

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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SYMBOLS

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UTILIZATION OF NURSING HOMES

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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,¹ and a second report presents data on demographic and social characteristics of the residents.² 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

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

Size, ownership, and geographic region	Number of homes	Total	Certification status			
			Both Medicare and Medicaid ¹	Medicaid only		Not certified
				SNH's ²	ICF's	
All homes	15,700	100.0	26.5	22.4	28.1	23.1
<u>Percent distribution</u>						
<u>Size</u>						
Less than 50 beds	6,400	100.0	9.5	15.9	35.9	38.8
50-99 beds	5,500	100.0	31.8	24.8	28.5	14.9
100-199 beds	3,200	100.0	46.7	29.1	16.0	8.2
200 beds or more	600	100.0	48.2	32.9	*	*
<u>Ownership</u>						
Proprietary	11,900	100.0	27.2	21.2	29.3	22.3
Nonprofit and government	3,900	100.0	24.4	25.9	24.4	25.3
<u>Geographic region</u>						
Northeast	3,100	100.0	31.3	27.1	17.7	24.0
North Central	5,600	100.0	16.3	19.9	35.6	28.2
South	4,100	100.0	20.1	22.4	36.5	21.0
West	2,900	100.0	50.3	22.0	12.8	15.0

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.

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).^a

^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

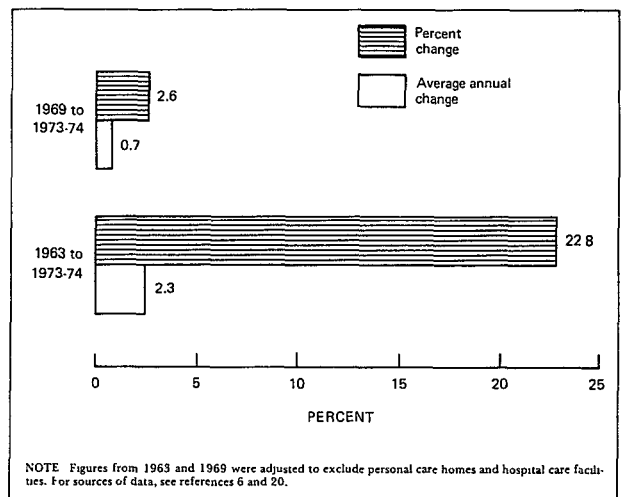


Figure 1. Percent change in the number of nursing homes and the average annual change for 1963, 1969, and August 1973-April 1974: United States

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

Ownership and geographic region	Certification of bed			
	All beds ¹	Medicare beds	SNH beds	ICF beds
	Number			
All beds.....	1,177,300	287,500	579,600	373,200
	Percent distribution			
Total	100.0	100.0	100.0	100.0
<u>Ownership</u>				
Proprietary	70.7	78.2	76.0	73.1
Nonprofit and government.....	29.3	21.8	24.0	26.9
<u>Geographic region</u>				
Northeast	21.3	28.3	24.2	14.2
North Central	34.7	17.3	25.9	39.4
South	25.8	17.9	21.7	34.6
West	18.2	36.5	28.1	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

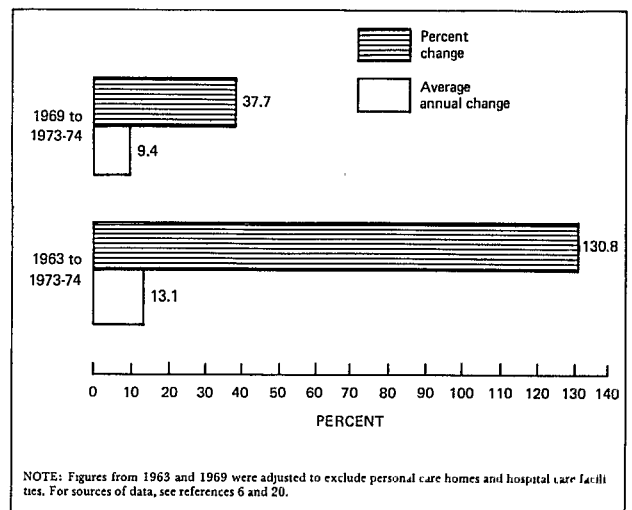


Figure 2. Percent change in the number of nursing home beds and the average annual change for 1963, 1969, and August 1973-April 1974: United States

report by using the formula

$$\frac{\sum \text{Aggregate number of days of care provided to residents in 1972} \times 100}{\sum \text{Estimated number of beds in 1972} \times 366}$$

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
<u>Certification status</u>	
Both Medicare and Medicaid ²	84.9
Medicaid only:	
SNH's ³	85.7
ICF's	89.2
Not certified	88.4
<u>Ownership</u>	
Proprietary	86.4
Nonprofit and government	86.7
<u>Size</u>	
Less than 50 beds	89.2
50-99 beds	88.6
100-199 beds	86.3
200 beds or more	80.1
<u>Geographic region</u>	
Northeast	89.0
North Central	86.2
South	86.5
West	84.2

$$^1 \frac{\sum \text{Aggregate number of days of care provided to residents in 1972} \times 100}{\sum \text{Estimated number of beds in 1972} \times 366}$$

See appendix II for additional information concerning ratios.

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

³Of 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

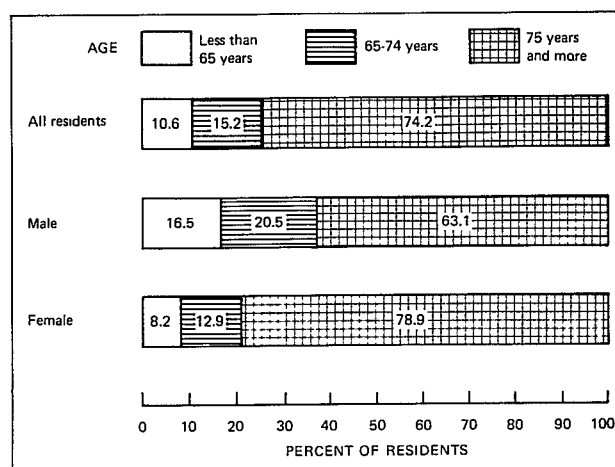


Figure 3. Percent distribution of residents by sex and age: United States, August 1973-April 1974

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

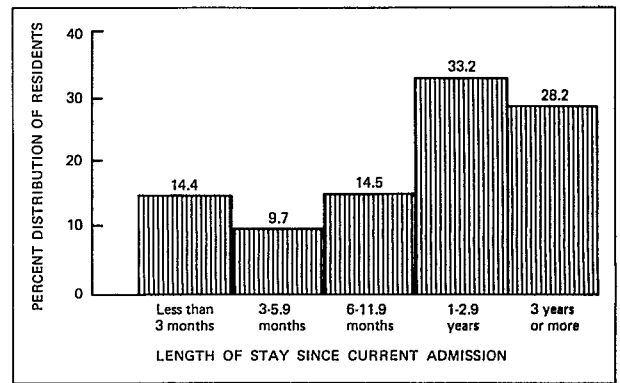


Figure 4. Percent distribution of residents by length of stay since current admission: United States, August 1973-April 1974

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

Age and sex	Number of residents	Total	Length of stay since current admission				
			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 distribution				
All residents	1,075,800	100.0	14.4	9.7	14.5	33.2	28.2
Less than 65 years	114,300	100.0	14.4	9.3	14.1	31.7	30.4
65-74 years	163,100	100.0	16.5	11.0	15.8	31.3	25.3
75 years or more	798,400	100.0	14.0	9.4	14.3	33.9	28.4
Males	318,100	100.0	17.1	10.5	14.7	32.2	25.6
Less than 65 years	52,400	100.0	15.5	9.6	14.1	31.9	28.9
65-74 years	65,100	100.0	17.3	11.0	15.2	30.8	25.6
75 years or more	200,600	100.0	17.5	10.5	14.7	32.7	24.7
Females	757,700	100.0	13.3	9.3	14.4	33.7	29.3
Less than 65 years	61,900	100.0	13.5	9.1	14.0	31.6	31.8
65-74 years	98,000	100.0	16.0	10.9	16.1	31.7	25.3
75 years or more	597,800	100.0	12.9	9.1	14.1	34.2	29.7

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

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

Age and sex	Number of residents	Total	Length of stay since current admission				
			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
All residents	1,075,800	100.0	14.4	9.7	14.5	33.2	28.2
			Percent distribution				
<u>Certification status</u>							
Both Medicaid and Medicare ¹	406,900	100.0	20.1	11.3	16.3	33.1	19.2
Medicaid only:							
SNH's ²	292,500	100.0	12.1	8.5	14.0	35.3	30.2
ICF's	236,700	100.0	10.3	9.3	13.1	32.9	34.4
Not certified	139,800	100.0	10.1	7.8	12.5	30.0	39.5
<u>Ownership</u>							
Proprietary	756,200	100.0	16.0	10.4	15.1	34.5	24.0
Nonprofit and government	319,700	100.0	10.7	7.9	13.0	30.2	38.1
<u>Size</u>							
Less than 50 beds	162,600	100.0	12.1	10.3	11.7	32.1	33.8
50-99 beds	367,700	100.0	14.9	9.2	14.6	34.3	27.0
100-199 beds	386,100	100.0	16.4	10.3	15.5	33.2	24.5
200 beds or more	159,300	100.0	11.0	8.5	14.4	32.1	34.0
<u>Geographic region</u>							
Northeast	236,100	100.0	14.6	9.6	14.1	31.7	30.1
North Central	368,700	100.0	11.7	9.4	14.1	33.1	31.7
South	278,200	100.0	14.6	9.2	14.8	35.2	26.2
West	192,800	100.0	19.3	11.0	15.3	32.4	22.0

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.

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

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

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

Certification, ownership, size and geographic region	Median length of stay since current admission	
	In days	In years
All residents	547	1.5
<u>Certification status</u>		
Both Medicare and Medicaid ¹	397	1.1
Medicaid only:		
SNH's ²	609	1.7
ICF's	691	1.9
Not certified	762	2.1
<u>Ownership</u>		
Proprietary	485	1.3
Nonprofit and government	751	2.1
<u>Size</u>		
Less than 50 beds	635	1.7
50-99 beds	538	1.5
100-99 beds	472	1.3
200 beds or more	667	1.8
<u>Geographic region</u>		
Northeast	581	1.6
North Central	614	1.7
South	532	1.5
West	430	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

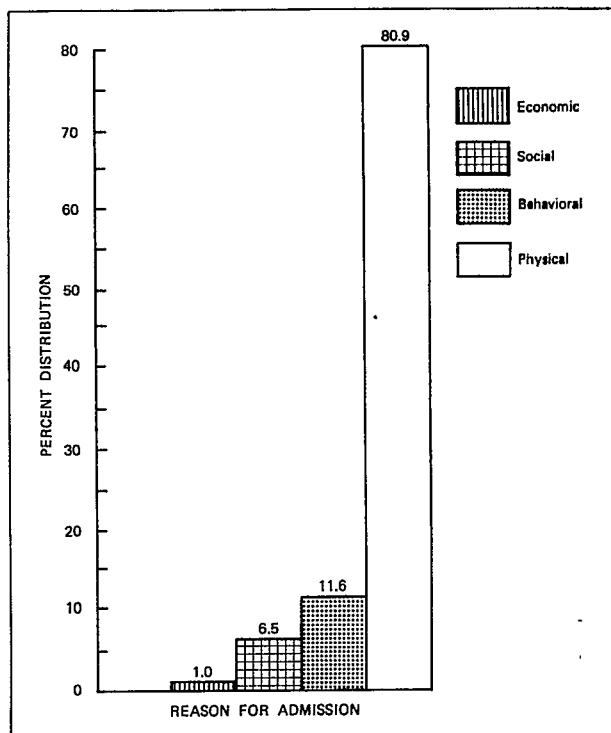


Figure 5. Percent distribution of residents by the primary reason for admission to the nursing home: United States, August 1973-April 1974

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	All reasons	Primary reason for admission			
		Physical	Social	Behavioral	Economic
Percent distribution					
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	76.6	5.4	16.9	*
75 years or more	100.0	84.9	6.8	7.4	1.0
Male	100.0	79.0	6.5	13.4	1.2
Less than 65 years	100.0	57.7	5.7	35.3	*
65-74 years	100.0	77.3	5.7	15.8	*
75 years or more	100.0	85.1	6.9	6.9	*
Female	100.0	81.8	6.4	10.9	0.9
Less than 65 years	100.0	60.8	5.4	32.7	*
65-74 years	100.0	76.2	5.3	17.6	*
75 years or more	100.0	84.8	6.8	7.5	0.9
<u>Length of stay since current admission</u>					
Less than 3 months	100.0	87.2	5.0	7.5	*
3 to less than 6 months	100.0	84.7	4.5	10.1	*
6 to less than 12 months	100.0	84.2	4.5	10.5	*
1 to less than 3 years	100.0	81.3	5.6	12.2	1.0
3 to less than 5 years	100.0	79.0	6.9	12.9	*
5 to less than 10 years	100.0	74.1	10.5	14.1	*
10 years or more	100.0	56.3	20.2	19.4	*

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

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

Certification, ownership, size, and geographic region	All reasons	Primary reason for admission			
		Physical	Social	Behavioral	Economic
Percent distribution					
All residents	100.0	80.9	6.5	11.6	1.0
<u>Certification status</u>					
Both Medicare and Medicaid ¹	100.0	87.1	4.0	8.2	0.7
Medicaid only:					
SNH's ²	100.0	83.0	5.2	11.2	*
ICF's	100.0	78.3	6.6	14.5	*
Not certified	100.0	63.3	16.1	17.4	3.2
<u>Ownership</u>					
Proprietary	100.0	82.3	4.3	12.8	0.5
Nonprofit and Government	100.0	77.7	11.5	8.7	2.2
<u>Size</u>					
Less than 50 beds	100.0	75.5	8.2	14.7	1.6
50-99 beds	100.0	81.8	5.2	12.1	0.9
100-199 beds	100.0	83.0	6.4	9.9	0.7
200 beds or more	100.0	79.4	7.7	11.5	1.5
<u>Geographic region</u>					
Northeast	100.0	82.4	7.9	8.1	1.7
North Central	100.0	77.3	7.7	14.1	0.9
South	100.0	82.2	5.2	11.7	0.9
West	100.0	84.3	4.0	11.1	*

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.

