

Selected Operating and Financial Characteristics of Nursing Homes

United States:

1973-74 National Nursing Home Survey

Statistics are presented on the major operating and financial characteristics of nursing homes based on data collected in the 1973-74 National Nursing Home Survey. Data are reported by type of ownership, certification status, size of home, and geographic region.

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Data not available-----	- - -
Category not applicable-----	. . .
Quantity zero-----	-
Quantity more than 0 but less than 0.05-----	0.0
Figure does not meet standards of reliability or precision-----	*

SELECTED OPERATING AND FINANCIAL CHARACTERISTICS OF NURSING HOMES, UNITED STATES: 1973-74 NATIONAL NURSING HOME SURVEY

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INTRODUCTION

Scope of Report

During the period August 1973 to April 1974, the Division of Health Resources Utilization Statistics of the National Center for Health Statistics conducted a nationwide sample survey of nursing homes, their residents, and staff.^a This report presents estimates from that survey of the major operating and financial characteristics of the Nation's nursing homes. The data are reported by type of ownership, certification status, size of home, and geographic region breakdowns of all facilities, and will cover the following topics:

- Facility operating characteristics—number of homes, beds, residents, resident days of care, average bed size, average full-time equivalent employees per 100 beds, and average occupancy rate.
- Facility financial characteristics—average total monthly charge per resident, percent

distribution of homes by monthly charge intervals, average costs per resident day, and percent distribution of homes by cost intervals for total, labor, fixed, operating, and miscellaneous expenses.

Before presenting these estimates, a brief description of the survey as it relates to the data in this report is included to assist the reader in interpreting the resulting estimates. A detailed description of the survey is given in the section "Survey Design" in appendix I.

Background and Qualifications of Data

The survey was designed 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 (1) those nursing homes classified in a 1971 census as providing some level of nursing care, plus (2) all such nursing homes newly opened in 1972. A definition of nursing care and detailed criteria for identifying homes providing nursing care are presented in appendix IV.

Data on the nursing homes' operating and financial characteristics were collected using a combination of mail and personal interview techniques. The reference period for which these data were collected varied on the basis of the availability of information at the time of the

^aProvisional estimates were made available in a previous supplement from the National Center for Health Statistics. *Nursing Homes: An Overview of National Characteristics for 1973-74. Monthly Vital Statistics Report, Volume 23, Number 6, supplement.* DHEW Publication Number (HRA) 75-1120. Health Resources Administration, Washington, U.S. Government Printing Office, September 5, 1974.

survey. All data on costs incurred by the facility for providing care as well as some operating characteristics were collected for calendar year 1972, or, if the home's accounting records were on a fiscal year basis, for the most recently completed fiscal year prior to the survey. The data on charges made by the facility and the remaining facility operating characteristics were collected for the period in 1973-74 during which the survey was conducted. In addition to these time period differences, several further definitions and qualifications of these data should be noted.

Facility cost comparisons in this report are based on the average cost per resident day. This variable was calculated by dividing the individual home's costs for 1972 by the aggregate days of resident care it provided during that time and then averaging this ratio for those homes in a particular classification. Resident charge comparisons, however, are based on the average total *monthly* charge per resident. Residents are generally billed on a monthly basis by the facilities so the data were collected and are reported on that basis. In addition, the data on facility costs and resident charges are not adequate in themselves to provide a direct comparison between costs and revenues of nursing home operations because of differences in coverage. A detailed description of the definitional coverage of these financial data is given in appendix II.

Data on the availability of staff to provide care in the homes is presented in terms of the number of full-time equivalent (FTE) employees per 100 beds. Thirty-five hours of part-time employees' work are conventionally taken as equivalent to one full-time employee. Part-time employees were converted to FTE employees by dividing the number of hours worked per week by 35. By using the number of FTE employees rather than total employees, the variation between homes in the proportion of part-time staff is held constant. The *average FTE employees per 100 beds* was calculated by averaging the FTE employees per 100 beds ratio of each home.

Each home's occupancy rate was determined by dividing the aggregate number of days of care it provided to residents in 1972 by its number of beds in 1973-74 adjusted for the home's net change in beds from 1972 times 366 and then multiplying

this ratio by 100.^b This rate for each home was then averaged to get the *average occupancy rate*.

Since all the estimates are based on a sample of nursing homes rather than on a complete enumeration, they are subject to sampling variability. Provisional estimates of the sampling errors are used in this report because final estimates are not yet available. Detailed information on the meaning and use of the provisional sampling variability of the estimates is given in the section "Reliability of Estimates" in appendix I. Tests of significance were conducted using these standard errors so that the differences between selected characteristics could be statistically verified. All statistical comparisons mentioned throughout this report were tested using a 95 percent confidence interval, i.e., the probability is no more than 1 chance in 20 that the differences noted here as being statistically significant would not be confirmed by a complete enumeration of all homes.

HIGHLIGHTS OF CHARACTERISTICS FOR ALL NURSING HOMES

To place the data to be reported by the various classification breakdowns in perspective, table 1 presents the operating and financial characteristics of *all* nursing homes in the United States.

For the period August 1973 to April 1974, the national estimates projected from the sample indicated some 15,700 nursing homes in the United States had a total of 1,174,800 beds and served 1,075,800 residents. The average facility had available 63.9 FTE employees per 100 beds, of whom about 61 percent were employed as part of the nursing staff. Seventy-four percent of those on the nursing staff were classified as nurse's aides. During the 1973-74 period, the average monthly charge per resident for all aspects of care was \$479. Almost 46 percent of the homes had average monthly charges of less than \$400 and fully 71 percent had charges under \$500.

In 1972 these nursing homes provided around 369 million resident days of care and experienced

^b Aggregate number of days of care provided to residents in
1972 X100

Estimated number of beds in 1972 X 366

an average occupancy rate of 88.2 percent. During this time the average total cost per resident day in the Nation's nursing homes was \$15.63, about 59 percent of which went for labor expenses (\$9.17). As a result of the high dependence of the industry on nursing personnel as the primary provider of care, the wages paid the nursing staff made up 63 percent of total wages and slightly more than a third of total expenses. Operating costs (at \$3.41) were the second largest major cost component, accounting for about 22 percent of total costs. Fixed costs (\$2.37) accounted for about 15 percent of the total, and miscellaneous costs (\$0.68) for about 4 percent.

Although the Nation's nursing homes averaged a total cost per resident day of \$15.63, 59 percent of the homes had average total costs per resident day below \$15.00. The mean cost per resident day was also greater than the median cost per resident day for each of the major cost categories. Over 50 percent of the homes had labor, fixed, operating, and miscellaneous costs per resident day which were less than the national average for these categories.

CHARACTERISTICS BY OWNERSHIP

Of the nursing homes represented in the 1973-74 survey, an estimated 75 percent were operated under proprietary auspices while 25 percent were operated under nonprofit (nonproprietary and government) auspices (table 2). Proprietary homes had the greater proportion of all beds (71 percent) and residents (70 percent), although the average size of these homes (70 beds) was smaller than that for the nonprofit homes (88 beds).

In addition to being larger, the nonprofit homes had a substantially larger number of FTE employees per 100 beds (83.5) than did the proprietary homes (57.4). This difference in staffing is primarily attributable to the fact that nonprofit homes averaged more than twice as many *All other*^c FTE employees per 100 beds than

^cThe "All other" FTE category includes the clerical, food service, housekeeping, and maintenance personnel as well as any other staff not performing nursing, administrative, medical, or therapeutic functions.

proprietary homes. Acting as a possible offset to the lower number of total personnel per bed in proprietary homes was the fact that these homes averaged more *administrative, medical, and therapeutic* FTE employees per 100 beds (4.9) than did the nonprofit homes (3.8), with the difference statistically significant.

During the survey period in 1973-74, the estimated average monthly charge per resident was found to be \$33 more in proprietary than in nonprofit homes, although when the variation of these estimates is considered this difference is not statistically significant. The distribution of homes does, however, show that more nonprofit homes are distributed in the lower average charge categories than is the case with the proprietary home. Fifty-three percent of the nonprofit homes had their average monthly charge per resident under \$400 while only about 44 percent of the proprietary homes fell in this range. These findings are indicative of the proprietary facility's greater dependence on user charges to cover costs while nonprofit facilities are more apt to cover part of their costs through donations, grants, and subsidies.

In 1972 proprietary homes provided about 71 percent of the estimated 369 million resident days of care with the remainder provided by the nonprofit homes. The average occupancy rates for the proprietary homes (88.8) and the nonprofit homes (86.5), however, were not significantly different.

In 1972 the average total cost per resident day was notably higher in nonprofit homes (\$17.71) than in proprietary homes (\$14.86). The apparent cause of this substantial difference in costs is the greater use of labor by the nonprofit homes, which is reflected by the cost data as well as the FTE employees data. The nonprofit homes not only averaged higher labor costs per resident day (\$10.90) than the proprietary homes (\$8.53) but also devoted a greater proportion of their total costs per resident day to the labor component (61.5 percent) than did the proprietary homes (57.4 percent). The estimated total of operating, fixed, and miscellaneous costs per resident day also averaged higher in nonprofit homes (\$6.81) than in proprietary homes (\$6.33), but this difference was not found to be statistically significant.

The distribution of homes by cost per resident day intervals gives additional comparative cost information. As noted previously, proprietary homes generally report lower total costs per resident day than do nonprofit homes. Around 62 percent of the proprietary homes had total costs per resident day below \$15.00 while only 52 percent of the nonprofit homes fell below this level. Conversely, only about 14 percent of the proprietary homes had total costs per resident day of \$20 or more, while about 30 percent of the nonprofit homes were in this range.

This general pattern (i.e., proprietary homes being more heavily distributed in the two lowest cost intervals while nonprofit homes are more heavily distributed in the highest) is similar for the distributions of homes by labor, operating, and miscellaneous costs per resident day; although the difference in percentages is not statistically significant in the case of miscellaneous costs. The distribution of homes by average fixed costs per resident day, however, completely reverses the pattern. Only about 47 percent of the proprietary homes had fixed costs per resident day of \$2 or less while around 69 percent of the nonprofit homes fell in this range. Approximately 29 percent of the proprietary homes were in the highest fixed cost per resident day interval (\$3 or more) compared to only about 15 percent of the nonprofit homes. The fact that nonprofit homes generally report lower fixed costs per resident day is probably due to the more favorable tax treatment received by nonprofit institutions as well as the Hill-Burton program which provided subsidy funds (loans, grants, and loan guarantees) for nonprofit health facility construction. Without these benefits it appears that the indicated difference in total costs between nonprofit and proprietary homes would have been even larger.

CHARACTERISTICS BY CERTIFICATION STATUS

The nursing homes included in the 1973-74 survey comprised:

- Those homes certified as extended care facilities by Medicare (Title XVIII of the Social Security Act)^d

- Those certified as skilled nursing homes by Medicaid (Title XIX of the Social Security Act)^d
- Those certified as intermediate care facilities by Medicaid
- Those not certified by either program but providing some level of nursing care.

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

Seventy-seven percent of all nursing homes were certified by Medicare, by Medicaid, or by both programs with about 50 percent of them certified for Medicaid only. Although the homes certified by both Medicare and Medicaid or by Medicare only (the BM&M group in this report) comprised about 27 percent of all homes, they housed about 38 percent of the total beds and residents. Similarly, those certified as skilled nursing homes by Medicaid with no Medicare certification (the SNH group in this report) comprised only about 22 percent of the Nation's nursing homes, but had 27 percent of the total beds and residents. In contrast, homes certified only by Medicaid and only as intermediate care facilities (the ICF group in this report) comprised 28 percent of all homes but had only about 22 percent of the total beds and residents, while homes not certified for Medicare or Medicaid

^dThe Extended Care Facility and Skilled Nursing Home designations are used in this report because most of the survey was conducted prior to the legislation which created the Skilled Nursing Facility.

comprised 23 percent of all homes and housed about 13 percent of the beds and residents.

The homes classified in the BM&M certification group averaged 105 beds while those homes in the SNH and ICF certification groups averaged 92 and 57 beds, respectively. Those homes not certified for either Medicare or Medicaid were the smallest averaging 45 beds. Each of the differences in average size was found to be statistically significant except for that between the BM&M homes and the SNH's.

The availability of FTE employees per 100 beds also varied by certification status. The SNH group had the greatest number of total FTE employees per 100 beds (76.3) while the ICF group had the lowest number (55.8), although the ICFs' average was not significantly different from that for the noncertified homes (56.7). The difference in total personnel between the SNH group and the other certification groups was primarily due to the substantially greater number of *All other* FTE employees per 100 beds used by SNH's. A partial explanation for this is related to the previous finding that nonprofit homes employed substantially more *All other* FTE employees per 100 beds. Table 4 shows that among the certification groups the SNH group had the largest percentage (28) of nonprofit homes. The BM&M homes averaged more nursing FTEs per 100 beds (44.4) than any of the other certification groups, although the SNHs' average (42.8) was not significantly different. The number of administrative, medical, and therapeutic FTE employees per 100 beds, however, averaged nearly twice as high in the noncertified homes as in any of the certified home classifications. One explanation for this is that by any standards a minimum administrative, medical, and therapeutic staff may be needed to adequately operate a nursing home and this results in a greater per-bed coverage by the professional staff in the smaller average size noncertified homes.

The average total monthly charge data indicate that the per-resident charges in 1973-74 were highest for homes in the BM&M group and decreased with the lesser certification status of the home. The estimated decrease was \$108 between each of the subsequent levels of *certified* homes (i.e., BM&M to SNH and SNH to ICF), possibly reflecting the differences in the type of serv-

ice offered. The estimated average monthly charge for residents in the noncertified homes (\$329) was the lowest of the four certification status groups although only \$47 less than the average for the ICF group (\$376).

Nursing homes certified only for Medicaid provided approximately half of the total number of resident days of care in 1972 with the SNH group accounting for about 27 percent and the ICF group accounting for about 22 percent. Homes in the BM&M group provided 37 percent and those not certified provided 14 percent of the 1972 resident days of care. During this period the BM&M homes had an estimated average occupancy rate of 85.6 which was somewhat lower than the occupancy rates estimated for the other certification groups. While a difference might be expected because of the generally shorter stay of Medicare residents (at the maximum, Medicare will finance 100 days of care) and the resulting turnover vacancy periods, the tests of significance do not confirm this expectation.

