HEALTH CARE QUALITY IN IOWA NURSING HOMES:

RESULTS FROM THE OUTCOME-ORIENTED SURVEY, 1980-1981

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I. INTRODUCTION

This report presents the data generated by the new ICF licensure survey which was adopted on an experimental basis by Iowa Department of Health, effective September 1, 1980. As discussed, the new survey was intended to simplify the old survey procedure and at the same time to create a data base essential for data-based policy and management decisions. In addition, the old survey had its main emphasis on policing the procedural standards required by law; by contrast, the new survey has shifted the emphasis somewhat away from the procedural elements to the actual services and their outcomes.

The data contained in this report include the surveys conducted between September 1, 1980 and May 30, 1981, during which time 20 state surveyors had completed their visit with a total of 278 intermediate care facilities. The facilities included 197 proprietary facilities, 75 nonprofit and 6 government-operated facilities.

Since this is the first, comprehensive report about the performance profiles of the ICFs in Iowa, our focus will be on the overall performance levels, that is, where the facilities stand with respect to the selected performance measures. In the future years, then, the records may be used as a referent point for comparison and analysis.

Only a minimum effort is given to the theoretical analysis of the data; this is due primarily to the fact that we have no comparable statistics in the

past for a longitudinal and cross-sectional comparison. Within the confines of the data, however, we examine the average performance scores (i.e., state averages) in terms of certain facility characteristics--ownership category, facility size, and other performance scores.

In section II we will first discuss the general profiles of the facilities, highlighting their organization, size, and mobility characteritics of their residents. Staffing patterns also are discussed in this section. The services and their outcomes are discussed in section III, which include health care planning, health care reviews and implementation, special service, food, living environment, and resident stafisfaction.

Appendix 1 includes the ICF Short Form revised and refined in September 1, 1981. While the data reported here are based on the ICF Short Form developed in 1980, the revised Form is identical with the 1980 Form with a minor refinement in measurement.

II. A Profile of Intermediate Care Facilities

In this section we will discuss the organization of Iowa Intermediate Care Facilities, the residents' mobility and their demographic and functional health characteristics, and the staffing patterns presented by these facilities. As noted earlier, the data for this report are based on the survey taken between September 1, 1980 and May 30, 1981--- a period of eight months.

A. The Organization

The survey shows that the proprietary types represent 72.3 percent of all care facilities, the nonprofit types about 26 percent and the government-controlled about 2 percent. Table 1 below presents this distribution by organizational affiliation status.

Table 1. The Organizational Characteristics

Ownership types	Observations	Percentage
Proprietary status	197	72.3 %
Individually-owned	16	
Partnership	13	
Corporation	168	
Nonprofit status	75	25.9
Church-related	36	
Corporation	36	
Other	3	
Government-controlled	6	1.8
TOTAL	278	100.0 %

B. The Bed Capacities and the Occupancy Rates

Table 2 below presents the averages of the licensed, erected, and occupied beds respectively for the three ownership types. While the data give an impression on the surface that the proprietary homes are smaller in bed capacities than the nonprofit ones, our analysis indicates that there is no systematic relationship between the bed capacity and the ownership status excepting the government-controlled. The Chi Square (χ^2) test of independence gives no consistent pattern of relationship ($\chi^2 = 3.45$ with D.F = 2 and P = 0.178).

Table 2. Bed Capacities and Occupancy Rates

Ownership types	Licensed Beds	Erected Beds	Occupied Beds
Proprietary status N = 197	69.6	69.3	65.5
Nonprofit status N = 75	72.1	71.6	68.1
Gov't controlled N = 6	80.7	81.2	77.2
TOTAL	70.5	70.1	66.4

Comparing between the licensed and the occupied beds, there is an average of 4 beds unoccupied in each facility, which translates to the occupancy rate of about 94 percent among the ICFs in Iowa. The vacancy rate for the proprietary types (4.16 beds) seems slightly higher than that of the nonprofit types (3.95) and the government-controlled (3.50); but the

internal variations within each group are found to be too large to declare that there is a real difference of vacancy rates between the two groups. ($F = 0.071$, $P = 0.931$)

C. Admissions, Transfers, Discharges, and Deaths

Table 3 below presents the data on admissions, transfers, discharges, and deaths which have occured in the facilities during the past year. Comparing between the facilities of proprietary status and those of non-profit status (the government-controlled are excluded from this comparison because of their small number), the differences are not as striking as the averages indicate. Our analysis (Ananlysis of Variance) shows that for admissions, transfers, and discharges, the differences between the two groups show no consistent pattern to warrant a reliable generalization. Only in the case of deaths do we find a statistically reliable difference between them; here, the nonprofit facilities have a higher average of deaths in the facility. What this really means is unclear, however. Since the number of deaths in a facility is obviously related to the transfer of the patients to another level of care, e.g., hospital, the average number of deaths may not mean very much when examined separately from the transfer data. Indeed, when we combine the two data (transfers and deaths), the totals are almost identical between the two groups.