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

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

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

Certification, ownership, size, and geographic region	Number	Total	Other health facility				Private residence	Unknown	
			All facilities	General or short-stay hospital	Mental hospital or other long-term care specialty hospital	Another nursing home or related facility			Boarding home or other place
All residents	1,075,800	100.0	58.8	34.8	7.9	13.9	2.2	37.5	3.8
<u>Percent distribution</u>									
<u>Certification status</u>									
Both Medicare and Medicaid ¹	406,900	100.0	69.7	50.0	5.5	12.2	2.0	27.3	3.0
Medicaid only:									
SNH's ²	292,500	100.0	57.5	32.9	7.7	14.7	2.1	38.9	3.6
ICF's	236,700	100.0	50.0	21.7	10.6	16.2	1.5	46.0	4.0
Not certified	139,800	100.0	44.4	16.5	10.4	13.2	4.3	49.4	6.2
<u>Ownership</u>									
Proprietary	756,200	100.0	64.2	38.6	9.2	14.6	1.9	32.7	3.1
Nonprofit and government	319,700	100.0	45.9	25.8	4.8	12.4	3.0	48.6	5.4
<u>Size</u>									
Less than 50 beds	162,600	100.0	54.9	24.1	11.0	16.9	2.8	42.1	3.0
50-99 beds	367,700	100.0	59.4	35.5	8.0	14.0	1.9	36.7	3.9
100-199 beds	386,100	100.0	61.6	39.6	6.5	13.2	2.3	34.9	3.5
200 beds or more	159,300	100.0	54.6	32.2	7.9	12.4	2.1	40.6	4.8
<u>Geographic region</u>									
Northeast	236,100	100.0	60.8	41.0	4.8	12.1	2.8	37.1	2.1
North Central	368,700	100.0	56.5	30.5	10.2	13.9	1.9	39.0	4.5
South	278,200	100.0	52.0	29.6	7.7	13.5	1.2	43.7	4.3
West	192,800	100.0	70.4	42.8	7.5	16.6	3.5	25.9	3.7

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.

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

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

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 distribution
All admissions	1,110,800	100.0
<u>Certification status</u>		
Both Medicare and Medicaid ¹	624,100	56.2
Medicaid only:		
SNH's ²	223,600	20.1
ICF's	164,900	14.8
Not certified	98,200	8.8
<u>Ownership</u>		
Proprietary	852,800	76.8
Nonprofit and government	258,000	23.2
<u>Size</u>		
Less than 50 beds	148,900	13.4
50-99 beds	397,000	35.7
100-199 beds	441,200	39.7
200 beds or more	123,700	11.1
<u>Geographic region</u>		
Northeast	238,700	21.5
North Central	306,900	27.6
South	289,100	26.0
West	276,100	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

Certification, ownership, size, and geographic region	Admissions per bed
All homes .....	.9
<u>Certification status</u>	
Both Medicare and Medicaid ¹	1.4
Medicaid only:	
SNH's ² .....	.7
ICF's .....	.7
Not certified .....	.6
<u>Ownership</u>	
Proprietary	1.0
Nonprofit and government .....	.7
<u>Size</u>	
Less than 50 beds .....	.8
50-99 beds	1.0
100-199 beds	1.1
200 beds or more .....	.7
<u>Geographic region</u>	
Northeast	1.0
North Central .....	.8
South	1.0
West	1.3

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: 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 waiting list	Without waiting list
	Number			Percent distribution		
All homes.....	15,700	11,300	4,400	100.0	72.0	28.1
<u>Certification status</u>						
Both Medicare and Medicaid ¹	4,200	3,200	1,000	100.0	77.1	22.9
Medicaid only:						
SNH's ²	3,500	2,800	700	100.0	79.2	20.8
ICF's.....	4,400	3,100	1,300	100.0	70.2	29.8
Not certified.....	3,600	2,200	1,400	100.0	61.2	38.8
<u>Ownership</u>						
Proprietary.....	11,900	8,300	3,500	100.0	70.3	29.7
Nonprofit and government.....	3,900	3,000	900	100.0	77.0	23.0
<u>Size</u>						
Less than 50 beds.....	6,400	4,300	2,100	100.0	66.9	33.1
50-99 beds.....	5,500	4,200	1,300	100.0	76.1	23.9
100-199 beds.....	3,200	2,400	800	100.0	74.0	26.0
200 beds or more.....	600	500	*	100.0	75.8	*
<u>Geographic region</u>						
Northeast.....	3,100	2,400	800	100.0	75.4	24.6
North Central.....	5,600	4,000	1,600	100.0	70.7	29.3
South.....	4,100	3,000	1,100	100.0	72.4	27.7
West.....	2,900	2,000	900	100.0	70.1	29.9

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.

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

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	Percent distribution	
			Discharged alive	Discharged dead
All discharges.....	1,077,500	100.0	69.6	30.4
<u>Certification status</u>				
Both Medicare and Medicaid ¹	599,300	100.0	74.9	25.1
Medicaid only:				
SNH's ²	209,400	100.0	66.3	33.7
ICF's.....	153,600	100.0	66.3	33.7
Not certified.....	115,300	100.0	52.7	47.3
<u>Ownership</u>				
Proprietary.....	833,800	100.0	70.5	29.5
Nonprofit and government.....	243,700	100.0	66.4	33.6
<u>Size</u>				
Less than 50 beds.....	164,500	100.0	59.2	40.8
50-99 beds.....	378,900	100.0	71.7	28.3
100-199 beds.....	415,500	100.0	72.1	27.9
200 beds or more.....	118,600	100.0	68.7	31.3
<u>Geographic region</u>				
Northeast.....	223,300	100.0	70.9	29.1
North Central.....	307,800	100.0	62.4	37.6
South.....	273,300	100.0	70.0	30.0
West.....	273,100	100.0	76.4	23.6

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.

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 discharges.....	339,300	872,300	1,077,500
Percent distribution			
Total.....	100.0	100.0	100.0
Discharged alive.....	58.9	66.0	69.6
Discharged dead.....	41.1	34.0	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.

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

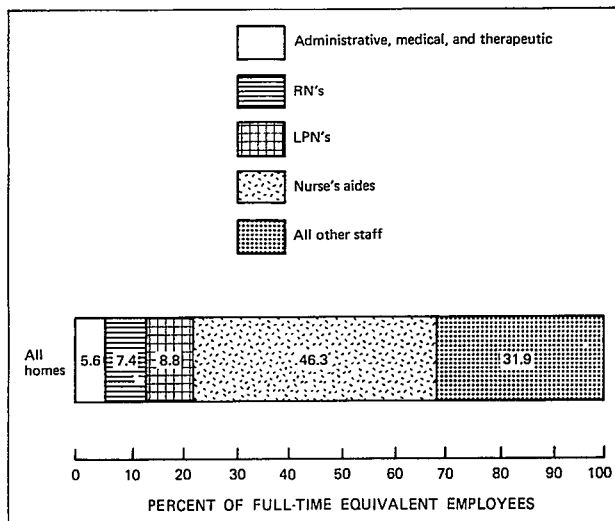


Figure 6. Percent distribution of full-time equivalent employees in nursing homes by occupation category: United States, August 1973-April 1974

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

Occupation category	All homes	Certification			
		Both Medicare and Medicaid ¹	Medicaid only		Not certified
			SNH's ²	ICF's	
All occupations.....	100.0	100.0	100.0	100.0	100.0
Administrative and medical ³	3.8	3.0	3.4	4.7	6.3
Therapeutic ⁴	1.8	2.4	1.6	1.1	1.4
Nursing staff:					
Registered nurse.....	7.4	9.1	7.5	4.2	6.4
Licensed practical nurse.....	8.8	8.9	9.4	8.5	7.2
Nurse's aide.....	46.3	45.9	45.5	49.5	44.0
All other staff.....	31.9	30.7	32.5	32.0	34.8

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

²Of 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.

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

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

Occupation category	All homes	Certification			Not certified
		Both Medicare and Medicaid ¹	Medicaid only		
			SNH's ²	ICF's	
Number of employees per 100 residents					
All occupations.....	66.3	72.3	68.7	57.5	58.5
Administrative and medical ³	2.5	2.2	2.4	2.7	3.7
Therapeutic ⁴	1.2	1.7	1.1	0.7	0.8
Nursing staff	41.4	46.1	42.9	35.8	33.6
Registered nurse	4.9	6.5	5.2	2.4	3.7
Licensed practical nurse	5.8	6.4	6.5	4.9	4.2
Nurse's aide	30.7	33.2	31.2	28.5	25.7
All other staff	21.2	22.2	22.3	18.4	20.4

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

²Of 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.

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	FTE's per 100 residents
1973-74.....	66.3
1968 ¹	61.5
1964 ¹	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

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

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 duty.

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.

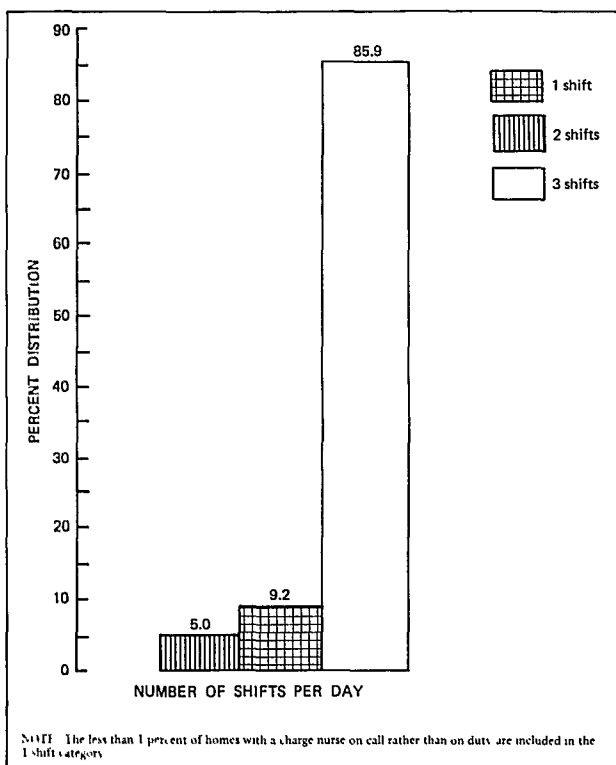


Figure 7. Percent distribution of nursing homes by number of shifts per day: United States, August 1973-April 1974

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

Certification, ownership, and size	Total	Skill of charge person on duty in homes with three shifts				
		RN's all three shifts	RN/LPN combination for all three shifts ¹	LPN all three shifts	Nurse's aide all three shifts	Other combinations
All homes with three shifts.....	100.0	27.4	45.1	5.8	4.9	16.7
<u>Percent distribution</u>						
<u>Certification status</u>						
Both Medicare and Medicaid ²	100.0	53.2	40.9	*	*	*
Medicaid only:						
SNH's ³	100.0	32.0	60.6	*	-	*
ICF's.....	100.0	6.5	44.1	10.1	5.0	34.3
Not certified.....	100.0	11.9	32.4	*	19.5	31.6
<u>Ownership</u>						
Proprietary.....	100.0	25.0	47.5	5.6	5.5	16.3
Nonprofit and government.....	100.0	34.3	38.1	6.5	*	18.1
<u>Size</u>						
Less than 50 beds.....	100.0	12.1	37.7	7.7	12.0	30.6
50-99 beds.....	100.0	21.1	58.4	6.1	*	12.9
100-199 beds.....	100.0	52.6	39.8	*	*	*
200 beds or more.....	100.0	79.3	*	*	-	*

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

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

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

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

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	Number of homes	Percent with three shifts	Percent with RN's in charge for three shifts
1973-74.....	15,700	85.5	23.4
1968 ¹	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.

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 residents
All residents in home 1 month or more	\$479	1,012,000
Age		
Less than 65 years.....	434	107,500
65-74 years	473	152,000
75 years or more	486	752,500
Sex		
Male	466	294,800
Female	484	717,200
Length of stay since current admission		
Less than 3 months.....	542	91,500
3 to less than 6 months.....	521	103,800
6 to less than 12 months.....	499	155,700
1 to less than 3 years.....	479	357,700
3 to less than 5 years.....	459	149,700
5 to less than 10 years.....	420	116,200
10 years or more.....	383	37,300
Primary reason for admission		
Physical.....	499	815,200
Social.....	369	66,400
Behavioral.....	419	119,800
Economic.....	294	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
1969 ²	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.

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.

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

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

Age, sex, length of stay since current admission, and primary reason for admission	All resi- dents	Primary source of payment				
		Own in- come	Medi- care	Medi- caid	Other public assist- ance	Other
Percent distribution						
All residents in home 1 month or more.....	100.0	36.7	1.1	47.9	11.4	3.0
<u>Age</u>						
Less than 65 years.....	100.0	18.1	*	53.9	22.3	5.6
65-74 years.....	100.0	30.8	*	51.9	13.3	2.5
75 years or more.....	100.0	40.6	1.1	46.2	9.4	2.7
<u>Sex</u>						
Male.....	100.0	35.9	0.9	46.5	12.3	4.4
Female.....	100.0	37.1	1.1	48.4	11.0	2.4
<u>Length of stay since current admission</u>						
Less than 3 months.....	100.0	40.5	7.8	40.5	8.3	2.9
3 to less than 6 months.....	100.0	43.5	*	44.8	7.3	2.6
6 to less than 12 months.....	100.0	42.6	*	46.4	8.9	1.7
1 to less than 3 years.....	100.0	35.9	*	51.0	10.8	2.2
3 to less than 5 years.....	100.0	32.2	*	51.3	13.3	3.1
5 years or more.....	100.0	30.4	*	45.2	17.9	6.3
<u>Primary reason for admission</u>						
Physical.....	100.0	37.0	1.3	50.0	9.5	2.2
Social.....	100.0	48.0	*	28.9	13.7	9.3
Behavioral.....	100.0	29.8	*	45.5	21.9	2.4
Economic.....	100.0	22.7	*	27.7	18.2	30.8

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

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

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

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

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.

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

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

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

Certification, ownership, size, and geographic region	All residents	Length of stay since current admission					
		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
All homes	1,075,800	155,400	103,800	155,700	357,700	149,700	153,500
Number							
Certification status							
Both Medicare and Medicaid ¹	406,900	81,700	46,000	66,400	134,600	45,100	33,100
Medicaid only:							
SNH's ²	292,500	35,300	24,800	40,900	103,100	44,300	44,100
ICF's	236,700	24,300	22,100	30,900	78,000	39,300	42,000
Not certified	139,800	14,100	11,000	17,500	42,000	21,000	34,200
Ownership							
Proprietary	756,200	121,100	78,400	114,000	261,100	100,500	81,000
Nonprofit and government	319,700	34,300	25,400	41,700	96,600	49,200	72,500
Size							
Less than 50 beds	162,600	19,700	16,700	19,000	52,300	25,700	29,300
50-99 beds	367,700	54,700	33,700	53,700	126,100	51,200	48,200
100-199 beds	386,100	63,400	39,900	60,000	128,200	50,600	44,000
200 beds or more	159,300	17,500	13,500	22,900	51,100	22,300	31,900
Geographic region							
Northeast	236,100	34,400	22,600	33,200	74,900	33,400	37,500
North Central	368,700	43,300	34,500	51,800	122,200	53,400	63,500
South	278,200	40,500	25,600	41,100	98,100	39,800	33,200
West	192,800	37,200	21,200	29,600	62,500	23,100	19,300

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.