The 1972 average cost per resident day of \$21.17 for BM&M homes was much higher than that for any of the other types of homes (table 3). This higher cost was apparently due to the expense of meeting the standards for staffing, construction, equipment, and provision of services required for Medicare certification, since all the major cost components show these homes to be distributed more heavily in the higher cost intervals. When homes certified by Medicaid only were compared, those in the SNH group had higher average total costs (\$15.58) than those certified as ICF's only (\$11.99). As in the previous instance, this is probably due to the greater expense of meeting the higher standards for SNH's. The estimated average cost per resident day for the noncertified homes was \$14.03.

CHARACTERISTICS BY SIZE

The number of beds in a facility was chosen as the most appropriate indicator of size available to report the selected financial and operating characteristics. Four bed size breakdowns are used (see table 5) and for purposes of discussion the classes will be lettered beginning with A for the smallest size "Less than 50 beds." Group A included 41 percent of the nursing homes and 15

percent of the total beds for an average facility size of 28 beds. Group B (50-99 beds) included 35 percent of the homes and 33 percent of the beds for an average facility size of 71 beds. Group C (100-199 beds) had 20 percent of all the homes and 35 percent of all the beds for an average facility size of 130 beds. The largest group, D (200 beds or more), had only 4 percent of the homes but 16 percent of the beds for an average facility size of 314 beds. The distribution of the total residents closely followed that of the total beds with both A and D each having about 15 percent, B having 34 percent, and C having 36 percent.

When compared by size class, the availability of FTE employees per 100 beds is in most cases not statistically different either for total employees or for individual occupation groups. One particularly noteworthy difference, however, was in the availability of professional staff in group A homes. These homes average substantially more administrative, medical, and therapeutic FTEs per 100 beds (6.6) than any of the other size groups. This greater per bed coverage by the professional staff in the smallest homes gives credence to the possibility, suggested earlier, that a minimum administrative, medical, and therapeutic staff is needed to adequately operate a nursing home.

The general indication of the 1973-74 data on average monthly charge per resident is that charges were greater the larger the facility size. The percentage of homes which averaged monthly charges of \$500 or more per resident increased with the increase in facility size group. Conversely, the percentage of homes with charges below \$400 *decreased* with the increase in facility size group. This direct relationship between charges and size was probably due in part to the greater number of services which larger facilities tend to offer. Some services are economically feasible only in facilities which are large enough to spread the costs so that the resident will be able to afford them. Table 4 gives evidence consistent with this explanation. Homes in the larger size groups were more likely to be classified as BM&M homes or SNH's which are required to offer more services and thus tend to charge more. Group D had 80 percent of their homes in these classes (48 percent as BM&M and 32 percent as

SNH) while group C had 76 percent. In contrast, group B had 56 percent classified as either BM&M or SNH, while group A had only 25 percent.

The approximately 369 million resident days of care provided in 1972 were distributed among the bed size groups in a manner similar to the 1973-74 distribution of residents (table 5). Group A provided 16 percent of the resident days of care, group B provided 34 percent, group C provided 35 percent, and group D provided 15 percent. None of the occupancy rates averaged by the size groups was found to be statistically different despite what appeared to be a relatively smaller rate registered by group D.

The 1972 data on average cost per resident day presented in table 5 indicate that total costs were greater the larger the facility. No indication is given of an optimum size nursing home from the standpoint of cost minimization. The positive cost-size relationship is, however, consistent with the earlier suggestion that larger facilities tend to be able to offer more services because of their greater cost spreading potential. This could tend to overshadow operating efficiencies which may occur from larger nursing homes providing the *same* level of services more efficiently than could be accomplished by smaller nursing homes. In any case, caution must be taken in attributing the positive cost-size relationship entirely to the effect of size on cost, as no adjustment has been made to any of the data presented in this report to account for the interrelationships of the various other classification factors (i.e., ownership, certification, and region). For example, table 4 shows that 52 percent of those homes in group D were nonprofit homes while for homes in groups C, B, and A the percentage of nonprofit homes was only 24, 25, and 22, respectively. As noted above, nonprofit homes had higher average costs per resident day than proprietary homes. In addition, only 9 percent of group A homes were in the certification class with the highest cost per resident day (BM&M), while group B had 31 percent, group C had 47 percent, and group D had 48 percent in this certification class. In contrast, 36 percent of group A homes were in the certification class with the lowest cost per resident day (ICF), while groups B, C, and D had 28, 16, and 8 percent, respectively, as ICFs. Further analysis is planned

to clarify the relationship between facility costs and size characteristics with the results to be presented in future reports.

CHARACTERISTICS BY REGION

The selected operating and financial characteristics are presented in table 6 by the geographic regions—Northeast, North Central, South, and West. A review of the 1973-74 data reveals a consistent pattern in the regional distribution of total homes, beds, and residents. The North Central Region had the highest proportion of the total homes (36 percent), beds (35 percent), and residents (34 percent). The South had the second highest proportion with 26 percent of each. The Northeast Region was next with 20 percent of all the homes, 21 percent of all the beds, and 22 percent of all the residents. The West with 18 percent of the total in each of these categories had the smallest proportion.

Homes in the Northeast had an estimated 81 beds per home while those in the North Central Region had 73 beds per home. The South and West each average 74 beds per home. None of these bed size averages were significantly different. The staffing estimates, however, reveal both similarities and differences in the regional availability of FTE employees. Homes in the North Central and Northeast Regions had more FTE employees per 100 beds available (70.2 and 68.9, respectively) than did homes in the West and South (57.1 and 56.1, respectively). This pattern is due to the *All other* component which shows a similar regional relationship. None of the regional differences in the nursing, administrative, medical, and therapeutic components were statistically significant.

During the survey period in 1973-74, nursing homes in the Northeast averaged substantially larger total monthly charges per resident (\$651) than that averaged by homes in any of the other geographic regions. Although the estimates varied between the West (\$454), the North Central Region (\$433), and the South (\$410), the differences were not statistically significant.

The 1972 regional distribution of resident days of care was similar to the regional distri-

bution of residents in the 1973-74 survey period. Homes in the North Central Region provided about 35 percent of the approximately 369 million resident days of care while homes in the South, Northeast, and West provided 26, 22, and 18 percent, respectively. During 1972 the estimated regional occupancy rates ranged from an average of 89.5 in the Northeast to 86.0 in the West, but none of the differences were statistically significant.

Total costs per resident day averaged higher in the Northeast (\$19.60) than in any other region. The primary cause of this regional disparity in nursing home costs was the labor component. Labor costs per resident day in the Northeast averaged \$12.03 which was 35 percent larger than the next highest average for this category (\$8.90 in the North Central Region). The total of operating, fixed, and miscellaneous costs per resident day also averaged higher in the Northeast (\$7.57) than in any of the other regions except possibly the West (\$6.88) where the difference was not statistically significant. Barring any major changes in the regional cost relationship between 1972 and the 1973-74 survey period, the substantially higher costs in the Northeast, with particular emphasis on the effect of the labor component, offers the best explanation for the substantially higher resident charges in that region.

SUMMARY

Operating and financial characteristics of nursing homes in the United States are influenced by a complex set of factors and their interrelationships. Estimates of the major operating and financial characteristics collected in the 1973-74 nationwide sample survey of nursing homes were presented with special emphasis on the *individual* impact of ownership, certification, size, and region on these characteristics. More detailed analysis is planned to determine the effect of the interrelationships of these and other factors on nursing home characteristics with the tabulations and conclusions to be presented in future reports.

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Table 1. Selected operating and financial characteristics of United States nursing homes

Operating and financial characteristics	All facilities
<u>OPERATING CHARACTERISTICS</u>	
Number of homes (1973-1974)-----	15,700
Number of beds (1973-1974)-----	1,174,800
Average bed size (1973-1974)-----	75
Average total FTE employees per 100 beds-----	63.9
Nursing FTE employees per 100 beds-----	38.7
RN FTE employees per 100 beds-----	4.4
LPN FTE employees per 100 beds-----	5.7
Nurses's aide FTE employees per 100 beds-----	28.6
Administrative, medical, and therapeutic FTE employees per 100 beds-----	4.6
All other FTE employees per 100 beds-----	20.6
Number of residents (1973-1974)-----	1,075,800
Number of resident days of care (1972)-----	368,906,000
Average occupancy rate (1972)-----	88.2
<u>FINANCIAL CHARACTERISTICS</u>	
1973-1974 resident charges:	
Average total monthly charge per resident-----	\$479
Percent of homes by average total monthly charge per resident:	
Less than \$299-----	17.8
\$300-\$399-----	28.1
\$400-\$499-----	25.3
\$500-\$599-----	14.9
\$600 or more-----	13.9
1972 facility costs:	
Average total costs per resident day-----	\$15.63
Labor costs per resident day-----	9.17
Fringe benefit cost per resident day-----	0.67
Wage costs per resident day-----	8.50
Nursing staff costs per resident day-----	5.36
Other staff costs per resident day-----	3.14
Fixed costs per resident day-----	2.37
Operating costs per resident day-----	3.41
Food and drug costs per resident day-----	1.60
All other costs per resident day-----	1.81
Miscellaneous costs per resident day-----	0.68
Percent of homes by average total costs per resident day:	
Less than \$10.00-----	23.0
\$10.00-\$14.99-----	36.3
\$15.00-\$19.99-----	22.9
\$20.00 or more-----	17.8
Percent of homes by average labor costs per resident day:	
Less than \$4.00-----	8.5
\$4.00-\$7.99-----	41.8
\$8.00-\$11.99-----	32.0
\$12.00 or more-----	17.7
Percent of homes by average fixed costs per resident day:	
Less than \$1.00-----	19.6
\$1.00-\$1.99-----	32.4
\$2.00-\$2.99-----	22.4
\$3.00 or more-----	25.6
Percent of homes by average operating costs per resident day:	
Less than \$2.00-----	20.0
\$2.00-\$2.99-----	39.7
\$3.00-\$3.99-----	18.8
\$4.00 or more-----	21.5
Percent of homes by average miscellaneous costs per resident day:	
Less than \$0.50-----	55.5
\$0.50-\$0.99-----	26.8
\$1.00-\$1.99-----	12.7
\$2.00 or more-----	5.0

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

Table 2. Selected financial and operating characteristics of United States nursing homes by ownership classification

Operating and financial characteristics	Proprietary	Nonprofit
<u>OPERATING CHARACTERISTICS</u>		
Number of homes (1973-1974)-----	11,900	3,900
Number of beds (1973-1974)-----	830,700	344,300
Average bed size (1973-1974)-----	70	88
Average total FTE employees per 100 beds-----	57.4	83.5
Nursing FTE employees per 100 beds-----	36.7	44.1
Administrative, medical, and therapeutic FTE employees per 100 beds-----	4.9	3.8
All other FTE employees per 100 beds-----	15.6	35.5
Number of residents (1973-1974)-----	756,200	319,700
Number of resident days of care (1972)-----	260,449,600	108,456,400
Average occupancy rate (1972)-----	88.8	86.5
<u>FINANCIAL CHARACTERISTICS</u>		
1973-1974 resident charges:		
Average total monthly charge per resident-----	\$489	\$456
Percent of homes by average total monthly charge per resident:		
Less than \$299-----	16.2	22.4
\$300-\$399-----	27.4	30.2
\$400-\$499-----	26.1	22.9
\$500-\$599-----	16.5	10.0
\$600 or more-----	13.8	14.4
1972 facility costs:		
Average total costs per resident day-----	\$14.86	\$17.71
Labor costs per resident day-----	8.53	10.90
Nursing staff costs per resident day-----	5.10	6.06
Operating, fixed, and miscellaneous costs per resident day-----	6.33	6.81
Percent of homes by average total cost per resident day:		
Less than \$10.00-----	24.7	17.6
\$10.00-\$14.99-----	36.9	34.4
\$15.00-\$19.99-----	24.3	18.5
\$20.00 or more-----	14.1	29.5
Percent of homes by average labor costs per resident day:		
Less than \$4.00-----	9.5	5.6
\$4.00-\$7.99-----	43.4	36.7
\$8.00-\$11.99-----	34.1	25.4
\$12.00 or more-----	13.0	32.3
Percent of homes by average fixed costs per resident day:		
Less than \$1.00-----	13.2	39.5
\$1.00-\$1.99-----	33.4	29.6
\$2.00-\$2.99-----	24.6	15.5
\$3.00 or more-----	28.8	15.4
Percent of homes by average operating costs per resident day:		
Less than \$2.00-----	21.1	16.8
\$2.00-\$2.99-----	43.6	27.7
\$3.00-\$3.99-----	18.7	19.3
\$4.00 or more-----	16.7	36.2
Percent of homes by average miscellaneous costs per resident day:		
Less than \$0.50-----	53.8	60.9
\$0.50-\$0.99-----	29.4	18.9
\$1.00-\$1.99-----	12.4	13.4
\$2.00 or more-----	4.5	6.8

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

Table 3. Selected operating and financial characteristics of United States nursing homes by certification status

