



## CASE 7

# JASPER GARDENS NURSING HOME

**J**asper Gardens is a for-profit nursing home located on east side of Jasper, about five miles from the city center. The facility is a one-story modern building with ample parking and significant room for expansion. It is located near Medical Associates on 65 acres of land adjacent to the newly approved highway, approximately one mile from the planned Jasper–East exit. Jasper Gardens is licensed to operate 110 beds. It currently operates and staffs 106 beds in both private and semi-private rooms,

### **JEFFERSON PARTNERS, LLC**

Jasper Gardens is owned and operated by Jefferson Partners, LLC. This corporation owns and operates nursing homes, assisted living facilities, retirement living communities, and adult day care centers in the greater Capital City area and statewide. Jefferson Partners is a private equity partnership of investors. None of the investors is involved in the day-to-day management of the corporation. The partners have quarterly board meetings, and their executive committee meets monthly with the professional senior management team to review operations and issues. Jefferson Partners acquired the Jasper Gardens property in 1995 and has continuously invested in the property.

Jefferson Partners has two operating divisions: property and management. The management division provides centralized administrative services, such as payroll, legal services, financial management, and group purchasing for its facilities, and it also charges a management fee for its services.

The property division owns the buildings and land, and it leases these properties to wholly owned subsidiary corporations that manage the individual operations. As such, Jasper Gardens leases its current building and land.

The senior management team of Jefferson Partners includes Ralph Jefferson, president and CEO, and Mary Charles, RN, vice president of operations. David Fellows is the director of corporate development and acquisitions. Martha Wyman is the chief financial officer. The senior management team/central office approves the annual budget for each facility. Charles meets monthly with facility administrators to monitor operations and to address problems and issues. Jefferson Partners maintains professional offices and a small, central staff in Capital City.

## HISTORY

The Jasper Gardens Nursing Home traces its history back to 1960, when it was founded by Mary and John Decker. The initial facility was a former resort that accommodated 45 residents in semiprivate rooms. During the 1970s this facility was modified to accommodate 70 residents and was licensed under the Medicaid and Medicare programs. In 1980, the Deckers sold the facility to the Armstrong family, who then built four new wings of patient rooms, each with 12 semiprivate rooms. On each occasion, the state awarded a Certificate of Need (CON). This construction project (1981 to 1983) used the original structure for administrative offices and common areas.

Between 1990 and 1995, the facility was modified into its current configuration with five wings and a central building for administrative patient care. In this modification, the original resort house structure was demolished and totally replaced. The original four wings were updated and modified. Jefferson Partners acquired the facility in 1995. Today the structure is modern and tastefully decorated to emphasize the residential nature of a contemporary nursing home.

Until 1992 the state CON law regulated any expansion in nursing homes that cost more than \$500,000. Today the threshold for nursing homes is the same as for acute care facilities. In 1992 the state also ceased allowing any nursing home to expand its bed capacity 5 percent each year without a CON, regardless of cost. It should be noted that capital costs are capped and used to determine state Medicaid rates for nursing homes; they constitute less than 5 percent to a rate calculation. Currently, the state has placed a moratorium on CON applications for skilled nursing facility and intermediate care facility beds pending changes in the state CON law. However, the governor has granted permission that the number of beds in a nursing home may increase if the total number of nursing home beds within a county remains unchanged.

When Jasper Gardens was originally founded, the surrounding area was relatively rural. Today it is becoming more suburban, and a number of housing developments have been built nearby. A shopping center is located approximately a quarter-mile away. The

area is expected to grow and develop significantly with the opening of the new interstate road between Jasper and Capital City.

The facility introduced Resident Community Councils in 2007, which give residents opportunities to meet with the staff to express their wishes and preferences. Jasper Gardens has been recognized as a regional leader in empowering residents and creating a homelike atmosphere. Its promotion materials stress this and cite many examples:

The residents have choices with respect to how they want to live. We promise to listen and strive to accommodate resident choices so that we can fulfill their wishes for daily living. A “fine dining” program is available to a different group of residents daily. We create a restaurant-like atmosphere here with fine china, silverware, and food and personal service. Residents go to local restaurants regularly in groups, by themselves, or bring food back to their rooms for private dining. Bathing or showering times are honored by request for time, day, and frequency. Staff members have consistent assignments of residents for continuity of care and familiarity of daily routines for residents. The facility makes available its facilities and space to the community for meetings and social functions.

For the past four years, Jasper Gardens has been a semifinalist in the statewide competition for the Quality-of-Life Award granted by the governor to the nursing home best able to demonstrate its commitment to resident independence and to giving patients choices regarding their care and services.

### **PATIENT SERVICES**

Jasper Gardens is licensed by the state to operate 110 nursing home beds. It accepts all forms of payment. It is 100 percent Medicare- and Medicaid-certified and fully approved to provide skilled nursing and rehabilitation services covered by Medicare. Medicaid covers most patients. Physical therapy (PT), occupational therapy (OT), recreation therapy, and speech therapy (ST) services are available onsite. These rehabilitation services are also available to area citizens as outpatients. These outpatients use either Medicare Part B or commercial insurance to cover associated charges.

Jasper Gardens classifies its patients and residents and many of its services using “intermediate care” and “skilled care.” The term *resident* implies an individual with an average length of stay (ALOS) of more than three months, whereas the term *patient* means an individual with an ALOS of fewer than 100 days. Intermediate care services emphasize long-term residual services. In 2014, the ALOS for intermediate care patients is 2.8 years and has been increasing. The average age of current residents is 87 and has slowly been increasing. Some residents in this category have the ability to pay for care when they are initially admitted. Many, however, after spending down their available personal resources,

have their care financed by Medicaid. The average spend-down period for the residents of Jasper Gardens, over the past five years, has dropped from 16 months to 13 months. A few patients in this category are covered by private nursing home insurance or insurance provided by the US Department of Veterans Affairs.

Skilled care patients are in the nursing home for post-hospital rehabilitation. Patients older than 65 years of age rely on Medicare as their primary insurance. These patients make use of PT, OT, and ST services. Those not eligible for Medicare typically rely on a private health insurance plan to cover these services. In 2014 the ALOS for Medicare patients was 36.2 days; it has been decreasing over the past five years. However, 40 percent of Medicare patients stay beyond 60 days. For patients covered by private or commercial health insurance, the ALOS in 2014 was 24.3 days.