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

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.

Certification, ownership, size, and geographic region	All residents	Length of stay since current admission					
		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
All homes	100.0	14.4	9.7	14.5	33.2	13.9	14.3
<u>Percent distribution</u>							
<u>Certification status</u>							
Both Medicare and Medicaid ¹	100.0	20.1	11.3	16.3	33.1	11.1	8.1
Medicaid only:							
SNH's ²	100.0	12.1	8.5	14.0	35.3	15.1	15.1
ICF's	100.0	10.3	9.3	13.1	32.9	16.6	17.8
Not certified	100.0	10.1	7.8	12.5	30.0	15.0	24.5
<u>Ownership</u>							
Proprietary	100.0	16.0	10.4	15.1	34.5	13.3	10.7
Nonprofit and government	100.0	10.7	7.9	13.0	30.2	15.4	22.7
<u>Size</u>							
Less than 50 beds	100.0	12.1	10.3	11.7	32.1	15.8	18.0
50-99 beds	100.0	14.9	9.2	14.6	34.3	13.9	13.1
100-199 beds	100.0	16.4	10.3	15.5	33.2	13.1	11.4
200 beds or more	100.0	11.0	8.5	14.4	32.1	14.0	20.0
<u>Geographic region</u>							
Northeast	100.0	14.6	9.6	14.1	31.7	14.2	15.9
North Central	100.0	11.7	9.4	14.1	33.1	14.5	17.2
South	100.0	14.6	9.2	14.8	35.2	14.3	11.9
West	100.0	19.3	11.0	15.3	32.4	12.0	10.0

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.

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

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

Sex, age and length of stay since current admission	All residents	Primary reason for admission				All residents	Primary reason for admission			
		Physical	Social	Behavioral	Economic		Physical	Social	Behavioral	Economic
		Number					Percent distribution			
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	114,300	67,900	6,300	38,700	*	100.0	59.4	5.5	33.9	*
65-74 years	163,100	124,900	8,900	27,600	*	100.0	76.6	5.4	16.9	*
75-84 years	384,900	321,000	24,300	35,800	3,700	100.0	83.4	6.3	9.3	1.0
85 years and over	413,600	356,900	29,900	22,800	3,900	100.0	86.3	7.2	5.5	0.9
Males	318,100	251,200	20,600	42,700	3,700	100.0	79.0	6.5	13.4	1.2
Under 65 years	52,400	30,200	3,000	18,500	*	100.0	57.7	5.7	35.3	*
65-74 years	65,100	50,300	3,700	10,300	*	100.0	77.3	5.7	15.8	*
75-84 years	102,300	86,200	6,300	8,700	*	100.0	84.3	6.1	8.5	*
85 years and over	98,300	84,500	7,600	5,200	*	100.0	85.9	7.7	5.3	*
Females	757,700	619,500	48,900	82,300	7,000	100.0	81.8	6.4	10.9	0.9
Under 65 years	61,900	37,600	3,300	20,200	*	100.0	60.8	5.4	32.7	*
65-74 years	98,000	74,600	5,200	17,300	*	100.0	76.2	5.3	17.6	*
75-84 years	282,600	234,800	18,000	27,200	2,600	100.0	83.1	6.4	9.6	0.9
85 years and over	315,300	272,400	22,300	17,700	2,800	100.0	86.4	7.1	5.6	0.9
<u>Length of stay since current admission</u>										
Less than 3 months	155,400	135,500	7,700	11,700	*	100.0	87.2	5.0	7.5	*
3 to less than 6 months	103,800	88,000	4,700	10,500	*	100.0	84.7	4.5	10.1	*
6 to less than 12 months	155,700	131,100	7,100	16,300	*	100.0	84.2	4.5	10.5	*
1 to less than 3 years	357,700	290,700	19,900	43,500	3,600	100.0	81.3	5.6	12.2	1.0
3 to less than 5 years	149,700	118,300	10,300	19,400	*	100.0	79.0	6.9	12.9	*
5 years or more	153,500	107,100	19,800	23,600	3,000	100.0	69.8	12.9	15.4	1.9

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

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

Certification, ownership, size, and geographic region	All residents	Primary reason for admission				All residents	Primary reason for admission			
		Physical	Social	Behavioral	Economic		Physical	Social	Behavioral	Economic
		Number					Percent distribution			
All homes	1,075,800	870,700	69,400	125,000	10,700	100.0	80.9	6.5	11.6	1.0
<u>Certification status</u>										
Both Medicare and Medicaid ¹	406,900	354,300	16,200	33,500	2,800	100.0	87.1	4.0	8.2	0.7
Medicaid only:										
SNH's ²	292,500	242,700	15,100	32,700	*	100.0	83.0	5.2	11.2	*
ICF's	236,700	185,300	15,700	34,400	*	100.0	78.3	6.6	14.5	*
Not certified	139,800	88,500	22,400	24,400	4,500	100.0	63.3	16.1	17.4	3.2
<u>Ownership</u>										
Proprietary	756,200	622,400	32,800	97,200	3,800	100.0	82.3	4.3	12.8	0.5
Nonprofit and government	319,700	248,300	36,600	27,800	6,900	100.0	77.7	11.5	8.7	2.2
<u>Size</u>										
Less than 50 beds	162,600	122,900	13,400	23,900	2,500	100.0	75.5	8.2	14.7	1.6
50-99 beds	367,700	301,000	19,100	44,600	3,100	100.0	81.8	5.2	12.1	0.9
100-199 beds	386,100	320,500	24,800	38,300	2,700	100.0	83.0	6.4	9.9	0.7
200 beds or more	159,300	126,400	12,200	18,300	2,400	100.0	79.4	7.7	11.5	1.5
<u>Geographic region</u>										
Northeast	236,100	194,400	18,700	19,000	3,900	100.0	82.4	7.9	8.1	1.7
North Central	368,700	285,100	28,600	52,000	3,100	100.0	77.3	7.7	14.1	0.9
South	278,200	228,800	14,500	32,500	2,500	100.0	82.2	5.2	11.7	0.9
West	192,800	162,400	7,700	21,500	*	100.0	84.3	4.0	11.1	*

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.

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

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

Certification, ownership, size, and geographic region	Living arrangements prior to admission												Un-known
	All arrangements	Another facility				Alone	Private residence					Un-known if with others	
		Another nursing home or related facility	Mental hospital or other long-term specialty hospital	General or short-stay hospital	Boarding home or other place		With others ¹						
							Total	Spouse	Children	Other relatives	Non-relatives		
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	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
Medicaid only:													
SNH's ³	292,500	43,100	22,500	96,300	6,300	33,700	66,600	18,200	30,200	16,600	2,700	13,600	10,400
ICF's.....	236,700	38,300	25,200	51,400	3,400	35,900	63,300	16,800	27,900	17,100	3,100	9,700	9,500
Not certified.....	139,800	18,400	14,500	23,100	6,100	28,400	34,300	8,800	13,000	10,200	2,800	6,300	8,700
Ownership													
Proprietary.....	756,200	110,000	69,400	291,600	14,300	70,900	151,700	41,100	68,900	38,400	7,500	24,900	23,300
Nonprofit and government.....	319,700	39,600	15,300	82,500	9,500	57,000	80,200	22,700	32,500	21,400	4,600	18,200	17,400
Size													
Less than 50 beds.....	162,600	27,500	17,900	39,200	4,600	24,100	39,700	10,100	16,100	11,200	3,500	4,600	4,900
50-99 beds.....	367,700	51,500	29,200	130,600	7,000	44,800	79,800	23,300	34,800	19,200	4,400	10,400	14,400
100-199 beds.....	386,100	51,000	24,900	153,000	8,900	40,700	77,900	20,600	36,400	19,800	2,800	16,100	13,600
200 beds or more.....	159,300	19,700	12,500	51,400	3,300	18,200	34,500	9,800	14,000	9,600	*	12,000	7,700
Geographic region													
Northeast.....	236,100	28,700	11,300	96,900	6,700	28,700	46,900	12,700	19,900	13,000	2,800	11,900	5,000
North Central.....	368,700	51,300	37,500	112,500	7,100	52,200	78,900	22,000	34,300	21,200	4,000	12,700	16,500
South.....	278,200	37,600	21,400	82,300	3,300	30,700	77,100	19,800	33,100	20,600	4,400	13,800	12,100
West.....	192,800	32,000	14,400	82,600	6,700	16,300	29,000	9,300	14,100	5,000	*	4,700	7,100
Percent distribution													
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	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
Medicaid only:													
SNH's ³	100.0	14.7	7.7	32.9	2.1	11.5	22.8	6.2	10.3	5.7	0.9	4.7	3.6
ICF's.....	100.0	16.2	10.6	21.7	1.5	15.2	26.7	7.1	11.8	7.2	1.3	4.1	4.0
Not certified.....	100.0	13.2	10.4	16.5	4.3	20.4	24.5	6.3	9.3	7.3	2.0	4.5	6.2
Ownership													
Proprietary.....	100.0	14.6	9.2	38.6	1.9	9.4	20.1	5.4	9.1	5.1	1.0	3.3	3.1
Nonprofit and government.....	100.0	12.4	4.8	25.8	3.0	17.8	25.1	7.1	10.2	6.7	1.4	5.7	5.4
Size													
Less than 50 beds.....	100.0	16.9	11.0	24.1	2.8	14.8	24.4	6.2	9.9	6.9	2.2	2.8	3.0
50-99 beds.....	100.0	14.0	8.0	35.5	1.9	12.2	21.7	6.3	9.5	5.2	1.2	2.8	3.9
100-199 beds.....	100.0	13.2	6.5	39.6	2.3	10.6	20.2	5.3	9.4	5.1	0.7	4.2	3.5
200 beds or more.....	100.0	12.4	7.9	32.2	2.1	11.4	21.7	6.1	8.8	6.0	*	7.5	4.8
Geographic region													
Northeast.....	100.0	12.1	4.8	41.0	2.8	12.1	19.9	5.4	8.4	5.5	1.2	5.1	2.1
North Central.....	100.0	13.9	10.2	30.5	1.9	14.2	21.4	6.0	9.3	5.7	1.1	3.4	4.5
South.....	100.0	13.5	7.7	29.6	1.2	11.0	27.7	7.1	11.9	7.4	1.6	4.9	4.3
West.....	100.0	16.6	7.5	42.8	3.5	8.5	15.0	4.8	7.3	2.6	*	2.4	3.7

¹ Because residents may have lived with more than one category of person, the sum of the subparts exceeds the total.

² Of these residents, 23,500 were in facilities certified by Medicare only.

³ Of 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

Certification, ownership, size, and geographic region	Measures of utilization, 1972					Residents 1973-74	Beds, ¹ 1973-74						
	Admissions	Discharges			Occupancy rate ²		Total beds	Medicare		SNH		ICF	
		Total	Live	Dead				Certified beds	Per-cent filled last night	Certified beds	Per-cent filled last night	Certified beds	Per-cent filled last night
All types of certification 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.....	852,800	833,800	588,200	245,600	86.42	756,200	832,300	224,900	11.3	440,300	58.9	272,700	61.8
Nonprofit and government.....	258,000	243,700	161,900	81,800	86.72	319,700	345,000	62,500	15.7	139,200	58.1	100,500	53.3
Both Medicare and Medicaid ³	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
Proprietary.....	497,700	480,100	360,500	119,600	85.09	313,900	339,500	224,900	11.3	269,400	55.0	52,800	50.5
Nonprofit and government.....	126,400	119,200	88,300	30,900	84.14	93,000	102,800	62,500	15.7	68,200	54.5	17,300	59.1
Medicaid only: SNH ⁴	223,600	209,400	138,800	70,600	85.72	292,500	321,200	...	...	242,000	63.9	66,300	60.4
Proprietary.....	169,900	158,600	109,400	49,200	84.08	193,700	218,900	...	...	170,900	64.9	42,000	64.4
Nonprofit and government.....	53,700	50,800	29,400	21,400	89.26	98,800	102,300	...	...	71,100	61.5	24,300	53.5
Medicaid only: ICF	164,900	153,600	101,800	51,800	89.17	236,700	253,200	...	...	...	...	236,700	61.2
Proprietary.....	121,300	113,000	74,300	38,700	89.58	170,100	184,100	...	...	...	...	177,800	64.5
Nonprofit and government.....	43,600	40,600	27,500	13,100	88.07	66,500	69,100	...	...	...	...	58,900	51.5
Not certified	98,200	115,300	60,700	54,500	88.38	139,800	160,600	...	...	...	...	...	...
Proprietary	63,900	82,200	44,100	38,100	90.60	78,500	89,800	...	...	...	...	...	...
Nonprofit and government	34,300	33,100	16,700	16,400	85.56	61,300	70,800	...	...	...	...	...	...
Size													
Less than 50 beds.....	148,900	164,500	97,400	67,000	89.16	162,600	178,800	18,600	18.8	43,300	58.3	75,900	61.8
50-99 beds	397,000	378,900	271,500	107,400	88.60	367,700	392,500	106,600	11.1	193,700	56.3	134,800	57.6
100-199 beds	441,200	415,500	299,700	115,800	86.27	386,100	417,900	119,500	12.0	244,900	57.9	117,200	60.4
200 beds or more.....	123,700	118,600	81,500	37,100	80.10	159,300	188,000	42,700	13.0	97,700	65.5	45,300	58.8
Geographic region													
Northeast.....	238,700	223,300	158,300	65,000	88.97	236,100	250,800	81,400	12.4	140,400	66.6	53,000	74.4
North Central	306,900	307,800	191,900	115,900	86.21	368,700	408,800	49,800	20.0	150,400	49.7	147,200	51.2
South	289,100	273,300	191,200	82,100	86.49	278,200	303,700	51,400	15.8	126,000	60.7	129,200	69.4
West	276,100	273,100	208,700	64,400	84.22	192,800	214,100	104,900	6.7	162,800	58.6	43,900	39.9

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

² Σ Aggregate number of days of care provided to residents in 1972 X 100
 Σ Number of beds X 366

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

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

⁴Of 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 I.

