



## **Nursing Home Staffing Levels Are Inadequate in Chicago**

---

**Prepared for Rep. Janice D. Schakowsky  
Rep. Rod R. Blagojevich  
Rep. Bobby L. Rush**

**Minority Staff  
Special Investigations Division  
Committee on Government Reform  
U.S. House of Representatives**

**January 16, 2001**

## Table of Contents

Executive Summary .....	1
I. Background .....	3
A. Conditions in Nursing Homes .....	3
B. Nursing Home Staffing Requirements .....	4
C. Need for Additional Nursing Home Staffing .....	5
D. Purpose of this Report .....	7
II. Methodology .....	7
A. Determination of Current Staffing Levels .....	7
B. Comparison of Current Staffing Levels with Preferred Minimum Staffing Levels .....	8
C. Determination of Current Compliance Status .....	9
D. Interpretation of Results .....	10
III. Staffing Levels in Many Chicago Nursing Homes Are Inadequate .....	10
A. Many Nursing Homes Do Not Meet Preferred Minimum Staffing Levels for Registered and Licensed Nurses .....	10
B. Many Nursing Homes Do Not Meet Preferred Minimum Staffing Levels for Nursing Assistants .....	11
C. Few Nursing Homes Meet All Preferred Minimum Staffing Levels .....	12
D. Many Nursing Homes Fail to Meet Even the Lower Minimum Staffing Levels Identified by HHS .....	12
IV. Nursing Homes With Inadequate Staffing Are More Likely to Provide Inadequate Care .....	12
V. Conclusion .....	13

## EXECUTIVE SUMMARY

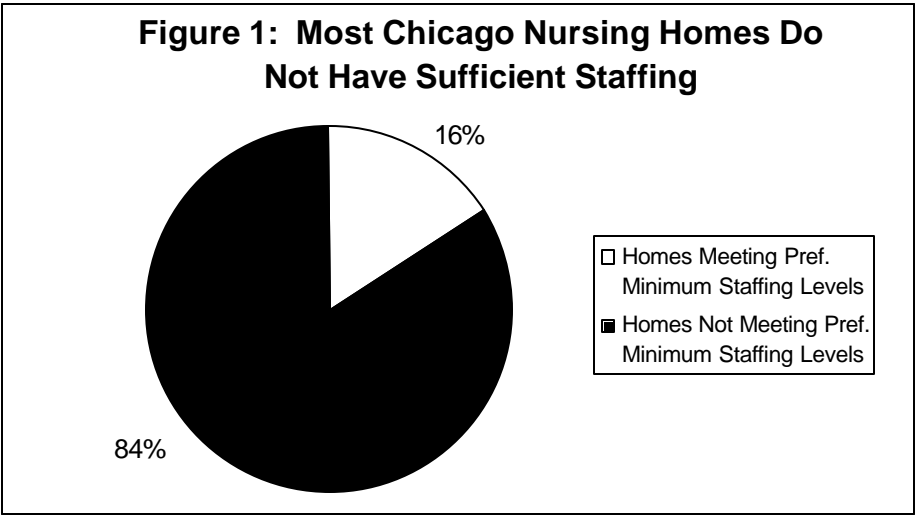
Many nursing homes in Chicago are not providing adequate care for their residents. In March 2000, a report released by Reps. Janice D. Schakowsky, Rod R. Blagojevich, and Bobby L. Rush found that almost 80% of nursing homes in Chicago did not meet federal health and safety standards during their most recent annual inspection. That report also found that more than one out of seven nursing homes in Chicago had been cited by state inspectors for violations that caused actual harm to residents.

This report, the second study of Chicago nursing homes requested by Reps. Schakowsky, Blagojevich, and Rush investigates a potential cause of these inadequate conditions. It examines whether nursing homes in the Chicago metropolitan area have enough staff to care for their residents and whether insufficient staffing is linked to high levels of violations. The report finds that the majority of Chicago nursing homes do not have adequate staff to care for residents.

A recent report by the U.S. Department of Health and Human Services concluded that there are minimum staffing levels below which quality of care in nursing homes may be “seriously impaired.” The HHS report found that residents in nursing homes that did not meet these minimum staffing levels were far more likely to suffer from serious health problems than residents in nursing homes that met the minimum staffing levels. According to the report, for example, residents in nursing homes with inadequate staffing were almost four times more likely to develop pressure sores and nearly twice as likely to suffer extensive weight loss as residents of nursing homes with higher staffing levels.