Registered nurses (RNs), licensed practical nurses (LPNs), licensed nursing assistants (LNAs), and medication nursing assistants (MNAs) provide nursing services. A part-time registered dietitian supervises all food services. Social work services are provided during the admissions process and are available on an in-patient basis. Pharmacy services are provided on contract by DRUGCO, Inc.

The medical director is James A. Child, DO. He is board certified in family practice and gerontology, and he operates a practice in Jasper with Drs. Freda Evans and David Dodger. Drs. Evans and Dodger provide backup on-call services at Jasper Gardens as needed. All three are active medical staff members at Webster Hospital and have consulting medical staff privileges at Osteopathic Medical Center in Capital City. Dr. Child devotes approximately one day per week to his patients in Jasper Gardens.

The facility is physically divided into five adjacent wings. Four of the five wings have nine semiprivate rooms and two private rooms. The facility has eight private rooms in total. These four wings were part of the original 1980 construction and have been modified over the years to accommodate larger lounges and patient common areas. The fifth wing, added in 1995, has 13 semiprivate rooms and houses the rehabilitation services department. Each wing also has a nursing station, a shower room, and a small library. Wireless Internet is available throughout the entire facility. The beauty salon and barbershop are located in the central commons area. Most patients enter Jasper Gardens following discharge from an area hospital. Primary referral sources include the hospitals located in Middleboro and Capital City.

## ORGANIZATION

Jasper Gardens is organized using a flat management structure. The senior management team reports to the administrator who in turn reports to Mary Charles, the vice president of operations for Jefferson Partners LLC (located in Capital City). The senior management team meets weekly to review the budget reports furnished by Jefferson Partners. Each of the senior managers supervises and directs multiple departments and staff.

Jayne Winters, NHA, is the licensed administrator of Jasper Gardens. She is a graduate of an eastern university and holds an undergraduate degree in health services management. On her graduation in 2006, she completed her administrator-in-training program at a Jefferson Partners facility in Capital City. Upon completion of this program, she earned her state license and was appointed as assistant administrator at Jefferson Partners' largest nursing home, an assisted living and congregate living (apartment) facility in Capital City. She was appointed administrator of Jasper Gardens in 2010. Winters is active in the statewide association of long-term care administrators and lives in Jasper. Winters also manages all aspects of personnel and human resources administration. For example, her office releases all advertisements for employment and screens all applicants. Wage and salary rates are set during the annual budgeting process, with changes requiring the approval of Jefferson Partners. Winters and her administrative assistant, Carol Hyde, administer all employment (including employment background checks) and benefit policies.

Over the past 18 months, employees have filed formal grievances related to "unfair interpretations" involving annual and sick leave policies, merit pay adjustments, and rates paid to part-time workers who work on national holidays. During this same period, three employees were discharged for failure to perform stated duties. It should be noted that one of Winters's first actions as administrator was the dismissal of three employees for nepotism. This action is still remembered by many of the staff, who felt the dismissals were not necessary, especially because these employees were hired before a formal policy on nepotism was instituted. Recently two other employees were discharged for poor attendance and work performance. Winters is also responsible for all advertising and promotional programs designed to call attention to the facility.

When interviewed, Winters indicated that Medicaid pricing has continued to force Jasper Gardens to carefully reconsider all staffing levels and in some instances to reduce staffing. She indicated that any nursing home—and especially Jasper Gardens—works within slim annual financial margins and that small staffing increases could easily evaporate its modest profitability. She also indicated that her employment contract does include certain incentives and penalties related to quality of care and financial performance.

When asked to identify and discuss significant issues, she noted that for the past two years Jasper Gardens has received a deficiency-free survey from the state Department of Health—Level B. This, she explained, is a significant improvement over the conditions that existed when she was hired. Prior to 2010, the state survey team awarded Jasper Gardens scores that indicated widespread potential for more than minimal harm to patients (Levels E and F). Winters stated that the positive surveys over the past three years were the result of a solid and dedicated team effort and changes in some job responsibilities. She also indicated that, over her four-year career at Jasper Gardens, patient acuity and levels of need have increased: "The intensity of needed care has increased significantly. More and more of our older residents are exhibiting behavioral problems. Even though our staffing has remained about the same, our residents seem to need more and more care."

Three years ago, Jasper Gardens' workers' compensation rates doubled based on its history of worker injuries. The most common injury has been back strains and pulls associated with assisting and lifting residents from their beds. During 2014, because of new policies and the arrival of new equipment to help staff assist residents, no staff member reported back injuries.

No union has ever represented the hourly staff at Jasper Gardens. Unofficially, Winters did indicate that she and her management team have heard rumors that a local union in Capital City will be sending cards to the hourly staff to determine whether the staff wants the union to represent their interests. A union formally approached the staff four years ago. If a sufficient number of cards are returned to the union, it will petition the state labor board for permission to hold an election and form a bargaining unit.

A number of residents use electric wheelchairs and carts for transportation around the nursing home and use them to frequent the small park on the grounds of the facility. In two instances over the past 18 months, "crashes" inside the facility have injured three residents. As the area has developed with wider roads and sidewalks, a small number of residents also have begun to use their personal mobility carts to go to the local shopping center. To leave the building and grounds of Jasper Gardens, a resident must secure permission from the supervising nurse and take a wireless phone furnished by the nursing home. Legal counsel is reviewing this practice to ensure that it is in keeping with current laws and regulations. Two different families have requested that the residents be restricted to using the carts only on the property of the nursing home. Current policies do not allow for these restrictions unless they are based on appropriate legal (e.g., power of attorney) or medical orders. Medicare purchases these carts for any mobility-impaired individual who is 65 years old or older. Recently an ambulatory resident, who had walked to a local shopping center, became disoriented and had to be brought back to Jasper Gardens by the police. This is the fifth such instance within the past six months.

When interviewed, Winters said:

I am very pleased with the progress we have made here over the past four years. The facility looks good, the staff is dedicated, and the owners are comfortable with our [profit] margins. We have been challenged to get our personnel system in better shape and have been responsive to needs of our workers. I sincerely hope that we do not unionize, although we fully support our employees' rights in this area. I know that Jefferson Partners is going to want us to continue to develop this facility. Especially with the new interstate road, which will significantly cut down on the travel time between Jasper and Capital City, we may have the potential for open senior living apartments and an assisted-living facility here on our current campus. We have the space and a great deal of the infrastructure to move in this direction.

