to these facilities. These homes included both nursing care homes and personal-care-with-nursing homes, while personal care homes and domiciliary care homes were excluded. Homes were either freestanding establishments or nursing care units of hospitals, retirement centers, and similar institutions. A definition of nursing care and detailed criteria for classifying homes providing such care are presented in appendix IV.

The survey universe consisted of two groups of homes: those providing some level of nursing care as classified in the 1971 Master Facility

NOTE: The list of references follows the text.

Inventory (MFI) and homes opening for business in 1972. The major group (93 percent) was composed of all nursing homes providing some level of nursing care as classified by the 1971 MFI. The MFI is a census of all inpatient health facilities conducted by mail every 2 years by the National Center for Health Statistics. A detailed description of how the MFI was developed, its content, and procedures for updating and assessing its coverage have been published.²⁵⁻²⁷

In order for data collection to begin in August, the sampling frame was "frozen" in the spring of 1973 so that the sample could be selected in ample time to permit the scheduling of nationwide data collection. To obtain as current a sample frame as possible, all nursing homes which opened for business during 1972 were also included in the universe. (Homes opening in early 1973 could not be included since data about them were not yet available.) The homes which opened in 1972 comprised the second, and smaller (7 percent), group of facilities in the universe. Although the universe included only homes providing nursing care, all homes opened in 1972 were included because the level of nursing care they provided was unknown prior to the survey. Once the NNHS was conducted, facilities not meeting the criteria were classified as out of scope (see table I for details).

Although the NNHS was conducted in 1973-74, it should be noted that estimates will not correspond precisely to figures from the 1973 MFI census for several reasons. In comparison to the MFI, the NNHS universe excluded the following: (1) personal care homes and domiciliary care homes; (2) homes that opened in 1973; and (3) homes that, between 1971 and 1973, upgraded the level of care they provided,

Table I. Distribution of homes in the 1973-74 National Nursing Home Survey universe and disposition of sample homes according to primary sampling strata: Conterminous United States

primary sampling strata. Conternations On	inteu States				
		Nu	mber of ho	mes in san	nple
Certification status and size of home	Uni- verse (sam-	Total	Out of scope		pe and siness
	pling frame)1	homes	or out of busi- ness	Non- re- spond- ing	Re- spond- ing
All types	17,685	2,118	147	63	1,908
Both Medicare and Medicaid and Medicare only	4,099	803	20	26	757
Unknown beds	149	0 4	0	0	0 3
25-49 beds	538 1,713 1,385	35 228 370	0 7 8	1 7 11	34 214 351
200-299 beds	224 68	100 46	4 1	3 2	93 43
500 beds or more	20	20	0	1	19
Medicaid only	7,473	790	34	24	732
Unknown bedsLess than 15 beds	250	0 5	0	0 2	0 2
25-49 beds	967 2,253 2,688	36 123 293	5 11 4	1 3 8	30 109 281
100-199 beds	1,108 145	241 52	3 5	6 3	232 44
300-499 beds	43 16	24 16	3 2	1 0	20 14
Not certified	6,113	525	93	13	419
Unknown beds Less than 15 beds 15-24 beds 25-49 beds 50-99 beds 100-199 beds 200-299 beds 300-499 beds	19 1,279 1,062 1,575 1,334 652 120 52	0 23 38 87 145 141 43 28	0 10 9 13 19 21 12	0 0 3 5 4 0	0 13 29 71 121 116 31 23
500 beds or more	20	28 20	5	0	15

¹The universe consisted of nursing homes providing some level of nursing care as classified in the 1971 MFI and homes opened for business in 1972.

thereby meeting the "nursing care" criteria when surveyed in the 1973 MFI. Data from the NNHS are also subject to sampling variability, while data from the MFI are not, since the MFI is a census.

Sampling Design

The sampling was a stratified two-stage probability design: The first stage was a selec-

tion of establishments and the second stage was a selection of residents and employees of the sample establishments. In preparation for the first-stage sample selection, establishments listed in the MFI were sorted into three types of strata based on Medicare and Medicaid certification: (1) Both Medicare and Medicaid and Medicare only; (2) Medicaid only; and (3) Not certified. Homes in each of these three strata were sorted into bed-size groups, producing 26 primary

strata as shown in table I. The nursing homes in the universe were ordered by type of ownership. geographic region, State, and county. The sample was then selected systematically after a random start within each primary stratum. Table I shows the distribution of establishments in the sampling frame and the final disposition of the sample with regard to response and in-scope status. The number of homes estimated by the survey (15,749) is less than the universe figure (17,685) because some homes went out of business or out of scope between the time the universe was "frozen" and the survey was Differences ranging conducted. 2.100-2.900 between survey estimates and universe figures occurred in the 1963,3 1964,28 and 196920 nursing home surveys for the same

The second-stage selection of residents and employees was carried out by the interviewers at the time of their visits to the establishments in accordance with specific instructions given for each sample establishment. The sample frame for residents was the total number of residents on the register of the establishment on the evening prior to the day of the survey. Residents who were physically absent from the facility due to overnight leave or a hospital visit but had a bed maintained for them at the establishment were included in the sample frame. An average of 10 residents were in the sample per home.

The sampling frame for employees was the Staff Control Record on which the interviewer listed the names of all staff (including those employed by contract) and sampled professional, semiprofessional, and nursing staff. Those generally not involved in direct patient care, such as office staff, food service, housekeeping, and maintenance personnel were excluded from the sample. The interviewer used predesignated sampling instructions that appeared at the head of each column of this form. An average of 14 staff were in the sample per home.

Data Collection Procedures for the 1973-74 National Nursing Home Survey

The 1973-74 NNHS utilized eight questionnaires (see appendix III for copies of questionnaires relevant to this report. For all other data collection instruments see reference 1.) Administrator Letter and Worksheet
Facility Questionnaire
Expense Questionnaire
Resident Control Record
Resident Questionnaire
Staff Questionnaire—Parts I and II
Staff Control Record

Data were collected according to the following procedure.

A letter was sent to the administrators of sample homes informing them of the survey and the fact that an interviewer would contact them for an appointment. On the back of the letter was a worksheet which the administrator was requested to fill out prior to the interviewer's visit. This worksheet asked for those data that required access to records and some time in compiling (such as total admission and discharges, inpatient days of care, etc.). Included with this introductory letter were letters of endorsement from the American Nursing Home Association and the American Association of Homes for the Aging urging the administrators to participate in the survey.

Several days to 1 week after the mailing of the letters, the interviewer telephoned the sample facility and made an appointment with the administrator.

At the time of the appointment, the following procedures were used: The Facility Questionnaire was completed by the interviewer who interviewed the administrator or owner of the home. After completing this form, the interviewer secured the administrator's permission to send the Expense Questionnaire to the facility's accountant. (If financial records were not kept by an outside firm, the Expense Questionnaire was filled out by the administrator, with the interviewer present.) The interviewer completed the Staff Control Record (a list of all currently employed staff both full and part time), selected the sample of staff from it,

and prepared Staff Questionnaires, Parts I and II, which were left for each sample staff person to complete, seal in addressed and franked envelopes (one for each part of the questionnaire), and return either to the interviewer or by mail. The interviewer then completed the Resident Control Record (a list of all residents currently in the facility), selected the sample of residents from it, and filled out a Resident Questionnaire for each sample person by interviewing the member of the nursing staff familiar with care provided to the resident. The nurse referred to the resident's medical records. No resident was interviewed directly.

If the Expense Questionnaire was not returned within 2 weeks, the interviewer telephoned the accountant requesting its prompt return. If the Staff Questionnaires were not returned in one week, the interviewer contacted the staff member and requested the return of the form.

Table II presents a summary of the data collection procedures.

Table II. Summary of data collection procedures

Questionnaire	Respondent	Interview situation
Facility	Administrator	Personal interview
Expense	Facility's accountant	Self-enumerated questionnaire
Resident	Member of nursing staff familiar with care pro- vided to the resident/ resident's medical records (10 sampled residents per facility)	Personal interview
Staff	Sampled staff member (14 per facility)	Self-enumerated questionnaire

GENERAL QUALIFICATIONS

Nonresponse and Imputation of Missing Data

Response rates differed for each type of questionnaire as indicated:

Questionnaire	Response rate
Facility	97 percent
Expense	88 percent
Resident	98 percent
Staff	82 percent

Generally, response rates were higher for questionnaires administered in a personal interview situation (facility and resident) than for those which were self-enumerated (expense and staff). Statistics presented in this report were adjusted for failure of a home to respond. Data were also adjusted for nonresponse which resulted from failure to complete one of the questionnaires (expense, resident, staff) or from failure to complete an item on a questionnaire. Those items left unanswered on a partially completed questionnaire (facility, expense, resident, staff) were generally imputed by assigning a value from a responding unit with major characteristics identical to those of the nonresponding unit.

Rounding of Numbers

Estimates of homes, residents, resident days, beds, etc., have been rounded to the nearest hundred. For this reason detailed figures within tables do not always add to totals. Percents were calculated on the basis of original, unrounded figures and will not necessarily agree precisely with percents that might be calculated from rounded data.

Data Processing

A series of checks was performed during the course of the survey. This included field followups for missing and inconsistent data, some manual editing of the questionnaires, and extensive editing as conducted by computer to assure that all responses were accurate, consistent, logical, and complete. Once the data base was edited, the computer was used to calculate and assign weights, ratio adjustments, recodes, and other related procedures necessary to produce national estimates from the sample data.

Estimation Procedures

Statistics reported in this publication are derived by a ratio estimating procedure. The purpose of ratio estimation is to take into account all relevant information in the estimation process, thereby reducing the variability of the estimate. The estimation of number of establishments and establishment data not related to size are inflated by the reciprocal of the probability of selecting the sample establishment and adjusted for the nonresponding establishments within primary certification-size strata. Two ratio adjustments, one at each stage of selection, were also used in the estimation process. The first-stage ratio adjustment (along with the above inflation factors) was included in the estimation of establishment data related to size, resident data, and staff data for all primary certification-size strata from which a sample of homes was drawn. The numerator was the total beds according to the Master Facility Inventory data for all homes in the stratum. The denominator was the estimate of the total beds obtained through a simple inflation of the Master Facility Inventory data for the sample homes in the stratum. The effect of the firststage ratio adjustment was to bring the sample in closer agreement with the known universe of beds. The second-stage ratio adjustment was included in the estimation of resident and staff data within establishments. The second-stage ratio adjustment is the product of two fractions: The first is the inverse of the sampling fraction for residents (or staff) upon which the selection is based; the second is the ratio of the number of sample residents (or staff) in the establishment to the number of residents (or staff) for whom questionnaires were completed within the home.

RELIABILITY OF ESTIMATES

As in any survey, the results are subject to reporting and processing errors and errors due to nonresponse. To the extent possible, these types of errors were kept to a minimum by methods built into survey procedures.

Since statistics presented in this report are based on a sample, they will differ somewhat from figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and procedures.

The standard error is primarily a measure of the variability that occurs by chance because only a sample, rather than the entire universe, is surveyed. The standard error also reflects part of the measurement error, but it does not measure any systematic biases in the data. It is inversely proportional to the square root of the number of observations in the sample. Thus, as the sample size increases, the standard error generally decreases.

The chances are about 67 out of 100 that an estimate from the sample differs from the value that would be obtained from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference is less than twice the standard error and about 99 out of 100 that it is less than 2½ times as large. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself. According to the NCHS standards, reliable estimates are those that have a relative standard error of 25 percent or less.