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

Ownership, size, and geographic region	All types of certification	Both Medicare and Medicaid ¹	Medicaid only		Not certified	All types of certification	Both Medicare and Medicaid ¹	Medicaid only		Not certified
			SNF ²	ICF				SNH ²	ICF	
	Number					Percent distribution				
All homes.....	15,700	4,200	3,500	4,400	3,600	100.0	26.5	22.4	28.1	23.1
<u>Ownership</u>										
Proprietary.....	11,900	3,200	2,500	3,500	2,700	100.0	27.1	21.2	29.3	22.3
Nonprofit and government.....	3,900	900	1,000	900	1,000	100.0	24.4	25.9	24.4	25.3
<u>Size</u>										
Less than 50 beds.....	6,400	600	1,000	2,300	2,500	100.0	9.5	15.9	35.9	38.8
50-99 beds.....	5,500	1,800	1,400	1,600	800	100.0	31.8	24.8	28.5	14.9
100-199 beds.....	3,200	1,500	900	500	300	100.0	46.7	29.1	16.0	8.2
200 beds or more.....	600	300	200	*	*	100.0	48.2	32.9	*	*
<u>Geographic region</u>										
Northeast.....	3,100	1,000	800	600	800	100.0	31.3	27.1	17.7	24.0
North Central.....	5,600	900	1,100	2,000	1,600	100.0	16.3	19.9	35.6	28.2
South.....	4,100	800	900	1,500	900	100.0	20.1	22.4	36.5	21.0
West.....	2,900	1,400	600	400	400	100.0	50.3	22.0	12.8	15.0

¹Of these homes, 8 percent were certified for 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 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

Certification	Total staff	Administrative and medical staff ¹	Therapeutic staff ²	Registered nurse	Licensed practical nurse	Nurse's aide	All other staff
Number of full-time equivalent staff							
All types	713,100	27,200	13,000	52,700	62,500	330,000	227,800
Both Medicare and Medicaid ³	294,200	8,800	7,000	26,600	26,100	135,200	90,400
Medicaid only:							
SNH's ⁴	201,000	6,900	3,300	15,100	19,000	91,400	65,400
ICF's.....	136,200	6,400	1,600	5,700	11,600	67,400	43,500
Not certified.....	81,800	5,100	1,100	5,200	5,900	36,000	28,500
Number of full-time equivalent staff per 100 residents							
All types	66.3	2.5	1.2	4.9	5.8	30.7	21.2
Both Medicare and Medicaid ³	72.3	2.2	1.7	6.5	6.4	33.2	22.2
Medicaid only:							
SNH's ⁴	68.7	2.4	1.1	5.2	6.5	31.2	22.3
ICF's.....	57.5	2.7	0.7	2.4	4.9	28.5	18.4
Not certified	58.5	3.7	0.8	3.7	4.2	25.7	20.4

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.

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

⁴Of 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

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

¹Of these homes, 8 percent were certified for 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 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.

Homes with 2 shifts				Homes with 3 shifts								
Both RN's	Both LPN's	Both nurse's aides	Both other staff	All other combinations	All RN's	All 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 combinations
200	*	*	*	300	3,700	800	700	*	2,500	3,600	1,400	800
...	2,100	*	...	*	800	900	*	*
*	-	-	-	*	1,000	*	-	-	1,000	1,000	*	*
*	*	*	-	*	300	400	200	-	400	1,300	800	500
*	*	*	*	200	300	*	500	-	400	400	500	200
*	*	*	*	200	2,500	600	600	-	2,000	2,800	1,000	600
*	*	*	-	*	1,200	200	*	*	600	700	400	*
*	*	*	*	300	600	400	600	*	700	1,200	1,000	400
*	*	*	-	*	1,100	300	*	*	1,100	1,800	300	300
*	*	-	-	*	1,600	*	*	-	600	500	*	*
*	-	-	-	*	500	*	-	-	*	*	*	-

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

Age, sex, length of stay since current admission and primary reason for admission	Average basic monthly charge	Average total monthly charge ¹	Total residents	Total monthly charge ¹											
				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
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
Number															
<u>Age</u>															
Less than 65 years	422	434	107,500	.	.	.	18,100	32,100	30,300	10,200	5,700	.	.	.	2,700
65-74 years	462	473	152,000	.	.	.	19,400	38,600	42,200	18,400	13,900	5,200	3,200	3,100	4,800
75-84 years	476	488	359,500	2,500	3,400	2,800	33,100	92,100	95,800	49,900	35,400	15,300	8,200	7,900	13,200
85 years or more	474	485	393,000	3,400	3,200	3,400	33,500	101,600	105,800	55,000	41,200	17,100	9,200	7,800	11,600
<u>Sex</u>															
Male	455	466	294,800	.	3,200	3,300	36,200	82,200	76,900	37,700	25,800	9,500	5,700	5,600	8,100
Female	473	484	717,200	5,700	6,400	6,100	67,900	182,300	197,100	95,700	70,400	30,200	16,600	14,600	24,100
<u>Length of stay since current admission</u>															
Less than 3 months	521	542	91,500	.	.	.	5,100	19,500	24,800	14,100	9,600	5,800	2,900	3,400	5,100
3 to less than 6 months	504	521	103,800	.	.	.	7,300	24,900	26,700	16,300	11,900	5,300	3,300	2,300	4,700
6 to less than 12 months	486	499	155,700	.	.	.	12,500	37,700	44,300	23,200	15,800	7,300	4,400	3,200	5,100
1 to less than 3 years	470	479	357,700	.	.	.	35,000	94,100	104,000	46,600	35,800	12,300	7,700	6,200	10,600
3 to less than 5 years	450	459	149,700	.	.	.	18,000	44,700	39,300	17,100	12,900	5,000	.	2,500	4,200
5 years or more	404	411	153,500	3,000	4,000	4,400	26,200	43,700	34,800	16,100	10,300	4,000	.	2,600	2,600
<u>Primary reason for admission</u>															
Physical	487	499	815,200	.	6,200	4,400	62,900	209,300	228,400	115,100	83,500	35,200	20,700	18,100	29,900
Social	362	369	66,400	.	.	2,900	16,100	17,700	12,000	5,500	4,500	.	.	.	.
Behavioral	412	419	119,800	.	.	.	23,100	36,200	31,700	11,900	7,800	3,100	.	.	.
Economic	288	294	10,500	.	.	.	.	.	.	.	.	.	.	.	.

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

Age, sex, primary reason for admission, and length of stay since current admission	Primary source of payment					
	All sources	Own income	Medi-care	Medi-caid	Other public assistance	Other
All residents in home 1 month or more	1,012,000	371,700	10,800	484,300	114,900	30,200
<u>Age</u>						
Less than 65 years.....	107,500	19,500	*	57,900	24,000	6,000
65-74 years	152,000	46,800	*	78,900	20,200	3,700
75-84 years	359,500	149,500	5,000	163,300	30,900	10,900
85 years or more.....	393,000	155,900	3,400	184,300	39,800	9,600
<u>Sex</u>						
Male.....	294,800	105,700	2,600	137,200	36,200	13,100
Female.....	717,200	266,000	8,200	347,200	78,700	17,100
<u>Primary reason for admission</u>						
Physical.....	815,200	301,700	10,400	407,700	77,600	17,900
Social.....	66,400	31,900	*	19,200	9,100	6,200
Behavioral.....	119,800	35,700	*	54,600	26,300	2,900
Economic.....	10,500	2,400	*	2,900	*	3,200
<u>Length of stay since current admission</u>						
Less than 3 months.....	91,500	37,000	7,100	37,100	7,600	2,600
3 to less than 6 months	103,800	45,200	*	46,600	7,600	2,700
6 to less than 12 months.....	155,700	66,400	*	72,200	13,900	2,600
1 to less than 3 years.....	357,700	128,200	*	182,300	38,600	7,800
3 to less than 5 years.....	149,700	48,200	*	76,800	19,900	4,700
5 years or more.....	153,500	46,700	*	69,400	27,400	9,700
<u>Days</u>						
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

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,

NOTE: The list of references follows the text.

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

Certification status and size of home	Uni-verse (sam-pling frame) ¹	Number of homes in sample			
		Total homes	Out of scope or out of busi-ness	In scope and in business	
				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.....	2	0	0	0	0
Less than 25 beds	149	4	0	1	3
25-49 beds	538	35	0	1	34
50-99 beds	1,713	228	7	7	214
100-199 beds	1,385	370	8	11	351
200-299 beds	224	100	4	3	93
300-499 beds	68	46	1	2	43
500 beds or more.....	20	20	0	1	19
Medicaid only	7,473	790	34	24	732
Unknown beds.....	3	0	0	0	0
Less than 15 beds	250	5	1	2	2
15-24 beds	967	36	5	1	30
25-49 beds	2,253	123	11	3	109
50-99 beds	2,688	293	4	8	281
100-199 beds	1,108	241	3	6	232
200-299 beds	145	52	5	3	44
300-499 beds	43	24	3	1	20
500 beds or more.....	16	16	2	0	14
Not certified	6,113	525	93	13	419
Unknown beds.....	19	0	0	0	0
Less than 15 beds	1,279	23	10	0	13
15-24 beds	1,062	38	9	0	29
25-49 beds	1,575	87	13	3	71
50-99 beds	1,334	145	19	5	121
100-199 beds	652	141	21	4	116
200-299 beds	120	43	12	0	31
300-499 beds	52	28	4	1	23
500 beds or more.....	20	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 conducted. Differences ranging from 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 reason.

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 provided 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:

<i>Questionnaire</i>	<i>Response rate</i>
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 first-stage 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 $2\frac{1}{2}$ 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 $.25 \times 2,300 = 575$.

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.

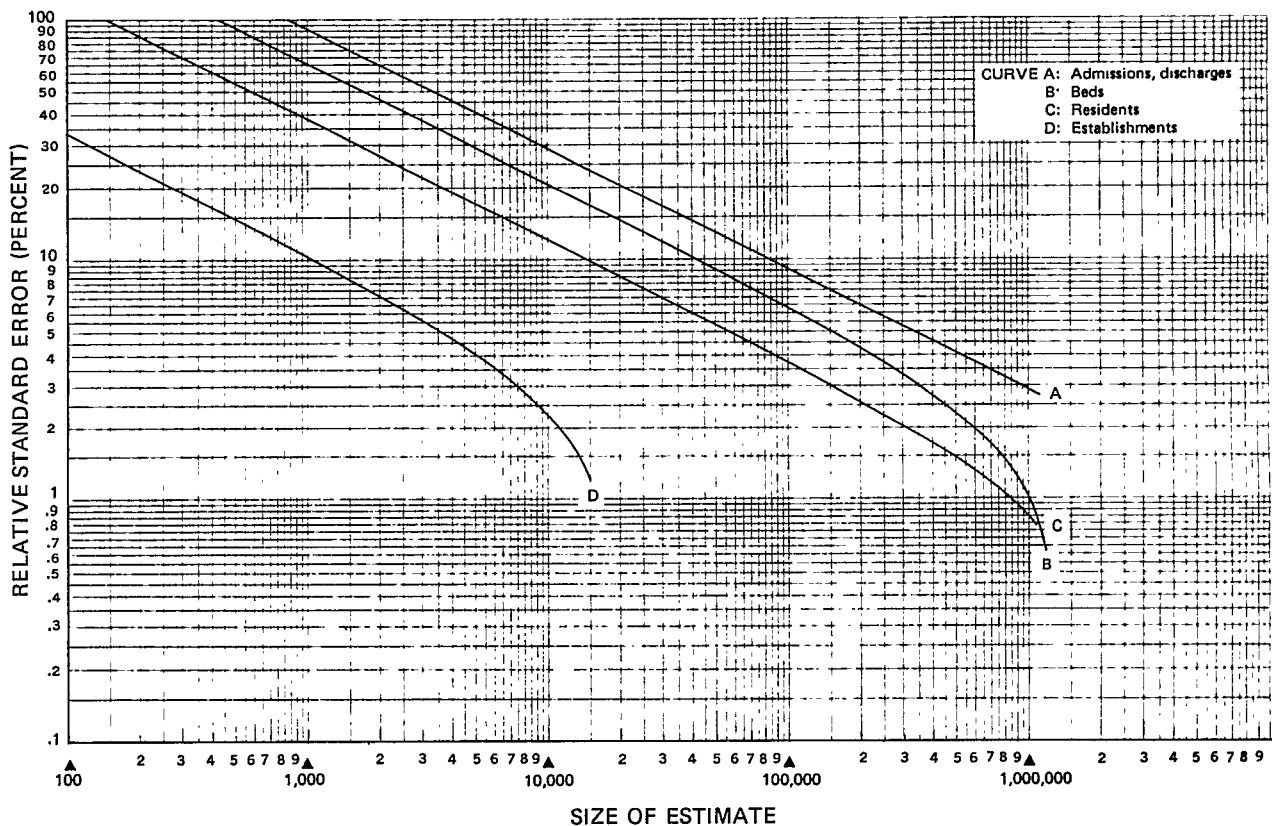


Figure I. Relative standard errors for estimated numbers of admissions and discharges, beds, residents, and establishments

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 ($\$473 \pm 2(\$8.76)$). 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 (σ_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