Operating and financial characteristics	Both Medicare and Medicaid ¹	Medicaid only			Not certified
		Total	Skilled nursing homes ²	Intermediate care facilities	
OPERATING CHARACTERISTICS					
Number of homes (1973-1974)-----	4,200	7,900	3,500	4,400	3,600
Number of beds (1973-1974)-----	441,000	572,800	320,500	252,300	161,000
Average bed size (1973-1974)-----	105	73	92	57	45
Average total FTE employees per 100 beds--	68.2	64.9	76.3	55.8	56.7
Nursing FTE employees per 100 beds-----	44.4	38.5	42.8	35.0	32.5
Administrative, medical, and therapeutic FTE employees per 100 beds-----	3.9	3.8	3.7	3.9	7.3
All other FTE employees per 100 beds-----	19.9	22.6	29.8	16.9	16.9
Number of residents (1973-1974)-----	406,900	529,191	292,500	236,700	139,800
Number of resident days of care (1972)----	136,292,900	180,756,500	98,908,100	81,848,400	51,856,600
Average occupancy rate (1972)-----	85.6	89.2	89.2	89.2	89.0
FINANCIAL CHARACTERISTICS					
1973-1974 resident charges:					
Average total monthly charge per resident-----	\$592	\$435	\$484	\$376	\$329
Percent of homes by average total monthly charge per resident:					
Less than \$299-----	2.0	10.3	3.0	16.1	53.7
\$300-\$399-----	6.6	42.3	25.4	55.6	21.1
\$400-\$499-----	29.8	28.3	41.0	18.1	13.2
\$500-\$599-----	28.6	11.5	16.0	7.9	6.3
\$600 or more-----	33.0	7.7	14.6	2.3	5.6
1972 facility costs:					
Average total costs per resident day----	\$21.17	\$13.53	\$15.58	\$11.99	\$14.03
Labor costs per resident day-----	12.13	8.24	9.65	7.18	7.89
Nursing staff costs per resident day--	6.91	4.89	5.66	4.30	4.67
Operating, fixed, and miscellaneous costs per resident day-----	9.04	5.29	5.93	4.81	6.15
Percent of homes by average total costs per resident day:					
Less than \$10.00-----	2.7	25.1	10.2	36.4	41.5
\$10.00-\$14.99-----	21.0	47.9	46.4	49.1	27.5
\$15.00-\$19.99-----	37.9	16.2	26.3	8.5	20.9
\$20.00 or more-----	38.5	10.8	17.1	6.1	10.1
Percent of homes by average labor costs per resident day:					
Less than \$4.00-----	0.4	5.1	1.2	8.0	25.6
\$4.00-\$7.99-----	18.3	56.1	42.2	66.6	36.5
\$8.00-\$11.99-----	48.7	27.3	38.3	19.0	23.6
\$12.00 or more-----	32.6	11.6	18.4	6.5	14.4
Percent of homes by average fixed costs per resident day:					
Less than \$1.00-----	6.4	18.0	15.7	19.7	38.5
\$1.00-\$1.99-----	17.9	40.9	32.8	47.0	30.0
\$2.00-\$2.99-----	24.4	25.6	27.7	24.1	12.7
\$3.00 or more-----	51.3	15.5	23.8	9.2	18.9
Percent of homes by average operating costs per resident day:					
Less than \$2.00-----	5.5	23.9	16.0	29.8	28.0
\$2.00-\$2.99-----	28.1	49.7	48.3	50.7	30.5
\$3.00-\$3.99-----	28.6	14.4	18.5	11.3	17.6
\$4.00 or more-----	37.9	12.1	17.2	8.2	23.9
Percent of homes by average miscellaneous costs per resident day:					
Less than \$0.50-----	40.7	62.9	55.8	68.3	55.7
\$0.50-\$0.99-----	23.8	25.7	29.0	23.2	32.7
\$1.00-\$1.99-----	26.8	7.7	11.7	4.6	7.8
\$2.00 or more-----	8.7	3.7	3.5	3.9	3.8

¹ 18 percent of these homes were certified for Medicare only.

² 35 percent of these homes were certified as both SNHs and ICFs.

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

Table 4. Percent of nursing homes according to cross classifications of ownership, certification, size, and region: United States, 1973-74

Characteristic ¹	Ownership		Certification				Size				Region			
	Proprietary	Non-profit	Both Medicare and Medicaid ²	Skilled nursing homes ³	Intermediate care facilities	Not certified	Less than 50 beds (A)	50-99 beds (B)	100-199 beds (C)	200 beds or more (D)	North-east	North Central	South	West
Ownership														
Proprietary-----	100	-	27	21	29	22	42	35	21	2	20	32	28	20
Nonprofit-----	-	100	24	26	24	25	36	36	20	8	21	48	19	12
Certification														
Both Medicare and Medicaid ¹ -----	77	23	100	-	-	-	14	42	36	7	24	22	20	34
Skilled nursing homes-----	72	28	-	100	-	-	29	39	26	6	24	32	26	18
Intermediate care facilities-----	79	21	-	-	100	-	51	35	12	1	13	45	34	8
Not certified-----	73	27	-	-	-	100	68	23	7	2	21	44	24	12
Size														
Less than 50 beds (A)----	78	22	9	16	36	39	100	-	-	-	22	40	21	16
50-99 beds (B)-----	75	25	31	25	28	15	-	100	-	-	15	33	30	22
100-199 beds (C)-----	76	24	47	29	16	8	-	-	100	-	21	33	30	16
200 beds or more (D)-----	48	52	48	32	8	11	-	-	-	100	31	37	18	14
Region														
North-east-----	74	26	31	27	18	24	46	27	22	6	100	-	-	-
North Central-----	67	33	16	20	36	28	45	32	19	4	-	100	-	-
South-----	82	18	20	22	37	21	33	41	24	3	-	-	100	-
West-----	84	16	50	22	13	15	36	42	18	3	-	-	-	100

¹ Each entry represents the percentage of nursing homes in the classification breakdown named at the beginning of the row which are classified in the classification breakdowns listed at the head of the columns.

² 8 percent of these homes were certified for Medicare only.

³ 35 percent of these homes were certified as both SNHs and ICFs.

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

Table 5. Selected operating and financial characteristics of United States nursing homes by facility size

Operating and financial characteristics	Less than 50 beds (A)	50-99 beds (B)	100-199 beds (C)	200 beds or more (D)
<u>OPERATING CHARACTERISTICS</u>				
Number of homes (1973-1974)-----	6,400	5,500	3,200	600
Number of beds (1973-1974)-----	179,400	392,800	414,500	188,100
Average bed size (1973-1974)-----	28	71	130	314
Average total FTE employees per 100 beds-----	69.0	60.0	60.2	64.1
Nursing FTE employees per 100 beds-----	39.6	37.8	38.6	37.9
Administrative, medical, and therapeutic FTE employees per 100 beds-----	6.6	3.4	2.9	3.3
All other FTE employees per 100 beds-----	22.8	18.8	18.7	22.9
Number of residents (1973-1974)-----	162,600	367,700	386,100	159,300
Number of resident days of care (1972)-----	58,611,900	126,359,600	129,437,700	54,496,800
Average occupancy rate (1972)-----	88.5	89.1	86.3	83.9
<u>FINANCIAL CHARACTERISTICS</u>				
1973-1974 resident charges:				
Average total monthly charge per resident-----	\$397	\$448	\$502	\$576
Percent of homes by average total monthly charge per resident:				
Less than \$299-----	32.2	9.3	6.2	7.9
\$300-\$399-----	27.8	33.1	23.0	12.0
\$400-\$499-----	20.2	27.6	30.0	31.9
\$500-\$599-----	10.5	16.9	18.9	20.9
\$600 or more-----	9.2	13.2	21.9	27.3
1972 facility costs:				
Average total costs per resident day-----	\$14.29	\$15.77	\$17.12	\$20.31
Labor costs per resident day-----	8.59	9.00	9.87	12.90
Nursing staff costs per resident day-----	5.21	5.22	5.64	6.70
Operating, fixed and miscellaneous costs per resident day-----	5.69	6.77	7.25	7.42
Percent of homes by average total costs per resident day:				
Less than \$10.00-----	34.0	18.4	12.0	5.5
\$10.00-\$14.99-----	32.1	42.3	36.4	25.5
\$15.00-\$19.99-----	22.5	20.5	26.8	27.9
\$20.00 or more-----	11.3	18.8	24.8	41.1
Percent of homes by average labor costs per resident day:				
Less than \$4.00-----	15.7	4.4	2.5	1.7
\$4.00-\$7.99-----	40.8	48.2	37.3	19.1
\$8.00-\$11.99-----	29.4	30.6	38.5	38.3
\$12.00 or more-----	14.1	16.8	21.7	41.0
Percent of homes by average fixed costs per resident day:				
Less than \$1.00-----	29.5	12.0	11.6	25.9
\$1.00-\$1.99-----	38.7	32.3	22.6	19.5
\$2.00-\$2.99-----	16.1	27.7	26.8	17.5
\$3.00 or more-----	15.7	28.0	39.0	37.1
Percent of homes by average operating costs per resident day:				
Less than \$2.00-----	24.9	18.5	15.1	8.1
\$2.00-\$2.99-----	41.2	41.5	37.1	22.1
\$3.00-\$3.99-----	15.5	19.2	22.1	32.7
\$4.00 or more-----	18.4	20.8	25.7	37.2
Percent of homes by average miscellaneous costs per resident day:				
Less than \$0.50-----	58.5	56.0	47.9	59.5
\$0.50-\$0.99-----	29.6	24.4	25.7	24.8
\$1.00-\$1.99-----	7.9	14.0	20.1	11.9
\$2.00 or more-----	4.0	5.7	6.3	3.8

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

Table 6. Selected operating and financial characteristics of United States nursing homes by geographic region

Operating and financial characteristics	Northeast	North Central	South	West
<u>OPERATING CHARACTERISTICS</u>				
Number of homes (1973-1974)-----	3,100	5,600	4,100	2,900
Number of beds (1973-1974)-----	250,800	407,200	302,900	214,000
Average bed size (1973-1974)-----	81	73	74	74
Average total FTE employees per 100 beds-----	68.9	70.2	56.1	57.1
Nursing FTE employees per 100 beds-----	41.7	40.1	36.0	36.4
Administrative, medical, and therapeutic				
FTE employees per 100 beds-----	5.3	4.6	4.4	4.2
All other FTE employees per 100 beds-----	21.9	25.5	15.7	16.5
Number of residents (1973-1974)-----	236,100	368,700	278,200	192,800
Number of resident days of care (1972)-----	80,996,400	127,460,800	94,577,100	65,871,800
Average occupancy rate (1972)-----	89.5	89.0	87.7	86.0
<u>FINANCIAL CHARACTERISTICS</u>				
1973-1974 resident charges:				
Average total monthly charge per resident--	\$651	\$433	\$410	\$454
Percent of homes by average total monthly charge per resident:				
Less than \$299-----	13.2	19.5	21.3	14.2
\$300-\$399-----	9.1	33.6	41.1	18.7
\$400-\$499-----	17.7	24.8	24.6	36.2
\$500-\$599-----	17.5	15.8	8.1	23.9
\$600 or more-----	42.5	13.5	4.9	7.1
1972 facility costs:				
Average total costs per resident day-----	\$19.60	\$15.05	\$13.50	\$15.62
Labor costs per resident day-----	12.03	8.90	7.71	8.74
Nursing staff costs per resident day-----	6.52	5.32	4.69	5.18
Operating, fixed, and miscellaneous costs per resident day-----	7.57	6.16	5.79	6.88
Percent of homes by average total costs per resident day:				
Less than \$10.00-----	9.1	29.6	29.4	15.4
\$10.00-\$14.99-----	25.0	34.7	43.0	41.8
\$15.00-\$19.99-----	29.0	21.6	17.4	27.4
\$20.00 or more-----	37.0	14.2	10.3	15.5
Percent of homes by average labor costs per resident day:				
Less than \$4.00-----	4.5	7.1	13.6	7.7
\$4.00-\$7.99-----	17.1	47.8	52.6	40.8
\$8.00-\$11.99-----	41.0	30.3	23.2	39.1
\$12.00 or more-----	37.4	14.8	10.6	12.4
Percent of homes by average fixed costs per resident day:				
Less than \$1.00-----	20.9	22.3	24.8	4.5
\$1.00-\$1.99-----	24.7	32.7	37.9	32.1
\$2.00-\$2.99-----	20.2	23.9	21.4	23.4
\$3.00 or more-----	34.2	21.1	16.0	40.0
Percent of homes by average operating costs per resident day:				
Less than \$2.00-----	5.5	23.6	25.3	21.0
\$2.00-\$2.99-----	36.0	39.7	38.4	46.0
\$3.00-\$3.99-----	24.8	15.9	19.3	17.1
\$4.00 or more-----	33.7	20.9	17.0	15.7
Percent of homes by average miscellaneous costs per resident day:				
Less than \$0.50-----	44.9	62.0	59.7	47.9
\$0.50-\$0.99-----	30.2	25.6	25.9	26.8
\$1.00-\$1.99-----	19.9	8.0	10.0	18.1
\$2.00 or more-----	5.0	4.4	4.5	7.3

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

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.¹ 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 every 2 years by mail 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 has been published.^{2,3,4}

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 which opened in 1973; and 3) which, between 1971 and 1973, upgraded the level of care they provided, 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 selection 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

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 (CERTIFICATION STATUS AND SIZE OF HOME): CONTERMINOUS UNITED STATES, 1973-74

Certification status and size of home	Universe (sampling frame) ¹	Number of homes in sample			
		Total homes	Out-of-scope or out of business	In scope and in business	
				Non-responding	Responding
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	315
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.

each of these three strata were sorted into bed size groups, producing 26 primary strata as shown in table 1. 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 1963,⁵ 1964,⁶ and 1969⁷ 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

NOTE: The list of references follows the text.

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 (see appendix III) on which the interviewer listed the names of all staff (including those employed by contract) and sampled professional, semi-professional, 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 1973-74 National Nursing Home Survey

The 1973-74 NNHS utilized eight questionnaires (see appendix III for copies):

- Administrator Letter and Worksheet
- Facility Questionnaire
- Expense Questionnaire
- Resident Control Record
- Resident Questionnaire
- Staff Questionnaire—Parts I and II
- Staff Control Record

Data was collected according to the following procedure:

1. 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 (see appendix III for copies).
2. Several days to 1 week after the mailing of the letters, the interviewer telephoned the sample facility and made an appointment with the administrator.

3. At the time of the appointment, the following procedures were followed: 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 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 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.

The following table presents a summary of the 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 below:

<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) as compared to 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, and beds 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 which might be calculated from rounded data.