Relative standard errors of estimated number of admissions and discharges, beds, residents, establishments, and resident days of care are shown in figures I and II. Provisional relative standard errors of estimated number of full-time equivalent employees are presented in figure III.

Because of the relationship between the relative standard error and the estimate, the standard error of an estimate can be obtained by multiplying the estimate by its relative standard error. Thus, for example, in figure I, an estimate of 2,300 residents has a relative standard error of 25 percent. Its standard error is .25 X 2,300 = 575.

The particular figure or table to which one refers to obtain a standard error is contingent on the type of estimate (e.g., residents) and whether the estimate is a level or a percent. Tables III-VI show the standard errors for percent estimates used in this report for establishments (table III), beds (table IV), residents (table V), and admissions and discharges (table VI). Table VII shows the standard errors for average monthly charge, and table VIII shows the standard errors of the occupancy rate.

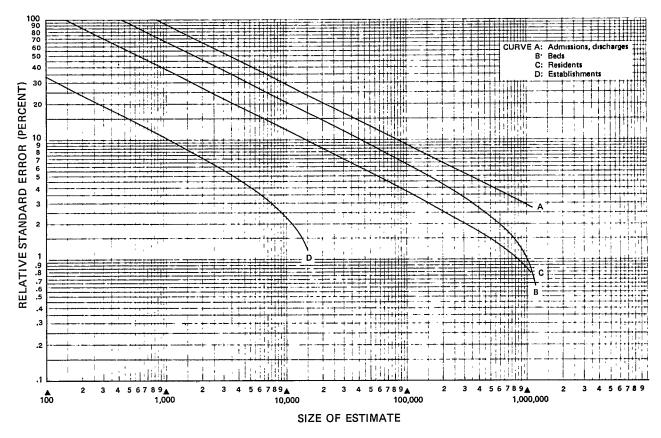


Figure 1. Relative standard errors for estimated numbers of admissions and discharges, beds, residents, and establishments

Example of statistical tests used for this report to determine whether the differences between selected characteristics in the classifications breakdown are statistically significant are presented here for average monthly charge, full-time equivalent employees, and discharges. These tests are based on comparisons of confidence intervals for the estimates in question. If there is no overlapping of the confidence intervals, the estimates are considered statistically different.

Example 1.—The average monthly nursing home charge for females between August 1973 and April 1974 was \$473, and the approximate standard error of this charge (from table VII) was \$8.76. The chances are 95 out of 100 (the 95-percent confidence interval) that the true value being estimated is contained in the interval between \$455 and \$491 (\$473 ± 2(\$8.76)). Since this interval overlaps with the 95-percent confidence interval for males (\$428-\$482 as

obtained above), the difference between the average monthly charge in these two sex classifications is not considered statistically significant in this method.

Example 2.—An example of a ratio such as full-time equivalent (FTE) employees per 100 residents can be calculated as follows: Suppose the provisional standard error $(\sigma_{R'})$ for the ratio of FTE employees per 100 residents is desired for nursing homes certified as skilled nursing homes under Medicaid. In table 8 the total number of FTE employees per 100 residents for SNH homes is 68.7, which is equal to a total of 201,000 full-time equivalent employees divided by 292,500 residents times 100. The relative standard error of 201,000 FTE employees (figure III, curve A) is approximately 2.1 percent, and the relative standard error of 292,500 residents (figure I, curve C) is approximately 2.4 percent. The square root of the sum of squares of these two relative standard errors provides an

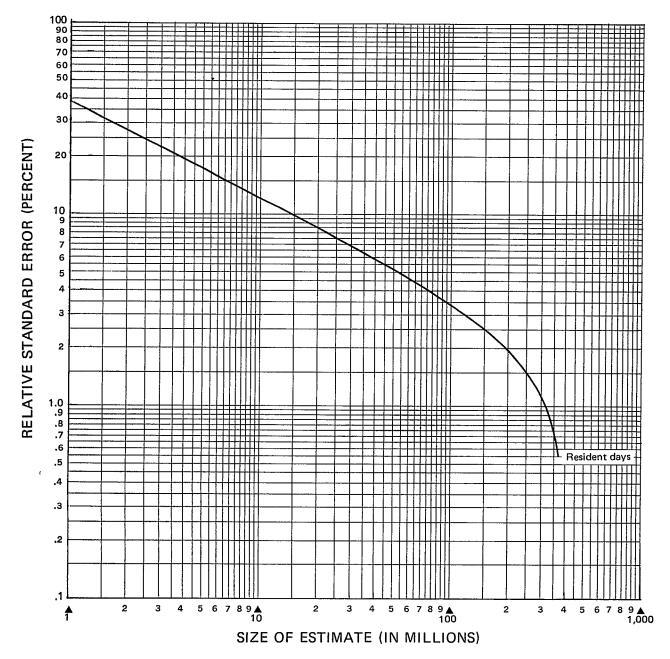


Figure II. Relative standard error for estimated number of resident days

approximation for the relative standard error of the desired ratio. In other words, letting $V_{x^{\prime}}$ be the relative standard error of number of total FTE employees, $V_{y^{\prime}}$ be the relative standard error of number of residents, and $V_{R^{\prime}}$ be the relative standard error of the ratio R' = x'/y'

$$V_R^2$$
, = V_{x}^2 , + V_{y}^2 ,

$$= (.024)^{2} + (.021)^{2}$$

$$= .006 + .004$$

$$= .0010$$

$$V_{R'} = \sqrt{.0010}$$

$$= .032$$

The approximate standard error of the ratio of total FTE employees per 100 residents may now

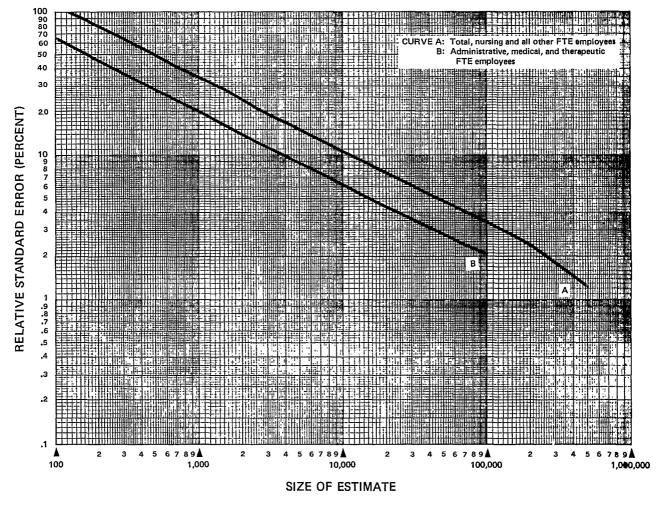


Figure III. Provisional relative standard errors for estimated numbers of full-time equivalent employees

be obtained by multiplying the relative standard error by the ratio as follows:

$$\sigma_{R'} = V_{R'} \times R'$$

= .032 × 68.7
= 2.20

The confidence interval now may be obtained at the 95-percent confidence level as 64.3 to 73.1 FTE's per 100 residents.

Example 3.—To test whether or not homes with less than 50 beds had more discharges due to death (40.8 percent) than homes with 50-99 beds (28.3 percent) had, standard errors were obtained from table VI. Using the percentage

base of 164,500 from table 6 (total discharges in the "less-than-50 beds" group) and interpolating from table VI, a standard error of 3.6 was obtained. The confidence interval then at the 95-percent level for the percent of discharges due to death in homes with less than 50 beds is 33.6 percent to 48.0 percent (40.8 percent ± 2(3.6)). Similar calculations give a confidence interval of 24.1 percent to 32.5 percent for these discharges from homes with 50-99 beds. Since these two intervals do not overlap, the percent of discharges due to death from homes with 50 beds may be considered significantly larger than the percent of these discharges from homes with 50-99 beds.

Table III. Standard errors of percentages for establishments

Base of estimated percent				Estimate	d percent			
(number of establishments)	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
			Standard	l error in	percenta	ge points		
100	3.33 2.36 1.93 1.67 1.49 1.36 1.26 1.18 1.11	4.69 3.32 2.71 2.35 2.10 1.92 1.77 1.66 1.56	7.30 5.16 4.22 3.65 3.27 2.98 2.76 2.58 2.43 2.31	10.05 7.11 5.80 5.03 4.50 4.10 3.80 3.55 3.35 3.18	13.41 9.48 7.74 6.70 6.00 5.47 5.07 4.74 4.47 4.24	15.36 10.86 8.87 7.68 6.87 6.27 5.80 5.43 5.12 4.86	16.42 11.61 9.48 8.21 7.34 6.70 6.21 5.80 5.47 5.19	16.76 11.85 9.67 8.38 7.49 6.84 6.33 5.92 5.59 5.30
2,000	0.75 0.61 0.53 0.47 0.43 0.40 0.37	1.05 0.86 0.74 0.66 0.61 0.56 0.52 0.49	1.63 1.33 1.15 1.03 0.94 0.87 0.82 0.77	2.25 1.84 1.59 1.42 1.30 1.20 1.12	3.00 2.45 2.12 1.90 1.73 1.60 1.50	3.43 2.80 2.43 2.17 1.98 1.84 1.72 1.62	3.67 3.00 2.60 2.32 2.12 1.96 1.84 1.73	3.75 3.06 2.65 2.37 2.16 2.00 1.87
20,000	0.33 0.24	0.47 0.33	0.73 0.52	1.01 0.71	1.34 0.95	1.54 1.09	1.64 1.16	1.68 1.18

Table IV. Standard errors of percentages for beds

Base of estimated percent				Estimate	d percent			
(number of beds)	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
			Standard	d error in	percentaç	ge points		
7,000 8,000 9,000 10,000 20,000 30,000 40,000 60,000 70,000 80,000 90,000 100,000 200,000	2.46 2.30 2.17 2.06 1.46 1.19 1.03 0.92 0.84 0.78 0.73 0.69 0.65 0.46	3.47 3.24 3.06 2.90 2.05 1.67 1.45 1.30 1.18 1.10 1.02 0.97 0.92 0.65	5.39 5.05 4.76 4.51 3.19 2.61 2.26 2.02 1.84 1.71 1.60 1.50 1.43 1.01 0.82	7.43 6.95 6.55 6.21 4.39 3.59 3.11 2.79 2.54 2.35 2.20 2.07 1.96 1.39	9.90 9.26 8.73 8.28 5.86 4.78 4.14 3.70 3.38 3.13 2.93 2.76 2.62 1.85	11.34 10.61 10.00 9.49 6.71 5.48 4.74 4.24 3.87 3.59 3.36 3.16 3.00 2.12 1.73	12.13 11.34 10.69 10.15 7.17 5.86 5.07 4.54 4.14 3.83 3.59 3.38 3.21 2.27 1.85	12.38 11.58 10.91 10.35 7.32 5.98 5.18 4.63 4.23 3.91 3.66 3.45 3.27 2.32
400,000	0.33 0.29 0.27 0.25 0.23 0.22	0.46 0.41 0.37 0.35 0.32 0.31	0.71 0.64 0.58 0.54 0.50 0.48	0.98 0.88 0.80 0.74 0.69 0.65	1.31 1.17 1.07 0.99 0.93 0.87	1.50 1.34 1.23 1.13 1.06 1.00	1.60 1.43 1.31 1.21 1.13 1.07	1.64 1.46 1.34 1.24 1.16
,000,000 2,000,000	0.21 0.15	0.29 0.20	0.45 0.32	0.62 0.44	0.83 0.59	0.95 0.67	1.01 0.72	1.04 0.73