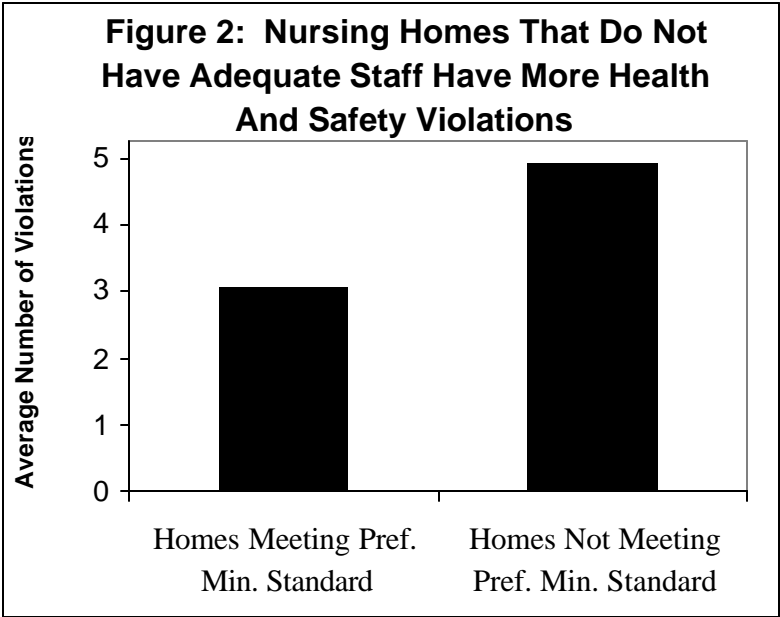
The HHS report identified a “preferred minimum” level of nursing home staff. To meet this staffing level, nursing homes must have sufficient nursing staff to provide each resident at least 3.45 hours of individual care per day, including at least 1.45 hours of individual care by registered or licensed nurses. For homes that meet this level of care, the report found that care was improved “across the board.” The report also identified a lower “minimum staffing level,” requiring 2.95 hours of individual care per day. Homes that provide this level of care have a “reduced . . . likelihood of quality problems in several areas.”

This report assesses whether Chicago nursing homes are meeting these staffing levels. It finds that 84% of the nursing homes in Chicago -- 230 nursing homes -- do not meet the preferred minimum staffing level (Figure 1). These homes serve over 35,000 residents. Moreover, the report finds that over 70% of the nursing homes in Chicago do not meet even the lower minimum staffing level identified by HHS.



This report also finds that inadequate staffing correlates with poor conditions in nursing homes. The report uses data from HHS to compare conditions in nursing homes that meet the preferred minimum staffing levels with conditions in nursing homes that do not meet these staffing levels. This analysis indicates that homes that meet the preferred minimum staffing levels are more likely to provide better care.

A total of 230 nursing homes in Chicago fail to meet the preferred minimum staffing levels. In the most recent annual inspections by state inspectors, these homes were cited for an average of 4.93 violations of federal health and safety standards. Compared to nursing homes that meet the preferred minimum staffing levels, homes that fail to meet these staffing levels have, on average, 60% more health and safety violations (Figure 2).



## I. BACKGROUND

### A. Conditions in Nursing Homes

America's aging population is increasing demands on nursing homes. The U.S. Department of Health and Human Services has estimated that almost half of all 65 year olds will use a nursing home at some point during their lives.<sup>1</sup> The population in nursing homes is expected to quadruple over the next 50 years, from 1.5 million today to 6.6 million by 2050.<sup>2</sup> Over 40% of all 65 year olds will use a nursing home at some point during their lives.<sup>3</sup> The growing population in nursing homes increases the importance of ensuring that nursing homes provide a high level of care.