Table 3. The Resident Flow

Ownership types	Admissions	Transfers	Discharges	Deaths
Proprietary status N = 197	43.2	15.2	11.5	13.5
Nonprofit status N = 75	40.1	11.3	13.6	17.6
Gov't-controlled	30.8	21.2	5.3	15.7
TOTAL AVERAGE	42.1	14.3	11.9	14.6

As one might have expected, the number of admissions, transfers, discharges, and deaths are closely related to the facility's size which is measured by its resident population. In all four situations we find that the facility's size is a contributing factor to the resident mobility. Just how much the size influences the resident flow is shown in Table 4 below.

Table 4. The Relationship between the Facility's Size and the Resident Flow

Facility's size	Mean admissions	Mean transfers	Mean discharges	Mean deaths
Small facilities (lowest to 50) N = 96	25.20	9.01	7.06	8.60
Medium facilities (51 to 80) N = 106	41.34	15.36	11.71	13.79
Large facilities (81 to highest) N = 75)	65.49	19.81	18.65	23.72
TOTAL AVERAGE	42.29	14.34	11.96	14.72

The averages of admissions, transfers, discharges, and deaths are progressively higher as the facility's size increases from small to larger; in in all four categories the mean differences are statistically significant (P = 0.000 for admissions, discharges, and deaths; and P = 0.0316 for transfers).

D. The Residents' Demographic and Functional Health Status

In Table 4 below is shown the residents' age and sex breakdowns. The data show that overall the Iowa ICFS contain the female residents more than twice of their male counterparts, and that the higher the age bracket, the greater the ratio in favor of the female residents. For the age bracket of 55 - 64, for instance, the male-female ratio is found roughly equal; as one moves up the higher age brackets, the ratio becomes almost doubled and tripled.

Table 5. The Residents' Age and Sex Profile

Age Categories	Male		Female		Total	
	N	%	N	%	N	%
Under 55	.8	1.20 %	1.1	1.65 %	1.9	2.86 %
55 - 64	1.1	1.65	1.5	2.23	2.6	3.91
65 - 74	2.9	4.36	4.6	6.92	7.5	11.28
75 - 84	6.7	10.08	16.1	24.21	22.8	34.29
85 or over	7.2	10.83	24.5	36.84	31.7	47.67
TOTAL	18.6	27.97 %	47.9	72.03 %	66.5	100.00 %

Table 6 reports the number of residents for an average facility which require staff assistance in 12 functional areas.

Table 6. The Residents' Functional Health Status

Functional areas	No. of residents
Ambulation	23.9
Confushed	30.6
Medication	
Day	62.6
Evening	57.6
Night	10.1
Eating with partial asst.	9.3
Eating with complete asst.	8.8
Indwelling catheters	5.1
Bowel retraining	12.1
Decibiti	2.2
Bedfast	.9
Incontinent	18.6
Bed to chair	18.7
Restraints	19.2

E. The Staffing Patterns

1. The Nursing and Residential Care Staffing

Table 7 below presents the data on the nursing and residential care staffing by the facilities. The numbers in each cell represent the weekly average hours for the proprietary, nonprofit, and government-controlled facilities respectively.

Table 7. Nursing and Resident Care Staffing

Personnel	First Week Average	STD. DEV.	Second Week Average	STD. DEV.
R.N.(total)	94.6	68.36	96.4	69.35
Proprietary	82.2	54.82	83.1	55.33
Nonprofit	121.4	87.04	124.7	87.86
Government	166.5	76.73	157.8	96.84
L.P.N.(total)	134.7	85.05	135.7	85.17
Proprietary	129.1	66.58	129.1	71.17
Nonprofit	145.1	115.32	148.8	109.53
Government	190.8	153.19	190.3	133.55
AIDE (total)	736.1	379.84	730.7	369.02
Proprietary	676.6	283.41	675.7	285.40
Nonprofit	871.6	530.43	854.9	503.48
Government	995.0	429.58	983.5	415.21
M.A. (total)	46.4	67.98	46.4	66.79
Proprietary	43.8	59.03	43.8	57.44
Nonprofit	51.3	86.48	50.7	85.84
Government	71.3	85.66	77.0	84.26
TOTAL RATIO(s/r)	2.2	.50	2.2	.47
Proprietary	2.05	.29	2.04	.23
Nonprofit	2.60	.66	2.59	.66
Government	2.64	.42	2.63	.41