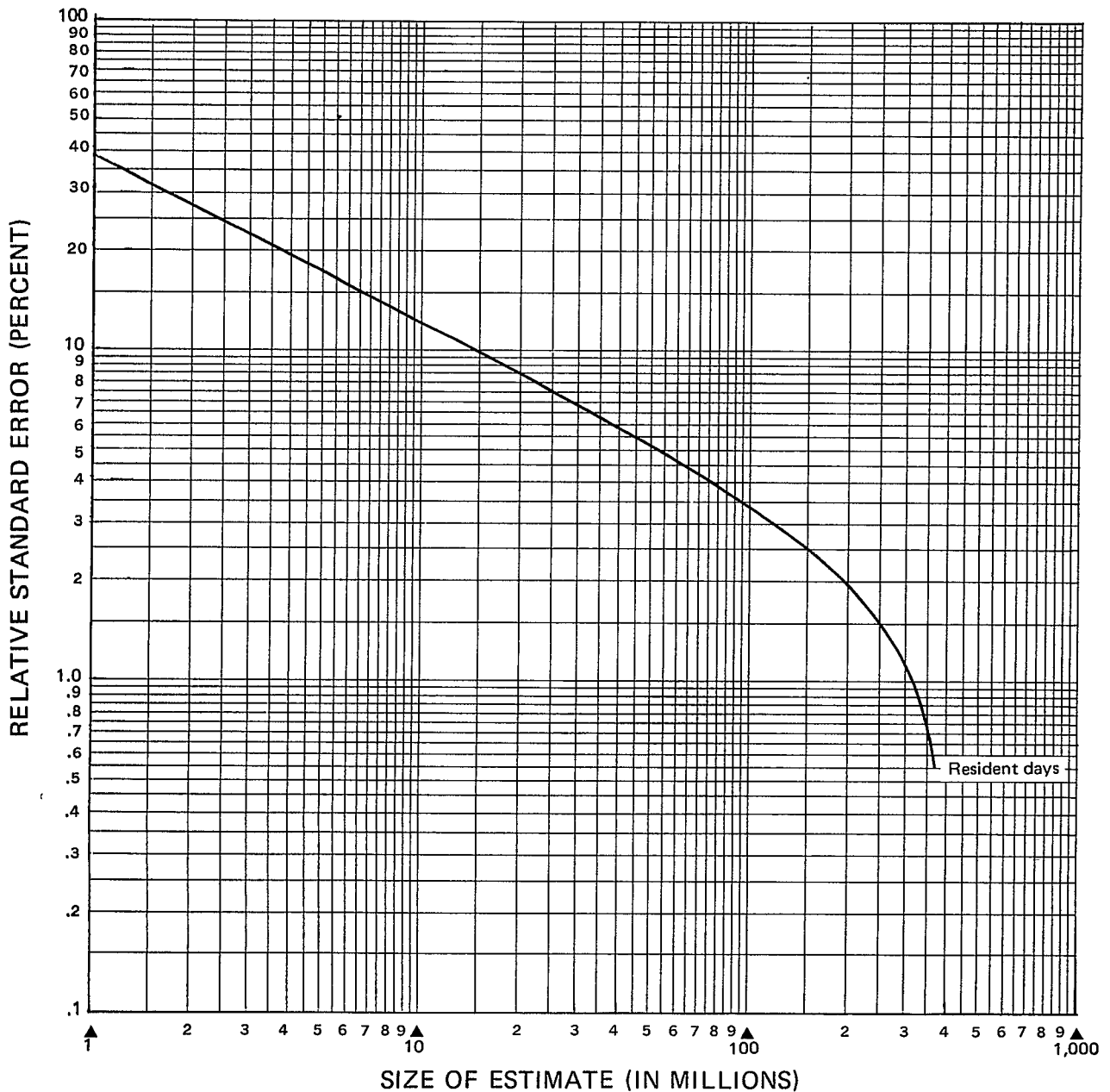


Figure II. Relative standard error for estimated number of resident days

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

$$V_{R'}^2 = V_{x'}^2 + V_{y'}^2$$

$$\begin{aligned}
 &= (.024)^2 + (.021)^2 \\
 &= .006 + .004 \\
 &= .0010 \\
 V_{R'} &= \sqrt{.0010} \\
 &= .032
 \end{aligned}$$

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

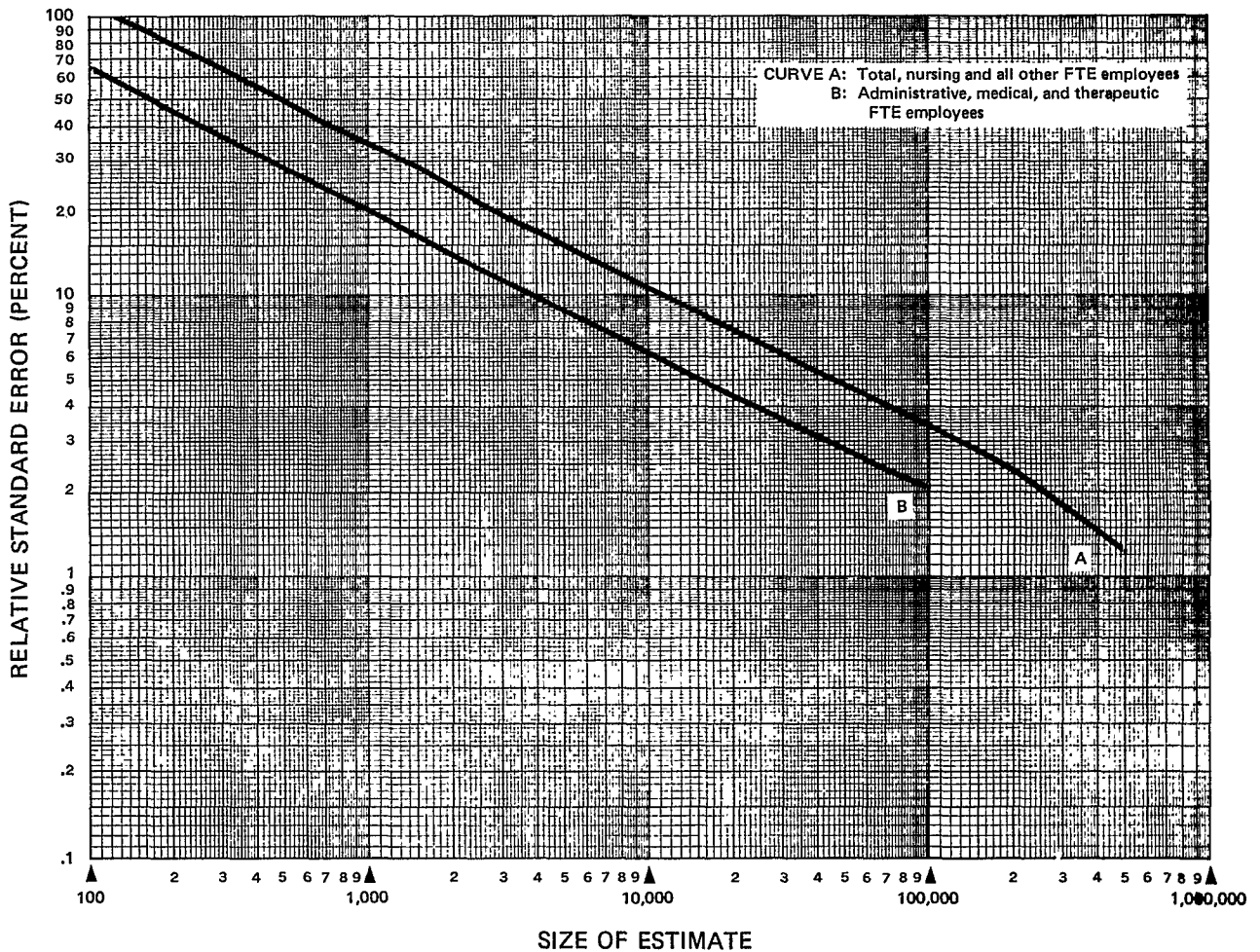


Figure III. Provisional relative standard errors for estimated numbers of full-time equivalent employees

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

$$\begin{aligned}\sigma_{R'} &= V_{R'} \times R' \\ &= .032 \times 68.7 \\ &= 2.20\end{aligned}$$

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 \pm 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 (number of establishments)	Estimated percent							
	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
Standard error in percentage points								
100.....	3.33	4.69	7.30	10.05	13.41	15.36	16.42	16.76
200.....	2.36	3.32	5.16	7.11	9.48	10.86	11.61	11.85
300.....	1.93	2.71	4.22	5.80	7.74	8.87	9.48	9.67
400.....	1.67	2.35	3.65	5.03	6.70	7.68	8.21	8.38
500.....	1.49	2.10	3.27	4.50	6.00	6.87	7.34	7.49
600.....	1.36	1.92	2.98	4.10	5.47	6.27	6.70	6.84
700.....	1.26	1.77	2.76	3.80	5.07	5.80	6.21	6.33
800.....	1.18	1.66	2.58	3.55	4.74	5.43	5.80	5.92
900.....	1.11	1.56	2.43	3.35	4.47	5.12	5.47	5.59
1,000.....	1.05	1.48	2.31	3.18	4.24	4.86	5.19	5.30
2,000.....	0.75	1.05	1.63	2.25	3.00	3.43	3.67	3.75
3,000.....	0.61	0.86	1.33	1.84	2.45	2.80	3.00	3.06
4,000.....	0.53	0.74	1.15	1.59	2.12	2.43	2.60	2.65
5,000.....	0.47	0.66	1.03	1.42	1.90	2.17	2.32	2.37
6,000.....	0.43	0.61	0.94	1.30	1.73	1.98	2.12	2.16
7,000.....	0.40	0.56	0.87	1.20	1.60	1.84	1.96	2.00
8,000.....	0.37	0.52	0.82	1.12	1.50	1.72	1.84	1.87
9,000.....	0.35	0.49	0.77	1.06	1.41	1.62	1.73	1.77
10,000.....	0.33	0.47	0.73	1.01	1.34	1.54	1.64	1.68
20,000.....	0.24	0.33	0.52	0.71	0.95	1.09	1.16	1.18

Table IV. Standard errors of percentages for beds

Base of estimated percent (number of beds)	Estimated percent							
	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
Standard error in percentage points								
7,000.....	2.46	3.47	5.39	7.43	9.90	11.34	12.13	12.38
8,000.....	2.30	3.24	5.05	6.95	9.26	10.61	11.34	11.58
9,000.....	2.17	3.06	4.76	6.55	8.73	10.00	10.69	10.91
10,000.....	2.06	2.90	4.51	6.21	8.28	9.49	10.15	10.35
20,000.....	1.46	2.05	3.19	4.39	5.86	6.71	7.17	7.32
30,000.....	1.19	1.67	2.61	3.59	4.78	5.48	5.86	5.98
40,000.....	1.03	1.45	2.26	3.11	4.14	4.74	5.07	5.18
50,000.....	0.92	1.30	2.02	2.79	3.70	4.24	4.54	4.63
60,000.....	0.84	1.18	1.84	2.54	3.38	3.87	4.14	4.23
70,000.....	0.78	1.10	1.71	2.35	3.13	3.59	3.83	3.91
80,000.....	0.73	1.02	1.60	2.20	2.93	3.36	3.59	3.66
90,000.....	0.69	0.97	1.50	2.07	2.76	3.16	3.38	3.45
100,000.....	0.65	0.92	1.43	1.96	2.62	3.00	3.21	3.27
200,000.....	0.46	0.65	1.01	1.39	1.85	2.12	2.27	2.32
300,000.....	0.38	0.53	0.82	1.13	1.51	1.73	1.85	1.89
400,000.....	0.33	0.46	0.71	0.98	1.31	1.50	1.60	1.64
500,000.....	0.29	0.41	0.64	0.88	1.17	1.34	1.43	1.46
600,000.....	0.27	0.37	0.58	0.80	1.07	1.23	1.31	1.34
700,000.....	0.25	0.35	0.54	0.74	0.99	1.13	1.21	1.24
800,000.....	0.23	0.32	0.50	0.69	0.93	1.06	1.13	1.16
900,000.....	0.22	0.31	0.48	0.65	0.87	1.00	1.07	1.09
1,000,000.....	0.21	0.29	0.45	0.62	0.83	0.95	1.01	1.04
2,000,000.....	0.15	0.20	0.32	0.44	0.59	0.67	0.72	0.73

Table V. Standard errors of percentages of residents

Base of estimated percent (number of residents)	Estimated percent							
	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
Standard error in percentage points								
2,000.....	2.69	3.79	5.90	8.12	10.83	12.41	13.27	13.54
4,000.....	1.90	2.68	4.17	5.75	7.66	8.78	9.38	9.58
6,000.....	1.56	2.19	3.41	4.69	6.25	7.17	7.66	7.82
8,000.....	1.35	1.90	2.95	4.06	5.42	6.21	6.63	6.77
10,000.....	1.21	1.70	2.64	3.63	4.84	5.55	5.93	6.06
20,000.....	0.85	1.20	1.87	2.57	3.43	3.92	4.20	4.28
30,000.....	0.70	0.98	1.52	2.10	2.80	3.20	3.43	3.50
40,000.....	0.60	0.85	1.32	1.82	2.42	2.78	2.97	3.03
50,000.....	0.54	0.76	1.18	1.62	2.17	2.48	2.65	2.71
60,000.....	0.49	0.69	1.08	1.48	1.98	2.27	2.42	2.47
70,000.....	0.46	0.64	1.00	1.37	1.83	2.10	2.24	2.29
80,000.....	0.43	0.60	0.93	1.28	1.71	1.96	2.10	2.14
90,000.....	0.40	0.57	0.88	1.21	1.61	1.85	1.98	2.02
100,000.....	0.38	0.54	0.83	1.15	1.53	1.76	1.88	1.92
200,000.....	0.27	0.38	0.59	0.81	1.08	1.24	1.33	1.35
300,000.....	0.22	0.31	0.48	0.66	0.88	1.01	1.08	1.11
400,000.....	0.19	0.27	0.42	0.57	0.77	0.88	0.94	0.96
500,000.....	0.17	0.24	0.37	0.51	0.69	0.78	0.84	0.86
600,000.....	0.16	0.22	0.34	0.47	0.63	0.72	0.77	0.78
700,000.....	0.14	0.20	0.32	0.43	0.58	0.66	0.71	0.72
800,000.....	0.13	0.19	0.30	0.41	0.54	0.62	0.66	0.68
900,000.....	0.13	0.18	0.28	0.38	0.51	0.59	0.63	0.64
1,000,000.....	0.12	0.17	0.26	0.36	0.48	0.56	0.59	0.61
1,100,000.....	0.10	0.17	0.24	0.35	0.46	0.53	0.57	0.57

Table VI. Standard errors of percentages for admissions and discharges

Base of estimated percent (number of admissions and discharges)	Estimated percent							
	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
Standard error in percentage 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 residents	Average monthly resident charge												
	\$150	\$200	\$250	\$300	\$325	\$350	\$375	\$400	\$425	\$450	\$475	\$500	\$525
	Standard error in dollars												
3,500.....	*	*	*	*	*	*	*	*	*	*	*	*	*
4,000.....	*	*	*	*	*	*	*	*	*	*	*	118	123
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 residents	Average monthly resident charge												
	\$550	\$575	\$600	\$625	\$650	\$675	\$700	\$750	\$800	\$850	\$900	\$950	\$1,000
	Standard error in dollars												
3,500.....	*	*	*	*	*	169	174	184	195	205	215	226	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
70,000.....	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	Occupancy rate										
	10	20	30	40	50	60	70	80	90	100	
	Standard error in percentage points										
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	2.76	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	
800,000.....	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, initial 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.

Terms 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:

<i>Region</i>	<i>States included</i>
Northeast	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania
North	
Central	Michigan, Ohio, Illinois, Indiana, Wisconsin, Minnesota, 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, California

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.