Unfortunately, several recent studies have indicated that many nursing homes in the United States are failing to meet the federal standards established to protect and maintain the health, safety, and dignity of residents. In 1999, the U.S. General Accounting Office (GAO), an investigative arm of Congress, found that "more than one-fourth of the homes had deficiencies that caused actual harm to residents or placed them at risk of death or serious injury."<sup>4</sup> Later that same year, the Coalition to Protect America's Elders concluded: "Every day, thousands of frail elderly Americans are endangered by nursing home abuse and neglect that have reached epidemic proportions."<sup>5</sup>

The first study to investigate the conditions of nursing homes in the Chicago metropolitan area was released by Reps. Schakowsky, Blagojevich, and Rush in March 2000.<sup>6</sup> This report found that

---

<sup>1</sup>HCFA Report to Congress, *Study of Private Accreditation (Deeming) of Nursing Homes, Regulatory Incentives and Non-Regulatory Initiatives, and Effectiveness of the Survey and Certification System*, §1.1 (July 21, 1998).

<sup>2</sup>American Health Care Association, *Facts and Trends: The Nursing Facility Sourcebook*, 5 (1999).

<sup>3</sup>HCFA Report to Congress, *Study of Private Accreditation (Deeming) of Nursing Homes, Regulatory Incentives and Non-Regulatory Initiatives, and Effectiveness of the Survey and Certification System*, §1.1 (July 21, 1998).

<sup>4</sup>GAO, *Nursing Homes: Additional Steps Needed to Strengthen Enforcement of Federal Quality Standards*, 3 (Mar. 1999).

<sup>5</sup>Coalition to Protect America's Elders, *America's Secret Crisis: The Tragedy of Nursing Home Care*, 6 (Sept. 14, 1999).

<sup>6</sup>Minority Staff Report of the House Committee on Government Reform, *Nursing Home Conditions in Chicago: Many Homes Fail to Meet Federal Standards for Adequate Care* (Mar.

there are serious violations in many Chicago nursing homes. The report found that 79% of nursing homes in Chicago violated federal health and safety standards in their most recent inspection. Moreover, the report found that one in seven nursing homes in Chicago (15%) had been cited by state inspectors for a violation that caused actual harm to residents or placed them at risk of death or serious injury.

The investigation conducted for Reps. Schakowsky, Blagojevich, and Rush reviewed a sample of state inspection reports to assess the severity of the violations cited by the state inspectors. This review indicated that the violations cited by state inspectors were for serious care problems, including untreated pressure sores, severe weight loss, improper use of restraints, and preventable accidents.

## **B. Nursing Home Staffing Requirements**

Nursing homes cannot provide a high level of care unless they have enough well-trained staff to care for their residents. The Institute of Medicine, a branch of the National Academy of Sciences, found in 1996:

The preponderance of evidence from a number of studies using different types of quality measures has shown a positive relationship between nursing staff levels and quality of nursing home care, indicating a strong need to increase the overall level of nursing staff in nursing homes.<sup>7</sup>

However, the staffing requirements under the 1987 federal nursing home law are minimal. In general, the law allows each nursing home to decide for itself how many hours of nursing care to provide to residents each day.

The 1987 federal law recognizes three types of nursing staff: registered nurses, licensed nurses, and nursing assistants. Registered nurses, who are usually in a supervisory position, are nurses who have obtained comprehensive training in resident care and basic medicine.<sup>8</sup> Under the 1987 law, all nursing homes must have a registered nurse on duty for at least eight hours per day.<sup>9</sup> This standard applies regardless of the size of the nursing home or the number of residents. The law does not specify a minimum registered nurse-to-resident ratio.

---

27, 2000).

<sup>7</sup>Institute of Medicine, *Nursing Staff in Hospitals and Nursing Homes*, 153 (1996).

<sup>8</sup>Training to become a registered nurse takes two to four years, and all registered nurses are required to take state licensing examinations. *Id.* at 69.

<sup>9</sup>42 U.S.C. § 1396r(b)(4)(c)(i).

Licensed professional nurses provide a level of care between the nursing assistant and the registered nurse. Licensed nurses generally undergo a 12 to 18 month period of training in basic bedside nursing in order to provide care under the supervision of a registered nurse.<sup>10</sup> Under the 1987 law, nursing homes must have a licensed nurse on duty 24 hours a day.<sup>11</sup> Again, this standard applies regardless of the size of the nursing home or the number of residents and does not specify a minimum licensed nurse-to-resident ratio.

Nursing assistants provide the majority of care in most facilities. Federal law requires that nursing assistants receive a minimal amount of special training.<sup>12</sup> The law does not, however, contain any requirements regarding the level of staffing by nursing assistants. Rather, each nursing home is permitted to determine for itself how many hours of nursing assistant care it will provide residents each day.