Data Processing

A series of checks were performed during the course of the survey. This included field followups for missing and inconsistent data, some manual editing of the questionnaires, 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 non-response. 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. Provisional estimates of the standard errors

Figure 1. Provisional Relative Standard Errors for Estimated Numbers of Residents, Beds, FTE Employees, and Facilities

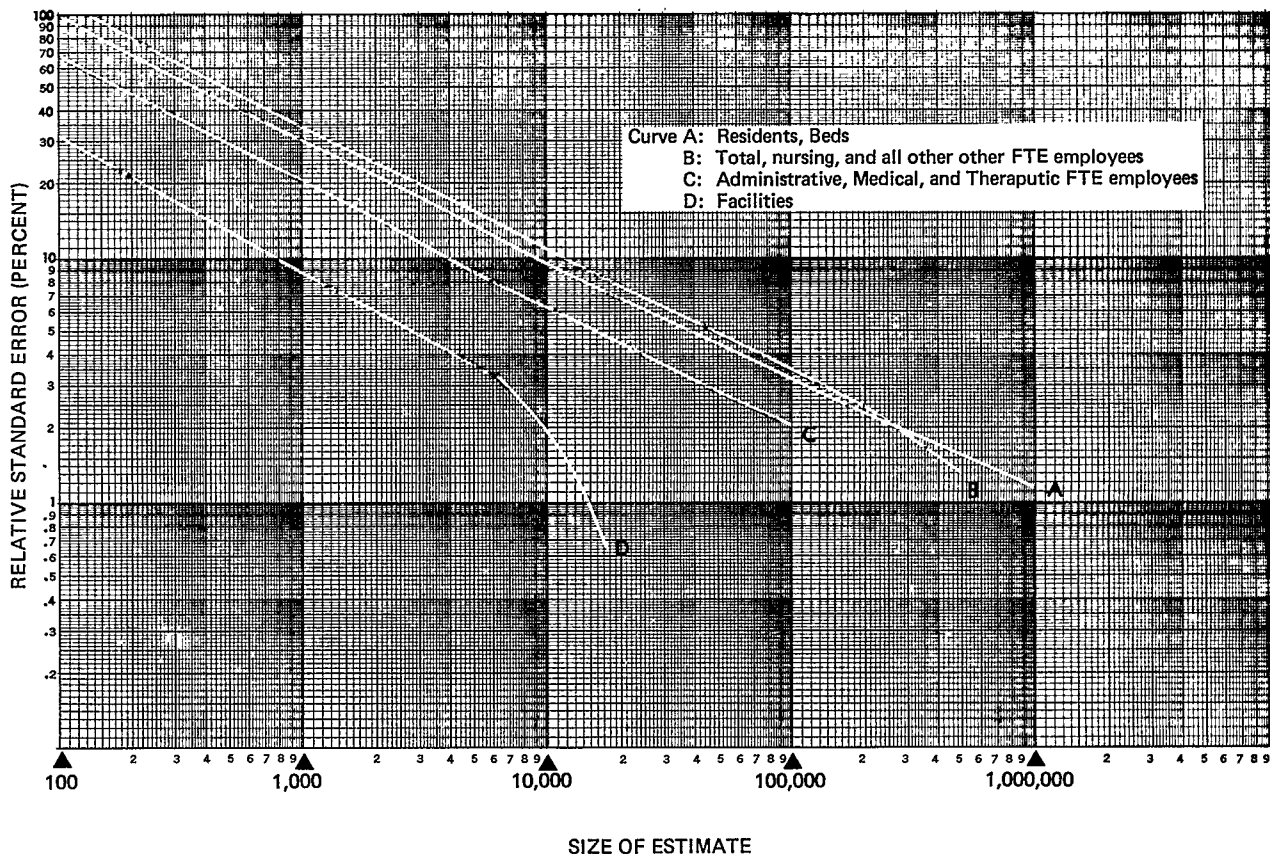


Illustration of use of figure I: As shown in table 2 proprietary homes had an estimated 830,700 beds in 1973-74. The relative standard error of this estimate as read from curve A is approximately 1.22 percent: the standard error is 10,135 (1.22 percent of 830,700).

are presented in this report because final estimates are not yet available.

The relative standard error of an estimate is the standard error of the estimate divided by the estimate itself and is expressed as a percentage of the estimate. According to NCHS standards, reliable estimates are those which have a relative standard error of 25 percent or less. For example, curve A of figure I shows the provisional relative standard errors for the estimated number of residents. For a relative standard error of 25 percent or less, the minimum number of residents is 1,400. Thus, resident estimates must be 1,400 or larger in order to meet the standards of reliability. Similarly, in figure I the estimates of number of homes must be 150 or larger in order to have a relative standard error of 25 percent or less.

Because of the relationship between the relative standard error and the estimate, the standard error

of an estimate can be found by multiplying the estimate by its relative standard error. Both values can be determined from the curves in figures I and II. For example, curve A of figure I shows the provisional relative standard error curve for beds. Table 5 shows that the total number of beds in all homes with less than 50 beds was 179,400. The relative standard error corresponding to this estimate on curve A is approximately 2.35 percent. The standard error is $179,400 \times (.0235) = 4216$.

The chances are about 68 out of 100 that an estimate from the sample differs from the value which would be obtained from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference is less than twice the standard error and about 99 out of 100 that it is less than 2½ times as large. For example, the average facility labor cost per resident day for nonprofit homes was \$10.90

Figure II. Provisional Relative Standard Errors for Estimated Number of Resident Days

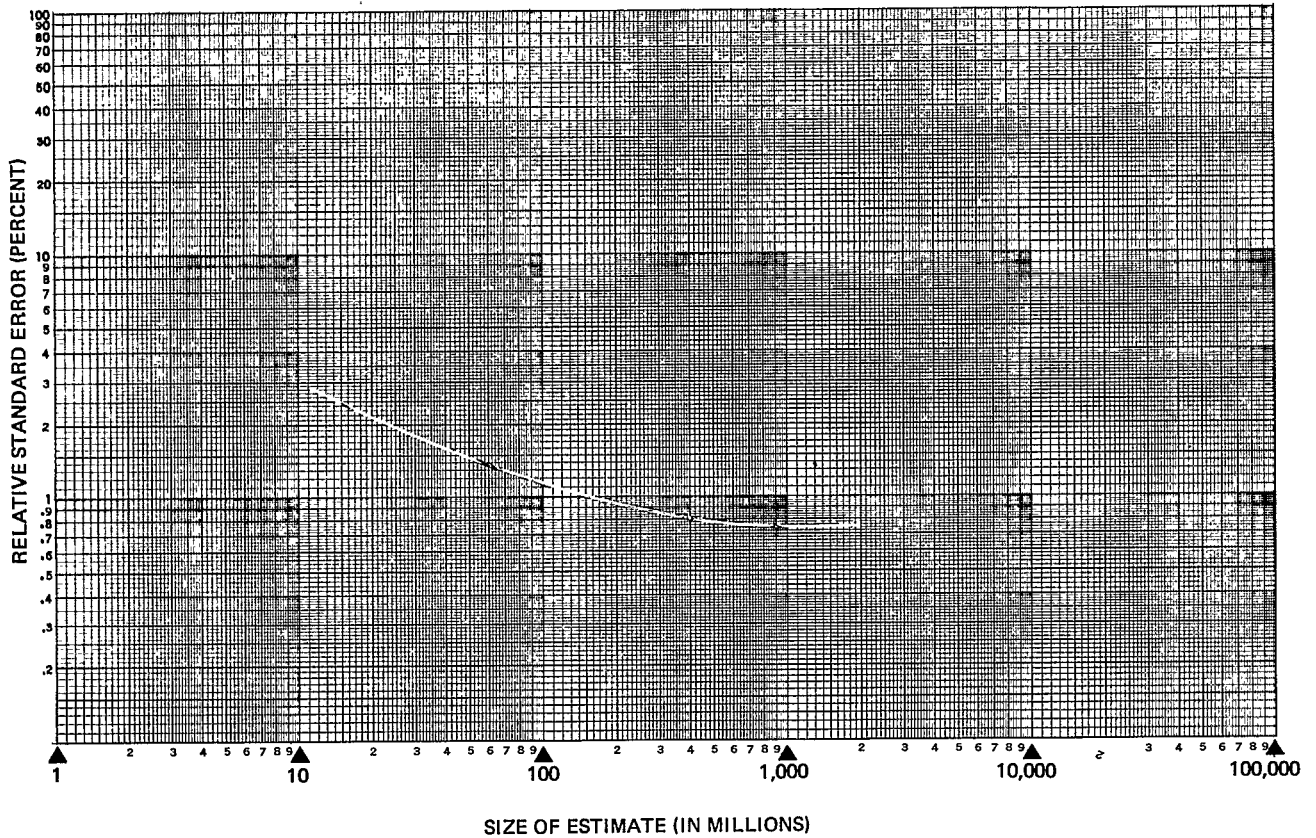


Illustration of use of figure II: As shown in table 6, an estimated 80,996,400 days of care during 1972 were provided to residents in nursing homes located in the Northeast. The relative standard error of this estimate as read from figure 2 is approximately 1.24 percent: the standard error is 1,004,355 (1.24 percent of 80,996,400).

(see illustration of use of table IV). The chances are 95 out of 100 that the true value is contained in the interval $\$10.90 \pm 2.0$ ($\$0.23$) (i.e., between $\$10.44$ and $\$11.36$), and 99 out of 100 for the interval $\$10.90 \pm 2.5$ ($\$0.23$) (i.e., between $\$10.32$ and $\$11.48$).

Statistical tests to determine whether the differences between selected characteristics in the classification breakdowns are statistically significant can be implemented by comparing the confidence intervals for the estimates in question. If there is no overlapping of the confidence intervals, the estimates are considered statistically different. For example, the average facility labor cost per resident day for proprietary homes was $\$8.53$, and the approximate standard error of this is $\$0.15$. The chances are 95 out of 100 (the 95 percent confidence interval) that the true value being estimated is contained in the interval between $\$8.23$ and $\$8.83$. Since this interval does not overlap with the

95 percent confidence interval of the nonprofit homes ($\$10.32$ – $\$11.48$ as obtained above) the difference between the average labor cost per resident day in these two ownership classifications is considered statistically significant in this report.

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. Table II shows the provisional standard errors of estimated percentages for facilities. Table III shows the provisional standard errors for estimated percentages of residents and beds. Table IV shows the provisional standard errors for average cost per resident day estimate. Table V shows the provisional standard errors for average monthly charge estimates. Figure I shows the provisional relative standard error curves for estimated residents, beds, FTE employees, and facilities. Figure II shows the

Table II.. PROVISIONAL STANDARD ERRORS OF PERCENTAGES FOR FACILITIES

Base of estimated percent (number of facilities)	Estimated percent						
	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points						
200-----	2.8	4.7	6.1	8.3	9.6	10.1	10.4
300-----	2.5	3.9	5.0	6.7	7.7	8.3	8.5
500-----	2.2	3.1	3.8	5.2	5.9	6.4	6.5
750-----	1.4	2.4	3.2	4.2	4.9	5.2	5.3
1,000-----	1.3	2.2	2.8	3.7	4.2	4.5	4.5
2,000-----	1.1	1.4	1.9	2.6	2.9	3.1	3.2
3,000-----	1.0	1.2	1.6	2.1	2.4	2.5	2.6
4,000-----	0.9	1.0	1.4	1.8	2.1	2.2	2.3
5,000-----	0.8	0.9	1.2	1.6	1.9	2.0	2.0
7,500-----	0.5	0.7	1.0	1.3	1.5	1.7	1.7
10,000-----	0.4	0.6	0.8	1.1	1.3	1.5	1.6
16,000-----	0.3	0.5	0.7	0.9	1.1	1.2	1.2

Illustration of use of table II: In the text it was noted that 36 percent (5,600) of the estimated 15,700 nursing homes in the United States were located in the North Central Region. Linear interpolation between values shown in table II will yield an approximate standard error of 1.17 percent for an estimate of 36 percent with a base of 15,700.

provisional standard error curve for estimated resident days.

Approximate standard errors of such ratios as occupancy rate and full time equivalent employees per 100 beds can be calculated as in the following example: Suppose the provisional standard error (σ_R) for the ratio of total FTE employees per 100 beds is desired for nursing homes with less than 50 beds. In table 5 the total FTE employees per 100 beds for homes with

less than 50 beds is 69.0 which is equal to a total of 123,786 FTE employees divided by 179,400 beds times 100. The relative standard error of 123,786 total FTE employees is (from figure I, curve B) approximately 3.05 percent, and the relative standard error of 179,400 beds (from figure I, curve A) is approximately 2.35 percent. The square root of the sum of the squares of these two relative standard errors provides an approximation for the relative standard error of the

Table III. PROVISIONAL STANDARD ERRORS OF PERCENTAGES FOR RESIDENTS AND BEDS

Base of estimated percent (number of residents or beds)	Estimated percent						
	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points						
1,000-----	3.4	6.2	8.9	11.9	13.3	14.5	14.7
2,500-----	2.7	4.1	5.6	7.5	8.6	9.3	9.4
5,000-----	2.3	2.9	4.0	5.4	6.2	6.6	6.7
10,000-----	1.4	2.0	2.8	3.8	4.3	4.6	4.7
20,000-----	0.9	1.5	2.0	2.7	3.1	3.3	3.4
30,000-----	0.8	1.2	1.6	2.2	2.5	2.7	2.8
40,000-----	0.7	1.0	1.4	1.9	2.2	2.4	2.4
50,000-----	0.6	0.9	1.3	1.7	2.0	2.1	2.2
75,000-----	0.5	0.8	1.0	1.4	1.6	1.7	1.7
100,000-----	0.4	0.7	0.9	1.2	1.4	1.4	1.5
200,000-----	0.3	0.5	0.6	0.9	1.0	1.1	1.1
500,000-----	0.2	0.3	0.4	0.6	0.6	0.7	0.7
1,000,000-----	0.1	0.2	0.3	0.4	0.4	0.5	0.5
1,200,000-----	0.1	0.2	0.3	0.4	0.4	0.5	0.5

Illustration of use of table III: In the text it was noted that the homes certified by Medicare housed about 38 percent of the 1,075,800 residents in the United States. Linear interpolation between values shown in table III will yield an approximate standard error of 0.48 percent for an estimate of 38 percent with a base of 1,075,800.

Table IV. PROVISIONAL STANDARD ERRORS OF AVERAGE COST PER RESIDENT DAY

Base of ratio (Number of resident days)	\$5.00	Average establishment cost for providing care per resident day						\$33.00
		\$9.00	\$13.00	\$17.00	\$21.00	\$25.00	\$29.00	
20,000,000-----	---	---	---	0.61	0.69	0.76	0.83	0.90
30,000,000-----	---	0.36	0.44	0.50	0.57	0.63	0.69	0.74
40,000,000-----	---	0.32	0.38	0.44	0.49	0.55	0.60	0.65
50,000,000-----	0.21	0.28	0.34	0.40	0.45	0.50	0.55	0.60
60,000,000-----	0.20	0.26	0.31	0.37	0.42	0.46	0.51	0.56
70,000,000-----	0.18	0.24	0.30	0.36	0.39	0.43	0.48	0.53
80,000,000-----	0.17	0.23	0.28	0.33	0.37	0.41	0.46	0.50
90,000,000-----	0.16	0.22	0.27	0.31	0.35	0.40	0.44	0.48
100,000,000-----	0.15	0.21	0.26	0.30	0.35	0.38	0.42	0.47
200,000,000-----	0.11	0.15	0.20	0.23	0.27	0.30	0.34	---
300,000,000-----	0.09	0.13	0.17	0.21	---	---	---	---

Illustration of use of table IV: Table 2 shows that the average labor cost per resident day for nonprofit homes was \$10.90 with 108,456,400 resident days. Linear interpolation between values shown in table IV will yield an approximate standard error of \$0.23 for an estimate of \$10.90 with a base of 108,456,400.