According to the table, the total ratio of staff to resident is 2.2 per day, that is 2.2 staff hours for each resident per day. In general, therefore, the ICFs in Iowa may be said to exceed the state requirement of 1.7 staff hours for each resident per day. As in other cases, some facilities provide greater staff hours than others, and the data show that there is a definite pattern in the staffing practice. The nonprofit facilities appear to provide consistently higher staffing hours than the proprietary facilities, and this pattern holds true when we control the variations of the facilities' size. Most dramatic differences are found in the R.N. and AIDE hours, and less in the L.P.N. and M.A. hours. The overall differences are then shown in the total ratios with 2.05 for the proprietary and 2.60 for the nonprofit homes. The difference between the two ratios is found to be very consistent and statistically reliable ($P = 0.000$).

2. The Staffing of Nonmedical Personnel

Table 8 presents a summary of the weekly hours by the non-medical personnel -- activity program, social service, food preparation, housekeeping, maintenance, and laundry.

Table 8. The Weekly Work Hours by Nonmedical Personnel

Personnel	Average Work Hours	STD. DEV.
Activity director	35.4	10.01
Activity helper	18.6	21.09
Social service	10.3	9.90
Food supervisor	35.6	18.01
Cooks	107.7	53.09
Cook helpers	147.6	129.35
Housekeeping	129.5	94.99
Maintenance	43.3	53.76
Laundry	71.8	44.96
Others	29.4	55.34

F. Educational and Training Activity

1. The Educational and Training Hours by Key Personnel

Table 9. The Average Contact Hours by Key Personnel

Personnel	Average Contact Hours over the year
Health supervisor	19.4
Activity director	15.0
Food supervisor	13.0
Housekeeping/maintenance	11.0

2. The Training Status of the Nurse Aides

The table below shows the number of aides who have completed the 60 hours of the state requirement, are currently enrolled in a training program, and are not completed nor enrolled in a training program. The numbers represent the averages from all facilities.

Table 10. The Number of AIDES with Various Training Status

Training status	State average
Completed 60 hours	23.5
In training	1.6
No training	2.2
TOTAL	27.3

3. In-Service Training

The facilities are required by law to provide in-service training for their personnel. The table below presents the frquency of which the facilities provide their staff with the in-service training.

Table 11. The Frequency of In-Service Training

	Nursing		Food/Dietary		Housekeeping	
Frequency	N	%	N	%	N	%
Each month	272	97.8 %	237	85.3 %	148	53.6 %
Every 2 mo.	2	.7	19	6.8	45	16.3
Every 3 mo.	3	1.1	14	5.0	55	19.9
Every 6 mo.	1	.4	3	1.1	19	6.9
Once a year	--	---	--	---	3	1.1
None	--	---	5	1.8	6	2.2
TOTAL	278	100.0 %	278	100.0 %	276	100.0 %

III. Service Outcomes

This section reports the data on the key services provided by the Iowa Intermediate care facilities for their elderly residents and the service outcomes realized by these residents. The data include (A) health care planning and review, (B) health care implementation, (C) nursing, personal, and special service arrangements, (D) food, (E) living environment, and (F) residents' subjective quality of life.

A. The Health Care Planning and Review

1. Health Care Planning

The facilities are required by law to develop a comprehensive, interdisciplinary health care plan for each resident and to review it at least quarterly to update the information. The ICF short survey form is designed to learn the extent to which the facilities have completed the required health care plan. During their annual TITLE XIX visit, the surveyors selected a random sample of 10 or 10 percent (whichever the larger) of residents from each facility and examined their medical files to determine the degree of the facility's compliance. Here, the surveyors were given a set of instructional criteria to evaluate each resident's file, and the resident's file was rated from 0 to 4, with "0" indicating noncompliance and "4" satisfactory health care planning. The ratings then were averaged for each facility for further analysis. Table below reports the state average broken down by the ownership types.