In Illinois, there are state staffing requirements. These staffing requirements require that nursing homes provide from 1.7 to 2.5 hours of care per patient per day, depending on the type of facility.<sup>13</sup>

### **C. Need for Additional Nursing Home Staffing**

There is a widespread consensus among nursing home experts that the current federal staffing requirements are inadequate. In January 2000, a panel of nursing home experts concluded:

The evidence shows that . . . nurse staffing levels are important factors in ensuring high quality of care in nursing homes. These findings, along with the evidence for poor quality of care in many nursing homes, support the need for increased minimum nurse staffing levels to improve quality of care.<sup>14</sup>

To assess the need for new staffing standards, the U.S. Department of Health and Human Services released the results of the first part of an eight-year study, entitled *Appropriateness of*

---

<sup>10</sup>*Nursing Staff in Hospitals and Nursing Homes*, *supra* note 7 at 76.

<sup>11</sup>42 U.S.C. § 1396r(b)(4)(c)(i)..

<sup>12</sup>The 1987 federal nursing home law requires that nursing assistants receive 75 hours of training and testing within four months of employment. Nursing assistants must also receive 12 hours of additional training annually. *Nursing Staff in Hospitals and Nursing Homes*, *supra* note 7 at 157.

<sup>13</sup>77 Illinois Administrative Code, Chap. 1, § 300.1230.

<sup>14</sup>Gerontologist, *Experts Recommend Minimum Nurse Staffing Standards for Nursing Facilities in the United States*, 5 (Jan. 2000).

*Minimum Nurse Staffing Ratios in Nursing Homes*, in July 2000. In order to determine whether minimum nursing home staffing ratios could be identified, researchers analyzed detailed staffing and resident data from almost 1,800 nursing homes. The analysis examined the ratio of nursing assistants, licensed nurses, and registered nurses to nursing home residents, and assessed whether these staffing ratios affected resident outcomes, such as the risk of hospitalization or the risk of developing pressure sores.

The report found “associations between low staffing levels and the likelihood of quality problems across an array of measures for different types of staff.”<sup>15</sup> For example, the report found that nearly half of the nursing homes that provided less than 2.0 hours of daily care by nursing assistants per resident experienced significant pressure sore problems. As a result, residents in these homes were almost four times as likely to develop pressure sores than residents of homes that provided more than 2.0 hours of individual care by nursing assistants each day. Similarly, residents of nursing homes that provided less than 0.5 hours of individual daily care by registered nurses were nearly twice as likely to suffer significant weight loss as residents of nursing homes that provided more care by registered nurses.

Based on these findings, HHS identified two sets of minimum staffing levels. First, HHS identified a “preferred minimum” staffing level, above which “quality of care was improved across the board.”<sup>16</sup> The preferred minimum staffing level requires 3.45 hours of care per resident per day, with 2.0 hours of this provided by nursing assistants, 1.00 hours provided by registered or licensed nurses, and 0.45 hours provided by registered nurses.

Second, HHS identified a lower minimum staffing level that “reduced the likelihood of quality problems in several areas.”<sup>17</sup> The minimum staffing level requires 2.95 hours of care per resident per day, with 2.0 hours of this provided by nursing assistants, 0.75 hours provided by registered or licensed nurses, and 0.20 hours provided by registered nurses.

A third analysis by HHS suggested that minimum staffing levels may need to be even higher than the “preferred minimum” level identified by HHS. This approach, a “time-motion” analysis, estimated the nursing assistant time required to conduct five care activities that are essential to nursing home residents. Using this approach, HHS determined that the minimal staffing level required for nursing assistants to provide “humane care” is 2.9 hours per day, significantly above the “preferred minimum”

---

<sup>15</sup>Department of Health and Human Services, *Report to Congress: Appropriateness of Minimum Nursing Staffing Ratios in Nursing Homes*, 12-1 (Spring 2000).

<sup>16</sup>*Id.* at 12-4

<sup>17</sup>*Id.* at 12-4.



level of 2.0 hours per day.<sup>18</sup>

#### **D. Purpose of this Report**

This report investigates nursing home staffing in the Chicago metropolitan area, which includes Cook, DuPage, and McHenry Counties. Reps. Schakowsky, Blagojevich, and Rush requested this report as a follow-up to the March 2000 report they released on conditions in nursing homes in Chicago. They specifically requested that the report assess whether inadequate staffing is one of the causes of the poor conditions in nursing homes in Chicago.