Table V. Standard errors of percentages of residents

Book of advantage of				Estimate	d percent			
Base of estimated percent (number of residents)	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
			Standard	l error in	percentaç	ge points		
2,000	2.69 1.90 1.56 1.35 1.21 0.85 0.70 0.60 0.54 0.49	3.79 2.68 2.19 1.90 1.70 1.20 0.98 0.85 0.76 0.69	5.90 4.17 3.41 2.95 2.64 1.87 1.52 1.32 1.18 1.08	8.12 5.75 4.69 4.06 3.63 2.57 2.10 1.82 1.62 1.48	10.83 7.66 6.25 5.42 4.84 3.43 2.80 2.42 2.17 1.98 1.83	12.41 8.78 7.17 6.21 5.55 3.92 3.20 2.78 2.48 2.27 2.10	13.27 9.38 7.66 6.63 5.93 4.20 3.43 2.97 2.65 2.42 2.24	13.54 9.58 7.82 6.77 6.06 4.28 3.50 3.03 2.71 2.47
80,000. 90,000. 100,000. 200,000. 300,000. 400,000. 500,000. 600,000. 700,000. 800,000. 900,000. 1,000,000.	0.43 0.40 0.38 0.27 0.22 0.19 0.17 0.16 0.14 0.13 0.13 0.12 0.10	0.60 0.57 0.54 0.38 0.31 0.27 0.24 0.22 0.20 0.19 0.18 0.17	0.93 0.88 0.83 0.59 0.48 0.42 0.37 0.34 0.32 0.30 0.28 0.26 0.24	1.28 1.21 1.15 0.81 0.66 0.57 0.51 0.47 0.43 0.41 0.38 0.36	1.71 1.61 1.53 1.08 0.88 0.77 0.69 0.63 0.58 0.54 0.51 0.48	1.96 1.85 1.76 1.24 1.01 0.88 0.72 0.66 0.62 0.59 0.56 0.53	2.10 1.98 1.88 1.33 1.08 0.94 0.84 0.77 0.71 0.66 0.63 0.59 0.57	2.14 2.02 1.92 1.35 1.11 0.96 0.78 0.78 0.78 0.64 0.64

Table VI. Standard errors of percentages for admissions and discharges

Base of estimated percent				Estimated	d percent			
(number of admissions and discharges)	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
			Standard	d error in	percentaç	e points		
10,000	2.87	4.04	6.29	8.66	11.55	13.23	14.15	14.44
20,000	2.03	2.86	4.45	6.13	8.17	9.36	10.00	10.21
30,000	1.66	2.33	3.63	5.00	6.67	7.64	8.17	8.34
40,000	1.44	2.02	3.15	4.33	5.77	6.62	7.07	7.22
50,000	1.28	1.81	2.81	3.87	5.17	5.92	6.33	6.46
60,000	1.17	1.65	2.57	3.54	4.72	5.40	5.77	5.89
70,000	1.09	1.53	2.38	3.27	4.37	5.00	5.35	5.46
80,000	1.02	1.43	2.22	3.06	4.08	4.68	5.00	5.10
90,000	0.96	1.35	2.10	2.89	3.85	4.41	4.72	4.81
100,000	0.91	1.28	1.99	2.74	3.65	4.18	4.47	4.57
200,000	0.64	0.90	1.41	1.94	2.58	2.96	3.16	3.23
300,000	0.52	0.74	1.15	1.58	2.11	2.42	2.58	2.64
400,000	0.45	0.64	0.99	1.37	1.83	2.09	2.24	2.28
500,000	0.41	0.57	0.89	1.23	1.63	1.87	2.00	2.04
600,000	0.37	0.52	0.81	1.12	1.49	1.71	1.83	1.86
700,000	0.34	0.48	0.75	1.04	1.38	1.58	1.69	1.73
800,000	0.32	0.45	0.70	0.97	1.29	1.48	1.58	1.61
900,000	0.30	0.43	0.66	0.91	1.22	1.39	1.49	1.52
1,000,000	0.29	0.40	0.63	0.87	1.15	1.32	1.41	1.44
2,000,000	0.20	0.29	0.44	0.61	0.82	0.94	1.00	1.02

Table VII. Standard errors of average monthly resident charge

Estimated number of		Average monthly resident charge											
residents	\$150	\$200	\$250	\$300	\$325	\$350	\$375	\$400	\$425	\$450	\$475	\$500	\$525
		<u> </u>				Standar	d error i	n dollars					
3,500	*	*	l *	٠ +	٠ +	٠ *	. *	*	. *	i *	*	*	٠ *
4,000	*	*	*	*	*	*	*	*	*	*	118	123	128
5,000	*	*	*	74	79	84	88	93	97	101	106	110	115
6,000	*	*	60	68	72	76	80	84	89	93	97	101	105
7,000	*	47	55	63	67	71	74	78	82	86	89	93	97
8,000	36	44	52	59	62	66	70	73	77	80	84	87	91
9,000	34	42	49	55	59	62	66	69	72	76	79	82	85
10,000	32	39	46	53	56	59	62	65	69	72	75	78	81
20,000	23	28	33	37	39	42	44	46	48	51	53	55	57
30,000	19	23	27	30	32	34	36	38	40	41	43	45	47
40,000	16	20	23	26	28	30	31	33	34	36	37	39	41
50,000	15	18	21	24	25	26	28	29	31	32	33	35	36
60,000	13	16	19	21	23	24	25	27	28	29	31	32	33
70,000	12	15	17	20	21	22	23	25	26	27	28	29	31
80,000	11	14	16	19	20	21	22	23	24	25	26	28	29
90,000	11	13	15	18	19	20	21	22	23	24	25	26	27
100,000	10	12	15	17	18	19	20	21	22	23	24	25	26
200,000	7	9	10	12	12	13	14	15	15	16	17	17	18
300,000	6	7	8	10	10	11	11	12	12	13	14	14	15
400,000	5	6	7	8	9	9	10	10	11	11	12	12	13
500,000	5	6	6	7	8	8	9	9	10	10	10	11	11
600,000	4	5	6	7	7	7	8	8	9	9	9	10	10
700,000	4	5	5	6	7	7	7	8	8	8	9	9	9
800,000	4	4	5	6	6	6	7	7	7	8	8	8	9
900,000	3	4	5	5	6	6	6	7	7	7	8	8	8
1,000,000	3	4	4	5	5	6	6	6	7	7	7	8	8
1,100,000	3	4	4	5	5	5	6	6	6	7	7	7	7

Table VII. Standard errors of average monthly resident charge—Con.

Estimated number of					Av	erage mo	onthly re	sident ch	arge				_
residents	\$550	\$575	\$600	\$625	\$650	\$675	\$700	\$750	\$800	\$850	\$900	\$950	\$1,000
						Standa	rd error	in dollars					
3,500	*	*.	*	*	* 1	169	174	184	195	205	215	226 1	236
4,000	133	138	143	148	153	158	163	172	182	192	201	211	221
5,000	119	124	128	132	137	141	145	154	163	171	180	189	197
6,000	109	113	117	121	125	129	133	141	149	157	164	172	180
7,000	101	104	108	112	115	119	123	130	138	145	152	160	167
8,000	94	98	101	105	108	111	115	122	129	136	142	149	156
9,000	89	92	95	99	102	105	108	115	121	128	134	141	147
10,000	84	87	90	94	97	100	103	109	115	121	127	133	140
20,000	60	62	64	66	68	70	73	77	81	86	90	94	99
30,000	49	50	52	54	56	58	59	63	66	70	73	77	81
40,000	42	44	45	47	48	50	51	54	57	61	64	67	70
50,000	38	39	40	42	43	45	46	49	51	54	57	60	62
60,000	34	36	37	38	39	41	42	44	47	49	52	54	57
70,00	32	33	34	35	36	38	39	41	43	46	48	50	53
80,000	30	31	32	33	34	35	36	38	41	43	45	47	49
90,000	28	29	30	31	32	33	34	36	38	40	42	44	46
100,000	27	28	28	29	30	31	32	34	36	38	40	42	44
200,000	19	19	20	21	21	22	23	24	26	27	28	30	31
300,000	15	16	16	17	17	18	19	20	21	22	23	24	25
400,000	13	14	14	15	15	16	16	17	18	19	20	21	22
500,000	12	12	13	13	13	14	14	15	16	17	18	18	19
600,000	11	11	11	12	12	13	13	14	14	15	16	17	18
700,000	10	10	11	11	11	12	12	13	13	14	15	15	16
800,000	9	9	10	10	10	11	11	12	12	13	14	14	15
900,000	9	9	9	10	10	10	10	11	12	12	13	13	14
1,000,000	8	8	9	9	9	10	10	10	11	12	12	13	13
1,100,000	8	8	8	9	9	9	9	10	10	11	12	12	13

Table VIII. Standard errors of occupancy rate

Estimated number of beds					Occu	pancy rat	е			
Estimated number of peds	10	20	30	40	50	60	70	80	90	100
				Stand	ard error	in percen	tage poin	ts		
20,000	*	*	*	*	12.46	14.10	15.70	17.27	18.82	20.36
30,000	*	*	7.32	8.77	10.15	11.48	12.77	14.05	15.31	16.55
40,000	*	4.97	6.33	7.58	8.76	9.91	11.02	12.12	13.20	14.27
50,000	*	4.44	5.65	6.76	7.82	8.83	9.83	10.80	11.76	12.71
60,000	*	4.05	5.15	6.16	7.11	8.04	8.94	9.82	10.69	11.55
70,000	*	3.74	4.76	5.69	6.57	7.42	8.24	9.06	9.86	10.65
80,000	2.38	3.49	4.44	5.31	6.12	6.91	7.68	8.44	9.18	9.91
90,000	2.24	3.29	4.18	4.99	5.76	6.50	7.22	7.92	8.62	9.31
100,000	2.12	3.12	3.96	4.72	5.45	6.14	6.82	7.49	8.14	8.79
200,000	1.49	2.17	2.74	3.25	3.73	4.20	4.64	5.08	5.50	5.92
300,000	1.21	1.75	2.19	2.58	2.95	3.30	3.63	3.96	4.28	4.59
400,000	1.04	1.49	1.85	2.17	2.47	2.74	3.01	3.26	3.50	3.74
500,000	0.92	1.31	1.62	1.89	2.13	2.35	2.56	3.76	2.95	3.13
600,000	0.83	1.18	1.44	1.67	1.86	2.04	2.21	2.36	2.51	2.64
700,000	0.76	1.07	1.30	1.49	1.65	1.79	1.92	2.03	2.14	2.23
800,000000,008	0.71	0.98	1.18	1.34	1.47	1.58	1.67	1.75	1.81	1.86
900,000	0.66	0.91	1.08	1.21	1.31	1.39	1.45	1.49	1.51	1.52
1,000,000	0.62	0.85	1.00	1.10	1.17	1.22	1.24	1.24	1.22	1.17
1,100,000	0.59	0.79	0.92	1.00	1.05	1.06	1.04	0.99	0.91	*

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Terms Relating to Residents

Resident.—A person who has been formally admitted but not discharged from an establishment. All such persons were included in the survey whether or not they were physically present at the time of the survey.

Age.—Age of resident at date survey was conducted.

Length of stay since current admission.— Length of stay refers to the current stay of a resident in the facility. It means the period of stay starting from the date of most recent admission to the institution to the date of the survey.

Living arrangements prior to admission.—A resident's prior living arrangement refers to the place of residence immediately preceding admission to the facility, regardless of length of time in the previous arrangement.