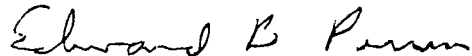
Within about one week an interviewer will contact you for an appointment; this person will be with Applied Management Sciences, the firm under

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,

A handwritten signature in cursive script that reads "Edward B. Perrin".

Edward B. Perrin, Ph. D.
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 Month Year

- HOW MANY PERSONS WERE ADMITTED TO THIS FACILITY DURING 1972?

Admissions _____

- HOW MANY PERSONS WERE DISCHARGED FROM THIS FACILITY DURING 1972, EXCLUDING DEATHS?

Discharges _____

- HOW MANY PERSONS DIED DURING 1972 WHILE RESIDENTS OR PATIENTS OF THIS FACILITY?

Deaths _____

- IN 1972, WHAT WERE THE TOTAL INPATIENT DAYS OF CARE PROVIDED? (THE SUM OF THE DAILY PATIENT CENSUS COUNT FROM 1/1/72 THROUGH 12/31/72.)

Days _____

- HOW MANY ROOMS FOR RESIDENTS DOES THIS FACILITY HAVE THAT CONTAIN:

- a. _____ 1 bed only None
- b. _____ 2 beds None
- c. _____ 3 beds None
- d. _____ 4 or more beds None

RETAIN THIS FORM AND DATA FOR THE INTERVIEWER TO COLLECT.

FACILITY QUESTIONNAIRE

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

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

Name and address label

TELEPHONE NUMBER

Area Code	Number
-----------	--------

cc24

cc27

cc1-1 cc2

cc11-1 cc12

SECTION A - FACILITY INFORMATION

1.a. IS _____ THE CORRECT
 (name of facility on label)
NAME FOR YOUR FACILITY?

34-1 yes

-2 no → b. WHAT IS THE CORRECT NAME?

2.a. IS _____ THE CORRECT
 (address on label)
MAILING ADDRESS FOR YOUR FACILITY?

35-1 yes

-2 no → b. WHAT IS THE ENTIRE CORRECT
 MAILING ADDRESS?

Correct Name of Facility if Different from Above		
Number	Street	P.O. Box, Route, etc.
City or Town		County
State		Zip Code

*3. WHICH CATEGORY BEST DESCRIBES THE TYPE OF SERVICE THIS FACILITY OFFERS THE MAJORITY OF ITS RESIDENTS OR PATIENTS? (Mark (X) only one box.)

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

-6 f. Nursing care unit of a retirement center

-7 g. Other resident facility (Describe) _____ 37-

INTERVIEWER: IF BOX e OR f IS CHECKED, RECORD DATA ONLY FOR THE UNIT AND NOT FOR THE ENTIRE FACILITY.

*4.a. WHAT IS THE TYPE OF OWNERSHIP WHICH OPERATES THIS FACILITY? (Mark (X) only one box.)

38,39 -23 a. Individual

-24 b. Partnership

-25 c. Corporation

-20 d. Church related

-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 l. U.S. Public Health Service

-17 m. Armed Forces

-18 n. Veterans Administration

-19 o. Other Federal Agency -- Specify _____ 41-

4.b. IS THIS HOME A MEMBER OF A GROUP OF HOMES OPERATING UNDER ONE GENERAL AUTHORITY OR GENERAL OWNERSHIP?

40-1 yes

-2 no

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 _____ yrs.
cc48, 49

7. WHAT IS THE TOTAL NUMBER OF BEDS 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 NOT INCLUDE BEDS USED BY STAFF OR OWNERS OR BEDS USED EXCLUSIVELY FOR EMERGENCY PURPOSES, SOLELY DAY CARE, OR SOLELY NIGHT CARE.)

Total beds _____
cc50

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 Yes

- b. Increase of _____ beds
cc55
- c. Decrease of _____ beds
cc58

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 _____
cc61

b. HOW MANY OF THESE WERE:

- (1) Males? None or _____
cc65
- (2) Females? None or _____
cc69

CARD 2
cc11-2

10.a. IS THIS FACILITY PARTICIPATING IN THE MEDICARE (TITLE XVIII) PROGRAM?

- 12-1 Yes
- 2 No (Skip to Question 11)

- b. WHAT IS THE PROVIDER NUMBER?

cc13 No provider # given
- c. HOW MANY BEDS ARE CERTIFIED FOR MEDICARE?

cc19 beds
- d. HOW MANY OF THESE CERTIFIED BEDS WERE OCCUPIED BY MEDICARE PATIENTS LAST NIGHT?
 None or _____ beds
cc23

11.a. IS THIS FACILITY PARTICIPATING IN THE MEDICAID (TITLE XIX) PROGRAM?

Yes 29-1 No (Skip to Question 12) -2

b.(1) DOES IT HAVE ANY SKILLED NURSING BEDS?

No 30-2 Yes -1

b.(2) WHAT IS THE PROVIDER NUMBER? _____
cc31 No provider # given

b.(3) HOW MANY BEDS ARE CERTIFIED AS SKILLED NURSING BEDS?

None or _____ beds
cc44

b.(4) HOW MANY OF THESE CERTIFIED BEDS WERE OCCUPIED BY MEDICAID PATIENTS LAST NIGHT?

None or _____ beds
cc48

c.(1) DOES IT HAVE ANY INTERMEDIATE CARE BEDS?

No 52-2 Yes -1

c.(2) WHAT IS THE PROVIDER NUMBER? _____
cc53 No provider # given

c.(3) HOW MANY BEDS ARE CERTIFIED AS INTERMEDIATE CARE BEDS?

None or _____ beds
cc66

c.(4) HOW MANY OF THESE CERTIFIED BEDS WERE OCCUPIED BY MEDICAID PATIENTS LAST NIGHT?

None or _____ beds
cc70

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
cc11-3

Yes 12-1
(Skip to next page)

No -2

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-

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

CARD 4
cc11-4

a. Nasal feeding	_____	b. Blood pressure reading	_____	c. Enema	_____
	cc12		cc16		cc20
d. Catheterization	_____	e. Full bed-bath	_____	f. Bowel or bladder retraining	_____
	cc24		cc28		cc32
g. Oxygen therapy	_____	h. Application of dressing or bandage	_____	i. Temperature-pulse-respiration	_____
	cc36		cc40		cc44
j. Hypodermic injection	_____	k. Irrigation	_____	l. Intravenous injection	_____
	cc48		cc52		cc56

*20. DOES THIS FACILITY PROVIDE ANY OF THE FOLLOWING PROFESSIONAL REHABILITATION SERVICES ON THE PREMISES? (THE THERAPISTS MUST BE LICENSED OR REGISTERED IN THEIR SPECIFIC PROFESSIONS.)

a. Physical therapy	60-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
b. Occupational therapy	61-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
c. Recreational therapy	62-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
d. Speech and hearing therapy	63-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
e. Counseling by social worker, psychologist, or mental health worker	64-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
f. Other rehabilitation services (Specify)	65-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No

66-

21. DOES THIS FACILITY CONDUCT TRAINING PROGRAMS FOR PEOPLE NOT ON YOUR STAFF IN COOPERATION WITH AN EDUCATIONAL INSTITUTION?

Yes No
67-1 -2

22. WHAT ARE THE ACTUAL HOURS FOR EACH SHIFT? (Circle am or pm)

CARD 5
cc11-5

a. Day Shift	from	_____	am	to	_____	am	
		cc12	pm		cc16	pm	
b. Evening Shift	from	_____	am	to	_____	am	<input type="checkbox"/> No such shift
		cc20	pm		cc24	pm	
c. Night Shift	from	_____	am	to	_____	am	<input type="checkbox"/> No such shift
		cc28	pm		cc32	pm	

23.a. 1. FOR THE DAY SHIFT YESTERDAY, WAS THE PERSON IN CHARGE OF NURSING CARE (FOR THE ENTIRE FACILITY): (Mark (X) Only One Box)

- 38-1 ON CALL -2 ON DUTY - that is awake, dressed, and serving the residents

a.2. WHAT IS THE LEVEL OF SKILL OF THIS PERSON? (Mark (X) Only One Box)

- 39-1 Registered Nurse
 -2 Licensed Practical Nurse
 -3 Nurse's Aide
 -4 Other _____ 40-
 Specify Occupation

a.3. WHAT HOURS DID THIS PERSON WORK YESTERDAY? (Circle am or pm.)

from _____ am to _____ am
 cc41 pm cc45 pm

23.b. 1. FOR THE EVENING SHIFT YESTERDAY, WAS THE PERSON IN CHARGE OF NURSING CARE (FOR THE ENTIRE FACILITY): (Mark (X) Only One Box)

- 49-1 ON CALL -2 ON DUTY - that is awake, dressed, and serving the residents -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)

- 50-1 Registered Nurse
 -2 Licensed Practical Nurse
 -3 Nurse's Aide
 -4 Other _____ 51-
 Specify Occupation

b.3. WHAT HOURS DID THIS PERSON WORK YESTERDAY? (Circle am or pm.)

from _____ am to _____ am
 cc52 pm cc56 pm

23.c. 1. FOR THE NIGHT SHIFT YESTERDAY, WAS THE PERSON IN CHARGE OF NURSING CARE (FOR THE ENTIRE FACILITY): (Mark (X) Only One Box)

- 60-1 ON CALL -2 ON DUTY - that is awake, dressed, and serving the residents -3 NO SUCH SHIFT (Skip to Question 24)

c.2. WHAT IS THE LEVEL OF SKILL OF THIS PERSON? (Mark (X) Only One Box)

- 61-1 Registered Nurse
 -2 Licensed Practical Nurse
 -3 Nurse's Aide
 -4 Other _____ 62-
 Specify Occupation

c.3. WHAT HOURS DID THIS PERSON WORK YESTERDAY? (Circle am or pm.)

from _____ am to _____ am
 cc63 pm cc67 pm

24. HOW MANY DIFFERENT PHYSICIANS CURRENTLY ATTEND THEIR OWN PRIVATE PATIENTS IN THIS FACILITY? (DO NOT COUNT PHYSICIANS WHO ARE ONLY ON THE STAFF OF THE FACILITY OR ARE ONLY EMPLOYED UNDER CONTRACT.)

_____ Physicians
 cc71

25.a. WHAT TYPE OF STAFF MEMBER EXERCISES DAILY, ON-DUTY SUPERVISION OVER ALL CLINICAL SERVICES IN THIS FACILITY? (Mark (X) Only One Box.)

Administrator 75-1 b.

IS THE ADMINISTRATOR ALSO A:

physician 76-1 Yes -2 No

registered nurse 77-1 Yes -2 No

licensed practical nurse 78-1 Yes -2 No

Physician 75-2

Registered Nurse -3

Other -4

Specify _____ 79-

***26. DOES THIS FACILITY PROVIDE ANY OF THE FOLLOWING SERVICES TO PERSONS WHO ARE NOT RESIDENTS OF THIS FACILITY?**

CARD 6
cc11-6

- a. Day care (services provided during the day to persons who do not sleep in the home overnight. Day care services can include nursing care, physical or occupational therapy, recreational activities, at least one full meal a day) 12-1 Yes -2 No
- b. Meals either home delivered or in a group setting 13-1 Yes -2 No
- c. Transportation and/or escort services 14-1 Yes -2 No
- d. Homemaker or chore services 15-1 Yes -2 No
- e. Information and/or referral for health needs 16-1 Yes -2 No
- f. Friendly visiting 17-1 Yes -2 No
- g. Daily telephone checking service 18-1 Yes -2 No
- h. Arrangement or provision of recreational activities 19-1 Yes -2 No
- i. Laundry service 20-1 Yes -2 No
- j. Other 21-1 Yes -2 No

Specify _____ 22-

27.a. DOES THIS FACILITY KEEP A WAITING LIST OF PERSONS TO BE ADMITTED WHEN A BED BECOMES AVAILABLE?

23-1 Yes -2 No (Skip to Question 28)

b. HOW MANY PEOPLE ARE ON THIS WAITING LIST?

None or _____ people
cc24-26

c. DO YOU PROVIDE ANY SERVICES TO THE PERSONS ON THIS WAITING LIST?

27-1 Yes -2 No (Skip to Question 28)

*** c.(1) WHICH OF THE FOLLOWING SERVICES DO YOU PROVIDE?**

- a. Day care (services provided during the day to persons who do not sleep in the home overnight. Day care services can include nursing care, physical or occupational therapy, recreational activities, at least one full meal a day). 28-1 Yes -2 No
- b. Meals either home delivered or in a group setting 29-1 Yes -2 No
- c. Transportation and/or escort services 30-1 Yes -2 No
- d. Homemaker or chore services 31-1 Yes -2 No
- e. Information and/or referral for health needs 32-1 Yes -2 No
- f. Friendly visiting 33-1 Yes -2 No
- g. Daily telephone checking service 34-1 Yes -2 No
- h. Arrangement or provision of recreational activities 35-1 Yes -2 No
- i. Laundry service 36-1 Yes -2 No
- j. Other 37-1 Yes -2 No

Specify _____ 38-

*28. DOES THIS FACILITY INCLUDE AS PART OF ITS BASIC CHARGE TO EACH RESIDENT THE CHARGES FOR:

		Yes	No
a. Physician services	39-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
b. Private duty nursing	40-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
c. Other nursing services	41-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
d. Therapy	42-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
e. Drugs	43-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
f. Medical supplies	44-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
g. Special diet	45-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
h. Other	46-1	<input type="checkbox"/>	-2 <input type="checkbox"/>

Specify _____ 47-

29. HAS THIS NURSING HOME BEEN IN BUSINESS AT THIS ADDRESS FOR LESS THAN TWO YEARS? (COUNT FROM THE TIME IT FIRST OPENED AT THIS ADDRESS AS A NURSING HOME EVEN THOUGH THE OWNERSHIP OR THE SERVICES OFFERED MAY HAVE CHANGED.)

Yes No
 50-1 -2

Do Not Administer Expense Questionnaire

RESIDENT CONTROL RECORD

Sheet _____ of _____ Sheets

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

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

ESTABLISHMENT NO.