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 beds, and V_R be the relative standard error of the ratio

The approximate standard error of the ratio of total FTE employees per 100 beds may now be obtained by multiplying the relative standard error by the ratio as done below:

$$R' = X'/Y'$$

$$V_{R'}^2 = V_X^2 + V_Y^2$$

$$= (.0305)^2 + (.0235)^2$$

$$= .0009 + .0005$$

$$= .0014$$

$$V_{R'} = \sqrt{.0014} = .0374$$

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

$$= .0374 \times 69.0$$

$$= 2.58$$

Table V. PROVISIONAL STANDARD ERRORS OF AVERAGE MONTHLY RESIDENT CHARGE

Estimated number of residents	Average monthly resident charge																						
	\$150	\$175	\$200	\$225	\$250	\$275	\$300	\$325	\$350	\$375	\$400	\$450	\$500	\$550	\$600	\$650	\$700	\$750	\$800	\$850	\$900	\$950	\$1,000
	Standard error in dollars																						
2,500-----	52	59	65	72	77	82	89	94	100	106	112	124	135	147	158	170	181	192	204	215	226	237	249
5,000-----	39	44	49	54	59	63	68	73	77	82	87	95	104	114	123	132	141	151	160	169	178	188	197
10,000-----	31	35	39	43	47	51	55	59	63	67	71	79	87	94	102	110	119	127	134	143	151	158	166
20,000-----	26	29	33	36	40	43	47	50	54	57	61	68	76	83	90	97	103	110	118	125	132	139	147
30,000-----	23	27	30	34	37	41	44	48	51	54	57	65	71	78	85	92	99	106	113	120	127	134	141
40,000-----	22	26	29	32	36	39	42	46	49	52	56	63	69	76	83	89	96	103	110	116	123	129	136
50,000-----	22	25	28	31	35	38	41	45	48	51	55	62	68	75	82	88	95	101	108	114	120	126	133
80,000-----	20	24	27	30	34	37	40	43	47	50	53	60	66	72	78	85	92	98	105	111	118	124	131
100,000-----	20	23	27	30	33	36	40	43	46	49	52	59	65	71	78	84	91	97	104	110	117	123	130
200,000-----	20	23	26	29	32	35	38	42	45	48	51	57	64	71	77	83	90	96	103	109	115	122	128
700,000-----	19	22	25	28	32	35	38	41	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Illustration of use of table V: Table 5 shows that 159,300 residents in size group D nursing homes (200 beds or more) paid an average total monthly charge of \$576. Linear interpolation between values shown in table IV yields an approximate standard error of \$74 for an estimate of \$576 with a base of 159,300.

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Terms Relating to Facilities or Residents

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

Type of ownership.—Facilities are classified by type of ownership as follows:

Proprietary home.—A facility operated under private commercial ownership.

Nonprofit home.—For the purposes of the report this could be a nonproprietary or a government home. A nonproprietary home is operated under voluntary or nonprofit auspices, including both church-related and other nonprofit homes. A government home is operated under Federal, State, or local government auspices.

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.

Charge.—The charge made by the establishment itself. It does not include charges which are not part of the bill rendered by the institution such as those for services of physicians.

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

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 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, Hawaii, Alaska

Coverage of Financial Data

The financial data collected were not designed nor are they adequate to provide a direct comparison be-

tween costs and revenues of nursing home operations. The resident charge and establishment cost data were collected for different time periods. Resident charge data were collected for the period August 1973-April 1974 by recording for the *sampled* residents the amount charged for their care for the month prior to the survey. The cost data are generally kept by the facilities on a calendar year basis and were collected for 1972, the most recently completed year at the time of the survey. Facilities which used only a fiscal year basis of accounting were asked to report their cost data for the most recently completed fiscal year.

The total charge data were collected only for those sample residents who had been in the facility for at least one full month and included all charges for lodging, meals, nursing care, medical supplies, and special services. The charge data are not equal to the facility revenue for several reasons. In the instances where charges were made but not collected, the facility's actual revenues from patient services rendered do not equal charges for those services. A facility's total charges as collected also differ from its revenues in that the charge data do not account for the amount of contributions, grants, or subsidies received for general operating purposes from voluntary agencies, foundations, governmental agencies, and similar groups. Other sources of revenue which are not reflected in the charge data are income from investments (interest and dividends), services not directly related to patient

care, and capital gains on the sale of equipment or other tangible assets.

The cost data were collected according to the following major components:

Labor costs—wages and fringe benefits for staff members and contract employees.

Fixed costs—equipment, building and land rentals, insurance, taxes, licenses, interest, financing and depreciation charges, and amortization of leasehold improvements.

Operating costs—expenses for food, drugs, supplies, equipment, laundry, linen, utilities, buildings and grounds maintenance, and contractual arrangements for laboratory, professional, and household services.

Miscellaneous costs—dues, subscriptions, travel, advertising, and other expenses.

Excluded from costs are any losses sustained in the sale or disposition of fixed assets and other extraordinary losses or costs not related to the current cost of providing health care. To the extent that homes do not charge patients the full value of donated goods and services which are used for patient care, revenues from patient care will be smaller than they could be. Hence, they are not comparable to the collected cost data which include an estimate of the market value of donated goods and services.



APPENDIX III

QUESTIONNAIRES USED IN THE 1973-74 NATIONAL NURSING 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 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.



American Nursing Home Association

1200 15th Street, N.W./Washington, D.C. 20005 Phone: (202) 833-2050

Dear Administrator:

I am writing to urge your participation in the 1973 Nursing Home Survey. The National Center for Health Statistics has invested over a year in developing this study which will collect national data on services, basic costs, staff, and residents in nursing homes.

The support of our association and of all nursing home administrators is indispensable to the successful inauguration of this research which will provide invaluable data for planning and organizing health care of the aged, drafting health legislation, and setting national policies and priorities to obtain quality care for all nursing home residents.

I believe you will find the survey design maximizes the utility of the data collected while it attempts to minimize the amount of staff involvement. In addition, strict confidentiality provisions are to be maintained. Only summary data will be published and made available to health planners, researchers, health professionals, and the public.

I am confident that the information derived will be well worth the initial investment of your time and effort as it will ultimately result in increased quality of care for all nursing home residents.

Again may I urge your cooperation with the Survey. Its success will provide us in the nursing home field with much needed and, hitherto, unavailable data in this rapidly expanding segment of the health care industry.

Sincerely,

DON T. BARRY
Association President

DTB:lb

AMERICAN ASSOCIATION OF HOMES FOR THE AGING

374 National Press Building, 14th & F Streets, N.W., Washington, D.C. 20004
The national organization of **NONPROFIT HOMES** Telephone (202) 347-2000



Dear Administrator:

The National Center for Health Statistics has requested the cooperation of AAHA homes in connection with its 1973 Nursing Home Survey. Because I believe this survey will provide HEW with information which will enable the Department to improve national policy with respect to long term care, I am writing to urge your participation.

The study will collect national data on services, costs, staff, and residents in nursing homes. The data will then be used for planning and organizing health care of the aged, drafting health legislation, and setting national policies and priorities to obtain quality care for all nursing home residents.

Strict confidentiality provisions are to be maintained by the Center. Only summary data will be published and made available to health planners, researchers, health professionals, and the public.

Although I recognize the amount of time which will be required to complete the survey questionnaire is substantial, I believe the information derived will be worth the investment of your time, as it will ultimately be used in an effort to improve long term care. Also, I believe it is important to have the nonprofit point of view represented in public policy. Failure to participate on the part of nonprofit homes could result in the making of public policy without our input.

I therefore again urge your cooperation with this Survey.

Sincerely,

A handwritten signature in cursive script that reads "Eugene T. Hackler".

Eugene Hackler, President
American Association of Homes for the Aging

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? No provider # given
cc13
- c. HOW MANY BEDS ARE CERTIFIED FOR MEDICARE?
_____ beds
cc19
- 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-

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

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

From Month Year through Month Year
 cc15,16 cc17,18 cc19,20 cc21,22

13. HOW MANY PERSONS WERE ADMITTED TO THIS FACILITY DURING 1972?

Admissions _____
cc23

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

Discharges _____
cc27

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

Deaths _____
cc31

16. 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 _____ (mark (X) if estimated)
cc35 41-1

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

- a. None or _____ 1 bed only
cc44
- b. None or _____ 2 beds
cc48
- c. None or _____ 3 beds
cc52
- d. None or _____ 4 or more beds
cc56

*18. ARE ANY OF THE FOLLOWING SERVICES ROUTINELY PROVIDED TO RESIDENTS IN ADDITION TO ROOM AND BOARD?

- a. Supervision over medications which may be self-administered 60-1 Yes -2 No
 - b. Medications and treatments administered in accordance with physicians' orders 61-1 Yes -2 No
 - c. Rub and massage 62-1 Yes -2 No
 - d. Help with tub bath or shower 63-1 Yes -2 No
 - e. Help with dressing 64-1 Yes -2 No
 - f. Help with correspondence or shopping 65-1 Yes -2 No
 - g. Help with walking or getting about 66-1 Yes -2 No
 - h. Help with eating 67-1 Yes -2 No
- OR
- i. None of the above services routinely provided, room and board provided only 68-1 Yes

***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)

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

39-1 Registered Nurse

from _____ am to _____ am
cc41 pm cc45 pm

-2 Licensed Practical Nurse

-3 Nurse's Aide

-4 Other _____ 40-
Specify Occupation

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)

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

50-1 Registered Nurse

from _____ am to _____ am
cc52 pm cc56 pm

-2 Licensed Practical Nurse

-3 Nurse's Aide

-4 Other _____ 51-
Specify Occupation

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)

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

61-1 Registered Nurse

from _____ am to _____ am
cc63 pm cc67 pm

-2 Licensed Practical Nurse

-3 Nurse's Aide

-4 Other _____ 62-
Specify Occupation

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?

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

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?

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

* 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

EXPENSE QUESTIONNAIRE

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

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

Dear Accountant:

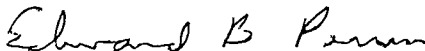
The National Center for Health Statistics (NCHS) of the U. S. Public Health Service is conducting a survey of all resident facilities providing nursing and personal care to obtain basic data on their operating expenses, services, and staff. This survey is being conducted as a part of the Department of 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. 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.

This booklet contains the Expense Questionnaire, together with the account descriptions of the cost categories included in the questionnaire. In addition, there is a full-time Certified Public Accountant whose services are free of charge available via toll free telephone (800-638-0856) to answer your questions about completing this questionnaire. However, we ask that you first attempt to complete the attached questionnaire (which immediately follows in this booklet), using this instruction booklet. If you still have questions, please use the free telephone contact (listed above) to acquire answers prior to completing the questionnaire.

Please note at the bottom of this page that authorization is given for you to release the requested information. We wish to assure you that any information which permits the 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.

Please complete this questionnaire and return it in the enclosed postage-paid envelope within 5 working days. Your cooperation in this survey will be greatly appreciated.

Sincerely yours,



Edward B. Perrin, Ph. D.
Acting Director

I hereby authorize _____ of _____
 (Accountant's Name) (Accountant's Address and Telephone)

to list the { fiscal year } expenses in operating the _____
 { 1972 Calendar year } (Facility Name)

of _____
 (Facility Address)

Date _____ (Signature) _____ (Title)

INSTRUCTIONS FOR COMPLETING THE EXPENSE QUESTIONNAIRE

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN TO ANSWER THE EXPENSE QUESTIONNAIRE WHICH IS ATTACHED TO THIS BOOKLET

The definitions in this manual highlight the substance of each cost grouping as well as related groupings of expenses to be excluded from specific cost definitions.

Donated services, supplies, space, etc., are to be priced at their reasonable value and added to the cost category to which applicable.

Where a home is an affiliate of another facility, such as a hospital, and the records of the home are a part of the total accounting system, allocation techniques may be required to identify certain of the costs such as payroll, rent, supplies, and insurance. This is acceptable providing a sound basis is established for the allocation.

While it is preferred that the report be on the calendar year ending December 31, 1972, you may cover a different twelve-month period if you are on a fiscal year basis. The cost data, of course, must be for the same time frame as the related statistical data included in other phases of this survey. This is for the purpose of including all of the costs of delivering health care, disregarding whether the services were paid for or (as in homes staffed by members of a religious order) donated.

Expenses may be reported on either a cash or accrual basis; however, there must be a consistency in the system applied throughout the entire period under report.

The cost categories in this questionnaire are aimed at the total cost of care for patients, and are matched to statistical data being collected for parallel purposes. Typical functional cost information (e.g., administrative, clerical, medical cost categories) will not provide an appropriate framework for the study and should consequently not be used.

The expense categories used in this questionnaire are also not intended to be a recommended cost structure for homes; they are tailored to a single specific use in the survey. It is recognized that certain of the costs, such as supplies, foods, drugs, and equipment specifically purchased for sale to patients, may not, within the present expense structure of a home, be recorded as expense. Again, this survey is for the purpose of capturing all costs incident to providing health care in a home and therefore must include services and supplies directly charged to patients.

In general, it is essential that all recorded expenses incurred by the Home be included in the expense categories, as well as the value of donated items not recorded in the account structure. Excluded from costs, however, are any losses sustained in the sale or disposition of fixed assets and other extraordinary losses not related to the current cost of providing health care.

EXPENSE QUESTIONNAIRE

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

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

cc1-2

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.	ESTABLISHMENT NO.									

cc2

A. PLEASE LIST BELOW THE 1972 CALENDAR YEAR EXPENSES FOR OPERATING THE FACILITY, IF EXPENSES ARE NOT FOR THE 1972 CALENDAR YEAR, SPECIFY PERIOD COVERED:

CARD 1
cc11-1

from to
month year month year
cc12 cc14 cc16 cc18

B. REFER TO THE ENCLOSED DEFINITIONS WHEN COMPLETING THIS FORM. FOR FURTHER CLARIFICATION PLEASE CALL FREE OF CHARGE THE FOLLOWING PHONE NUMBER: 800-638-0856.