Table 12. The Health Care Planning Status

Ownership type	Mean	STD. DEV.	95 % C. I.
Proprietary (197)	3.12	1.20	2.98 to 3.26
Nonprofit (75)	3.38	.82	3.19 to 3.58
Government (6)	3.30	.99	2.25 to 4.34
TOTAL AVG (278)	3.20	.97	3.08 to 3.31

The state average of 3.20 above means that in overall the Iowa facilities have almost nearly completed the health care plans for their residents, and that the average of 3.20 is fairly reliable, that is, the facilities do not display too great a variability about this mean. The ratings were defined as 4 = satisfactory completion; 3 = nearly completion; 2 = halfway complettion; 1 = less than halfway; and 0 = no planning. Table 13 shows the data organized by the breakdown of this rating.

Table 13. Health Care Planning by the Complettion Categories

Completion	Approximate N. of Obs.	Percentage
Satisfactory completion	1,500	54.0 %
Near completion	710	25.6
Halfway compl.	350	12.6
Less than halfway completion	150	5.4
No planning	70	2.5
TOTAL	2,780	100.0 %

Are there any characteristics of the facilities that are related to the variations of the health care planning status? As the table 13 shows, the nonprofit facilities do show a higher overall rating than the proprietary or government facilities; but the difference of their means appear to be too small to make a valid generalization. The facility's size (as measured by the resident population) also is examined to see if it has anything to do with the health care planning measure; but the size variable, too, is found to have absolutely no bearing on the measure.

Ordinarily, one may speculate that the ratio of R.N./L.P.N. to the residents may be a factor in the planning process; but here again, we fail to detect any discernable relationship ($r = .069$, $p = .127$). The overall staff ratio, however, is found to have a marginal impact on the health care planning of the facilities ($r = .103$, $p = .043$). Of course, these findings do <u>not</u> suggest that the staff ratios, nurses or aides, are not related to and affecting the facility's health care planning. Theoretically they should be related to planning. The low correlations we have seen here are due mainly to the absence of large variations in staffing among the facilities.

2. Health Care Planning and the Resident's Understanding

During their visit, the surveyors visited with their sample subjects and inquired them about their health care goals. An assumption behind this interview was that the implementation of the overall plan of health care would be more effective if the residents themselves are made

aware of what their health care goals are before them. Table 14 below presents the degree of their familiarity as broken down by the ownership category. As the reader may detect from this table, there is no discernable pattern among the facilities under study.

Table 14 The Residents' Familiarity with their Care Plans

Ownership type	Fully familiar	Somewhat familiar	Not familiar	Unable to respond
Residents in proprietary type	20.9 %	21.3 %	19.5 %	38.3 %
Residents in nonprofit type	21.9	26.5	17.8	33.8
Residents in government fac.	36.7	16.7	18.3	28.3
TOTAL PCT (100%)	21.5 %	22.6 %	19.0 %	36.9 %

The table indicates that about 3 out of 10 residents were not able to respond to the surveyors perhaps due to their mental confusion or physical absence, and that only about 22 percent of these capable residents were fully familiar with their care plans. If we combine the first two categories(fully and somewhat familiar), about 45 percent of the residents in each facility may be said to have some understanding about their health care goals.

3. The Quarterly Review

Table 15 below shows the extent to which the facilities are carrying out the required quarterly reviews of the resident's health care plans. According to this survey, the facilities carry out the quarterly reviews

for about 86 percent of their resident population. While the percentages are somewhat different between the three ownership types, with the nonprofit facilities having the highest review rate, our analysis shows that the variations between the means are not large enough when compared with the variations within the means to claim that there is a significant difference ($F = 1.79$, $P = .168$). More to the point, there is insufficient evidence to suggest that the percentage differences shown in the table are the result of a systematic and consistent difference between the three classes.

We also examined the relationships between the quarterly review (QR) statistics and the facility's characteristics including size, staff ratio, and RN/LPN ratio. In each case, the correlations are found to be very low and statistically insignificant, perhaps due to the absence of large variations among the facilities in these variables.

A similar conclusion also is reached when we examine the adequacy of the quarterly reviews. Focusing on the resident files with QR, the surveyors studied the content of QR to determine how adequately the reviews have been carried out. Table 15 below presents the summary of our findings. Insofar as the quality of the quarterly reviews are are concerned, the surveyors found that on average, only about 58 percent of the sample subjects had adequate reviews. The 95 percent confidence interval about this percentage mean shows that in repeated sampling, the 58 percent may fluctuate from about 53 to 63 percent.