--	--	--	--	--	--	--	--	--	--	--	--

TOTAL RESIDENTS IN HOME _____
cc12-15

cc1-8

cc2

cc11-1

IN SAMPLE _____
cc16-19

RESIDENTS IN NURSING HOME					
SAMPLE DESIGNATION	NAME OF RESIDENT	LINE NO.	SAMPLE DESIGNATION	NAME OF RESIDENT	LINE NO.
SW _____			SW _____		
TE _____			TE _____		
<small>a</small>	<small>b</small>	<small>c</small>	<small>a</small>	<small>b</small>	<small>c</small>
		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

RESIDENT CONTROL RECORD

RESIDENTS IN NURSING HOME					
SAMPLE DESIGNATION	NAME OF RESIDENT	LINE NO.	SAMPLE DESIGNATION	NAME OF RESIDENT	LINE NO.
SW _____			SW _____		
TE _____			TE _____		
a	b	c	a	b	c
		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

Form 73NHS-6

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

RESIDENT QUESTIONNAIRE

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

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

1-7

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 purposes of the survey, and will not be disclosed or released to others for any purposes.	ESTABLISHMENT NO. <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>										

cc2

LINE NO.

--	--	--

cc11

cc14-1

1. WHAT IS — DATE OF BIRTH? or

Month Day Year or Age
 cc15,16 17, 18 19-21 cc22-24

2. WHAT IS — SEX? Male Female

25-1 -2

3. WHAT IS — ETHNIC BACKGROUND? (Mark (X) Only one box)

26-1 <input type="checkbox"/> Caucasian	-2 <input type="checkbox"/> Negro	-3 <input type="checkbox"/> Oriental
-4 <input type="checkbox"/> Spanish American	-5 <input type="checkbox"/> American Indian	-6 <input type="checkbox"/> Other

4. WHAT IS — CURRENT MARITAL STATUS? (Mark (X) only one box)

27-1 <input type="checkbox"/> Married	-2 <input type="checkbox"/> Widowed	-3 <input type="checkbox"/> Divorced
-4 <input type="checkbox"/> Separated	-5 <input type="checkbox"/> Never Married	

5. WHAT WAS THE DATE OF — CURRENT ADMISSION TO THIS PLACE?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year
cc28, 29	30-31	32-34

6a. WHERE DID — LIVE AT THE TIME OF ADMISSION? (Mark (X) only one box)

(1) In a boarding home	35-1	<input type="checkbox"/>	
(2) In another nursing home or related facility	-2	<input type="checkbox"/>	
(3) In a mental hospital or other long-term specialty hospital	-3	<input type="checkbox"/>	
(4) In a general or short-stay hospital	-4	<input type="checkbox"/>	
(5) In a private apartment or house	-5	<input type="checkbox"/>	} 6b. AT THE TIME OF ADMISSION DID — LIVE WITH: (Mark (X) all that apply)
(6) Other place, (Specify) _____	-6	<input type="checkbox"/>	
(7) Don't know	-7	<input type="checkbox"/>	

		Yes	No
(1) Spouse?	37-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(2) Children?	38-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(3) Other relatives?	39-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(4) Unrelated persons?	40-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(5) Lived alone?	41-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(6) Don't know?	42-1	<input type="checkbox"/>	

7. WHAT IS THE PRIMARY REASON FOR — ADMISSION TO THE HOME? (Enter "1" in box for primary reason; if secondary reason given, enter "2".)

43-	<input type="checkbox"/>	Physical reasons (e.g., illness or need for treatments)
44-	<input type="checkbox"/>	Social reasons (e.g., no family, or lack of family interest)
45-	<input type="checkbox"/>	Behavioral reasons (e.g., disruptive behavior, mental deterioration)
46-	<input type="checkbox"/>	Economic reasons (e.g., no money and/or resources)

Form 73NHS-7

8. WHAT WAS THIS RESIDENT'S PRIMARY DIAGNOSIS: (Mark (X) only one box in each column)

a. AT ADMISSION? b. AT THE TIME OF—LAST EXAMINATION?

- | | | | | |
|-------|------------------------------|-------|------------------------------|--|
| 49,50 | <input type="checkbox"/> a01 | 51,52 | <input type="checkbox"/> b01 | Senility, old age, and other symptoms and ill-defined conditions (e.g., coma, uremia) |
| | <input type="checkbox"/> a02 | | <input type="checkbox"/> b02 | Heart attack (e.g., ischemic heart disease) |
| | <input type="checkbox"/> a03 | | <input type="checkbox"/> b03 | Stroke (e.g., cerebrovascular diseases) |
| | <input type="checkbox"/> a04 | | <input type="checkbox"/> b04 | Hardening of arteries (e.g., arteriosclerosis, diseases of the arteries, arterioles, capillaries) |
| | <input type="checkbox"/> a05 | | <input type="checkbox"/> b05 | Other diseases of the circulatory system (e.g., NOT heart attack, stroke, or hardening of the arteries) |
| | <input type="checkbox"/> a06 | | <input type="checkbox"/> b06 | Accidents, poisonings, and violence (e.g., fracture of hip, other broken bones, burns, concussion) |
| | <input type="checkbox"/> a07 | | <input type="checkbox"/> b07 | Mental disorders (e.g., mental retardation, psychoses, neuroses, mental illness, emotional problems) |
| | <input type="checkbox"/> a08 | | <input type="checkbox"/> b08 | Diseases of the musculoskeletal system and connective tissue (e.g., arthritis, rheumatism, back pain) |
| | <input type="checkbox"/> a09 | | <input type="checkbox"/> b09 | Endocrine, nutritional, and metabolic diseases (e.g., goiter, diabetes, gout) |
| | <input type="checkbox"/> a10 | | <input type="checkbox"/> b10 | Diseases of the respiratory system (e.g., pneumonia, emphysema) |
| | <input type="checkbox"/> a11 | | <input type="checkbox"/> b11 | Neoplasms (e.g., cancer, tumors) |
| | <input type="checkbox"/> a12 | | <input type="checkbox"/> b12 | Diseases of the nervous system and sense organs (e.g., Parkinson's disease, glaucoma, cataracts, blindness, multiple sclerosis, spastic paralysis, epilepsy) |
| | <input type="checkbox"/> a13 | | <input type="checkbox"/> b13 | Diseases of the digestive system (e.g., cirrhosis of liver, ulcer, intestinal obstruction) |
| | <input type="checkbox"/> a14 | | <input type="checkbox"/> b14 | Infective and parasitic diseases (e.g., T.B., polio, syphilis) |
| | <input type="checkbox"/> a15 | | <input type="checkbox"/> b15 | Diseases of the genitourinary system (e.g., nephrosis, chronic pelvic infection, hyperplasia of prostate) |
| | <input type="checkbox"/> a16 | | <input type="checkbox"/> b16 | Diseases of the skin and subcutaneous tissue (e.g., cellulitis, abscess, chronic ulcer) |
| | <input type="checkbox"/> a17 | | <input type="checkbox"/> b17 | Diseases of the blood and blood-forming organs (e.g., anemia) |
| | <input type="checkbox"/> a18 | | <input type="checkbox"/> b18 | Congenital anomalies (e.g., hydrocephalus) |
| | <input type="checkbox"/> a19 | | <input type="checkbox"/> b19 | Complications of pregnancy, childbirth and the puerperium (e.g., infections, hemorrhage, toxemias) |
| | <input type="checkbox"/> a20 | | <input type="checkbox"/> b20 | Certain causes of perinatal morbidity and mortality (e.g., birth injury or immaturity of infant) |
| | <input type="checkbox"/> a21 | | <input type="checkbox"/> b21 | Don't know |
| | <input type="checkbox"/> a22 | | <input type="checkbox"/> b22 | Other (Specify) _____ 54- |

Specify: _____ 53-

9. DOES — HAVE ANY OF THE FOLLOWING CONDITIONS OR IMPAIRMENTS? (Mark (X) all that apply)

- cc55-65 -1 a. Senility (includes decline in intellect, memory, and judgement, loss of orientation, difficulty in speaking; feableness.)
- 2 b. Mental illness (Psychiatric or emotional problems)
- 3 c. Mental retardation
- 4 d. Arthritis or rheumatism
- 5 e. Paralysis or palsy other than arthritis

e. (1) IS THIS THE RESULT OF A STROKE?

Yes
66-1

No
-2

- 6 f. Glaucoma or cataracts
- 7 g. Diabetes
- 8 h. Any CHRONIC trouble with back or spine
- 9 i. Amputation of extremities or limbs; or permanent stiffness or any deformity of the foot, leg, fingers, arm, or back
- 0 j. Heart trouble

OR

- & k. Resident has none of the above conditions or impairments

10. DOES THIS RESIDENT REGULARLY USE ANY OF THE FOLLOWING AIDS?

CARD 2
14-2

		No	Yes
a. Walker	15-2	<input type="checkbox"/>	-1 <input type="checkbox"/>
b. Crutches	16-2	<input type="checkbox"/>	-1 <input type="checkbox"/>
c. Braces	17-2	<input type="checkbox"/>	-1 <input type="checkbox"/>
d. Wheelchair	18-2	<input type="checkbox"/>	-1 <input type="checkbox"/>
e. Artificial Limb	19-2	<input type="checkbox"/>	-1 <input type="checkbox"/>
f. Self-feeder	20-2	<input type="checkbox"/>	-1 <input type="checkbox"/>
g. Any other aids (do not count glasses or hearing aids)	21-2	<input type="checkbox"/>	-1 <input type="checkbox"/>

Specify _____ 22-

11. DURING THE LAST MONTH, HOW MANY TIMES DID—RECEIVE ANY OF THE FOLLOWING THERAPY SERVICES? (INCLUDE ONLY SERVICES PROVIDED BY A LICENSED OR REGISTERED PROFESSIONAL WHETHER INSIDE OR OUTSIDE THE HOME.)

			NUMBER OF TIMES
a. Physical therapy	<input type="checkbox"/>	None or	<input type="text"/> cc23
b. Recreational therapy	<input type="checkbox"/>	None or	<input type="text"/> cc25
c. Occupational therapy	<input type="checkbox"/>	None or	<input type="text"/> cc27
d. Speech therapy	<input type="checkbox"/>	None or	<input type="text"/> cc29
e. Hearing therapy	<input type="checkbox"/>	None or	<input type="text"/> cc31
f. Professional counseling by social worker, psychologist or other mental health worker	<input type="checkbox"/>	None or	<input type="text"/> cc33

12. DURING THE PAST 7 DAYS, WHICH OF THESE SERVICES DID—RECEIVE? (Mark (X) all that apply)

- cc35-62
- 01 a. Rub or massage
 - 02 b. Administration of treatment by staff
 - 03 c. Special diet
 - 04 d. Application of sterile dressings or bandages
 - 05 e. Temperature-pulse-respiration
 - 06 f. Full bed-bath
 - 07 g. Enema
 - 08 h. Catheterization
 - 09 i. Blood pressure reading
 - 10 j. Irrigation
 - 11 k. Oxygen therapy
 - 12 l. Intravenous injection
 - 13 m. Hypodermic injection
- OR
- 14 n. None of the above services received

13. DURING THE PAST 7 DAYS, DID — RECEIVE ANY MEDICATIONS?

CARD 3
14-3

15-2

No (Skip to Question 14)

-1

Yes

WHICH TYPES OF MEDICATIONS DID — RECEIVE? (Mark (X) All That Apply)

- cc16-45 -01 a. Tranquilizers (e.g., Thorazine, Mellaril)
- 02 b. Hypnotics — Sedatives (e.g., Nembutal, Seconal, Phenobarbital, Butisol, Placidyl, Chloral Hydrate)
- 03 c. 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., Aspirin, 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

14. THE FOLLOWING ACTIVITIES FOR DAILY LIVING LIST VARIOUS LEVELS OF CARE THAT MAY BE NEEDED BY A RESIDENT. PLEASE INDICATE THE ONE THAT BEST DESCRIBES THE LEVEL OF CARE NEEDED BY THIS RESIDENT. FOR EACH ACTIVITY, THE LEVELS ARE GIVEN IN ASCENDING ORDER: IN OTHER WORDS, THE LEVEL DESCRIBING THE MINIMUM CARE IS FIRST AND THE LEVEL DESCRIBING THE MOST CARE IS LAST. IF YOU ARE UNDECIDED WHICH OF TWO LEVELS TO INDICATE, CHOOSE THE ONE DESCRIBING THE LESSER AMOUNT OF CARE:

a. CONSIDERING THE FOLLOWING FOUR HYGIENE ACTIVITIES (WASHING FACE AND HANDS, BRUSHING TEETH OR DENTURES, COMBING HAIR, AND SHAVING OR APPLYING MAKE-UP) DOES THIS RESIDENT:

(Mark (X) Only One Box)

- 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 with one or two of these hygiene activities?
- 5 Require assistance with all four of these hygiene activities?

b. CONCERNING DRESSING, DOES THIS RESIDENT:

(Mark (X) Only One Box)

- 47-1 Get clothes from closets and drawers and completely dress without assistance?
- 2 Get clothes from closets and drawers and completely dress with some assistance (tying shoes, fastening braces, closing buttons or zippers in back of garments)?
- 3 Receive assistance in getting clothes, or in dressing (do not count tying shoes, fastening braces, closing buttons or zippers in back of garments as assistance)?
- 4 Stay partly or completely undressed?

c. CONCERNING FEEDING, DOES THIS RESIDENT:

(Mark (X) Only One Box)

- 48-1 Feed self without assistance?
- 2 Feed self with minor assistance (cutting meat or buttering bread)?
- 3 Receive major assistance in feeding (do not count cutting meat or buttering bread)?
- 4 Require intravenous feeding?
- 5 Require tube feeding?

d. CONCERNING AMBULATION TO REACH THE TOILET ROOM, IS THIS RESIDENT:

(Mark (X) Only One Box)

- 51-1 Able to go to the toilet room without nurses' assistance (may use cane, walker, wheelchair, or other object of support), may manage bedpan or commode at night?
- 2 Receiving nurses' assistance in going to the toilet room (do not count use of cane, walker, or other object of support), using bedpan or commode at night, or cleaning self or arranging clothes after elimination?
- 3 Unable to go to the toilet room for the elimination process?

e. CONCERNING MOVING IN AND OUT OF A BED OR 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
- Bedfast with assistance in turning every two hours? -6
- Bedfast with assistance in turning every hour? -7

e.(1) DOES - HAVE BED SORES?

- 53-1 Yes
 - 2 No
- (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
- In control of bowels only? -4
- Not in control of bowels or bladder? -5

f.(1) IS - RECEIVING BOWEL AND/OR 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 56-1
- No -2
- Doubtful -3

15a. DOES THIS RESIDENT EXHIBIT ANY OF THE FOLLOWING BEHAVIOR?

	No	Yes	
(1) Depressed	57-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(2) Agitated, nervous	59-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(3) Abusive, aggressive	61-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(4) Confused, senile	63-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(5) Disturbed sleep	65-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(6) Other problem behavior	67-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→ (Specify) _____ 68-

b. DOES THIS RESIDENT EXHIBIT THIS BEHAVIOR MORE OFTEN THAN ONCE A WEEK OR ONCE A WEEK OR LESS?