When asked about the management reports she relies on, Winters said that her "dashboard report" is critical to her ability to stay abreast of the management issues in the

facility. This weekly report includes the following information for the latest week, month, quarter, and year to date:

- ◆ Revenue and expense budget performance
- ◆ Payroll information: budgeted versus actual hours, dollars, and overtime
- ◆ Patient census by payer
- ◆ Admissions and discharges
- ◆ Therapy revenue, expenses, and hours
- ◆ Employee health insurance claims submitted
- ◆ Primary quality indicators:
  - Facility-acquired pressure ulcers
  - Falls
  - Injuries
  - Weight loss
  - Reportable events
  - Acute discharges

Michele Regan, RN, is director of nursing and patient services at Jasper Gardens. She holds an undergraduate degree in nursing and master's degree in geriatric nursing. She has more than 20 years of professional experience in long-term care nursing. She joined the nursing staff at Jasper Gardens as the day-shift charge nurse in 2004. She was appointed to her current position in 2009. She supervises the day (7:00 a.m.–3:00 p.m.), evening (3:00 p.m.–11:00 p.m.), and night (11:00 p.m.–7:00 a.m.) nursing supervisors. There are two day-shift charge nurses. Each is responsible for approximately half of the patients. Aside from supervising all nursing services, Regan also supervises the ancillary services unit (i.e., PT, OT, ST, and respiratory therapy) and the recreation unit, and she coordinates all pharmaceutical services. When interviewed she discussed staffing and management issues. She indicated that (surprisingly) Jasper Gardens rarely has experienced any problem hiring qualified RNs and LPNs. She indicated that Jasper Gardens experiences the expected turnover in its LNA workforce and that she would like to hire more MNAs when LNA openings occur. She also indicated that staff scheduling was always an issue: "We seem to be in a catch-22. Recently we have begun to hire more part-time staff. But scheduling them and relying on them to work a few extra hours to help us cover a shift here and there has been difficult and disappointing. In the past we hired some floating full-time staff to cover

as needed, but we moved to part-time staff to save money. This move seems to have made staffing much more difficult. It appears that the critical complaint of our part-time staff is that they do not have sick leave, something very important to them when they have sick children.”

Regan did speak positively about the certified therapeutic recreation specialists who now staff the recreation department. Jasper Gardens began hiring certified specialists in this department four years ago, and it has “led to our recreation services department being one of the best in the state.”

Working with the medical director, Dr. Child, Regan is also responsible for the formulary, ensuring that adequate pharmacy stock is maintained and that appropriate inventory safeguards are effective. She is responsible for the ordering and inventory of all medical supplies. Medical supplies are purchased using contracts negotiated and administered by Jefferson Partners.

When asked what changes she would like to see, she stated, “Our current policy concerning residents being hospitalized and then returning may need to be reconsidered.” She stated, “Our current policy is that we will not keep a bed open for a resident who is admitted to a hospital unless they pay for it during their hospitalization or absence. If the bed is not paid for, we will refill it after 24 hours. We also have a 10-day limit on how long any bed may be unoccupied even if the per diem charges are being paid.” She continued, “This can really cause problems for our residents, but we need to keep our beds full. The situation is just not good for our residents, even though it might be a required business practice. We really try to accommodate our residents, but frequently we can’t.” She also indicated that a plan to dedicate one wing to patients with Alzheimer’s disease and dementia, an idea recently discussed with the owners, might be needed and that such a wing would expand the range of patient care services offered.

Margaret Hemp is the director of admissions and social services. She has an undergraduate degree and a master’s degree in social work and more than 15 years of professional experience. Prior to her appointment as director of admissions in 1999, she held a similar position at another nursing home in Capital City. She meets with all prospective residents and their families. She also helps potential and current residents qualify for Medicaid. Periodically she leads the team that reviews the medical and social needs of all residents, and she files reports as needed. Each resident maintains a modest cash account to support certain purchases (e.g., beauty shop). Hemp manages this system in keeping with federal and state regulations. Aside from working with the discharge teams at the hospitals located in Middleboro and Capital City, she also has regular contact with the Hillsboro County Home Health Agency and the home health agencies located in Capital City. When interviewed, she stated:

Overall, Jasper Gardens is not unique. We have a dedicated staff. Our resident population is getting older, and recent Medicare admissions have required significantly more



therapy and services than in the past. Changing federal and state regulations covering Medicaid eligibility make aspects of my job demanding. I spend a great deal of time completing the minimum data set on residents to be admitted, and I spend time with our nursing supervisors filing reports on our current residents.

We really do reflect the community we serve. Our residents, for the most part, come from right around here, although the new interstate should bring us even more Capital City residents. We are fortunate that a significant number of our residents have family and friends in the area who still visit them. We seem to have more visitors than other homes that I am aware of. I enjoy working here.

Ralph Doyle is the director of plant operations. He is responsible for all aspects of the physical facility, including maintenance, laundry, and housekeeping services. His staff also runs the van that takes residents to appointments and on shopping trips. He retired from the military in 2004 and has served in this role at Jasper Gardens since 2006. Prior to his current employment, he was the associate director of facilities at another nursing home in Capital City. Under Doyle's leadership, Jasper Gardens has received no negative reports or citations regarding any aspect of facility, including fire safety inspections. In 2011, Jasper Gardens installed new onsite generators. Jasper Gardens has the ability to function "off the electric grid" for a maximum of 12 days. This addition completed a plan to make this home energy independent to ensure the safety of all residents.

When interviewed he stated:

Well, those electric carts—some call them scooters—really cause us problems. Most can't be stored inside the facility because of existing regulations covering their recharging. We have had to develop a space in another building for their storage, and we bring them in and out as the residents want them. Maybe they should be banned, especially inside the facility, as they can frequently mark or damage our floors and walls. Sometimes I feel that we are running a valet service for these carts. Overall, this is a solid facility. It is clean and relatively modern and well lighted. I am proud of how our staff has made this older facility look good. Now that we are energy independent, I sleep better at night. We also have a staff that understands our need to periodically have fire and emergency drills. This has helped a great deal. One of my many duties, however, is security. While all staff members wear badges and are instructed to question any visitors they do not know, it frequently comes down to my staff being called. I question whether we can and should remain as open as we are. Residents can potentially leave anytime they want, and outsiders can enter multiple doors from 7:00 a.m. to 8:00 p.m. before the building is "locked" for night. This may be an issue that needs attention.

It should be noted that, based on Doyle's recommendation, all residents who want to use motorized wheelchairs and carts must complete driving lessons done by a trained instructor and earn a scooter license from Jasper Gardens.

Bonnie Keana is the senior administrative assistant and bookkeeper. She is responsible for preparing the payroll and supervising the posting of the financial journal and the general ledger. Based on information she prepares, Jefferson Partners provides budget status reports every week and interim financial statements monthly. Keana is also in charge of local purchasing, and she supervises the reception staff.