Total monthly charge.—This is the total amount charged to the resident each month by the establishment, and it includes basic charge plus any special charges for medical or nursing services, medical supplies or equipment, and so forth. It does not include charges that are not part of the bill rendered by the institution, such as those for physicians' services.

Primary source of payment.—Primary source of payment refers to private income or medical assistance used in payment for resident's stay in the nursing home.

Own income is any private source or income from investments, Social Security, or pension plans.

Medicare refers to payments from Medicare program described below.

Medicaid refers to payment from Medicaid program described below.

Other public assistance refers to any public assistance other than Medicare and Medicaid.

Other refers to all other methods of payment or support including church support, VA contract, intitial payment for life care, cases for which no charge was made, and miscellaneous sources.

Terms Relating to Facilities

Nursing home.—This term refers to all institutions that were within the scope of the 1973-74 National Nursing Home Survey (see appendix IV).

Nursing care.—Nursing care is defined as a service that provides one or more of the following treatments: hypodermic injection; intramuscular injection; taking of temperature, pulse, respiration, or blood pressure; application of dressings or bandages; bowel and bladder retraining; nasal feeding; catheterization; irrigation; oxygen therapy; full-bed bath; and enema.

Type of ownership.—Type of ownership refers to the type of organization that controls and operates the nursing home.

Proprietary facility is a facility operated under private commercial ownership.

Nonprofit facility is a facility operated under voluntary or nonprofit auspices, including both church-related facilities and those not church-related.

Government facility is a facility operated under Federal, State, or local government auspices.

Bed.—One set up and regularly maintained for patients or residents. Beds maintained for staff and beds used exclusively for emergency services are excluded.

Certification status.—Certification status refers to the facility certification by the Medicare and/or Medicaid programs.

Medicare refers to the medical assistance provided in Title XVIII of the Social Security Act. Medicare is a health insurance program administered by the Social Security Administration for persons aged 65 years and over who are eligible for benefits.

Extended care facility refers to certification as an extended care facility under Medicare.

Medicaid refers to the medical assistance provided in Title XIX of the Social Security Act. Medicaid is a State-administered program for the medically indigent.

Skilled nursing home refers to certification as a skilled nursing home under Medicaid.

Intermediate care facility refers to certification as an intermediate care facility under Medicaid.

Not certified refers to facilities which are not certified as providers of care either by Medicare or Medicaid.

T rms Relating to Employees

Employee.—This term refers to any person who was on the staff of the facility or was employed under contract. It includes any paid worker, proprietor, or member of a religious order who contributes his services.

Full-time.—Employees who worked 35 hours or more in the week prior to the survey are designated "full-time."

Part-time.—Employees who worked less than 35 hours in the week prior to the survey are designated "part-time."

Full-time equivalent.—For the purposes of the report, 35 hours of part time employees' work per week are counted as equivalent to one full-time employee.

Geographic Terms

Classification of homes by geographic area is provided by grouping the States (excluding

Alaska and Hawaii) into regions. These regions correspond to those used by the U.S. Bureau of the Census and are as follows:

Region	States included
Northeast	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania
North Central	Michigan, Ohio, Illinois, Indiana, Wisconsin, Minne- sota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas
South	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, Texas
West	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, Cal- ifornia

Ratio

Ratios presented in this report were calculated by the following general formula:

$$\frac{\sum_{w} X}{\sum_{w} Y}$$

where:

X = numerator of the ratio Y = denominator of the ratio w = weight

Detailed information concerning this formula has been published.²⁹ Results from the formula will differ somewhat from those obtained when the ratio is calculated for each individual facility and then weighted.

APPENDIX III

SELECTED QUESTIONNAIRES¹ USED IN THE 1973-74 NATIONAL NURSING HOME SURVEY



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE

HEALTH RESOURCES ADMINISTRATION ROCKVILLE, MARYLAND 20852

> NATIONAL CENTER FOR HEALTH STATISTICS

Dear Administrator:

The National Center for Health Statistics (NCHS) of the U. S. Public Health Service is conducting a sample survey of resident facilities providing nursing and personal care to obtain basic data on their policies, services, and staff. This survey is being conducted as a part of the Department of Health, Education, and Welfare's nursing home improvement program. The information from this survey will be used to compile statistics on the number and kinds of such facilities in the United States. Enclosed are two summary reports from previous surveys, which are illustrative of the kinds of data to be obtained from this survey. These statistics will be used to meet the needs of Congress, State legislatures, Federal, regional, and local health planners, national health associations, and many others who plan and provide health services to the aged.

As you can see from these reports, it is not possible to identify any particular facility. We wish to assure you that any information which permits the identification of the services provided by your facility, or the residents and staff will be held strictly confidential. This information will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purpose. Because the NCHS is committed to provide a factual basis for planning national programs designed to advance the health of the American people, limited basic information about your facility (such as name, address, size, type, and ownership) will be made available upon request to the NCHS.

Within about one week an interviewer will contact you for an appointment; this person will be with Applied Management Sciences, the firm under

¹See reference 1 for copies of all questionnaires used in the survey.

Federal contract to conduct this survey. In preparation for this call, please review the worksheet printed on the back of this letter. These questions request necessary information which may take time to assemble from your records. I have enclosed them so that you may do this at your convenience prior to the interviewer's visit.

This survey includes a small, carefully selected nationwide sample of nursing homes and similar facilities. Because this nursing home represents several facilities of similar type, your participation is vital in obtaining accurate and complete data. We would appreciate your cooperation in this effort.

Sincerely yours,

Edward B. Perrin, Ph.D.

Elwand & Parum

Acting Director

THE FOLLOWING QUESTIONS ON ADMISSIONS AND DISCHARGES CONCERN CALENDAR YEAR 1972, WHICH IS THE PERIOD OF JANUARY 1, 1972 THROUGH DECEMBER 31, 1972.

	From		through			
		Month	Year	Mont	h Ye	ar .
	HOW MANY PERSONS	WERE ADM	MITTED TO THIS FAC	ILITY DI	JRING 19	72?
	Admissions					
	HOW MANY PERSONS	WEDE DIC	CUARGED EDOM TUU	S EACH		NG 1972, EXCLUDING DEATHS?
	Discharges	WENE DIS	CHARGED PROW THIS	5 FACIL	II T DUNI	NG 1972, EXCLODING DEATHS?
	HOW MANY PERSONS	DIED DUR	ING 1972 WHILE RES	IDENTS	OR PATIE	NTS OF THIS FACILITY?
	Deaths					
	IN 1972, WHAT WERE	THE TOTA	L INPATIENT DAYS O	F CARE	PROVIDE	ED? (THE SUM OF THE DAILY PATIENT CENSUS
-		THROUGH	12/31/72.)			D? (THE SUM OF THE DAILY PATIENT CENSUS
	Days					
•	HOW MANY ROOMS F	OR RESIDE	NTS DOES THIS FACI	LITY HA	VE THAT	CONTAIN:
	a,		1 bed only		None	
	b		2 beds		None	
	с,		3 beds		None	
	d.		4 or more heds	П	None	

RETAIN THIS FORM AND DATA FOR THE INTERVIEWER TO COLLECT.

FAC	LITY	QUE	STION	NNAIRE OMB # 068-S-72172	
1973 Vatio Heal Rock	Nursing onal Cen th Resou wille, Ma	g Hom iter foi urces A arylan	ie Surve r Health Adminis d	Expires 7-31-74 n Statistics stration Name and address label	
	EPHO				
Are	a Code	"	lumber		
cc24		cci	27	cc1-1 cc2 cc11-1 cc12	·, · · · · · · · · · · · · · · · · · ·
			21	SECTION A - FACILITY INFORMATION	
1 -	10		<u>.</u>	THE CORRECT -	
1.a.	IS			THE CORRECT Correct Name of Facility if Different from Above	e
	34-1	_	yes	UR FACILITY?	
			•	- b, WHAT IS THE CORRECT NAME?	P.O. Box, Route, etc.
2.a.			110 -		County
z.a.			ess on		Journey
		_		State	Zip Code
	35-1		yes	h WHAT IS THE ENTIRE CORRECT	
	-2		no>	- b. WHAT IS THE ENTIRE CORRECT — MAILING ADDRESS?	
3.	WHI RES	CH C	ATEGO	ORY BEST DESCRIBES THE TYPE OF SERVICE THIS FACILITY OFFERS THE MAJORITY OF R R PATIENTS? (Mark (X) only one box.)	TS
	36-1		a.	Nursing home (includes Medicare certified Extended Care Facilities and Medicaid certified Skilled Nursing Homes)	
	-2		b.	Intermediate care facility (includes Medicaid certified Intermediate Care Facilities)	
	-3		c.	Convalescent or rest home	
	-4		d.	Home for the aged	
	(-5		e.	Extended care unit of a hospital	
	{		f.	Nursing care unit of a retirement center	
	, -7		g.	Other resident facility (Describe)37-	
1	<u></u>		··-·		
Į				IF BOX e OR f IS CHECKED, RECORD DATA ONLY FOR THE UNIT AND NOT FOR THE ENTIR	E FACILITY.
4.a		AT IS	THE '	TYPE OF OWNERSHIP WHICH OPERATES THIS FACILITY? (Mark (X) only one box.)	
38,	39 -23		a.	Individual	
	-24		b.	Partnership 4.b. IS THIS HOME A MEMBER OF A GROUP OF HOMES OF UNDER ONE GENERAL AUTHORITY OR GENERAL O	PERATING WNERSHIP?
	-25		c.	Corporation 40-1 yes	
	-20	П	d.	Church related -2 no	
	-21		e.	Nonprofit corporation	
	-22		f.	Other nonprofit ownership	
	-11		g.	State	
	-12		h.	County	
	-13		i.	City	
	-14		j.	City-County	
	-15		k.	Hospital District	
	-16		ı.	U.S. Public Health Service	
	-17		m.	Armed Forces	
	-18		n.	Veterans Administration	
	-19		o.	Other Federal Agency Specify41-	

5.	DOES YOUR FACILITY ACCEPT: (Mark (X) only one box.)
	44-1 Males only?
	-2 Females only?
	-3 Both males and females?
	
6.a.	DOES YOUR FACILITY ACCEPT PERSONS OF ALL AGES, INCLUDING INFANTS AND CHILDREN?
	45-1 Yes (Skip to Question 7)
	-2 No
	b. WHAT IS THE MINIMUM AGE ACCEPTED? No minimum age or yrs.
	cc46, 47
	c. WHAT IS THE MAXIMUM AGE ACCEPTED? No maximum age or cc48, 49
	•
7.	WHAT IS THE <u>TOTAL NUMBER OF BEDS</u> REGULARLY MAINTAINED FOR RESIDENTS? (INCLUDE ALL BEDS SET UP AND STAFFED FOR USE WHETHER OR NOT THEY ARE IN USE BY RESIDENTS AT THE PRESENT TIME. DO <u>NOT</u> INCLUDE BEDS USED BY STAFF OR OWNERS OR BEDS USED EXCLUSIVELY FOR EMERGENCY PURPOSES, SOLELY DAY CARE, OR SOLELY NIGHT CARE.)
	Total beds
	cc50
v	
8.a.	WAS THERE AN INCREASE OR DECREASE IN THE TOTAL NUMBER OF BEDS DURING THE LAST YEAR?
	54 -2 No (Skip to Question 9)
	-1 Ves
	b. Increase of beds
	cc55 c. Decrease of beds
	c. Decrease of beds
-	
9.a.	WHAT WAS THE TOTAL NUMBER OF RESIDENTS ON THE REGISTER OF THIS FACILITY LAST NIGHT? (INCLUDE ALL RESIDENTS, EVEN THOUGH THEY MAY HAVE BEEN TEMPORARILY AWAY OR ON OVERNIGHT LEAVE, DO NOT INCLUDE STAFF OR OWNERS.)
	Total residents
	b. HOW MANY OF THESE WERE:
	(1) Males? None or
	cc65
	(2) Females? None or
CARD 2	
cc11-2	-
10.a.	IS THIS FACILITY PARTICIPATING IN THE MEDICARE (TITLE XVIII) PROGRAM?
	b. WHAT IS THE PROVIDER NUMBER?
	cc13 No provider # given
	12-1 Yes
	beds
	d. HOW MANY OF THESE CERTIFIED BEDS WERE OCCUPIED BY MEDICARE
	PATIENTS LAST NIGHT?
	None or beds
	-2 No (Skip to Question 11)