This report is the first of its kind in Chicago. It investigates current staffing levels in Chicago nursing homes and compares them to the minimum staffing levels identified by HHS. The report also evaluates whether inadequate staffing is correlated with higher rates of violations of federal health and safety standards.

## **II. METHODOLOGY**

#### **A. Determination of Current Staffing Levels**

Data on the staffing levels in Chicago nursing homes comes from the Online Survey, Certification, and Reporting (OSCAR) database, which is maintained by the Health Care Finance Administration (HCFA). HCFA is the agency within the U.S. Department of Health and Human Services which is charged with administering federal nursing home standards. The OSCAR database contains information on staffing levels and violations of federal nursing home standards for almost 17,000 nursing homes in the United States.

Federal law requires that all nursing homes that receive payments from Medicare and Medicaid meet basic health and safety standards established by HCFA. In order to determine if homes are meeting these standards, HCFA contracts with the states to conduct annual inspections of nursing homes. As part of these inspections, data on staffing levels are provided by the nursing homes to the state inspectors. The nursing homes provide staffing information for the two weeks prior to the inspections. This information on staffing levels is then reported by the states to HCFA and entered into

---

<sup>18</sup>See Testimony of Dr. John F. Schnelle (UCLA School of Medicine; HCFA contractor) before the Senate Special Committee on Aging (July 27, 2000); *Report to Congress: Appropriateness of Minimum Nursing Staffing Ratios in Nursing Homes*, *supra* note 15 at 14-1. The HHS report released in July 2000 was the first phase of a two phase study. In the second part of the HHS study, HHS will seek to further validate the results of the first part of the study, determine the budgetary implications of alternative minimum staffing requirements, and decide whether to recommend the establishment of specific national minimum staffing requirements.

the OSCAR database.<sup>19</sup>

The staffing data used in this report is the data contained in the most recent annual inspections for nursing homes in Chicago. These inspections were conducted between June 1999 and October 2000. Prior to analyzing the data, the minority staff analyzed the database and removed all staffing data that was erroneous or inconsistent or did not otherwise meet standards of accuracy.<sup>20</sup>

**B. Comparison of Current Staffing Levels with Preferred Minimum Staffing Levels**

As discussed in part I, there are no federal standards that specify the number of hours of care that residents of nursing homes should receive. For this reason, the report compares staffing levels reported in the OSCAR database to the preferred minimum staffing level identified by HHS. As summarized earlier, this preferred minimum staffing level requires 3.45 hours of nursing care for each resident each day, with 2.0 hours of this care provided by nursing assistants, 1.0 hours by registered or licensed nurses, and 0.45 hours by registered nurses. The report also compares staffing levels reported in the OSCAR database to the lower minimum staffing level identified by HHS. This lower minimum staffing level requires 2.95 hours of nursing care, with 2.0 hours of this care provided by nursing

---

<sup>19</sup>According to some experts, this data may overestimate the number of staff involved in resident care. Researchers have suggested that nursing homes may increase their staff during the period around the survey, meaning that reported staffing levels would be higher than the staffing levels found at the nursing homes during most periods of the year. Charlene Harrington, et al., *Nursing Home Staffing and Its Relationship to Deficiencies*, 17 (Aug. 1999). HHS research also suggests that the OSCAR data may overestimate actual staffing levels in some instances. HHS compared the staffing data in the OSCAR database with the staffing data contained in “Medicare Cost Reports,” which are audited cost statements that are prepared by nursing homes in order to receive Medicare payments. Although the HHS analysis found that average staffing levels in the OSCAR database and in the Medicare Cost Reports were similar in the aggregate, the analysis also found that for homes with lower staffing levels, the staffing levels reported in the OSCAR database were higher than the staffing levels reported in the Medicare Cost Reports. This indicates that for homes with lower staffing levels, the OSCAR database could overestimate actual staffing levels. *See Report to Congress: Appropriateness of Minimum Nursing Staffing Ratios in Nursing Homes*, *supra* note 15, at 8-7, 8-8.