### **MANAGEMENT OPERATIONS**

Every Tuesday morning, Winters, Regan, and Hemp meet to review the status of all patients. Data include quality measures used by the Medicare Quality Improvement Organization and Centers for Medicare & Medicaid Services (CMS) as well as other data reported to Jefferson Partners. Once a month this committee includes others (including the medical director) as needed from its Continuous Quality Improvement Committee and reviews all data to determine which patients and CMS items need attention, why, and the treatment and prevention approaches being used.

Every Friday morning, Winters, Regan, and Hemp plus Doyle and Keana meet as the management team and review the most recent dashboard report, budget status report, and other issues needing management's attention.

### **CURRENT ISSUES**

#### **PERSONNEL AND UNION ACTIVITY**

When interviewed, Winters and Regan both indicated that access to qualified professional staff was not a major problem. They stated, "We have been able to hire highly qualified professionals who have generally stayed with us for significant periods of time." Over the years, however, some wages have not kept pace with the regional market. This trend has been directly traceable to Medicaid rates paid by the state. Over the past ten years, state Medicaid rates have fallen from being the tenth highest in the United States to the eighth lowest.

Four years ago, the hourly employees were mailed cards and met regularly with union organizers from Capital City. This effort did not yield a sufficient number of staff to petition to form a bargaining unit. Two years ago, as part of study done by an external consultant, employees expressed three primary job concerns. They were concerned that wages were below market norms, that benefits were administered unfairly, and that job expectations were unclear. After this study, Jefferson Partners did authorize some wage changes and committed to follow a standardized system of benefits for all employees. This system is described in a new and expanded employee manual, which has not yet been published. The study also instructed the administrator to review and update all job descriptions and to enhance the system of annual evaluation. Merit pay was introduced in 2013 but has met with mixed reviews and results. Four years ago, the personnel system was ad hoc and poorly defined. It still exhibits a number of shortcomings. For example, a number of employees remain confused about their eligibility for certain benefits and how to use benefits.

### REHABILITATION SERVICES UTILIZATION

Rehabilitation services (i.e., PT, OT, ST, and respiratory therapy) are available for nursing home residents as well as members of the community. Most pay for these services using Medicare Part B or private insurance. Outpatient utilization continues to be almost nonexistent. Currently, individuals in need of ambulatory rehabilitation services typically travel to either Capital City or Middleboro. Jefferson Partners has asked Jasper Gardens for a plan to address this potential market as part of the upcoming review of the draft budget for 2016.

Jasper Gardens estimates that for 2015, service demands (in relative value units, or RVUs) will be 5,000 units in PT, 7,500 units in OT, and 700 units in ST. Space exists to address the needs of more patients. Note that workers' compensation provides an annual limit of up to 24 PT and/or OT visit per year per injury. Jasper Gardens' 2015 staffing devoted to providing patient services (in FTEs) for this department will be

- ◆ 1.0 PT,
- ◆ 0.3 physical therapy assistant,
- ◆ 1.0 OT,
- ◆ 0.7 certified occupational therapy assistant, and
- ◆ 0.3 ST.

Note that the supervisor of this department splits her time between administration and providing PT services. Jefferson Partners has a target that 90 percent of available time in a rehab unit be devoted to patient care.

Increasingly, institutional profitability is based on the success of the SNF unit and outpatient rehabilitation services. Medicaid rates covering the ICF make it difficult to achieve institutional profitability.

### ADMISSION POLICIES

Beginning in 2014, Jefferson Partners has required that all nursing home patient and resident applicants submit to a background check as a condition associated with admission. Jefferson Partners has indicated that no potential patient or resident with a felony conviction as a sexual predator or offender will be admitted. This policy is explained to all potential patients and residents. Jasper Gardens has implemented this policy at all of its facilities. It should be noted that this policy is under legal review at two of Jefferson Partners' other nursing homes.

## **SPECIAL PROGRAMS AND NEW INITIATIVES**

### **Hospice Care with Capital City VNA**

Capital City VNA and Hospice has proposed that a collaborative Medicare-certified inpatient hospice be established at Jasper Gardens. This hospice would serve the greater Jasper community and provide access to these services to the Medicare-eligible population. Currently, Jasper residents requesting the use of Medicare-certified hospice services must seek care in Capital City. Capital City VNA and Hospice would enter into a contractual relationship with Jasper Gardens for private rooms to be used for inpatient hospice care. The medical director of the hospice would supervise and direct the cases, and nurses from the hospice would be assigned to provide 24-hour care, with support and extra coverage provided by the staff of the nursing home as needed.

Jasper Gardens is able to do this under existing Medicare regulations involving its SNF. It could provide all staffing and direct patient services in this new unit. It could provide a dedicated wing, area, or building with private rooms for the patients, meals, general nursing supervision, and general services (such as housekeeping). Capital City VNA (potentially the Medicare-certified hospice) would pay Jasper Gardens (as a subcontractor) a price per patient day to be negotiated. Direct service costs would be approximately \$75 per day for the requested services. Jasper Gardens' pharmacy service would provide needed drugs and other durable medical equipment at cost that would be directly reimbursed to the pharmacy by Capital City VNA and Hospice. The initial estimate is that Jasper Gardens could add a new dedicated wing of four to eight private rooms at approximately \$150,000 per private room (minimum of four).

### **Assisted Living Facility and Retirement Housing**

Jefferson Partners has included in its strategic plan the development of many more services on the campus of Jasper Gardens. The company is interested in an assisted living facility, congregate living facility (senior apartments), and retirement housing adjacent to Jasper Gardens. The idea is to use the land currently owned by Jefferson Partners, a location that should be very attractive given the new interstate highway to be opened. This plan would designate the nursing home administrator as the campus CEO. The CEO would be responsible for the facilities on the campus. Staffing would be adjusted as needed so that Jasper Gardens' employees would provide staffing for the new facilities.

Jefferson Partners is currently determining cost estimates for these types of facilities and hopes to have a conceptual plan ready for its architects within six months. It estimates that the assisted living facility would cost approximately \$300 per square foot and that apartments and housing would cost around \$200 per square foot. The Jasper Planning Board has indicated that current zoning would make this type of adult senior community a "natural addition" to the nursing home campus. The added taxes also would help the

town defray the costs of infrastructure development (i.e., roads, water, and sewer) that it embarked on three years ago. Jefferson Partners has identified two significant questions to be resolved—what is the best size, and what are the associated costs of this plan? The company has indicated that it will complete the market and financial feasibility study for this project in 2015. Some studies suggest that the average length of rental in an assisted living facility is 5.4 years, with a standard deviation of 2.3 years. National studies suggest that these types of facilities are attractive to specific segments of the population.