11.a. IS THIS FACILITY PARTICIPATING IN THE MEDICAID (TITLE XIX) PROGRAM?
29-1 Yes Question 12)
b.(1) DOES IT HAVE ANY SKILLED NURSING BEDS?
No Yes b.(2) WHAT IS THE PROVIDER NUMBER?
30-2 -1 cc31 No provider # given
b.(3) HOW MANY BEDS ARE CERTIFIED AS SKILLED NURSING BEDS?
None or beds
b.(4) HOW MANY OF THESE CERTIFIED BEDS WERE OCCUPIED BY MEDICAID PATIENTS LAST NIGHT?
None or beds
c.(1) DOES IT HAVE ANY INTERMEDIATE CARE BEDS?
S2-2 -1 C.(2) WHAT IS THE PROVIDER NUMBER?
No provider # given
c.(3) HOW MANY BEDS ARE CERTIFIED AS INTERMEDIATE CARE BEDS?
cc66
c.(4) HOW MANY OF THESE CERTIFIED BEDS WERE OCCUPIED BY MEDICAID PATIENTS LAST NIGHT?
None or cc70 beds
SECTION B - CLASSIFICATION INFORMATION (CONFIDENTIAL)
ASSURANCE OF CONFIDENTIALITY - All information which would permit identification of the individual facility will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.
12.a. WAS THIS BUILDING ORIGINALLY CONSTRUCTED FOR USE AS A NURSING HOME, REST HOME, CONVALESCENT HOME, HOME FOR THE AGED?
CARD 3
12-1 -2 (Skip to next page)
b. WHAT WAS THE ORIGINAL PURPOSE AND USE OF THIS BUILDING? (Mark (X) only one box.)
13-1 Private home (i.e., single family dwelling)
-2 Duplex (2 to 4 units)
-3 Apartment house (5 or more units) -4 Hotel or motel
/ -5 Hospital
-6 Other (Specify)14-

Interviewer: See back of letter to administrator for questions 13 through 17.

THE FOLLOWING QUESTIONS ON ADMISSIONS AND DISCHARGES CONCERN CALENDAR YEAR 1972, WHICH IS THE PERIOD OF JANUARY 1, 1972 THROUGH DECEMBER 31, 1972. IF YOUR ANSWERS TO THESE QUESTIONS COVER A PERIOD OTHER THAN CALENDAR YEAR 1972, WHAT IS THIS OTHER TIME PERIOD?

	Fro	m	Month	Year	through	Month	Ye						
			cc15,16	cc17,18		cc19,20	cc21						
13.	HOW MANY P	ERSO	NS WERE AL	OMITTED	TO THIS FACIL	ITY DURI	NG 19	72?					
	Adn	nissions	cc23				•						
				.						<u> </u>			
14.	HOW MANY P	ERSO	NS WERE DI	SCHARGE	D FROM THIS	FACILITY	DURI	NG 1	972, EX	CLU	DING	DEATHS?	
	Disc	harges	cc27										
15:	HOW MANY P	ERSO	NS DIED DU	RING 197	2 WHILE RESID	ENTS OR	PATIE	NTS	OF THI	S FA	CILI	ΓY?	· · · · · · · · · · · · · · · · · · ·
	Dear	ths	cc31										
16.	IN 1972, WHAT					CARE PRO	OVIDE	D? (1	HE SU	м оғ	THE	DAILY PATIEN	NT CENSUS
	Day		2 111110001	1 12/31/72	_	k (X) if estim	ated)						
			cc35		41-1								
17.	HOW MANY RO	OOMS	FOR RESID	ENTS DO	ES THIS FACIL	ITY HAVE	THAT	COV	ITAIN:				
	a,		None or		cc44		1 be	d only	,				
	b.		None or				2 b	eds					
		_	None or		cc48		2 5-	4-					
	c.		None of		cc52		3 be	us					
	d.		None or		cc56		4 or	more	beds				
*18.	ARE ANY OF	THE F	OLLOWING	SERVICES	ROUTINELY	PROVIDED	TO R	ESID	ENTSI	N AD	ודום	ON TO ROOM A	ND BOARD?
	а,	Supe	rvision over me	edications wi	nich may be self-ac	lministered	60-1		Yes	-2		No	
	b.		cations and tre icians' orders	atments adn	ninistered in accord	dance with	61-1		Yes	-2		No	
	c.	Rub	and massage				62-1		Yes	-2		No	
	d.	Help	with tub bath	or shower			63-1		Yes	-2		No	
	e.	Help	with dressing				64-1		Yes	-2		No	
	f,	Help	with correspon	ndence or sh	opping		65-1		Yes	-2		No	
	g.	Help	with walking o	or getting abo	out		66-1		Yes	-2		No	
	h.	Help	with eating				67-1		Yes	-2		No	
		OR											
	i.		of the above s		nely provided, roo	m and	68-1		Yes				

*19. DURING THE PAST SEVEN DAYS, HOW MANY RESIDENTS RECEIVED EACH OF THE FOLLOWING SERVICES?

cc11-4	•	a.	Nasal feeding		-12	b.	Blood pressure	readin		c16		c. Ene	ma		_	cc20
		d.	Catheterization		c12		Full bed-bath		•			f. Bov	vel or bl	adder		
		u,	Outrister/autrism	-	c24	••				cc28			aining			cc32
		g.	Oxygen therapy		x36	h.	Application of sing or bandag			cc40			nperatur iration	e-pulse-		cc44
		j.	Hypodermic injection		cc48	k.	Irrigation		*****	cc52		l, l ntr	avenous	s injectio	in	cc56
*20.	DOES THIS I PREMISES?	(TH	CILITY PROVIDE AND THE THERAPISTS MUST Physical therapy	NY OF ST BE	THE FOL	L01	WING PROF R REGISTER	ESSIO RED II	N THEI	EHA! R SPI	BILITA ECIFIC	PRO	SERV FESSIC	ICES C	N THE	
									_			_				
	b.		Occupational therapy					61-1		Yes	-2	_	No			
	c.		Recreational therapy					62-1		Yes	-2		No			
	d.	•	Speech and hearing the	rapy				63-1		Yes	-2		No			
	е.		Counseling by social wa worker	orker, p	osychologist,	or n	nental health	64-1		Yes	-2		No			
	f.		Other rehabilitation ser	vices (S	Specify)		₆₆₋	65-1		Yes	-2		No			
21.			CILITY CONDUCT TEATIONAL INSTITU			RA		PLE I	10 TO	N YO	UR STA	FF II	N COO	PERAT	ON	
			67-1 -2				·		_,,							
22. CARD 5			ACTUAL HOURS I		ACH SHIF	Т?	(Circle am or am	pm)				am				
cc11-5	•	a,	Day Shift	from	cc12		pm	to	cc16			pm				
		b.	Evening Shift	from	cc20		am pm	to	cc24			am pm			No suc	h shift
		c.	Night Shift	from	cc28		am_ pm	to	cc32			am pm			No suc	h shift

23.a. 1. FOR THE <u>DAY SHIFT</u> YESTE FACILITY): (Mark (X) Only One	ERDAY, WAS THE PERSO Box)	ON IN CHARGE OF NURSIN	G CAF	RE (FOR THE I	ENTIRI	E	
38-1 ON CALL -2	ON DUTY - that is awak dressed, and serving the residents	e,					
	a.2	WHAT IS THE LEVEL OF SKILL OF THIS PERSON? (Mark (X) Only One Box)	a.3.	WHAT HOUR WORK <u>YEST</u> am or pm.)			ON
	39-1	Registered Nurse	from		am		am
	33-1	Li riegistered Warse	irom	cc41	pm	cc45	— pm
	-2	Licensed Practical Nurse					
	-3	Nurse's Aide					
	-4	OtherSpecify Occupatio	40 n)-			
23.b. 1. FOR THE EVENING SHIFT Y FACILITY): (Mark (X) Only One	ESTERDAY, WAS THE PI	ERSON IN CHARGE OF NUF	RSING	CARE (FOR T	HE EN	TIRE	
49-1 ON CALL -2	ON DUTY - that is awak dressed, and serving the residents	e, -3 NO SUCH SHIFT (Skip to Part 23.c.)					
	b.2.	WHAT IS THE LEVEL OF SKILL OF THIS PERSON? (Mark (X) Only One Box)	b.3.	WHAT HOUR WORK YESTE am or pm.)			NC
	50-1	Registered Nurse	from .	cc52	am to pm o		am — pm
	-2	Licensed Practical Nurse					
	-3	Nurse's Aide					
/	-4	Other Specify Occupation	51	-			
23.c. 1. FOR THE NIGHT SHIFT YEST FACILITY): (Mark (X) Only One	FERDAY, WAS THE PERS	ON IN CHARGE OF NURSIN	NG CA	RE (FOR THE	ENTIR	ΙE	
60-1 ON CALL -2	ON DUTY - that is awake dressed, and serving the residents	NO SUCH SHIFT (Skip to Question 2	24)				
	c.2.	WHAT IS THE LEVEL OF SKILL OF THIS PERSON? (Mark (X) Only One Box)		WHAT HOURS WORK YESTE am or pm.)	DID T RDAY	THIS PERSO ? (Circle	N
	61-1	Registered Nurse	from _		am to pm o	œ67	am pm
/	-2	Licensed Practical Nurse					
	-3	Nurse's Aide					
	-4	Other Specify Occupation	62-				
24. HOW MANY DIFFERENT PHYSI (DO NOT COUNT PHYSICIANS V UNDER CONTRACT.)	CIANS CURRENTLY ATT VHO ARE ONLY ON THE	TEND THEIR OWN PRIVATE STAFF OF THE FACILITY (PATI OR AF	ENTS IN THIS	FACIL OYED	LITY?	
cc71							