<sup>20</sup>To ensure the accuracy of the data, all facilities that reported more residents than beds, all facilities that reported more than 24 hours of daily care by registered nurses, licensed nurses, or nursing assistants, all facilities that reported staffing levels of less than 0.5 hours per resident, and all facilities for which recent survey results were not available were removed from the data sample. *See Report to Congress: Appropriateness of Minimum Nursing Staffing Ratios in Nursing Homes*, *supra* note 15.

assistants, 0.75 hours by registered or licensed nurses, and 0.2 hours by registered nurses. Table 1 summarizes these staffing levels.

**Table 1: Comparison between Preferred Minimum and Lower Minimum Staffing Levels**

	<b>Preferred Minimum Level</b>	<b>Lower Minimum Level</b>
<b>Nurse Assistants</b>	2.00 hours/resident day	2.00 hours/resident day
<b>Registered or Licensed Nurses</b>	1.00 hours/resident day	0.75 hours/resident day
<b>Registered Nurses</b>	0.45 hours/resident day	0.20 hours/resident day
<b>Total</b>	<b>3.45 hours/resident day</b>	<b>2.95 hours/resident day</b>

Data in the OSCAR database was reported for each nursing home in terms of the number of hours worked by registered nurses, licensed nurses, and nursing assistants divided by the number of residents. To compare staffing data for each individual home to the HHS preferred minimum staffing level, the total time worked by registered nurses and licensed nurses was added together. If this sum was equal to or exceeded 1.45 hours per resident per day, with at least 0.45 hours of this care provided by registered nurses, then the nursing home met the HHS preferred minimum staffing level for registered and licensed nurses. Similarly, if the amount of time worked by nursing assistant was equal to or exceeded 2.0 hours per resident per day, then the nursing home met the HHS preferred minimum staffing level for nursing assistants.

### **C. Determination of Current Compliance Status**

The report also used the OSCAR database to determine the number of health and safety violations at Chicago nursing homes. As part of the annual inspections required by HCFA, state inspectors are required to document any violations of federal nursing home standards and to determine the scope and severity of these violations. The violations observed by the inspectors in each individual home are reported by the state to HCFA and compiled in the OSCAR database.<sup>21</sup>

To assess the relationship between staffing and nursing home conditions, the report compared

---

<sup>21</sup>In addition to tracking the violations at each home, the HCFA database compiles the following information about each home: the number of residents and beds; the type of ownership (*e.g.*, for-profit or nonprofit); whether the home accepts residents on Medicare and/or Medicaid; and the characteristics of the resident population (*e.g.*, number of incontinent residents, number of residents in restraints). To provide public access to this information, HCFA maintains a website (<http://www.medicare.gov/NHcompare/Home.asp>) where the public can obtain data about individual nursing homes.

the compliance status of homes that did and did not meet the preferred minimum staffing levels identified by HHS. The analysis compared the average number of violations in homes that did and did not meet the preferred minimum staffing levels.

#### **D. Interpretation of Results**

Because this report is based on recent annual inspections, the results are representative of current conditions in Chicago metropolitan area nursing homes. However, conditions in individual homes can change. New management or enforcement activities can bring rapid improvement; other changes can lead to sudden deterioration. Staffing turnover in nursing homes is high, and the addition or subtraction of individual staff or individual residents could change staffing hours and staff-to-resident ratios in a short time. For this reason, the report should be considered a representative “snapshot” of overall conditions in Chicago nursing homes, not an analysis of current conditions in any specific home. Staff-to-resident ratios could be higher or lower, and conditions could be better or worse, at any individual nursing home today than when the most recent annual inspection was conducted and the most recent staffing data was reported.

### **III. STAFFING LEVELS IN MANY CHICAGO NURSING HOMES ARE INADEQUATE**

There are 289 nursing homes in the Chicago metropolitan area that receive Medicaid or Medicare payments. For 273 of these nursing homes (94%), there is sufficient data in the OSCAR database to evaluate staffing.<sup>22</sup> These 273 homes serve a total of 36,816 residents. Medicaid pays for 24,842 of these residents. Medicare pays for 2,763 of these residents. These 273 homes receive over \$430 million in state and federal funding to care for these residents each year.

A review of these homes shows that the majority of the nursing homes do not meet the preferred minimum staffing levels and that there is a correlation between the level of staffing in a nursing home and the quality of care provided by that home.