### **Information System Developments**

Jefferson Partners has recently signed a contract with Nursing Home Systems, Inc., to install—companywide—an electronic health record system. Training should begin in nine months, and the system should be fully installed and implemented by December 2015. The system will be a comprehensive medical record with order entry for supplies, tests, and all medically related activities. Jefferson Partners estimates that this system will cost approximately \$2,000 per bed to install.

Unrelated to the development of the electronic health record system is the recent request from Osteopathic Medical Center (OMC) in Capital City to partner in a tele-health system. Under this system a nursing home patient at Jasper Gardens could be evaluated and cared for by an attending physician at OMC. The system should preclude the physical transfer of some nursing home patients to OMC for diagnosis and treatment. Note that if a patient is medically transferred to a hospital, the nursing home can refill the empty bed after 24 hours. No cost estimate for this system is available.

### **Potential Need and Demand for Alzheimer's and Dementia Wing**

Jefferson Partners has requested that the staff assess the need and demand for a wing dedicated to serving patients with Alzheimer's disease or dementia. It has asked the staff to examine options and to indicate characteristics of this unit (e.g., secured versus unsecured) as well as unique staffing and care needs. Jefferson Partners has requested that this analysis be provided before any decision is made concerning additional construction on the site.

The following tables provide more information about Jasper Gardens' patients, residents, financial status, staffing, and quality measures.

	2014	2013	2012	2011	2010	2009	2008
<b>Type of Primary Insurance</b>							
<b>Skilled care</b>							
Medicare	24	26	24	30	22	26	25
Commercial	1	2	3	1	2	1	1
<b>Intermediate care</b>							
Medicaid	60	63	60	63	63	56	60
Veterans Affairs	1	2	2	1	1	3	2
Private insurance	1	0	0	1	1	1	0
Self-pay	12	8	7	5	10	12	9
<b>Total number of beds</b>	<b>106</b>	<b>106</b>	<b>106</b>	<b>106</b>	<b>106</b>	<b>106</b>	<b>106</b>
<b>Total filled beds</b>	<b>99</b>	<b>101</b>	<b>96</b>	<b>101</b>	<b>99</b>	<b>99</b>	<b>97</b>
<b>Facility occupancy</b>	<b>93.4%</b>	<b>95.3%</b>	<b>90.6%</b>	<b>95.3%</b>	<b>93.4%</b>	<b>93.4%</b>	<b>91.5%</b>

**TABLE 7.1**

Patient Census by  
Type of Insurance  
as of December 31

Number	Age	Gender	Months	Comm	Ins	Ref	S or I
1	99	2	81.0	9	2	4	I
2	99	2	88.0	5	2	2	I
3	98	2	32.0	9	2	3	I
4	97	2	75.0	9	2	2	I
5	96	1	41.0	1	2	3	I
6	96	2	30.0	3	2	4	I
7	94	2	21.0	1	2	2	I
8	94	2	27.0	3	2	2	I
9	93	2	76.0	5	2	1	I
10	93	2	17.0	3	2	4	I
11	93	2	34.0	2	2	5	I
12	93	1	25.0	3	2	2	I
13	92	2	31.0	1	2	3	I

**TABLE 7.2**

Resident  
Information as  
of December 31,  
2014

(continued)

**TABLE 7.2**  
Resident  
Information as  
of December 31,  
2014  
(continued)

Number	Age	Gender	Months	Comm	Ins	Ref	S or I
14	92	2	20.0	3	2	5	I
15	92	2	73.0	9	2	1	I
16	91	2	84.0	5	2	1	I
17	90	2	1.0	5	1	4	S
18	90	2	72.0	5	2	2	I
19	90	2	56.0	5	2	2	I
20	90	2	24.0	5	2	1	I
21	90	2	30.0	9	2	3	I
22	90	1	23.0	1	2	6	I
23	90	2	19.0	3	2	2	I
24	90	2	19.0	3	2	6	I
25	90	2	39.0	3	2	1	I
26	90	1	48.0	3	2	1	I
27	89	1	0.8	5	1	6	S
28	89	2	23.0	9	2	4	I
29	89	2	24.0	3	2	2	I
30	89	1	38.0	3	2	1	I
31	89	2	22.0	3	2	6	I
32	89	1	60.0	3	2	1	I
33	89	2	4.0	2	2	5	I
34	89	2	30.0	9	2	3	I
35	88	2	2.0	3	1	1	S
36	88	2	1.0	5	1	2	S
37	88	2	38.0	3	2	2	I
38	88	1	30.0	3	2	2	I
39	88	2	5.0	3	2	5	I
40	88	2	24.0	9	2	6	I
41	88	2	26.0	9	2	5	I

(continued)

Number	Age	Gender	Months	Comm	Ins	Ref	S or I
42	88	1	35.0	3	2	1	I
43	87	2	30.0	5	2	1	I
44	87	2	21.0	9	2	6	I
45	87	2	30.0	3	2	2	I
46	87	2	8.0	10	2	6	I
47	87	2	9.0	1	2	5	I
48	86	2	30.0	3	2	3	I
49	86	2	35.0	3	2	1	I
50	86	1	19.0	3	2	6	I
51	86	2	26.0	3	2	3	I
52	85	2	2.0	3	1	2	S
53	85	1	23.0	3	2	3	I
54	85	2	33.0	2	2	6	I
55	85	1	7.0	4	6	6	I
56	84	1	20.0	6	2	5	I
57	84	2	37.0	3	2	1	I
58	84	1	32.0	3	2	5	I
59	84	2	31.0	3	2	1	I
60	83	1	8.0	3	2	5	I
61	83	1	13.0	3	2	5	I
62	83	2	18.0	5	2	6	I
63	83	2	16.0	1	2	3	I
64	82	1	0.4	2	1	2	S
65	82	2	0.8	9	1	2	S
66	82	2	12.0	9	2	4	I
67	80	2	0.9	5	1	1	S
68	80	2	0.2	5	1	4	S
69	80	1	1.5	3	1	1	S

**TABLE 7.2**Resident  
Information as  
of December 31,  
2014

(continued)

(continued)