25.a. WHAT TYI IN THIS F	25.a. WHAT TYPE OF STAFF MEMBER EXERCISES DAILY, ON-DUTY SUPERVISION OVER ALL CLINICAL SERVICES IN THIS FACILITY? (Mark (X) Only One Box.)										
	Admi	nistrator 7	5-1 🔲 🖚 b.	IS THE ADMIN	ISTRA	ATOR A	LSO	A :			
				physician	ysician 76-1 Yes					No	
				registered nurse	77-1		es	-2		No	
				licensed practical nurse	78-1	□ Y	es	-2		No	
	Physi	cian	j - 2 □								
	Regis	tered Nurse	-3 🔲								
	Other	·	4 🧸								
			Specify				7	9-			
*26. DOES THIS THIS FACI		LITY PROVIDE ANY	OF THE FOL	LOWING SERVIC	ES TO	PERSO	NS WI	A OF	RE N	OT RESIDENTS	OF
CARD 6 cc11-6	a.	Day care (services provide do not sleep in the home include nursing care, phys recreational activities, at	overnight. Day ca sical or occupatio	re services can nal therapy,).1 F	ן Yes	-2	_	No		
	b.	Meals either home deliver		,] Yes	ء۔				
		Transportation and/or esc		_	_	-	•2		No No		
	C,	•			_	_	-2 ^	_			
	d.	Homemaker or chore ser				_	-2		No		
	e.	Information and/or referr				Yes	-2	_	No		
	f.	Friendly visiting			_	Yes	-2		No		
	g.	Daily telephone checking			_	_ Yes	-2		No		
	h,	Arrangement or provision	of recreational a	ctivities 19)-1 [Yes	-2	U	No		
	i.	Laundry service		20)-1	Yes	-2		No		
	j.	Other ,		2		Yes	-2		No		
				Specify						22-	
27.a. DOESTHE	S FAC	CILITY KEEP A WAITI Yes	_	to Question 28)	ADMIT	TED WI	HEN A	BED	BEC	OMES AVAILA	BLE?
5 HOW MAAN	23-1	ODIE ADE ON TUIC W	-2								
b. HOW MAIN		OPLE ARE ON THIS W None or	people	•							
20 1/21/2		cc2	4-26								
c. DO YOU P	רר אס∧ו	DE ANY SERVICES TO	_		TING	LIST?					
	27-1		-2	to Question 28)							
* c.(1) WI	a,	OF THE FOLLOWING Day care (services provide			?						
		do not sleep in the home of include nursing care, phys recreational activities, at least one of the control of	overnight, Day ca ical or occupation	re services can nal therapy,	3-1 [Yes	-2		No		
	b,	Meals either home deliver	ed or in a group s	etting29)-1	Yes	-2		No		
	c.	Transportation and/or esc	ort services	30)-1 [─ │ Yes	-2	П	No		
	d.	Homemaker or chore ser	vices		-1 [_ ┐Yes	-2		No		
	e.	Information and/or referr	al for health need	s 32	-1 1-1	Yes	-2		No		
	f.	Friendly visiting			-1 1-1	Yes	-2		No		
	g.	Daily telephone checking	service	34	 -1 [_ │ Yes	-2		No		
	h.	Arrangement or provision			_	_	-2		No		
	i.	Laundry service			_	_	-2 -2] [
	 j.	Other			_	J ≀es ∃ Yes	•2 •2		No		
	••		· · · · · · · · · · · · · · · · · · ·	Specify		۰. ۲	-2	u	No	38-	

~28.	DOES THIS FA	CILITY INCLUDE AS PART OF ITS BAS	IC CHARGE 10 B	AUD I	JESIDEMI II	HE CHARGES FUR:	
				Yes	No		
	a.	Physician services	39-1		-2		
	b.	Private duty nursing	40-1		-2		
ť	c.	Other nursing services	41-1		-2		
•	d.	Therapy	42-1		-2		
	₩.	Drugs	43-1		-2		
	f, .	Medical supplies	44-1		-2		
	g.	Special diet	45-1		-2		
	h,	Other ,	46-1		-2		
			Specify			47-	
29.	TIME IT FIRS	RSING HOME BEEN IN BUSINESS AT TH OPENED AT THIS ADDRESS AS A NUI Y HAVE CHANGED.)					
	50-						
	Do Not Adi	ninister Expense Questionnaire					

RESIDENT CONTROL RECORD

1973 Nursing Home Survey National Center for Health Statistics Health Resources Administration Rockville, Maryland

She	et		of_		She	ets					
1	OMB # 068-S-72172 Expires 7-31-74										
•	ES	TAB	LISH	нме	I TM	, 10.					
cc1-6		-									
CC1-0	cc2								c11-1		

TOTAL RESIDENTS IN HOME _______ cc12-15 IN SAMPLE ______ cc16-19

	RESI	DENTS IN N	IURSING HOME		
SAMPLE DESIGNATION SW	NAME OF RESIDENT	LINE NO.	SAMPLE DESIGNATION SW	NAME OF RESIDENT	LINE NO.
TE			те		j
а	b	С	а	b	С
		01			26
		02			27
		03			28
		04			29
		05			30
		06			31
		07			32
		08			33
		09			34
		10			35
		11			36
		12			37
		13			38
		14			39
		15			40
		16			41
		17			42
		18			43
		19			44
		20			45
		21			46
		22			47
		23			48
		24			49
		25			50

Form 73NHS-6

If More Lines Are Needed CONTINUE ON THE BACK

	RESIDEN	ITS IN I	NURSING HOME		:
SAMPLE DESIGNATION SW	NAME OF RESIDENT	LINE NO.	SAMPLE DESIGNATION SW	NAME OF RESIDENT	LINE NO.
TE			TE		
a	b	С	a	b	С
		51			76
		52			77
		53			78
		54			79
		55			80
		56			81
		57			82
		58			83
		59			84
		60			85
		61			86
		62			87
		63			88
		64			89
		65			90
		66			91
		67			92
		68			93
		69			94
		70			95
		71			96
		72		**************************************	97
		73			98
		74			99
		75			00
<u> </u>			<u> </u>	I- III - A NI- DECIDENT CONTROL	

Form 73NHS-6

If More Lines Are Needed Use A New RESIDENT CONTROL RECORD And Renumber The Lines Beginning With $\#\,101$

RESIDENT QUESTIONNAIRE

OMB #068-S-72172 Expires 7-31-74

1973 Nursing Home Survey National Center for Health Statistics Health Resources Administration Rockville, Maryland

		1-7
ASS	URANCE OF CONFIDENTIALITY — All information which would permit identification	ESTABLISHMENT NO.
of th	e individual will be held in strict confidence, will be used only by persons engaged in and for surposes of the survey, and will not be disclosed or released to others for any purposes.	
		cc2
	LINE NO.	
cc14-1	cc11	
1.	WHAT IS – DATE OF BIRTH?	
1.		or
	Month Day Year cc15,16 17, 18 19-21	Age cc22-24
2.	WHAT IS – SEX?	
3.	WHAT IS — ETHNIC BACK- 26-1 Caucasion -2	Negro -3 Oriental
	GROUND? (Mark (X) Only one box) -4 Spanish American -5	American Indian -6 Other
4,	WHAT IS – CURRENT MARITAL 27-1 Married -2	Widowed -3 Divorced
•	STATUS? (Mark (X) only	
	one box) -4 Separated -5	Never Married
5.	WHAT WAS THE DATE OF – CURRENT ADMISSION TO THIS PLACE?	
		nnth Day Year 3, 29 30-31 32-34
 6а.	WHERE DID - LIVE AT THE TIME OF ADMISSION? (Mark (X) only one box)	3,23 30-01 32-04
ua.		7
	(1) In a boarding home 35-1	<u></u>
	(2) In another nursing home or related facility -2	
	(3) In a mental hospital or other long-term specialty hospital -3	3
	(4) In a general or short-stay hospital -4	<u></u>
	(5) In a private apartment or house -5	6b. AT THE TIME OF ADMISSION
	(6) Other place, (Specify)	DID — LIVE WITH: (Mark (X)
	(7) Don't know -7	all that apply)
		Yes No
		(1) Spouse? 37-12
		(2) Children? 38-12
		(3) Other relatives? 39-1
		(4) Unrelated persons? 40-12
		(5) Lived alone? 41-12
		(6) Don't know? 42-1
7.	WHAT IS THE PRIMARY REASON FOR – ADMISSION TO THE HOME? (Enter reason given, enter "2".)	"1" in box for primary reason; if secondary
	. 🗖	
	43- Physical reasons (e.g., illness or need for treatments) 44- Social reasons (e.g., no family, or lack of family interest)	
	45- Behavioral reasons (e.g., disruptive behavior, mental deterioration)	
	46- Economic reasons (e.g., no money and/or resources)	
Form 7		

8.	WHAT W	AS THIS RE	SIDENT	Г'Ѕ Р	RIMA	RY DIAGNOSIS: (Mark (X) only one box in each column)
	a. AT	ADMISSIO	N? b.	AT	THE	TIME OF-LAST EXAMINATION?
	49,50	a01	51,52		b01	Senility, old age, and other symptoms and ill-defined conditions (e.g., coma, uremia)
		a02			ь02	Heart attack (e.g., ischemic heart disease)
		a03			ь03	Stroke (e.g., cerebrovascular diseases)
		a 04			ь04	Hardening of arteries (e.g., arteriosclerosis, diseases of the arteries, arerioles, capillaries)
		a05			b05	Other diseases of the circulatory system (e.g., NOT heart attack, stroke, or hardening of the arteries)
		a06			b 06	Accidents, poisonings, and violence (e.g., fracture of hip, other broken bones, burns, concussion)
		a07			b07	Mental disorders (e.g., mental retardation, psychoses, neuroses, mental illness, emotional problems)
		a08			b08	Diseases of the musculoskeletal system and connective tissue (e.g., arthritis, rheumatism, back pain)
		a09			b09	Endocrine, nutritional, and metabolic diseases (e.g., goiter, diabetes, gout)
		a10			b10	Diseases of the respiratory system (e.g., pneumonia, emphysema)
		a11			b11	Neoplasms (e.g., cancer, tumors)
		a12			b12	Diseases of the nervous system and sense organs (e.g., Parkinson's disease, glaucoma, cataracts, blindness, multiple sclerosis, spastic paralysis, epilepsy)
		a13			ь13	Diseases of the digestive system (e.g., cirrhosis of liver, ulcer, intestinal obstruction)
		a14			b14	Infective and parasitic diseases (e.g., T.B., polio, syphilis)
		a15			b15	Diseases of the genitourinary system (e.g., nephrosis, chronic pelvic infection, hyperplasia of prostate)
		a16			b16	Diseases of the skin and subcutaneous tissue (e.g., cellulitis, abscess, chronic ulcer)
☐ a17					b17	Diseases of the blood and blood-forming organis (e.g., anemia)
		a18			b18	Congenital anomalities (e.g., hydrocephalus)
		a19			b19	Complications of pregnancy, childbirth and the puerperium (e.g., infections hemorrhage, toxemias)
		a20			b20	Certain causes of perinatal morbidity and mortality (e.g., birth injury or immaturity of infant)
		a21			b21	Don't know
	Q	a22			b22	Other (Specify) 54-
	•	Specify:				53-
9,	DOES - I	HAVE ANY	OF THE	FO	LLOW	ING CONDITIONS OR IMPAIRMENTS? (Mark (X) all that apply)
	cc55-65 ·	1 🔲 a.	Senility	(incl	udes de	cline in intellect, memory, and judgement, loss of orientation, difficulty in speaking; feableness.)
	-:	2 🗍 Ь.	Mentai	illnes	s (Psyc	niatric or emotional problems)
	-:	3 🔲 с.	Mental	retard	dation	
		4 🔲 d.	Arthrit	is or r	heuma	ism
	-!	5 e .	Paralys	is or p	alsy ot	her than arthritis
			e. (1) IS	THIST	HE RESULT OF A STROKE?
	-(6 🔲 f.	Glauco	ma or	catara	
	-7	7 🔲 g.	Diabete	s		
	-4	8 🔲 h.	Any Ch	IRON	IIC tro	able with back or spine
	-9	9 🔲 i.	Amput	ation	of extr	emities or limbs; or permanent stiffness or any deformity of the foot, leg, fingers, arm, or back
	-(0 🔲 j.	Heart t	rouble	•	
	**	& 🗌 k	OR Resider	nt has	none c	f the above conditions or impairments