More often than once a week	Once a week or less
58-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
60-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
62-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
64-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
66-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
69-1 <input type="checkbox"/>	-2 <input type="checkbox"/>

16a. DURING THIS RESIDENT'S STAY HERE, WHEN DID — LAST SEE A PHYSICIAN FOR TREATMENT, MEDICATION, OR FOR AN EXAMINATION?

CARD 4
14-4

Month Day Year

 cc15,16 17,18 19,20

OR 21-1 Has Never Seen A Doctor While Here (Skip to Question 17a.)

b. AT THAT TIME, DID — RECEIVE:

- | | | Yes | No |
|---------------------|------|--------------------------|-----------------------------|
| (1) An examination? | 22-1 | <input type="checkbox"/> | -2 <input type="checkbox"/> |
| (2) Treatment? | 23-1 | <input type="checkbox"/> | -2 <input type="checkbox"/> |
| (3) Prescription? | 24-1 | <input type="checkbox"/> | -2 <input type="checkbox"/> |
| (4) Other? | 25-1 | <input type="checkbox"/> | -2 <input type="checkbox"/> |

Specify _____ 26-

c. DID THE 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 PHYSICIAN EXAMINE THIS RESIDENT: (Mark (X) Only One Box)

- 29-1 only when called?
 -2 irregularly, but without being called?
 -3 on a scheduled basis?

d. (1) HOW OFTEN DOES THE PHYSICIAN EXAMINE THE RESIDENT?

(Mark (X) Only One Box.)

- 30-1 once a week
 -2 every 2 weeks
 -3 once a month
 -4 every three months
 -5 once a year
 -6 other (Specify) _____ 31-

17a. DOES — WEAR EYE GLASSES?

Yes
 32-1

No
 -2

b. IS — SIGHT WITH GLASSES: (Mark (X) Only One Box)

- 33-1 not impaired? (e.g., can read ordinary newspaper print)
 -2 partially impaired? (e.g., can watch television 8 to 12 feet across the room)
 -3 severely impaired? (e.g., can recognize the features of familiar persons if they are within 2 to 3 feet)
 -4 completely lost? (e.g., blind)

c. IS — SIGHT: (Mark (X) Only One Box)

- 33-1 not impaired? (e.g., can read ordinary newspaper print without glasses)
 -2 partially impaired? (e.g., can watch television 8 to 12 feet across the room)
 -3 severely impaired? (e.g., can recognize the features of familiar persons if they are within 2 to 3 feet)
 -4 completely lost? (e.g., blind)

18a. DOES — USE A HEARING AID?

Yes
 34-1

No
 -2

b. IS — HEARING WITH A HEARING AID: (Mark (X) Only One Box)

- 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)
 -3 severely impaired? (e.g., can hear only a few words a person says or loud noises)
 -4 completely lost? (e.g., deaf)

c. IS — HEARING: (Mark (X) Only One Box)

- 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)
 -3 severely impaired? (e.g., can hear only a few words a person says or loud noises)
 -4 completely lost? (e.g., deaf)

19. IS -- ABILITY TO SPEAK: (Mark (X) Only One Box)

- 38-1 not impaired? (e.g., is able to be understood; can carry on a normal conversation)
- 2 partially impaired? (e.g., is able to be understood but has difficulty pronouncing some words)
- 3 severely impaired? (e.g., cannot carry on a normal conversation; is understood only with difficulty)
- 4 completely lost? (e.g., is mute)

20a. DOES THIS RESIDENT HAVE DENTURES?

- Yes No (Skip to Question 21a.)
- 39-1 -2

b. DOES -- USE THE DENTURES?

- Yes No
- 40-1 -2

21a. DURING THE LAST MONTH, DID -- LEAVE THE HOME FOR ANY RECREATIONAL OR LEISURE ACTIVITIES?

- Yes No
- 41-1 -2

b. FOR WHICH OF THE FOLLOWING ACTIVITIES DID -- LEAVE THE HOME? (Mark (X) All That Apply)

- cc42-52 -1 Get books, etc., from the library
- 2 Attend plays, movies, concerts, etc.
- 3 Attend arts and crafts classes outside the home
- 4 Visit museums, parks, fairs, etc.
- 5 Go on shopping trips organized by the home
- 6 Go on independent shopping trips organized by the resident or visitors
- 7 Visit a beauty shop or barber shop
- 8 Visit community clubs (such as community centers, senior citizen clubs, service clubs, bridge clubs, unions, etc.)
- 9 Attend religious services or other religious activities
- 0 Go for a walk
- & Other, (Specify) _____ 53-

c. WHY DIDN'T -- LEAVE THE HOME TO PARTICIPATE IN ANY ACTIVITIES DURING THE LAST MONTH? (Mark (X) All That Apply)

- cc42-52 -1 Resident was **too ill** or was not able to move well enough to participate
- 2 Resident was not interested
- 3 Staff was unable to determine resident's interests at this point
- 4 Staff feels that the resident's behavior will not be tolerated outside the home
- 5 No one was available to accompany the resident
- 6 Resident cannot afford these activities
- 7 Lack of transportation
- 8 Other, (Specify) _____ 53-

22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOR MEDICAL REASONS?

- Yes No (Skip to Question 23a.) Don't know (Skip to Question 23a.)
- 54-1 -2 -3

b. WHERE DID -- 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 OFTEN 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

23a. DOES -- HAVE ANY VISITORS?

CARD 5
14-5

- Yes 15-1 No -2 Don't know -3
(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?

- Yes 19-1 No -2
 Stop; go on to next questionnaire.

b. LAST MONTH, WHAT WAS THE **BASIC** 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 **TOTAL** 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?	32-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
(b) private duty nursing?	33-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
(c) therapy?	34-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
(d) drugs?	35-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
(e) special medical supplies?	36-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
(f) special diet?	37-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
(g) other?	38-2 <input type="checkbox"/>	-1 <input type="checkbox"/>

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 support (private plans, retirement funds, social security, etc.) (4) Other public assistance or welfare (7) Initial payment-life care
 (2) Medicare (Title XVIII) (5) Church support (8) No charge is made for care
 (3) Medicaid (Title XIX) (6) VA contract (9) Other (Specify) _____ 49-

b. WHAT WAS THE **PRIMARY** SOURCE OF PAYMENTS FOR -- CARE LAST MONTH?

(Mark (X) Only One Box.)

- 50-1 Own income or family support (private plans, retirement funds, social security, etc.) -4 Other public assistance or welfare -7 Initial payment-life care
 -2 Medicare (Title XVIII) -5 Church support -8 No charge is made for care
 -3 Medicaid (Title XIX) -6 VA contract -9 Other (Specify) _____ 51-

STAFF CLASSIFICATION CARD

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

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

WHICH OF THE FOLLOWING JOB CATEGORIES BEST FITS THE JOB WHICH THIS EMPLOYEE DOES IN THIS FACILITY?

- | | | |
|---|---|---|
| 01. ADMINISTRATOR | } | GROUP A
Enter in Column i
of Staff Control Record |
| 02. PHYSICIAN (M.D. OR D.O.) | | |
| 03. DENTIST | | |
| 04. PHARMACIST | | |
| 05. REGISTERED OCCUPATIONAL THERAPIST | | |
| 06. REGISTERED PHYSICAL THERAPIST | | |
| 07. ACTIVITIES DIRECTOR | | |
| 08. DIETITIAN OR NUTRITIONIST | | |
| 09. REGISTERED MEDICAL RECORD ADMINISTRATOR | | |
| 10. SOCIAL WORKER | | |
| 11. SPEECH PATHOLOGIST AND/OR AUDIOLOGIST | | |
| 12. OTHER PROFESSIONAL OCCUPATIONS (INCLUDES INTERN,
RESIDENT, THERAPEUTIC RECREATOR) | | |
| 13. OCCUPATION THERAPIST ASSISTANT | | |
| 14. PHYSICAL THERAPIST ASSISTANT | | |
| 15. SOCIAL WORKER TECHNICIAN/ASSISTANT | | |
| 16. OTHER MEDICAL RECORD ADMINISTRATORS AND TECHNICIANS | | |
| 17. REGISTERED NURSE | } | GROUP B
Enter in Column j
of Staff Control Record |
| 18. LICENSED PRACTICAL NURSE OR LICENSED VOCATIONAL NURSE . . . | } | GROUP C
Enter in Column k
of Staff Control Record |
| 19. NURSE'S AIDE AND ORDERLY | } | GROUP D
Enter in Column l
of Staff Control Record |
| 20. CLERICAL, BOOKKEEPING, OR OTHER OFFICE STAFF | } | GROUP E
Enter in Column m
of Staff Control Record |
| 21. FOOD SERVICE PERSONNEL (COOK, KITCHEN HELP, ETC.) | | |
| 22. HOUSEKEEPING AND MAINTENANCE PERSONNEL (MAID,
LAUNDRYMAN, MAINTENANCE MAN, ETC.) | | |
| 23. 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 5 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 purposes of the survey, and will not be disclosed or released to others for any purposes

cc13 cc2
ESTABLISHMENT NO

LINE NR	STAFF	SEX	ETHNIC BACKGROUND	EMPLOYER	HOURS WORKED	OCCUPATION					LINE NR										
						Enter Code From Staff Classification Card															
(a) cc11-13	(b)	(c)	(d) cc14	(e) cc15						(f) cc16	(g) cc17	(h) cc18-19	Group					LIST BUT DO NOT SAMPLE			
				Male	Female	Cauc	Asp	Or	Am				Ind	Other	16	17	18		19	20	23
X01			1 2	1 2 3 4 5 6	1 2	1 2														X01	
X02			1 2	1 2 3 4 5 6	1 2	1 2															X02
X03			1 2	1 2 3 4 5 6	1 2	1 2															X03
01			1 2	1 2 3 4 5 6	1 2	1 2															01
02			1 2	1 2 3 4 5 6	1 2	1 2															02
03			1 2	1 2 3 4 5 6	1 2	1 2															03
04			1 2	1 2 3 4 5 6	1 2	1 2															04
05			1 2	1 2 3 4 5 6	1 2	1 2															05
06			1 2	1 2 3 4 5 6	1 2	1 2															06
07			1 2	1 2 3 4 5 6	1 2	1 2															07
08			1 2	1 2 3 4 5 6	1 2	1 2															08
09			1 2	1 2 3 4 5 6	1 2	1 2															09
10			1 2	1 2 3 4 5 6	1 2	1 2															10
11			1 2	1 2 3 4 5 6	1 2	1 2															11
12			1 2	1 2 3 4 5 6	1 2	1 2															12
13			1 2	1 2 3 4 5 6	1 2	1 2															13
14			1 2	1 2 3 4 5 6	1 2	1 2															14
15			1 2	1 2 3 4 5 6	1 2	1 2															15
16			1 2	1 2 3 4 5 6	1 2	1 2															16
17			1 2	1 2 3 4 5 6	1 2	1 2															17
18			1 2	1 2 3 4 5 6	1 2	1 2															18
19			1 2	1 2 3 4 5 6	1 2	1 2															19
20			1 2	1 2 3 4 5 6	1 2	1 2															20
21			1 2	1 2 3 4 5 6	1 2	1 2															21
22			1 2	1 2 3 4 5 6	1 2	1 2															22
23			1 2	1 2 3 4 5 6	1 2	1 2															23
24			1 2	1 2 3 4 5 6	1 2	1 2															24
25			1 2	1 2 3 4 5 6	1 2	1 2															25
26			1 2	1 2 3 4 5 6	1 2	1 2															26
27			1 2	1 2 3 4 5 6	1 2	1 2															27
28			1 2	1 2 3 4 5 6	1 2	1 2															28
29			1 2	1 2 3 4 5 6	1 2	1 2															29
30			1 2	1 2 3 4 5 6	1 2	1 2															30
31			1 2	1 2 3 4 5 6	1 2	1 2															31
32			1 2	1 2 3 4 5 6	1 2	1 2															32
33			1 2	1 2 3 4 5 6	1 2	1 2															33
34			1 2	1 2 3 4 5 6	1 2	1 2															34
35			1 2	1 2 3 4 5 6	1 2	1 2															35
36			1 2	1 2 3 4 5 6	1 2	1 2															36
37			1 2	1 2 3 4 5 6	1 2	1 2															37
38			1 2	1 2 3 4 5 6	1 2	1 2															38
39			1 2	1 2 3 4 5 6	1 2	1 2															39
40			1 2	1 2 3 4 5 6	1 2	1 2															40
41			1 2	1 2 3 4 5 6	1 2	1 2															41
42			1 2	1 2 3 4 5 6	1 2	1 2															42
43			1 2	1 2 3 4 5 6	1 2	1 2															43
44			1 2	1 2 3 4 5 6	1 2	1 2															44
45			1 2	1 2 3 4 5 6	1 2	1 2															45
46			1 2	1 2 3 4 5 6	1 2	1 2															46
47			1 2	1 2 3 4 5 6	1 2	1 2															47
48			1 2	1 2 3 4 5 6	1 2	1 2															48
49			1 2	1 2 3 4 5 6	1 2	1 2															49
50			1 2	1 2 3 4 5 6	1 2	1 2															50

LINE NR.	STAFF		SEX	ETHNIC BACKGROUND						EMPLOYER		HOURS WORKED			OCCUPATION					LINE NR.
															Enter Code From Staff Classification Card					
															01 16	17	18	19	20-23	
Group A		Group B		Group C		Group D		E												
(a) cc11 13	(b)	(c)	(d) cc14	(e) cc15						(f) cc16	(g) cc17	(h) cc18 19	TE _____		TE _____		TE _____		TE _____	LIMIT, BUT DO NOT SAMPLE
													Circle Sample Persons		Circle Sample Persons		Circle Sample Persons		Circle Sample Persons	
													IB cc20 22					QI cc20 22		
51			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										51	
52			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										52	
53			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										53	
54			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										54	
55			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										55	
56			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										56	
57			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										57	
58			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										58	
59			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										59	
60			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										60	
61			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										61	
62			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										62	
63			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										63	
64			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										64	
65			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										65	
66			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										66	
67			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										67	
68			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										68	
68			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										68	
70			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										70	
71			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										71	
72			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										72	
73			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										73	
74			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										74	
75			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										75	
76			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										76	
77			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										77	
78			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										78	
79			1 2	1 2 3 4 5 6	1 2	1 2	1 2	1 2	1 2										79	
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If more lines are needed USE A NEW SHEET and renumber the lines beginning with # 101 and continue sampling pattern

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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