**TABLE 7.2**  
Resident  
Information as  
of December 31,  
2014  
(continued)

Number	Age	Gender	Months	Comm	Ins	Ref	S or I
70	80	1	0.5	5	1	6	S
71	78	2	0.3	1	1	5	S
72	78	1	1.0	3	1	2	S
73	77	2	0.2	3	1	1	S
74	73	2	2.0	3	1	1	S
75	71	2	0.8	3	1	4	S
76	71	2	11.0	3	6	1	I
77	70	2	0.9	5	1	4	S
78	70	2	0.5	3	1	4	S
79	69	2	1.0	3	1	1	S
80	68	2	0.5	3	1	2	S
81	68	2	2.0	3	1	3	S
82	68	2	8.0	3	6	2	I
83	67	1	0.5	3	1	2	S
84	66	1	9.0	3	6	5	I
85	66	2	2.3	3	1	6	S
86	65	2	0.5	3	1	4	S
87	63	1	2.5	3	5	2	I
88	63	1	2.0	3	6	2	I
89	62	2	3.0	3	4	1	S
90	61	2	9.0	3	6	5	I
91	60	1	7.0	3	6	3	I
92	59	1	0.5	1	3	2	I
93	59	2	3.0	3	6	1	I
94	59	2	10.0	1	6	1	I
95	58	2	0.5	3	2	2	I
96	58	1	7.0	3	6	1	I
97	57	2	1.5	9	2	3	I

(continued)

Number	Age	Gender	Months	Comm	Ins	Ref	S or I
98	56	2	10.0	3	6	2	I
99	28	2	12.0	2	6	1	I

**TABLE 7.2**  
Resident  
Information as  
of December 31,  
2014  
(continued)

**NOTES:**

Number = Patient ID number

Age = As of December 31

Gender: 1 = Male; 2 = Female

Months = Months in residence

Comm = Community of origin:

- 1 Middleboro
- 2 Mifflenville
- 3 Jasper
- 4 Harris City
- 5 Statesville
- 6 Carterville
- 7 Boalsburg
- 8 Minortown
- 9 Capital City
- 10 Other

Ins = Insurance

- 1 Medicare
- 2 Medicaid
- 3 Veterans Affairs
- 4 Commercial
- 5 Other private
- 6 Self-pay

Ref = Referral

- 1 Middleboro Community Hospital
- 2 Webster Hospital
- 3 Osteopathic Medical Center
- 4 Other Capital City hospital
- 5 From home
- 6 Other

S = Skilled care

I = Intermediate care

		2014	2013
<b>Administration</b>	Administrator	1.0	1.0
	Payroll supervisor*	1.0	1.0
	Receptionist*	1.0	0.8
<b>Maintenance</b>	Supervisor	1.0	1.0
	Staff*	0.5	0.6
<b>Housekeeping</b>	Supervisor	1.0	1.0
	Staff*	5.3	5.5
	Laundry assistants*	2.6	2.8

**TABLE 7.3**  
FTE Staffing as of  
December 31

(continued)

**TABLE 7.3**  
FTE Staffing as  
of December 31  
(continued)

		2014	2013
<b>Dietary</b>	Supervisor	0.4	1.0
	Dietician, director	0.5	0.5
	Cooks*	2.9	2.9
	Assistants*	6.7	6.5
<b>Nursing</b>	Director	1.0	1.0
	MDS coordinator	1.0	1.0
	Staff development coordinator	1.0	1.0
	RN supervisor	2.6	2.6
	RN charge*	6.2	6.3
	LPN charge*	9.3	9.2
	Certified nursing assistants*	37.8	38.2
	Medical technologists*	1.3	1.3
<b>Recreation</b>	Medical records*	0.8	0.8
	Supervisor	1.0	1.0
<b>Social services</b>	Staff*	2.0	2.2
	Supervisor	1.0	1.0
	Staff, admissions*	1.0	1.0
<b>Therapy</b>	Staff*	0.7	0.7
	Rehab director	1.0	1.0
	Physical therapist*	0.5	0.5
	Physical therapy assistant*	0.3	0.5
	Occupational therapists*	1.0	1.0
	COTA*	0.7	0.8
	Speech therapist*	0.3	0.4
<b>Total</b>		<b>94.4</b>	<b>96.1</b>

NOTE: 1.0 FTE works 1,896 hours per year

\* = hourly employee

	2014	2013	2012	2011
<b>Patient days</b>				
Medicare	8,840	8,723	8,690	8,657
Medicaid	22,468	21,858	21,278	20,780
Self-pay	4,420	4,670	4,960	5,140
Other	1,105	1,106	1,530	1,357
<b>Total</b>	<b>36,833</b>	<b>36,357</b>	<b>36,458</b>	<b>35,934</b>
<b>Annual occupancy</b>				
	95.2%	94.0%	94.2%	92.9%
<b>Resident deaths</b>				
	24	28	27	23
<b>Ancillary services (RVU)</b>				
PT treatments	4,592.00	4,620.20	4,320.00	4,734.50
OT treatments	7,269.60	7,023.00	6,530.00	6,938.00
ST treatments	603.20	580.00	566.40	610.20
<b>Total</b>	<b>12,464.80</b>	<b>12,223.20</b>	<b>11,416.40</b>	<b>12,282.70</b>

NOTE: 1 RVU = 15-minute service unit

<b>Statement of Operations</b>						
Revenue		2014	2013	2012	2011	2010
<b>2015 Budget</b>						
	<b>Room and board</b>					
	Skilled care					
4,135,329	Medicare Part A	3,977,963	3,820,494	3,820,494	3,724,383	3,650,292
215,383	Commercial	202,582	225,230	210,494	236,191	190,393

(continued)

**TABLE 7.4**  
Operational  
Statistics by Year

**TABLE 7.5**  
Statement of  
Operations for the  
12-Month Period  
Ending December  
31, 2010–2014,  
and the 2015  
Budget (\$)

**TABLE 7.5**  
Statement of  
Operations for the  
12-Month Period  
Ending December  
31, 2010–2014,  
and the 2015  
Budget (\$)  
(continued)