10.	DOES 1	HIS RESID	ENIH	EGUI	_AKL	Y USE ANY OF THE FO		.,			
CARD 2							-	-	es ¬		
14-2		a, Walke	r				_	-1 L	_		
		b. Crutch	hes				16-2	-1 L	_ _		
		c. Braces	s				17-2	-1]		
		d. Wheel	chair				18-2	-1 []		
		e, Artific	cial Lim	nb			19-2	-1 []		
		f. Self-fe	eeder				20-2	-1]		
		g. Any o	other aic	ds (do i	not cou	nt glasses or hearing aids)	21-2	-1 [5		
									Specify	22-	
11.	DURING ONLY SE	THE LAS	T MON	NTH, I	HOW	MANY TIMES DID-REC	CEIVE ANY OF THE FOR	OLLOWI R INSIDE	NG THERAPY OR OUTSIDE TI	' SERVICES? (INC HE HOME.)	CLUDE
						17-2					
	a.	Physical the	aranv			☐ None or					
		, my alour the	,, up y				cc23				
	b.	Recreations	al thera	ру		None or					
							6625				
	c.	Occupation	al thera	фγ		∐ None or	cc27				
	d.	Speech ther	ару			None or					
							cc29				
	e.	Hearing the	rapy			None or	cc31				
	f.	Professiona worker, psy									
		mental heal				None or	cc33				
12.	DURING	THE PAS	T 7 DA	YS, V	VHICH	OF THESE SERVICES	DID-RECEIVE? (Mark	(X) all th	nat apply)		
		cc35-62	-01		a.	Rub or massage					
			-02		b,	Administration of treatme	nt by staff				
			-03		c.	Special diet					
			-04		d,	Application of sterile dress	ings or bandages				
			-05		e.	Temperature-pulse-respirat	ion				
			-06		f.	Full bed-bath					
			-07		g.	Enema					
			-08		h,	Catheterization					
			-09		i.	Blood pressure reading					
			-10		j.	Irrigation					
			-11		k.	Oxygen therapy					
			-12		ı.	Intravenous injection					
			-13		m,	Hypodermic injection					
			4.4	OR		Nanada					
			-14		n.	None of the above services	received				

13.	DUR	ING 1	THE P	AST 7 DAYS, [DID - RECEIVE ANY MEDICATIONS?
CARD 3 14-3		 15-2	N	o (Skip to Questic	1 Yes
				WHICH TYPE	S OF MEDICATIONS DID — RECEIVE? (Mark (X) All That Apply)
		cc	16-45	-01 a.	Tranquilizers (e.g., Thorazine, Mellaril)
				-02 🔲 b,	Hypnotics - Sedatives (e.g., Nembutal, Seconal, Phenobarbital, Butisol, Placidyl, Chloral Hydrate)
				-03 🔲 с.	Stool softeners (e.g., Peri-Colace)
				-04 🔲 d.	Anti-Depressant (e.g., Elavil)
				-05 🔲 e.	Anti-Hypertensives (e.g., Ismelin)
				-06 🔲 f.	Diuretics (e.g., Diuril, Esidrex)
				-07 🔲 g.	Analgesics (e.g., Aspirın, Darvon, Demerol, Percodan, Empirin with Codeine)
				-08 🔲 h.	Diabetic agents (e.g., Orinase, Insulin)
				-09 🔲 i,	Anti-inflammatory agents (e.g., Cortisone, Sodium Salicylate, Butazolidin, Indocin)
				-10 🔲 j.	Anti-infectives (i.e., antibiotics)
				-11 🔲 k.	Anti-Anginal drugs (e.g., Nitroglycerin, Peritrate)
				-12 🔲 l.	Cardiac Glycosides (e.g., Digitalis, Lanoxin)
				-13 m.	Anti-Coagulants (e.g., Dicumarol, Warfarin)
				-14 n.	Vitamins or iron
				-15 o.	Other types of medications not listed above
	7115	<u> </u>	01411	IC ACTIVITIES	
14.	RESI FOR THE	DENT EACH MININ	. PLE I ACT UUM	ASE INDICATION IN THE LICENSE IN THE LICENSE IS FIRST	S FOR DAILY LIVING LIST VIOLOGIES OF CARE THAT MAY BE NEEDED BY A ETHE ONE THAT BEST DESCRIBES THE LEVEL OF CARE NEEDED BY THIS RESIDENT. EVELS ARE GIVEN IN ASCENDING ORDER: IN OTHER WORDS, THE LEVEL DESCRIBING FAND THE LEVEL DESCRIBING THE MOST CARE IS LAST. IF YOU ARE UNDECIDED NDICATE, CHOOSE THE ONE DESCRIBING THE LESSER AMOUNT OF CARE:
	a.				LOWING FOUR HYGIENE ACTIVITIES (WASHING FACE AND HANDS, BRUSHING TEETH OR AIR, AND SHAVING OR APPLYING MAKE-UP) DOES THIS RESIDENT:
		(Mark	(A) O	ity One Box)	
		*5 1		Perform all four	with no assistance?
		-2		Perform all four	with no assistance, but needs help in getting and/or putting away equipment?
		-3		Perform three or	four with no assistance, but requires help with a complete bath?
		-4		Require assistance	e with one or two of these hygiene activities?
		-5		Require assistance	e with all four of these hygiene activities?
	b.	CONC	CERN	ING DRESSING	G, DOES THIS RESIDENT:
		(Mark	(X) Or	nly One Box)	
		47-1		Get clothes from	closets and drawers and completely dress without assistance?
		-2		Get clothes from zippers in back o	closets and drawers and completely dress with some assistance (tying shoes, fastening braces, closing buttons or f garments)?
		-3		Receive assistance of garments as as	e in getting clothes, or in dressing (do not count tying shoes, fastening braces, closing buttons or zippers in back sistance)?
		-4		Stay partly or co	npletely undressed?
	c.	CONC	CERN	ING FEEDING	DOES THIS RESIDENT:
		(Mark	(X) Or	nly One Box)	
		48-1		Feed self without	assistance?
		-2		Feed self with mi	nor assistance (cutting meat or buttering bread)?
		-3		Receive major ass	istance in feeding (do not count cutting meat or buttering bread)?
		-4	\Box	Require intraveno	
		-5		Require tube feed	-
				•	Form 73NHS-7

d.	CONCERNING AMBULATION TO REACH THE TOI	LET ROOM, IS THIS RESIDENT:
	(Mark (X) Only One Box)	
	Able to go to the toilet room without nurses' assi manage bedpan or commode at night?	stance (may use cane, walker, wheelchair, or other object of support), may
	-2 Receiving nurses' assistance in going to the toilet using bedpan or commode at night, or cleaning se	room (do not count use of cane, walker, or other object of support), off or arranging clothes after elimination?
	-3 Unable to go to the toilet room for the elimination	on process?
e.	CONCERNING MOVING IN AND OUT OF A BED OF	R CHAIR, IS THIS RESIDENT:
		(Mark (X) Only One Box)
	Receiving no assistance?	52-1
	Walking with assistance of one person?	-2
	Walking with assistance of two persons?	-3 🔲
	Up in a chair with assistance once in 8 hours?	4 🔲
	Up in a chair with assistance twice in 8 hours?	-5 - (1) POSS HAVE 53-1 -2
	Bedfast with assistance in turning every two hours?	e.(1) DOES – HAVE Yes No BED SORES?
	Bedfast with assistance in turning every hour?	-7 (continue with part f,)
f,	CONCERNING CONTINENCE, IS THIS RESIDENT:	
		(Mark (X) Only One Box)
	In control of both bowels and bladder?	54-1 🗍
	An ostomy patient?	2 □
	In control of bladder only?	3 <u>U</u>)
	In control of bowels only?	-4 f.(1) IS - RECEIVING BOWEL AND/OR
	Not in control of bowels or bladder?	-5 D BLADDER RETRAINING?
		55-1 Yes (Skip to Question 15a.)
		-2 No
		f.(2) WOULD RETRAINING GIVE THIS RESIDENT CONTROL OVER BOWELS AND/OR BLADDER?
]
		☐ Yes ☐ No ☐ Doubtful 56-1 -2 -3
15a.	DOES THIS RESIDENT EXHIBIT ANY OF THE	b. DOES THIS RESIDENT EXHIBIT THIS BEHAVIOR
,00,	FOLLOWING BEHAVIOR?	MORE OFTEN THAN ONCE A WEEK OR ONCE A WEEK OR LESS?
	No Yes	More often than Once a week or less
(1)	Depressed 57-2 -1 -1	58-1
(2)	Agitated, nervous 59-2 -1	60-1
(3)	Abusive, aggressive 61-2	62-1 2
(4)	Confused, senile 63-2 -1	64-1
(5)	Disturbed sleep 65-2 -1	66-1 2
(6)	Other problem behavior 67-2 -1 -1 (Specify)	69.1 7 2 7

Form 73NHS-7

16a.		THIS RESIDENT'S STAY HERE, WHEN DID — LAST SEE A PHYSICIAN FOR TREATMENT, MEDICATION, OR FOR MINATION?		
CARD 4	AN CAA	Month Day Year		
14-4		OR Has Never Seen A Doctor While Here (Skip to Question 17a.)		
b.	AT THA	TIME, DID - RECEIVE:		
	(1)	Yes No An examination? 22-1		
	(2)	Treatment? 23-12		
	(3)	Prescription? . 24-12		
	(4)	Other? 25-12 _		
_	DID THE	Specify		
c.	חוט וחב	PHYSICIAN ATTEND THE RESIDENT: (Mark (X) Only One Box) 27-1 as a private physician?		
		-2 for the home itself which furnishes the medical care?		
		-3 temporarily as a replacement for the resident's private physician who was unable to attend the resident?		
		-4 under some other arrangement? (Specify)28-		
d.	DOES A F	HYSICIAN EXAMINE THIS RESIDENT: (Mark (X) Only One Box)		
		29-1 only when called?		
	d. DOES A PHYSICIAN EXAMINE THIS RESIDENT: (Mark (X) Only One Box)			
		1		
		-6 other (Specify)		
17a.	DOES - V	EAR EYE GLASSES?		
	Ye:	¬		
b.	32-1	T WITH GLASSES: (Mark (X) Only One Box)		
U.	33-1	not impaired? (e.g., can read ordinary newspaper 33-1 not impaired? (e.g., can read ordinary newspaper		
	-2 🔲	print) print without glasses) partially impaired? (e.g., can watch television 8 to partially impaired? (e.g., can watch television 8 to		
	з 🔲	12 feet across the room) 12 feet across the room) severely impaired? (e.g., can recognize the features -3 severely impaired? (e.g., can recognize the features		
	.4 D	of familiar persons if they are within 2 to 3 feet) completely lost? (e.g., blind) of familiar persons if they are within 2 to 3 feet) completely lost? (e.g., blind)		
18a.	DOES - L	SE A HEARING AID?		
	ř .	No.		
b.		RING WITH A HEARING AID: c. IS —HEARING: (Mark (X) Only One Box)		
	35-1	not impaired? (e.g., can hear a telephone conversation on an ordinary telephone) 35-1 not impaired? (e.g., can hear a telephone conversation on an ordinary telephone)		
	-2	partially impaired? (e.g., can hear most of the things a person says) -2 partially impaired? (e.g., can hear most of the things a person says)		
	-3	severely impaired? (e.g., can hear only a few words a person says or loud noises) severely impaired? (e.g., can hear only a few words a person says or loud noises)		
	-4	completely lost? (e.g., deaf) -4		