EXPENSE CATEGORY	AMOUNT
(See Note 1 on next page)	(If NONE, please enter "0")
1. Payroll Expense (Do not include contracted services):	
a. Wages and Salaries (gross amount including employees' FICA, vacation and sick pay, taxes, etc.):	
(1) Nursing staff payroll expense \$ _____ (include RNs, LPNs, Practical nurses, aides, orderlies, student nurses, and other nursing staff)	cc21
(2) Physicians, other professionals and semi-professionals payroll expense \$ _____	cc31
(3) All other staff payroll expense \$ _____ (All employees not listed in (1) and (2) including salary or withdrawals for self-employed proprietor-owner*)	cc41
SUBTOTAL (add lines a.(1), a.(2), and a.(3)	\$ _____ cc51
b. Fringe Benefits (state unemployment, group health and life insurance and all other payroll and non-payroll benefits for all employees on the staff)	\$ _____ cc61
TOTAL PAYROLL EXPENSE (add subtotal line and line 1.b.)	\$ _____ cc71

CARD 2
cc11-2

2. Equipment Rent	\$ _____ cc21
3. Insurance (include professional-public liability and other insurance)	\$ _____ cc31
4. Taxes and licenses (include franchise tax).	\$ _____ cc41
5. Interest and Financing Charges.	\$ _____ cc51
6. Depreciation Charges (Buildings and Equipment)	\$ _____ cc61
7. Rent on Building and Land	\$ _____ cc71

* If self-employed proprietor-owner is non-salaried, please estimate salary.

CARD 3
cc11-3

- 8. Amortization of Leasehold Improvements \$ _____
cc21
- 9. Food and Other Dietary Items \$ _____
(include non-contracted services only) cc31
- 10. Drug Expenses (cost of drugs either purchased \$ _____
or obtained by contract, or purchased for patients cc41
and sold directly to them)
- 11. Supplies and Equipment (cost of supplies and \$ _____
equipment either purchased or obtained by cc51
contract, or purchased for patients and sold
directly to them)
- 12. Purchased Maintenance of Buildings, Grounds \$ _____
and Equipment cc61
- 13. Laundry and Linen Expense (include non- \$ _____
contracted services only) cc71

CARD 4
cc11-4

- 14. Purchased Department Functions:
 - a. Medical, therapy, educational laboratory \$ _____
and other professional services obtained cc21
by contract.
 - b. All other contracted services (include house- \$ _____
keeping, linen, food, or other services not cc31
obtained in-house)

TOTAL PURCHASED DEPARTMENT FUNCTIONS (add lines \$ _____
14.a and 14.b) cc41
 - 15. Utilities (telephone, gas, water, and electricity) \$ _____
cc51
 - 16. Other and Miscellaneous Expense \$ _____
(include dues, subscriptions, travel, auto- cc61
mobile, advertising, other services not
included elsewhere, medical and non-medical
fees, unclassified). See Note 2 below.
- TOTAL EXPENSES** (add expense category line items \$ _____
1 through 16) cc71

Please check the addition of subcategories and total expenses.

Note 1. If your accounting system does not generate cost items as categorized above, please use your best estimate of allocation among the line items.

Note 2. If Other and Miscellaneous Expense comprises 10 percent or more of the total expenses, please give details below of major amounts which constitute 20 percent or more of Line 16.

<u>Description</u>	<u>Amount</u>
--------------------	---------------

If your questions are not answered by the instructions, you may contact a certified public accountant free of charge at the following toll-free number for answers:

(800) 638-0856

Thank you.

DEFINITIONS

1. PAYROLL EXPENSE

a. Wages and Salaries

Wages and salaries are generally defined as gross earnings paid an employee including payment for annual and sick leave, overtime, bonuses and other remuneration of a payment nature received by the employee. The wages and salaries represent the amount earned and reported to the Internal Revenue Service on his or her W-2 statement. Self-employed proprietors, while not salaried as employees, are to be included in this definition either in the amount reported on the tax return as self-employed salary, or as a reasonable amount, related to the technical or non-technical services provided.

Employee salaries and wages, by the above definition, exclude payments for professional or non-professional services obtained under contract, or fees paid doctors on a fee-for-service basis. Also excluded from Wages and Salaries are Fringe Benefits as defined in 1 b (Payroll Expense - Fringe Benefits) below.

Non-funded employee benefits such as meals and living quarters, if provided an employee, and considered a part of the gross salary received, are to be included in gross wages and salaries.

Wages and salaries are to be reported on the gross basis, without deductions for FICA, Federal and State taxes, and other deductions from an employee's gross pay.

(1) Nursing and Staff Payroll Expense

Nursing staff payroll expense is defined as the total wage and salary compensation given those employees who administer nursing care to patients.

This category includes registered nurses, licensed practical nurses, practical nurses, nurses' aides, orderlies, and student nurses.

(2) Physicians and Other Professionals Payroll Expense

Physicians and other professionals payroll expense is defined as wage and salary compensation given those professional employees who provide direct health care to patients.

This category includes physicians, psychiatrists, dentists, optometrists, therapists, psychologists, podiatrists, audiologists, etc.

(3) All Other Staff Payroll Expense

All other staff payroll expense is defined as wage and salary compensation given all employees not specifically categorized in (1) or (2) above.

This category includes medical and dental technicians, social service workers, X-ray assistants, lab assistants, and administrative personnel including a self-employed proprietor-owner.

Nursing staff, physicians and other professionals are excluded from this category.

Any employee who spends 75 percent or more of his time in any one of the three areas mentioned above should have all of the wage and salary compensations charged to that expense category. Further allocation is acceptable if it is a feature of your accounting system.

b. Fringe Benefits

Fringe benefits are expenses incurred by the home for the current and future benefit of home employees. These expenses, not added to the wages and salaries of the employees, include such items as group health, hospitalization, employer's portion of FICA, Federal and State Unemployment Insurance, and life insurance premiums (exclusive of premiums paid where (a) the Home is the beneficiary or (b) on the life of the proprietor-owner).

Excluded from this cost category are payments for vacation, maternity and sick pay, terminal payments, employee's share of FICA, and living facilities provided employees where such facilities are established for the benefit of the home.

2. EQUIPMENT RENT

Equipment rent is defined as all costs incurred for the rental or leasing of equipment. Charges to this category would include the rental or leasing of furniture, typewriters, computers, X-ray machines or other forms of equipment. Exclude from this category all lease-purchase agreements and deferred payment plans on the purchase of equipment. These latter type purchases will be treated through the Depreciation Cost Category (expense category 6).

3. INSURANCE

Insurance is defined as the cost of premiums for policies necessary to the normal operation of nursing homes.

These charges include fidelity bonds, fire and extended coverage, malpractice, property and bodily injury liability, and automobile insurance where transportation is included as a service of the facility.

Exclude insurance paid for the benefit of employees, such as employee life or group hospitalization, as well as key man life insurance. See definition of expense category 1 (b) for distribution of employee benefit insurance paid. If the home's accounting system is on the accrual basis, exclude any prepaid costs and include only the premiums on the current year's portion.

4. TAXES AND LICENSES

Taxes and licenses are defined as costs paid or due to Federal, state, county, and local governments for taxes levied or licenses required.

This category includes licenses obtained for the right to do business and taxes on real estate, personal property, excise and business franchise taxes.

Amounts remitted to Federal, state, county, and local governments for income taxes withheld from wages and salaries must be excluded.

5. INTEREST AND FINANCING CHARGES

Interest and financing charges are defined as costs incurred as interest or finance charges on loans, notes, or other forms of indebtedness.

These charges include amounts of interest on notes payable, mortgages payable or long-term purchase agreements. The initial cost of financing or refinancing a loan, however, is to be excluded as an extraordinary cost not related to the normal cost of providing health service. Also to be excluded from this expense category are placement fees on loans and costs related to penalty clauses on early retirement of mortgages or other loans.

Penalties paid to Federal, state, county, or local governments for improper filing of tax or information returns should be excluded.

6. DEPRECIATION CHARGES

Depreciation is defined as the distribution of the cost of tangible capital assets, less salvage (if any), over the estimated life of the asset.

Charges to this category should exclude amortization as defined in expense category 8.

Depreciation charges are to be limited to the straight-line method rather than an amount that may be acceptable under the Federal tax law (double-declining, sum-of-the-years-digits, one and one-half straight-line, etc.).

Tangible capital assets, currently being purchased under a lease-purchase agreement, are to be depreciated rather than treated as a rental payment. Exclude from this category any equipment of a nominal amount expensed in Equipment (Cost category 11.).

7. RENT ON BUILDING AND LAND

Rent on building and land is defined as all costs incurred for space occupied pursuant to leases or rental agreements.

Included in this category is the cost of all buildings or real estate rented or leased by the home.

Charges to this category should exclude lease-purchase agreements and payments made on a mortgage covering the building or land.

3. AMORTIZATION OF LEASEHOLD IMPROVEMENTS

Amortization of leasehold improvements is defined as the writeoff of improvements to leased premises over the remaining life of the lease or the useful life of the improvement, whichever is shorter.

Improvements to leased premises which have a remaining lease or useful life of one year or less should be expensed directly when incurred.

Included in this category are improvements to leased premises such as wall partitions, permanent counters and cabinets, tile floors and wall coverings, and plumbing fixtures.

Exclude from this category any improvements of a nominal amount charged to repairs and maintenance and included in another cost category in this questionnaire.

9. FOOD AND DIETARY ITEMS

Dietary and food items purchased for preparation on the home's premises are to be charged to this account.

Income received on the sale of meals to non-patients and staff (when charged) will be deducted from the recorded gross cost of the food and dietary items.

Where food inventories are maintained, the cost of food consumed will be the basis for the recording of cost (inventory at beginning of year plus purchases, less ending inventory.) Freight and sales taxes, whether included in the purchase, or as a separate item (freight only), are to be charged to the cost of food and dietary items, rather than to be charged to "Taxes and Licenses" (sales tax) or "Other and Miscellaneous Expense" (freight).

This cost category excludes related food costs, such as food preparation (wages), cost of kitchen operation, menu preparation, and paper supplies related to the serving of meals.

The cost of meals purchased from hospitals or other outside services is excluded from this cost category (see 14 (b), Contracted Services - Food) whether or not under contract.

Food purchased (to be prepared by the home) for sale to specific patients is also to be charged to this account.

10. DRUG EXPENSES

Drug expenses represent the cost (or value when donated) of drugs consumed out of inventory or purchased for patients and resold to them. Drugs not under inventory control will be considered expensed when purchased.

For purposes of this definition, drugs include both prescription type medicines as well as non-prescription items such as aspirin, laxatives, and vitamins. Excluded from this definition are such non-medicine items as cotton, bandages, syringes, and other items which do not meet the common definition of drugs, and are categorized under supplies, item 11, below.

Recognizing that medical supplies may be co-mingled in the cost account with drug items, an allocation technique may be adopted for the purposes of determining the separate cost of drug expenses.

The cost of drugs includes freight costs as well as sales taxes added to the purchase price of drugs.

Drug cost is not to be reduced by revenues from patients whether sold out of the nursing home inventory or purchased specifically for their use.

11. SUPPLIES AND EQUIPMENT

a. Supplies

Includes the purchase or donated value of all supplies exclusive of drug supplies (see 10.) and food and other dietary items (see 9.)

Supplies include, but are not limited to, supplies used in food preparation and serving (dishes, kitchen ware, paper supplies, etc.), office supplies, medical supplies, laundry, linen and blanket supplies, uniforms, the purchase of minor equipment (staplers, ash trays, etc.) classified as supplies, and repair and maintenance supplies and parts (cleaning supplies, light bulbs, small tools, etc.).

Under normal conditions, supplies of the nature of those classified for inclusion in this cost category are not maintained under inventory control except as a minimum level which may be used as a re-order point. The accounting system of the home will dictate whether these costs will be developed on a "delivery basis" or on "issued" basis. Either method will be acceptable.

In those instances where the nursing home is affiliated with another facility such as a hospital and there is no separation of accounting records, an allocation cost distribution method, consistent with sound accounting practices and principles, will be acceptable.

b. Equipment

Includes the purchase or donation of items classified as equipment, but because of the nominal cost or nature of the items, they are not capitalized.

Equipment in this grouping include, but are not limited to, appropriate items of medical equipment, furniture and fixtures of a nominal value not maintained under asset control, repair and maintenance equipment, kitchen equipment, and administrative equipment.

Equipment purchased specifically for sale to a patient, regardless of the cost or nature of the purchase, is to be included in this category. Reasoning behind this decision is that title belongs to the patient and, accordingly, the home has no basis for depreciating the equipment. Accordingly, all equipment purchased for patients will be recorded in this cost category. The revenues derived from the sale of the equipment to the patients will not be credited as an offset to the cost recorded in Supplies and Equipment.

Exclude from this category any equipment which is being depreciated in cost category 6.

12. PURCHASED MAINTENANCE OF BUILDING, GROUNDS, AND EQUIPMENT

This cost grouping includes contract costs for elevator maintenance, equipment appliance maintenance, ground maintenance, contracts to maintain plumbing, electrical systems, and similar type service requirements. Excluded from this grouping are contracts for such services as trash removal, cleaning services, and other housekeeping services. The cost for these latter contracts is to be recorded in 14 (b), Purchased Department Functions - - All Other Contracted Services.

Maintenance costs, not under contract, to be recorded in this cost category include the expense of plumbers, electricians, ground maintenance, carpenters, general repairmen (appliance repairs, etc.), and similar non-contractual maintenance services.

13. LAUNDRY AND LINEN EXPENSE

This account relates to the cost of outside service only, rather than the cost of purchasing linens, towels, blankets, uniforms, etc. This cost may or may not be under a service contract and may include the rental cost of the supplies provided under a contract.

Laundry and linen expense, as classified in this cost category, excludes services for this function provided by nursing home staff. Personnel costs for this service will be charged to 1.a.(3), Wages and Salaries - - All Other Staff Payroll Expense.

Separate charges for laundry or linen lost or damaged by the nursing home under a service-rental agreement will be reflected in this grouping.

14. PURCHASED DEPARTMENT FUNCTIONS

Purchased department functions are defined as those services which are obtained by the home through a contract with an outside entity.

a. Medical, therapy, educational laboratory and other professional services obtained by contract

This category includes services contracted with physicians, therapists, laboratories, pharmacies, nurses, and other professional service providers.

This category excludes all maintenance contract services and other non-professional contract services.

b. All Other Contracted Services

All Other Contracted Services include contracts for housekeeping, linen service, food and dietary service, ambulance service and any other non-professional contract service not specifically mentioned above.

This category excludes maintenance service contracts and professional contract services.

15. UTILITIES

Utilities are defined as charges for telephone and telegraph, gas, fuel, oil, water, and electricity.

Charges to this category should exclude any utility charges, such as telephone, that are reimbursed by patients or employees or charges that are paid by the lessor under the lease agreement.