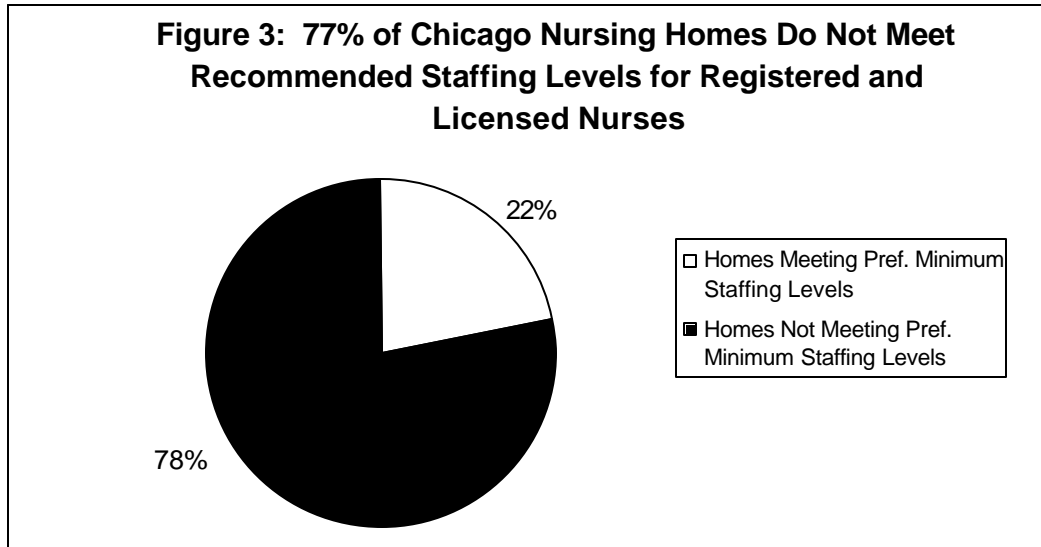
#### **A. Many Nursing Homes Do Not Meet Preferred Minimum Staffing Levels for Registered and Licensed Nurses**

The vast majority of Chicago nursing homes fail to meet the preferred minimum staffing levels for registered and licensed nurses identified by HHS. HHS identified a preferred minimum staff level of 1.45 hours of daily care for each resident by registered and licensed nurses, with at least 0.45 hours of this care provided by registered nurses. In total, 212 of the 273 nursing homes for which data is

---

<sup>22</sup>For the remaining 16 homes, available data was erroneous or inconsistent or did not meet standards of accuracy. *See supra* note 20.

available (78%) fail to meet this preferred minimum staffing level (Figure 3). These nursing homes provide care for over 33,000 residents.



Staffing in many nursing homes falls far below the preferred minimum level. A total of 132 homes (48%) fail to provide an average of even one hour of daily care by registered and licensed nurses per resident, and 51 homes (19%) do not provide an average of even 45 minutes of daily care by registered and licensed nurses per resident.

**B. Many Nursing Homes Do Not Meet Preferred Minimum Staffing Levels for Nursing Assistants**

Seventy-one percent of the homes in Chicago -- 195 of the 273 homes for which data is available -- do not have adequate nursing assistant staff to meet the preferred minimum staffing level of 2.0 hours per resident per day. These homes serve 30,703 residents.

In some homes, the length of time that a nursing assistant is present is significantly below the preferred minimum level identified by HHS. Of the 273 nursing homes in Chicago, 111 homes (41%) do not have enough nursing assistants to provide 1.5 hours of daily care per resident. And 23 nursing homes in Chicago (8%) do not have enough nursing assistants to provide even one hour of daily care per resident -- half of the preferred minimum level of care.

**C. Few Nursing Homes Meet All Preferred Minimum Staffing Levels**

Only 16% of nursing homes in Chicago -- 43 out of 273 -- meet all of the preferred minimum staffing levels established by HHS. A total of 230 nursing homes -- 84% -- do not meet at least one of the preferred minimum staffing levels identified by HHS. These 230 homes serve a total of over 35,000 residents (Table 1).