19.	IS - ABILITY TO	O SPEAK: (Mark (X) Only One Box)
	38-1 not in	npaired? (e.g., is able to be understood; can carry on a normal conversation)
	-2 partia	lly impaired? (e.g., is able to be understood but has difficulty pronouncing some words)
	-3 📙 severe	ly impaired? (e.g., cannot carry on a normal conversation; is understood only with difficulty)
		letely lost? (e.g., is mute)
20a.	(m)	SIDENT HAVE DENTURES?
	☐ Yes — 39-1	No (Skip to Question 21a,)
b,	DOES - USE TH	HE DENTURES?
	Yes 40-1	□ No -2
21a.	DURING THE L	AST MONTH, DID — LEAVE THE HOME FOR ANY RECREATIONAL OR LEISURE ACTIVITIES?
	41-1	Yes No
b.	FOR WHICH OF	THE FOLLOWING ACTIVITIES C. WHY DIDN'T — LEAVE THE HOME TO PARTICIPATE IN ANY ACTIVITIES DURING THE LAST MONTH? (Mark (X) All That Apply)
	cc42-52 -1	Get books, etc., from the library cc42-52 -1 Resident was too ill or was not able to move well enough to participate
	-2 🔲	Attend plays, movies, concerts, etc.
	-3 🔲	Attend arts and crafts classes outside the home -3 Staff was unable to determine resident's interests
	-4 [Visit museums, parks, fairs, etc. at this point
	-5 📙	Go on shopping trips organized by the home -4 Staff feels that the resident's behavior will not be tolerated outside the home
	-6	Go on independent shopping trips organized by the resident or visitors -5 No one was available to accompany the resident
	-7	Visit a beauty shop or barber shop -6 Resident cannot afford these activities
	-8 🔲	Visit community clubs (such as community centers, senior citizen clubs, service clubs, bridge
		clubs, unions, etc.) -8 Other, (Specify)53-
	.9 🔲	Attend religious services or other religious activities
	-0	Go for a walk
	-& 🗌	Other, (Specify) 53-
22a.		AST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EAVE FOR MEDICAL REASONS?
	54-1	Yes No (Skip to Question 23a.) Don't know (Skip to Question 23a.)
b.		-2 -3 USUALLY GO WHEN ON LEAVE? (Mark (X) Only One Box)
	55-1	To own home or apartment
	-2	To home of family or relatives
	-3	To home of unrelated friends
	-4	To foster home
	-5	To boardinghouse or room
	-6	To another place, (Specify)56-
	-7	Don't know
c.	ABOUT HOW OF	FTEN DID THIS RESIDENT GO ON LEAVE? (Mark (X) Only One Box)
	57-1	Nearly every week
	-2	About once a month
	-3	About once every two months
	-4	Several times a year
	-5	About once a year or less
	-6	Other (Specify)58-
	-7	Don't know
Form 73NH	IS-7	

23a.	DOES HAVE ANY VISITORS?
CARD 5 14-5	Yes No Don't know (Skip to Question 24)
b.	HOW FREQUENTLY DO VISITORS SEE THE RESIDENT? (Mark (X) Only One Box)
	16-1 Nearly every week -5 About once a year or less
	-2 About once a month -6 Other (Specify)17-
	-3 About once every two months -7 Don't know
	-4 Several times a year
24.	HOW MANY BEDS ARE IN — ROOM? (Mark (X) Only One Box)
	18-1 One bed (i.e., the resident's own bed) -4 Four beds
	-2 Two beds -5 Five or more beds
	-3 Three beds
25a.	HAS THIS RESIDENT LIVED IN THIS FACILITY FOR ONE FULL MONTH OR LONGER?
	19-1 Yes No
	Stop; go on to next questionnaire.
b.	LAST MONTH, WHAT WAS THE <u>BASIC</u> CHARGE FOR THIS RESIDENT'S LODGING, MEALS, AND NURSING CARE NOT INCLUDING PRIVATE DUTY NURSING OR OTHER SPECIAL CHARGES?
	No charge is made for care (Skip to Question 26a.) \$ cc20-25
c.	LAST MONTH, WHAT WAS THE <u>TOTAL</u> CHARGE FOR THIS RESIDENT'S CARE, INCLUDING ALL CHARGES FOR SPECIAL SERVICES, DRUGS, AND SPECIAL MEDICAL SUPPLIES?
	No charge is made for care (Skip to Question 26a.)
	cc26-31
	(1) DID THIS AMOUNT INCLUDE SPECIAL CHARGES FOR
	No Yes
	(a) physician services? 32-21
	(b) private duty nursing? 33-21
	(c) therapy? 34-21
	(d) drugs? 35-21
	(e) special medical supplies? 36-2 1 1
	(f) special diet? 37-2 1 1
	(g) other? 38-2 1
	Specify -39
26a.	WHAT WERE ALL THE SOURCES OF PAYMENT FOR THIS RESIDENT'S CARE LAST MONTH? (Mark (X) All That Apply)
	cc40-48 (1) Own income or family (4) Other public assistance (7) Initial payment- support (private plans, retirement funds, social
	security, etc.) (5) Church support (8) No charge is made for care
	(2) Medicare (Title XVIII) (6) VA contract (9) Other (Specify)
	(3) Medicaid (Title XIX)
b.	WHAT WAS THE PRIMARY SOURCE OF PAYMENTS FOR — CARE LAST MONTH? (Mark (X) Only One Box.)
	50-1 Own income or family -4 Other public assistance -7 Initial payment-support (private plans, or welfare life care
	retirement funds, social security, etc.) -5 Church support -8 No charge is made
	-2 Medicare (Title XVIII) -6 VA contract
	-9 Other (Specify) 7
	Form 73NHS-7

1973 Nursing Home Survey National Center for Health Statistics Health Resources Administration Rockville, Maryland

W	HICH OF THE FOLLOWING JOB CATEGORIES BEST FITS THE JOB WHICH THIS E	EMPLOYEE DOE	S IN THIS FACILITY?
01	. ADMINISTRATOR	1	
02	PHYSICIAN (M.D. OR D.O.)		
03	DENTIST	1	
04	. PHARMACIST	i	
.05	REGISTERED OCCUPATIONAL THERAPIST		
06	REGISTERED PHYSICAL THERAPIST	ĺ	
07	ACTIVITIES DIRECTOR		
08	B. DIETITIAN OR NUTRITIONIST	(GROUP A
09	REGISTERED MEDICAL RECORD ADMINISTRATOR		Enter in Column i of Staff Control Record
10	SOCIAL WORKER	1	
11	. SPEECH PATHOLOGIST AND/OR AUDIOLOGIST		
12	OTHER PROFESSIONAL OCCUPATIONS (INCLUDES INTERN, RESIDENT, THERAPEUTIC RECREATOR)		
1:	B. OCCUPATION THERAPIST ASSISTANT		
14	PHYSICAL THERAPIST ASSISTANT		
1!	SOCIAL WORKER TECHNICIAN/ASSISTANT		
10	6. OTHER MEDICAL RECORD ADMINISTRATORS AND TECHNICIANS	<i>)</i>	
17	7. REGISTERED NURSE	}	GROUP B Enter in Column j of Staff Control Record
11	B. LICENSED PRACTICAL NURSE OR LICENSED VOCATIONAL NURSE	}	GROUP C Enter in Column k of Staff Control Record
1	9. NURSE'S AIDE AND ORDERLY	}	GROUP D Enter in Column I of Staff Control Record
2	0. CLERICAL, BOOKKEEPING, OR OTHER OFFICE STAFF)	
2	1. FOOD SERVICE PERSONNEL (COOK, KITCHEN HELP, ETC.)	- (GROUP E
2	2. HOUSEKEEPING AND MAINTENANCE PERSONNEL (MAID, LAUNDRYMAN, MAINTENANCE MAN, ETC.)	}	Enter in Column m of Staff Control Record
2	3. JOB OTHER THAN THOSE LISTED ABOVE (PLEASE SPECIFY JOB TITLE ON THE INDIVIDUAL LINE OF STAFF CONTROL RECORD))	

STAFF CONTROL RECORD

1973 Nursing Home Survey National Center for Health Statistics Health Resources Administration Rockville, Maryland Sheet __of ___

OMB # 068 S 72172 Expires 7 31 74

ASSURANCE OF CONFIDENTIALITY All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the outposes of the survey, and will not be disclosed or released to others for any purposes.

cc1 3 cc2
ESTABLISHMENT NO

<u> </u>				,	,				Щ.		<u> </u>		Щ.
LINE NR	STAFF		SEX	ETHNIC BACKGROUND	EMPLOYER	HOURS W	ORKED		0	CCUPATIO	ON		LINE NR
	List below the names of all persons who are on the staff of the facility of are employed under contract include members of religious organizations and orders who donate their services. List administrator and assistant administrator. Exclude volunteers. List persons in charge of a shift on the top three lines.	Home telephone number of \\11771 employees Area code { }			is this employee on the staff of this facility of employed under contract.	Does this emproyee work fust or part time (Full 5 me is 35 or more hours per meth 1	Pers time Only v ston many house nid this employee work in this Pacifity last week?	O1 16 Group A SW YE Crete Sample Persons No Employers 7 cc11	TE Persons No cols	18 Group C SW TE U-cut Sample Persons No Employed ce19	19 Group D SW TE C nie Sampe Person Nn Employees 7 C 23	E LIST, BUT DO NOT SAMPLE	
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	List below the names of all persons Home telephone				te this	Does this	Part time		nter Code Fr	om Staff Cla	sofication Ca	rd	\Box
	who are on the staff of the facility or are employed under contract	number of S1VPI F employees	İ	ļ	on the staff of this	work full or part time	How many hours did	01 16	17	18	19	20-23	1
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	administrator Exclude volunteers	, ,		İ	ļ]	facility last week?	TE	TE	TE	TE	DO NOT	1
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Form 73NHS-3

APPENDIX IV

CRITERIA FOR CLASSIFYING NURSING HOMES ACCORDING TO LEVEL OF NURSING CARE

Types of Facilities Included In the Survey

Institutions included in the 1973-74 Nursing Home Survey were those classified as either nursing care homes or personal care homes with nursing according to data collected in the 1971 Master Facility Inventory Survey³⁰ conducted by the National Center for Health Statistics. Definitions for these two classes of nursing homes were as follows:

Nursing care home is one in which

Fifty percent or more of the residents received nursing care during the week prior to the survey. (Nursing care is defined as the provision of one or more of the following services: taking temperature, pulse, respiration, or blood pressure; full bed bath; application of dressings or bandages; catheterization; intravenous, intramuscular, or hypodermic injection; nasal feeding; irrigation; bowel and bladder retraining; oxygen therapy; and enema.)

At least one full-time (35 or more hours per week) registered nurse (RN) or licensed practical nurse (LPN) was employed.

Personal care home with nursing is one in which

Some, but less than 50 percent of the residents received nursing care during the week prior to the survey.

At least one full-time RN or LPN was employed.

or

Some of the residents received nursing care during the week prior to the survey.

No full-time RN or LPN was employed.

The institution either:

Provided administration of medicines or supervision over self-administered medicines.

or

Provided assistance with three or more activities for daily living (such as help with tub bath or shower; help with dressing, correspondence, or shopping; help with walking or getting about; and help with eating).

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NOTE: The list of references follows the text.

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