Statement of Operations						
Revenue						
2015 Budget		2014	2013	2012	2011	2010
	Intermediate care					
3,816,373	Medicaid	4,156,604	4,198,356	4,145,291	3,953,282	3,640,439
1,745,292	Self-pay	1,325,988	1,839,202	1,820,394	2,134,203	2,340,203
97,292	VA	92,083	92,363	90,383	189,243	83,405
139,292	Private insurance	97,607	45,393	23,040	21,450	18,450
10,148,961	Total room and board	9,852,827	10,221,038	10,110,096	10,258,752	9,923,182
	Ancillary revenue					
	Skilled care					
834,282	Medicare Parts A and B	795,593	790,373	713,282	702,393	650,393
54,303	Commercial	38,675	39,294	60,393	50,383	47,293
	Intermediate care					
18,373	Medicaid	19,547	14,292	13,258	16,393	18,363
0	Other	0	0	0	0	200
906,958	Total ancillary revenue	853,815	843,959	786,933	769,169	716,249
	Other revenue					
21,494	Interest	18,417	13,292	15,202	16,729	18,560
3,200	Miscellaneous	3,683	3,125	5,403	6,230	3,720
24,694	Total other revenue	22,100	16,417	20,605	22,959	22,280
<b>11,080,613</b>	<b>Total revenue</b>	<b>10,728,742</b>	<b>11,081,414</b>	<b>10,917,634</b>	<b>11,050,880</b>	<b>10,661,711</b>
(315,230)	Less provider tax	(313,081)	(343,560)	(313,596)	(302,383)	342,474
(3,129,492)	Less ancillary contractual allowances	(3,057,067)	(3,100,867)	(2,948,202)	(3,000,272)	(2,947,353)
<b>7,635,891</b>	<b>Total net revenue</b>	<b>7,358,594</b>	<b>7,636,987</b>	<b>7,655,836</b>	<b>7,748,225</b>	<b>8,056,832</b>
	Expenses					
2015 Budget		2014	2013	2012	2011	2010
	Salaries					
1,790,400	Nursing	1,789,393	1,800,249	1,840,292	1,934,929	1,997,239
560,304	Dietary	556,933	555,002	550,383	480,272	515,388
120,494	Ancillary-PT	103,272	105,230	107,292	107,252	113,282

(continued)

Statement of Operations						
Expenses		2014	2013	2012	2011	2010
2015 Budget						
	<b>Salaries</b>					
65,202	Ancillary-OT	62,701	68,303	64,393	58,303	62,120
24,300	Ancillary-ST	22,130	20,130	25,303	27,393	25,303
145,892	Ancillary-RT	140,155	130,202	120,303	127,303	136,303
108,202	Housekeeping	104,383	110,393	131,303	130,292	130,282
135,200	Administration	131,340	141,200	178,202	204,393	180,292
109,303	Social services	104,838	103,292	103,202	103,684	103,606
82,340	Recreation	79,362	80,350	78,383	74,902	78,393
75,300	Physician services	73,278	70,282	82,345	88,202	67,393
60,203	Laundry	58,964	68,002	78,393	88,303	98,303
60,392	Maintenance	55,282	65,303	62,010	60,292	61,202
<b>3,337,532</b>	<b>Total salaries</b>	<b>3,282,031</b>	<b>3,317,938</b>	<b>3,421,804</b>	<b>3,485,520</b>	<b>3,569,106</b>
1,134,761	Benefits, all	956,838	995,381	1,094,977	1,219,932	1,284,878
<b>4,472,293</b>	<b>Total salaries and benefits</b>	<b>4,238,869</b>	<b>4,313,319</b>	<b>4,516,781</b>	<b>4,705,452</b>	<b>4,853,984</b>
	<b>Admin and general</b>	<b>CY</b>	<b>CY-1</b>	<b>CY-2</b>	<b>CY-3</b>	<b>CY-4</b>
50,000	Accounting fees	60,000	60,000	70,000	80,000	80,000
30,200	Telephone	33,799	34,292	35,292	35,920	36,303
33,000	Insurance-general	30,319	29,200	29,500	34,290	40,202
17,500	Payroll services	18,228	18,200	18,400	16,393	16,300
16,200	MIS management	16,415	16,000	16,000	15,300	15,100
12,500	Dues and licenses	13,054	14,303	13,500	17,202	13,200
10,500	Office supplies	10,424	8,939	7,830	5,920	4,320
8,500	Postage	9,379	9,100	9,320	8,983	7,839
8,000	Legal	8,000	12,503	17,394	12,302	14,393
7,893	Auto	7,893	7,893	7,893	7,893	7,893
5,000	Advertising	6,000	6,000	5,780	5,500	4,000
2,000	Misc. bank charges	3,800	2,000	2,560	2,830	3,210
4,500	Admin equipment rental	4,785	5,640	5,500	4,950	4,640
5,000	Other professional fees	8,979	3,502	3,012	2,640	29,456
1,200	Printing and publishing	1,489	1,648	1,102	1,100	867
<b>211,993</b>	<b>Total admin and general</b>	<b>232,564</b>	<b>229,220</b>	<b>243,083</b>	<b>251,223</b>	<b>277,723</b>

(continued)

**TABLE 7.5**

Statement of Operations for the 12-Month Period Ending December 31, 2010-2014, and the 2015 Budget (\$)  
(continued)

**TABLE 7.5**  
Statement of  
Operations for the  
12-Month Period  
Ending December  
31, 2010–2014,  
and the 2015  
Budget (\$)  
(continued)

Statement of Operations						
Expenses						
2015 Budget		2014	2013	2012	2011	2010
	<b>Other operating expenses</b>					
25,300	Maintenance supplies	24,010	22,310	22,740	21,640	20,765
60,383	Maintenance repairs	50,880	34,272	23,784	24,450	26,780
220,450	Utilities—all	219,383	240,120	250,123	250,282	260,383
21,340	Oxygen services	20,175	18,393	17,202	14,383	18,303
277,500	Food	267,039	254,499	255,206	244,351	242,993
200,450	General supplies	202,364	190,303	183,484	178,202	178,202
31,500	Laboratory services	28,511	32,404	28,400	23,450	287,340
210,494	Pharmacy services	207,494	215,450	212,340	215,202	225,202
10,000	Imaging services	11,003	13,204	15,202	11,023	9,303
64,897	Medical equipment rental	64,897	64,897	64,897	60,200	60,200
920,000	Capital lease	900,000	900,000	900,000	900,000	900,000
200,400	Depreciation—all	204,783	205,294	210,494	211,474	211,574
<b>2,242,714</b>	<b>Total other operating</b>	<b>2,200,539</b>	<b>2,191,146</b>	<b>2,183,872</b>	<b>2,154,657</b>	<b>2,441,045</b>
	<b>Nonoperating expenses</b>					
650,000	Management fee	600,000	750,000	550,000	500,000	400,000
4,000	Bad debt	6,600	6,000	5,325	5,270	3,120
<b>654,000</b>	<b>Total nonoperating</b>	<b>606,600</b>	<b>756,000</b>	<b>555,325</b>	<b>505,270</b>	<b>403,120</b>
<b>7,581,000</b>	<b>Total expenses</b>	<b>7,278,572</b>	<b>7,489,685</b>	<b>7,499,061</b>	<b>7,616,602</b>	<b>7,975,872</b>
<b>7,635,891</b>	<b>Total net revenue</b>	<b>7,358,594</b>	<b>7,636,987</b>	<b>7,655,836</b>	<b>7,748,225</b>	<b>8,056,832</b>
54,891	Pretax profit (loss)	80,022	147,302	156,775	131,623	80,960
19,212	All taxes	28,008	51,556	54,871	46,068	28,336
35,679	Profit (loss) after taxes	52,014	95,746	101,904	85,555	52,624

(This table can also be found online at [ache.org/books/Middleboro](http://ache.org/books/Middleboro).)