**Table 2: The Majority of Chicago Nursing Homes Do Not Provide Sufficient Staff to Meet Preferred Minimum Staffing Levels Identified by HHS.**

Status of Nursing Home	Number of Homes	% of Homes	Number of Residents
Nursing Home Meets All Preferred Minimum Staffing Levels	43	16%	1,801
Nursing Home Fails to Meet Preferred Minimum Staffing Levels for Registered and Licensed Nurses	212	78%	33,227
Nursing Home Fails to Meet Preferred Minimum Staffing Levels for Nursing Assistants	195	71%	30,703
Nursing Home Fails to Meet All Preferred Minimum Staffing Levels	230	84%	35,029

**D. Many Nursing Homes Fail to Meet Even the Lower Minimum Staffing Levels Identified by HHS**

As noted earlier, in addition to identifying preferred minimum staffing standards, HHS also identified lower minimum staffing levels. The lower minimum staffing level requires 2.95 hours of nursing care, with 2.0 hours of this care provided by nursing assistants, 0.75 hours by registered or licensed nurses, and 0.2 hours by registered nurses. A total of 109 nursing homes in Chicago (40%) fail to meet the lower minimum standard for care by registered and licensed nurses. The lower minimum standard for care by nursing assistants is the same as the preferred minimum standard for care by nursing assistants. As described above, 195 nursing homes, 71% of Chicago nursing homes, fail to meet this minimum standard for nursing assistants.

Overall, 200 nursing homes in Chicago (73%), serving over 31,000 residents, fail to meet all the lower minimum staffing levels identified by HHS.

**IV. NURSING HOMES WITH INADEQUATE STAFFING ARE MORE LIKELY TO PROVIDE INADEQUATE CARE**

In Chicago, inadequate staffing is correlated with inadequate care. This report finds that nursing homes that do not meet the preferred minimum staffing levels have more violations of federal health and safety standards than nursing homes that met the preferred minimum staffing levels.

As discussed above, 230 nursing homes in Chicago do not meet all of the HHS preferred minimum staffing levels. During the most recent annual inspections, state inspectors found, on average, 4.93 violations of federal health and safety standards at each of these homes.

In contrast, 43 nursing homes in Chicago meet all of the preferred minimum staffing levels. During the most recent annual inspections, state inspectors found, on average, 3.09 violations of federal standards at each of these homes. Compared to the nursing homes that meet all of the preferred minimum staffing levels, the nursing homes that fail to meet these levels have 60% more violations of federal health and safety standards.

Similar correlations are present when the preferred minimum staffing levels are examined individually. For example, 212 nursing homes in Chicago do not meet the preferred minimum of 1.45 hours of care by registered and licensed nurses, with at least 0.45 hours of this care by registered nurses. State investigators found an average of 4.95 violations in these homes. In contrast, 61 homes meet the preferred minimum staffing level for registered and licensed nurses. The homes that meet the preferred minimum staffing level have an average of 3.58 violations per home.

Similarly, 195 nursing homes in Chicago do not meet the preferred minimum nursing assistant staffing level of 2.0 hours per resident per day. State investigators found an average of 5.27 violations in these homes. In contrast, 78 homes meet this preferred minimum staffing level. The homes that meet this staffing level have an average of 3.07 violations per home.

Overall, the findings of this report provide strong evidence that inadequate care is correlated with insufficient staffing. Table 2 summarizes these results.

**Table 2: Homes That Do Not Provide Sufficient Staff Are More Likely to Violate Federal Nursing Home Standards.**

<b>Preferred Minimum Staffing Level</b>	<b>Status of Home</b>	<b>Average Number of Violations Per Home</b>
<b>All Preferred Minimum Staffing Levels</b>	<b>Meets Staffing Levels</b>	3.09
	<b>Does Not Meet Staffing Levels</b>	4.93
<b>Preferred Minimum Staffing Level for Registered and Licensed Nurses</b>	<b>Meets Staffing Level</b>	3.58
	<b>Does Not Meet Staffing Level</b>	4.95
<b>Preferred Minimum Staffing Level for Nursing Assistants</b>	<b>Meets Staffing Level</b>	3.07
	<b>Does Not Meet Staffing Level</b>	5.27

## V. CONCLUSION

This is a follow-up study of Chicago nursing homes conducted at the request of Reps. Schakowsky, Blagojevich, and Rush. The first study found widespread failures by nursing homes to

provide adequate care for their residents. This report investigates one of the potential causes of this inadequate care: insufficient staffing. It finds that the majority of Chicago nursing homes do not meet the minimum staffing levels identified by HHS and that this insufficient staffing is linked to poor resident care.