16. OTHER AND MISCELLANEOUS EXPENSES

This expense category is a catchall to record all costs not classified in 1. through 15. above. Costs included in this grouping are dues and subscriptions, printing costs, advertisements, travel costs, automobile expenses, non-classified medical and non-medical fees (example - audit and legal fees), postage and casual labor not charged to other expense categories.

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.

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TOTAL RESIDENTS IN HOME _____
cc12-15

IN SAMPLE _____
cc16-19

cc1-6

cc2

cc11-1

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
		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

RESIDENT QUESTIONNAIRE

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

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

1-7

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:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>										
cc2											

LINE NO.

--	--	--

cc11

cc14-1

1. WHAT IS — DATE OF BIRTH?	<input type="text"/> <small>Month cc15,16</small>	<input type="text"/> <small>Day 17, 18</small>	<input type="text"/> <small>Year 19-21</small>	or	<input type="text"/> <small>Age cc22-24</small>						
2. WHAT IS — SEX?	<input type="checkbox"/> Male <small>25-1</small> <input type="checkbox"/> Female <small>-2</small>										
3. WHAT IS — ETHNIC BACKGROUND? (Mark (X) Only one box)	<table style="width:100%; border: none;"> <tr> <td style="width:33%;">26-1 <input type="checkbox"/> Caucasian</td> <td style="width:33%;">-2 <input type="checkbox"/> Negro</td> <td style="width:33%;">-3 <input type="checkbox"/> Oriental</td> </tr> <tr> <td>-4 <input type="checkbox"/> Spanish American</td> <td>-5 <input type="checkbox"/> American Indian</td> <td>-6 <input type="checkbox"/> Other</td> </tr> </table>					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
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)	<table style="width:100%; border: none;"> <tr> <td style="width:33%;">27-1 <input type="checkbox"/> Married</td> <td style="width:33%;">-2 <input type="checkbox"/> Widowed</td> <td style="width:33%;">-3 <input type="checkbox"/> Divorced</td> </tr> <tr> <td>-4 <input type="checkbox"/> Separated</td> <td>-5 <input type="checkbox"/> Never Married</td> <td></td> </tr> </table>					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	
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"/> <small>Month cc28, 29</small>	<input type="text"/> <small>Day 30-31</small>	<input type="text"/> <small>Year 32-34</small>								

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"/>																													
			<table style="width:100%; border: none;"> <tr> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%; text-align: center;">Yes</td> <td style="width:15%; text-align: center;">No</td> </tr> <tr> <td style="padding: 5px;">(1) Spouse?</td> <td style="padding: 5px;">37-1</td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">-2 <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">(2) Children?</td> <td style="padding: 5px;">38-1</td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">-2 <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">(3) Other relatives?</td> <td style="padding: 5px;">39-1</td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">-2 <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">(4) Unrelated persons?</td> <td style="padding: 5px;">40-1</td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">-2 <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">(5) Lived alone?</td> <td style="padding: 5px;">41-1</td> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">-2 <input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">(6) Don't know?</td> <td style="padding: 5px;">42-1</td> <td style="padding: 5px;"><input type="checkbox"/></td> <td></td> </tr> </table>			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"/>	
		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"/>																												
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(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)	

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 No
- 66-1 -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

Form 73NHS-7

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)

- 46-1 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?

Form 73NHS-7

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?

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

	No	Yes		More often than once a week	Once a week or less
(1) Depressed	57-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	—————→	58-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
(2) Agitated, nervous	59-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	—————→	60-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
(3) Abusive, aggressive	61-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	—————→	62-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
(4) Confused, senile	63-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	—————→	64-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
(5) Disturbed sleep	65-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	—————→	66-1 <input type="checkbox"/>	-2 <input type="checkbox"/>
(6) Other problem behavior	67-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→ (Specify) _____ 68-	→ 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)

Form 73NHS-7

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

b. DOES – USE THE DENTURES?

- Yes **40-1**
- No **-2**

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

- Yes **41-1**
- No **-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 **54-1**
- No (Skip to Question 23a.) **-2**
- Don't know (Skip to Question 23a.) **-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
14-6

- Yes 15-1 No -2 (Skip to Question 24) Don't know -3

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 QUESTIONNAIRE – PART 1

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

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

26 cc1-4

36

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.	A. ESTABLISHMENT NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cc2	B. LINE NO. <input type="text"/> <input type="text"/> <input type="text"/> cc11
	C. OCCUPATION (CODE FROM STAFF CLASSIFICATION CARD) <input type="text"/> <input type="text"/> cc14-1 cc15	D. IN CHARGE OF SHIFT? NO 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cc17

The National Center for Health Statistics of the Health Resources Administration is conducting a nationwide survey in nursing homes. One of the purposes of the survey is to obtain certain information about the staff employed in these facilities. We would appreciate your taking the brief amount of time necessary to complete this questionnaire.

Your answers will be given confidential treatment. The information will be used for statistical purposes only, and will be presented in such a manner that no individual person or establishment can be identified. After completing the form please return it in the envelope provided.

You may ask questions of the interviewer or by calling 800-638-0856.

1. HOW LONG HAVE YOU WORKED AS A _____

a. IN THIS FACILITY? Years cc20 Months cc22

b. IN OTHER NURSING HOMES, HOMES FOR THE AGED, OR SIMILAR FACILITIES? Years cc24 Months cc26 OR Mark (X) this box if you have never worked in any other nursing home.

c. IN HOSPITALS? Years cc28 Months cc30 OR Mark (X) this box if you have never worked in a hospital.

2. WHAT IS YOUR DATE OF BIRTH? _____ / ____ / ____
 Month cc32,33 Day cc34,35 Year cc36,37

3. HOW MANY HOURS PER WEEK DO YOU USUALLY WORK IN THIS FACILITY? hours cc38

4. HOW MANY HOURS DID YOU WORK LAST WEEK IN THIS FACILITY? hours cc40 OR none

5. BESIDES THE HOURS WORKED IN THIS FACILITY, HOW MANY ADDITIONAL HOURS DID YOU WORK IN YOUR PROFESSION LAST WEEK? hours cc42 OR none

6. WHAT IS YOUR SALARY BEFORE DEDUCTIONS FOR THE WORK YOU PERFORM IN THIS FACILITY ONLY?

\$ _____ . _____ per week 52-1 hour -2 two weeks -3 one month -4 other time period, specify _____ 53-
 cc44 OR I donate my services cc51-1

7. IN ADDITION TO THIS SALARY, DO YOU RECEIVE:
(Mark the Yes or No Box for Each Line)

		Yes	No
a. Paid vacation, paid holidays, and/or paid sick leave?	54-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
b. Cash bonus?	55-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
c. Pension plan in addition to Social Security?	56-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
d. Health insurance?	57-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
e. Life insurance?	58-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
f. Release time for attending training institutes?	59-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
g. Civic or personal leave (such as leave for jury duty, military reserves, voting, funerals)?	60-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
h. Room?	61-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
i. Meals?	62-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
j. Other? Specify <u>64</u>	63-1	<input type="checkbox"/>	-2 <input type="checkbox"/>

8. LAST WEEK IN THIS FACILITY, DID YOU PERFORM ANY OF THE FOLLOWING SERVICES:
(Mark the Yes or No Box for Each Line)

		Yes	No
a. Administration of the facility?	65-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
b. Nursing care?	66-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
c. Medical and dental care?	67-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
d. Physical therapy?	68-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
e. Occupational therapy?	69-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
f. Recreational therapy?	70-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
g. Speech and hearing therapy?	71-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
h. Social work?	72-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
i. Clerical work?	73-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
j. Kitchen/dietary work, grocery shopping?	74-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
k. Housekeeping services?	75-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
l. Other? Specify service <u>77</u>	76-1	<input type="checkbox"/>	-2 <input type="checkbox"/>

9. WHAT IS THE HIGHEST GRADE YOU COMPLETED IN SCHOOL?

	Circle highest grade completed	CARD2 cc14-2
a. College	1 2 3 4 5 or more	cc15
b. Nursing school (diploma) ..	1 2 3	cc16
c. Junior college	1 2	cc17
d. High school	1 2 3 4	cc18
e. Elementary school	1 2 3 4 5 6 7 8	cc19

10a. WHICH OF THE FOLLOWING DEGREES DO YOU HAVE?
(Mark all that apply, count completed degrees only)

		b. FOR EACH DEGREE THAT YOU HAVE PLEASE ENTER YOUR MAJOR FIELD OF STUDY	c. IN WHAT YEAR DID YOU RECEIVE EACH DEGREE?
Associate degree or certificate	20-1 <input type="checkbox"/>		19 _____ cc25,26 cc27,28
Bachelor's degree	21-1 <input type="checkbox"/>		19 _____ cc29,30 cc31,32
Master's degree	22-1 <input type="checkbox"/>		19 _____ cc33,34 cc35,36
Doctorate (M. D., D. O., Ph.D., etc.)	23-1 <input type="checkbox"/>		19 _____ cc37,38 cc39,40

If none of these, mark (X) box and skip to Question 11
24-1

11. HAVE YOU TAKEN ANY NON-DEGREE TRAINING COURSES IN THE PAST YEAR? TRAINING COURSES INCLUDE CLASS SESSIONS AND SEMINARS. DO NOT INCLUDE COURSES FOR DEGREE CREDIT.

42-1 Yes

-2 No
(Skip to Question 12)

b. FOR EACH OF THE SUBJECT AREAS LISTED BELOW, INDICATE HOW MANY NON-DEGREE TRAINING COURSES* YOU HAVE TAKEN WITHIN THE PAST YEAR.	c. NUMBER OF COURSES* TAKEN IN PAST 12 MONTHS	
a. Nursing care of the aged or chronically ill		cc43,44
b. Medical or dental care of the aged or chronically ill		cc45,46
c. Mental or social problems of the aged or chronically ill		cc47,48
d. Physical therapy or rehabilitation		cc49,50
e. Occupational therapy		cc51,52
f. Nutrition or food services		cc53,54
g. Nursing home administration		cc55,56
h. Inservice Education		cc57,58
i. Medical records		cc59,60
j. Activity programs for the aged or chronically ill		cc61,62
k. Social services for the aged or chronically ill		cc63,64
l. Pharmacology and care of drugs		cc65,66
m. Other course related to your work Specify _____ 67-		cc68,69

*Training courses include class sessions and seminars. Do not include courses for degree credit.

PLEASE TURN THE PAGE FOR THE NEXT QUESTION.

12. ARE YOU A PHYSICIAN (M.D. OR D.O.)?

- a. Yes cc71-1 No -2 (Please stop, this is the last question which applies to you. Thank you for your cooperation. Please return the questionnaire in the enclosed postage paid envelope either to the interviewer or to:

Applied Management Sciences
962 Wayne Avenue, Suite 701
Silver Spring, Maryland 20910)

- b. DO YOU ATTEND YOUR OWN PRIVATE PATIENTS IN THIS HOME?

CARD3
cc14-3

- 15-1 Yes → b.1 HOW MANY OF YOUR OWN PRIVATE PATIENTS DO YOU ATTEND IN THIS FACILITY? _____ patients cc16
-2 No

- c. ARE YOU NOW ATTENDING PATIENTS TEMPORARILY IN THIS FACILITY TO COVER FOR THE PATIENT'S OWN PHYSICIAN? 19-1 Yes -2 No

- d. DO YOU TAKE EMERGENCY CALLS FOR ANY PATIENT IN THIS HOME? 20-1 Yes -2 No

- e. DO YOU PROVIDE OTHER DIRECT PATIENT SERVICE IN BEHALF OF THE HOME'S RESPONSIBILITY FOR SECURING SUCH COVERAGES (e.g., ADMISSION EXAMS, PRONOUNCING DEATHS, SECURING MEDICATION AND DIET ORDERS, ETC.?) 21-1 Yes -2 No

- f. DO YOU PROVIDE INSERVICE TRAINING TO THE HOME'S PERSONNEL? 22-1 Yes -2 No

- g. FOR HOW MANY RESIDENTS IN THIS HOME DO YOU PROVIDE MEDICAL CARE?
_____ residents cc23

Thank you for your cooperation. Please return the questionnaire in the enclosed postage paid envelope either to the interviewer or to:

Applied Management Sciences, Inc.
962 Wayne Avenue, Suite 701
Silver Spring, Maryland 20910

STAFF QUESTIONNAIRE -- PART II

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

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

ASSURANCE OF CONFIDENTIALITY - All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.	cc1-5										cc11-1							
	A. ESTABLISHMENT NO.										B. LINE NO.					C. OCCU-PATION CODE		
	cc2										cc12					cc15		

The National Center for Health Statistics of the Health Resources Administration is conducting a nationwide survey in nursing homes. One of the purposes of the survey is to obtain certain information about the staff employed in these facilities. We would appreciate your taking the brief amount of time necessary to complete this questionnaire.

Your answers will be given confidential treatment. The information will be used for statistical purposes only, and will be presented in such a manner that no individual person or establishment can be identified.

After completing the form please return it in the envelope provided.

Thank you for your cooperation.

THE FOLLOWING STATEMENTS ARE ABOUT NURSING HOMES AND/OR HOMES FOR THE AGED. FOR EACH OF THE STATEMENTS PRESENTED, MARK (X) THE RESPONSE CATEGORY WHICH MOST NEARLY REPRESENTS YOUR FEELING. MARK A BOX FOR EACH STATEMENT.

- DEATHS IN HOMES FOR THE AGED OR NURSING HOMES SHOULD BE MADE AS INCONSPICUOUS AS POSSIBLE AND ANY CONVERSATION ABOUT THEM AMONG RESIDENTS SHOULD BE DISCOURAGED.

	A	B	C	D	E
18-1	<input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>
	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
- RESIDENTS OF HOMES FOR THE AGED SHOULD BE ENCOURAGED TO ENGAGE IN VOLUNTARY ACTIVITIES, E.G., RECEPTIONIST FOR THE HOME, FEEDING AND READING TO OTHER RESIDENTS.

	A	B	C	D	E
19-1	<input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>
	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
- THE FORMATION OF CLIQUES OR SMALL SOCIAL GROUPS SHOULD BE DISCOURAGED IN ANY RESIDENTIAL SITUATION.

	A	B	C	D	E
20-1	<input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>
	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
- SYMPTOMS OF SENILITY ARE ESSENTIALLY PHYSIOLOGICAL AND IT IS LARGELY A WASTE OF VALUABLE STAFF TIME TO ATTEMPT TO ALLEVIATE THEM WITH "SOCIAL THERAPY".