	2014	2013	2012	2011
<b>Assets</b>				
<b>Current</b>				
Cash, operating	3,989,694	3,623,583	3,056,894	2,745,020
Cash, restricted	396,844	382,374	295,750	340,163
Patient trust cash	22,919	24,900	23,491	21,403
<b>Total cash</b>	<b>4,409,457</b>	<b>4,030,857</b>	<b>3,376,135</b>	<b>3,106,586</b>
Accounts receivable—net	2,083,242	2,156,393	2,134,265	1,990,237
Inventory	36,404	30,340	22,360	19,372
Prepaid expenses	50,494	45,202	37,345	39,202
<b>Total current assets</b>	<b>6,579,597</b>	<b>6,262,792</b>	<b>5,570,105</b>	<b>5,155,397</b>
<b>Plant, property, and equipment (PPE)</b>				
Building, land, and improvements	814,300	795,756	690,202	680,272
Fixed and leasehold fixed equipment	156,303	155,302	155,506	180,383
Furniture and other equipment	1,082,011	995,292	990,385	994,283
Automobile	7,227	14,454	21,681	28,908
<b>Total PPE</b>	<b>2,059,841</b>	<b>1,960,804</b>	<b>1,857,774</b>	<b>1,883,846</b>
Less accumulated depreciation	1,246,294	1,041,511	836,217	625,723
<b>Net PPE</b>	<b>813,547</b>	<b>919,293</b>	<b>1,021,557</b>	<b>1,258,123</b>
<b>Other assets</b>				
Security deposits	11,565	9,450	10,474	12,570
<b>Total assets</b>	<b>7,404,709</b>	<b>7,191,535</b>	<b>6,602,136</b>	<b>6,426,090</b>
<b>Liabilities and net assets</b>				
Current liabilities				
Accounts payable	1,847,294	1,945,292	1,638,294	1,400,230

**TABLE 7.6**  
Balance Sheet as  
of December 31 (\$)

(continued)



**TABLE 7.6**  
Balance Sheet as  
of December 31  
(continued)

	2014	2013	2012	2011
Accrued expenses	635,640	685,205	690,283	695,304
Patient trust liability	22,919	24,900	23,491	21,403
Accrued interest	9,371	9,145	8,628	8,120
<b>Total current liabilities</b>	<b>2,515,224</b>	<b>2,664,542</b>	<b>2,360,696</b>	<b>2,125,057</b>
<b>Long-term liabilities</b>				
Deferred lease obligations	2,541,464	2,734,820	3,028,349	3,450,203
Due to (from) Medicaid	(198,872)	(106,392)	(154,292)	(254,981)
Notes payable	874,260	550,393	525,404	503,282
Line of credit	651,026	655,230	230,450	201,494
<b>Total long-term liabilities</b>	<b>3,867,878</b>	<b>3,834,051</b>	<b>3,629,911</b>	<b>3,899,998</b>
<b>Total liabilities</b>	<b>6,383,102</b>	<b>6,498,593</b>	<b>5,990,607</b>	<b>6,025,055</b>
<b>Net assets—owners equity</b>	<b>897,725</b>	<b>692,942</b>	<b>611,529</b>	<b>401,035</b>
<b>Liabilities + net assets</b>	<b>7,280,827</b>	<b>7,191,535</b>	<b>6,602,136</b>	<b>6,426,090</b>

(This table can also be found online at [ache.org/books/Middleboro](http://ache.org/books/Middleboro).)

**TABLE 7.7**  
CMS Quality  
Measures as of  
December 31,  
2014

Measure	Jasper Gardens	State Average
Overall rating (1 = lowest, 5 = highest)	3	
Health inspections—number of deficiencies	6	0–36
Nursing home staffing (1 = lowest, 5 = highest)	2	
Total number of licensed nurse staff hours per resident per day	1 hr 27 min	
RN hours per resident per day	42 min	
LPN/LVN hours per resident per day	45 min	
Certified nursing assistant hours per resident per day	2 hrs 10 min	

(continued)

Measure	Jasper Gardens	State Average
Quality measures—Overall (1 = lowest, 5 = highest)	5	
Percent of long-stay residents who were given influenza vaccination during the flu season	100	94
Percent of long-stay residents who were assessed and given pneumococcal vaccination	82	95
Percent of long-stay residents whose need for help with daily activities has increased	13	17
Percent of long-stay residents who have moderate to severe pain	2	4
Percent of high-risk long-stay residents who have pressure sores	4	11
Percent of low-risk long-stay residents who have pressure sores	0	5
Percent of long-stay residents who were physically restrained	0	2
Percent of long-stay residents who are more depressed and anxious	13	18
Percent of low-risk long-stay residents who lose control of their bowels or bladder	40	55
Percent of long-stay residents who have/had a catheter inserted and left in their bladder	3	8
Percent of long-stay residents who spend most of their time in bed or in a chair	1	4
Percent of long-stay residents whose ability to move about in and around their room got worse	9	15
Percent of long-stay residents who had a urinary tract infection	4	8
Percent of long-stay residents who lose too much weight	6	10
Percent of short-stay residents given influenza vaccination during the flu season	97	85

**TABLE 7.7**  
CMS Quality Measures as of December 31, 2014  
(continued)

(continued)

**TABLE 7.7**  
 CMS Quality  
 Measures as of  
 December 31,  
 2014  
 (continued)

Measure	Jasper Gardens	State Average
Percent of short-stay residents who were assessed and given pneumococcal vaccination	97	89
Percent of short-stay residents who have delirium	0	2
Percent of short-stay residents who had moderate to severe pain	36	30
Percent of short-stay residents who have pressure sores	6	12
Fire safety inspections—number of deficiencies	2	0–13
Formal complaints	0	2