	A	B	C	D	E
21-1	<input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>
	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
- "VACATIONS" FOR RESIDENTS SHOULD BE DISCOURAGED SINCE THEY CAUSE SUCH PROBLEMS IN ADJUSTMENT WHEN THE RESIDENTS RETURN TO INSTITUTIONAL LIVING.

	A	B	C	D	E
22-1	<input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>
	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
- RESIDENTS SHOULD AT ALL TIMES BE SUSCEPTIBLE TO OBSERVATION BY THE STAFF.

	A	B	C	D	E
23-1	<input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>
	Strongly agree	Agree	Don't know	Disagree	Strongly disagree

7. RESIDENTS SHOULD BE DISCOURAGED FROM SHOWING AN INTEREST IN THE OPPOSITE SEX, FOR SUCH BEHAVIOR IS INAPPROPRIATE AT THIS AGE.

	A		B		C		D		E
26-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

8. IT IS A RESPONSIBILITY OF STAFF TO ENCOURAGE RESIDENTS OF HOMES FOR THE AGED TO PARTICIPATE IN COMMUNITY ACTIVITIES WHEREVER POSSIBLE, E.G., HOBBY FAIRS, VOTING, ETC.

	A		B		C		D		E
27-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

9. OLD PEOPLE LIKE AND NEED SIMPLE, EASILY DIGESTED FOODS AND ARE NOT MUCH INTERESTED IN "FRILLS".

	A		B		C		D		E
28-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

10. SOMETIMES RESIDENTS OF NURSING HOMES OR HOMES FOR THE AGED SHOULD BE CHALLENGED TO DO JUST A LITTLE MORE THAN THEY HAVE BEEN DOING, EVEN AT SOME SMALL RISK, E.G., WALKING OUT-OF-DOORS.

	A		B		C		D		E
29-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

11. RULES FOR VISITING HOURS ARE NECESSARY SO THAT THE ROUTINE OF CARE WILL NOT BE INTERRUPTED.

	A		B		C		D		E
30-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

12. ONE OF THE MAJOR DIFFICULTIES THE STAFF RUNS INTO IN WORKING WITH A GROUP OF OLD PEOPLE IS THEIR INSISTENCE THAT PERSONNEL STOP AND LISTEN TO THEIR PROBLEMS OF EVERYDAY LIVING.

	A		B		C		D		E
31-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

13. WE CAN MAKE SOME IMPROVEMENT, BUT BY AND LARGE THE CONDITIONS OF NURSING HOMES ARE ABOUT AS GOOD AS THEY CAN BE, CONSIDERING THE CONDITION OF THE RESIDENTS.

	A		B		C		D		E
32-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

14. IT IS NECESSARY TO DISCOVER THE REASON FOR, NOT JUST TO CONTROL, DISRUPTIVE BEHAVIOR.

	A		B		C		D		E
33-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

15. AN EFFECTIVE WAY OF HANDLING PROBLEMS WHICH ARISE IN THE HOME IN THE COURSE OF DAILY LIVING WOULD BE TO HAVE REGULAR MEETINGS WHERE THE RESIDENTS AIR THEIR GRIPES.

	A		B		C		D		E
34-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

<p>16. RESIDENTS IN HOMES NEED TO BE ENCOURAGED TO MAKE THEIR OWN DECISIONS FOR DAILY LIVING, RATHER THAN BEING CONTROLLED BY ROUTINE.</p> <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="width: 20%;">A</td> <td style="width: 20%;">B</td> <td style="width: 20%;">C</td> <td style="width: 20%;">D</td> <td style="width: 20%;">E</td> </tr> <tr> <td>37-1 <input type="checkbox"/></td> <td>-2 <input type="checkbox"/></td> <td>-3 <input type="checkbox"/></td> <td>-4 <input type="checkbox"/></td> <td>-5 <input type="checkbox"/></td> </tr> <tr> <td>Strongly agree</td> <td>Agree</td> <td>Don't know</td> <td>Disagree</td> <td>Strongly disagree</td> </tr> </table>	A	B	C	D	E	37-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
A	B	C	D	E											
37-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>											
Strongly agree	Agree	Don't know	Disagree	Strongly disagree											
<p>17. THE QUIET RESIDENT IS DEMONSTRATING A GOOD ADJUSTMENT TO THE HOME AND DOES NOT NEED AS MUCH ATTENTION AS THE DEMANDING ONE.</p> <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="width: 20%;">A</td> <td style="width: 20%;">B</td> <td style="width: 20%;">C</td> <td style="width: 20%;">D</td> <td style="width: 20%;">E</td> </tr> <tr> <td>38-1 <input type="checkbox"/></td> <td>-2 <input type="checkbox"/></td> <td>-3 <input type="checkbox"/></td> <td>-4 <input type="checkbox"/></td> <td>-5 <input type="checkbox"/></td> </tr> <tr> <td>Strongly agree</td> <td>Agree</td> <td>Don't know</td> <td>Disagree</td> <td>Strongly disagree</td> </tr> </table>	A	B	C	D	E	38-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
A	B	C	D	E											
38-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>											
Strongly agree	Agree	Don't know	Disagree	Strongly disagree											
<p>18. AS SOON AS A PERSON SHOWS SIGNS OF SENILITY HE SHOULD BE PLACED IN A HOME.</p> <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="width: 20%;">A</td> <td style="width: 20%;">B</td> <td style="width: 20%;">C</td> <td style="width: 20%;">D</td> <td style="width: 20%;">E</td> </tr> <tr> <td>39-1 <input type="checkbox"/></td> <td>-2 <input type="checkbox"/></td> <td>-3 <input type="checkbox"/></td> <td>-4 <input type="checkbox"/></td> <td>-5 <input type="checkbox"/></td> </tr> <tr> <td>Strongly agree</td> <td>Agree</td> <td>Don't know</td> <td>Disagree</td> <td>Strongly disagree</td> </tr> </table>	A	B	C	D	E	39-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
A	B	C	D	E											
39-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>											
Strongly agree	Agree	Don't know	Disagree	Strongly disagree											
<p>19. WE SHOULD BE SYMPATHETIC WITH OLD PEOPLE, BUT WE CANNOT EXPECT TO UNDERSTAND THEIR ODD BEHAVIOR.</p> <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="width: 20%;">A</td> <td style="width: 20%;">B</td> <td style="width: 20%;">C</td> <td style="width: 20%;">D</td> <td style="width: 20%;">E</td> </tr> <tr> <td>40-1 <input type="checkbox"/></td> <td>-2 <input type="checkbox"/></td> <td>-3 <input type="checkbox"/></td> <td>-4 <input type="checkbox"/></td> <td>-5 <input type="checkbox"/></td> </tr> <tr> <td>Strongly agree</td> <td>Agree</td> <td>Don't know</td> <td>Disagree</td> <td>Strongly disagree</td> </tr> </table>	A	B	C	D	E	40-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
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40-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>											
Strongly agree	Agree	Don't know	Disagree	Strongly disagree											
<p>20. OLD PEOPLE ARE FREQUENTLY KEPT IN NURSING HOMES ALTHOUGH THEY COULD GET ALONG WELL ENOUGH IN THE COMMUNITY.</p> <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="width: 20%;">A</td> <td style="width: 20%;">B</td> <td style="width: 20%;">C</td> <td style="width: 20%;">D</td> <td style="width: 20%;">E</td> </tr> <tr> <td>41-1 <input type="checkbox"/></td> <td>-2 <input type="checkbox"/></td> <td>-3 <input type="checkbox"/></td> <td>-4 <input type="checkbox"/></td> <td>-5 <input type="checkbox"/></td> </tr> <tr> <td>Strongly agree</td> <td>Agree</td> <td>Don't know</td> <td>Disagree</td> <td>Strongly disagree</td> </tr> </table>	A	B	C	D	E	41-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
A	B	C	D	E											
41-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>											
Strongly agree	Agree	Don't know	Disagree	Strongly disagree											

Thank you for your cooperation. Please return the form in the enclosed postage paid envelope to:

Applied Management Sciences
962 Wayne Avenue, Suite 701
Silver Spring, Maryland 20910

STAFF CLASSIFICATION CARD

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

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

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

- 01. ADMINISTRATOR
- 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

- 18. LICENSED PRACTICAL NURSE OR LICENSED VOCATIONAL NURSE . . .

- 19. NURSE'S AIDE AND ORDERLY

- 20. CLERICAL, BOOKKEEPING, OR OTHER OFFICE STAFF
- 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)

GROUP A
 Enter in Column i
 of Staff Control Record

GROUP B
 Enter in Column j
 of Staff Control Record

GROUP C
 Enter in Column k
 of Staff Control Record

GROUP D
 Enter in Column l
 of Staff Control Record

GROUP E
 Enter in Column m
 of Staff Control Record

STAFF CONTROL RECORD

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

Sheet ___ of ___

OMB # 098-S-72172
Expires 7 31 74

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

cc-1-3

cc2

ESTABLISHMENT NO.

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			
	List below the names of all persons who are on the staff of the facility or are employed under contract. Include members of religious organizations and orders who donate their services. List administrator and assistant administrator. Exclude volunteers. List persons in charge of a shift on the top three lines.	Home telephone number of SAMPLE employees Area code: ()			Is this employee on the staff of this facility or employed under contract?	Does this employee work full or part time (Full-time is 28 or more hours per week)	Part time ONLY How many hours did this employee work in this facility last week?	SW TE Circle Sample Persons No. Employed cc11	SW TE Circle Sample Persons No. Employed cc15	SW TE Circle Sample Persons No. Employed cc19	SW TE Circle Sample Persons No. Employed cc23	SW TE Circle Sample Persons No. Employed cc27	
cc11-13		cc14	cc15	cc16	cc17	cc18,19	No. In Sample cc31	No. In Sample cc35	No. In Sample cc39	No. In Sample cc43			
		Male Female	Cauc Negro Oriental Amer Indian Other	Staff Contract	Full-time Part-time								
		1 2	1 2 3 4 5 6	1 2	1 2								
X01	IN CHARGE-DAY												X01
X02	IN CHARGE-EVENING												X02
X03	IN CHARGE-NIGHT												X03
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50													50

If more lines are needed CONTINUE ON BACK

Continue sampling pattern ON BACK

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		
<p>List below the names of all persons who are on the staff of the facility or are employed under contract.</p> <p>Include members of religious organizations and orders who donate their services.</p> <p>List administrator and assistant administrator.</p> <p>Exclude volunteers</p> <p>List persons in charge of a shift on the top three lines.</p>	<p>Home telephone number of SAMPLE employees</p> <p>Area code: ()</p>								<p>Is this employee on the staff of this facility or employed under contract?</p>	<p>Does this employee work full or part time (full-time is 35 or more hours per week.)</p>	<p>Part time ONLY How many hours did this employee work in this facility last week?</p>						<p>Circle Sample Persons</p>			
			TE	TE	TE	TE	E													
			cc14	cc15	cc16	cc17	cc18,19													
			Male	Female	Cauc	Neuro	Oriental	Span Amer	Amer. Indian	Other	Staff	Contract	Full time	Part-time	cc20-22	cc20-22	cc20-22	cc20-22	cc20-22	
51			1	2	1	2	3	4	5	6	1	2	1	2						51
52			1	2	1	2	3	4	5	6	1	2	1	2						52
53			1	2	1	2	3	4	5	6	1	2	1	2						53
54			1	2	1	2	3	4	5	6	1	2	1	2						54
55			1	2	1	2	3	4	5	6	1	2	1	2						55
56			1	2	1	2	3	4	5	6	1	2	1	2						56
57			1	2	1	2	3	4	5	6	1	2	1	2						57
58			1	2	1	2	3	4	5	6	1	2	1	2						58
59			1	2	1	2	3	4	5	6	1	2	1	2						59
60			1	2	1	2	3	4	5	6	1	2	1	2						60
61			1	2	1	2	3	4	5	6	1	2	1	2						61
62			1	2	1	2	3	4	5	6	1	2	1	2						62
63			1	2	1	2	3	4	5	6	1	2	1	2						63
64			1	2	1	2	3	4	5	6	1	2	1	2						64
65			1	2	1	2	3	4	5	6	1	2	1	2						65
66			1	2	1	2	3	4	5	6	1	2	1	2						66
67			1	2	1	2	3	4	5	6	1	2	1	2						67
68			1	2	1	2	3	4	5	6	1	2	1	2						68
69			1	2	1	2	3	4	5	6	1	2	1	2						69
70			1	2	1	2	3	4	5	6	1	2	1	2						70
71			1	2	1	2	3	4	5	6	1	2	1	2						71
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74			1	2	1	2	3	4	5	6	1	2	1	2						74
75			1	2	1	2	3	4	5	6	1	2	1	2						75
76			1	2	1	2	3	4	5	6	1	2	1	2						76
77			1	2	1	2	3	4	5	6	1	2	1	2						77
78			1	2	1	2	3	4	5	6	1	2	1	2						78
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80			1	2	1	2	3	4	5	6	1	2	1	2						80
81			1	2	1	2	3	4	5	6	1	2	1	2						81
82			1	2	1	2	3	4	5	6	1	2	1	2						82
83			1	2	1	2	3	4	5	6	1	2	1	2						83
84			1	2	1	2	3	4	5	6	1	2	1	2						84
85			1	2	1	2	3	4	5	6	1	2	1	2						85
86			1	2	1	2	3	4	5	6	1	2	1	2						86
87			1	2	1	2	3	4	5	6	1	2	1	2						87
88			1	2	1	2	3	4	5	6	1	2	1	2						88
89			1	2	1	2	3	4	5	6	1	2	1	2						89
90			1	2	1	2	3	4	5	6	1	2	1	2						90
91			1	2	1	2	3	4	5	6	1	2	1	2						91
92			1	2	1	2	3	4	5	6	1	2	1	2						92
93			1	2	1	2	3	4	5	6	1	2	1	2						93
94			1	2	1	2	3	4	5	6	1	2	1	2						94
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96			1	2	1	2	3	4	5	6	1	2	1	2						96
97			1	2	1	2	3	4	5	6	1	2	1	2						97
98			1	2	1	2	3	4	5	6	1	2	1	2						98
99			1	2	1	2	3	4	5	6	1	2	1	2						99
00			1	2	1	2	3	4	5	6	1	2	1	2						00

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 Survey⁸ conducted by the National Center for Health Statistics.

Definitions for these two classes of nursing homes were as follows:

Nursing Care Home

- 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

- 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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Public Health Service, HRA
Rockville, Md. 20852

**DHEW Publication No. (HRA) 76-1773
Series 13-No. 22**



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