Table 15. The Adequacy of the Quarterly Reviews

Ownership type	Mean %	STD. DEV.	95 % Confidence Interval
Residents in proprietary fac.	56.3 %	42.87	50.3 % to 62.4 %
Residents in nonprofit fac.	62.0	40.24	52.6 to 71.5
Residents in government fac.	63.3	49.26	11.7 to 100.0
TOTAL (AVG)	58.0 %	42.25	52.9 % to 63.0 %

B. The Implementation of Medical Prescriptions

In the following three observations, the surveyors examined if the facilities were carefully implementing the medication, treatment, and diet schedules as ordered by the physician. As Tables 16, 17, and 18 below indicate, the surveyors were investigating each sample subject to determine if any discrepancies existed in the medical file between the physician's order and the facility's implementation. For the purpose of analysis, the discrepancies were categorized into (1) no discrepancy, (2) minor discrepancy, and (3) major discrepancy. Selecting 10 or 10 percent of the facility's resident population on a random basis, the surveyors grouped the files to one of the three categories and summarized the facility's total performance in terms of the percentage distribution. Of course, the ultimate objective is to ensure that all facilities implement the schedules without any discrepancies. The data below show the reality of it.

Table 16. Implementation of Medication Schedule

Ownership type	% No discrep	% Minor discrep	% Major discrep
Residents in proprietary fac.	83.0 %	8.9 %	8.0 %
Residents in nonprofit fac.	84.4	9.4	6.2
Residents in government fac.	91.5	8.5	---
TOTAL (100 %)	83.5 %	9.1 %	7.3 %

Table 17. Implementation of Treatment Schedule

Ownership type	% No discrep	% Minor discrep	% Major discrep
Residents in proprietary fac.	88.9 %	5.5 %	3.4 %
Residents in nonprofit fac.	91.7	5.1	4.5
Residents in government fac.	91.4	8.5	----
TOTAL (100 %)	89.8 %	5.5 %	3.6 %

Table 18. Implementation of Diet Schedule

Ownership type	% No discrep	% Minor discrep	% Major discrep
Residents in proprietary fac.	83.0 %	7.1 %	9.8 %
Residents in nonprofit fac.	82.1	8.4	8.4
Residents in government fac.	75.0	21.7	1.7
TOTAL (100 %)	82.6 %	7.8 %	9.3 %

C. Nursing, Personal, and other Special Services

The Iowa Code of Health (Chapter 58) requires that the nursing facilities provide a range of nursing and personal care services for their residents. In order that the surveyors determine the extent to which these services are provided by the facilities, they visited with their sample subjects and physically (and verbally if necessary) examined if the services were provided according to the rules. The services under examination included a total of 17 area: (1) bathing, (2) oral hygiene and denture, (3) shampoo, (4) nail care, (5) shaving, (6) positioning, (7) prostheses, (8) ambulation, (9) daily motion, (10) catheter care, (11) perineal care, (12) bed pan, (13) incontinent care, (14) colostomy/ileostomy, (15) linen service, (16) meal assistance, and (17)suctioning.

The data show that the facilities are very successful in providing these services. The state average is 99.40 percent, that is, the facilities are providing on the average 99.40 percent of these services. The percentage is derived from an inspection of 10 residents or 10 percent of the residents in each facility. There were 278 facilities included in this survey.

The mean percentage also is not different with respect to the ownership categories as the means are 99.3 for the proprietary, 99.7 for the nonprofit, and 99.6 for the government facilities respectively.

The Code of Iowa also requires that the facilities enter a service agreement with the specialists (physical, occupational, and audiotherapists) in case these services become necessary. From the survey we find that 98.2 percent of the facilities have a written agreement with the physical therapists, 53.3 percent with the occupational therapists, and 82.3 percent with the audio specialists.

D. Food Service

In order that the surveyors determine if the menus prepared by the facilities meet the basic nutritional requirements, they selected a typical week within the past one month and examined that week's menus. The Code specifies the basic nutritional requirements to include milk, meat, vegetable and fruit, and bread and cereal. Since the surveyors examined one week (e.g. 7 days), the maximum possible score for a facility is seven; this means that the facility has satisfied the nutritional requirements for all seven days. Table 19 presents the result of this inspection in four classes of menus.

Table 19. Satisfaction with the Nutritional Requirements

Ownership type	Blended	General	Sodium restricted	Diabetic
Proprietary fac. (N = 197)	5.9	6.7	6.3	6.2
Nonprofit fac. (N = 75)	6.2	6.8	6.5	6.3
Government fac. (N = 6)	6.0	7.0	7.0	7.0
TOTAL AVG	6.0	6.7	6.4	6.3

Who plans and approves the therapeutic diets in the intermediate care facilities in Iowa? From the survey we find that in a majority of cases food service supervisors are planning the therapeutic diets, while the dietitians are approving the planned diets. Table 20 below shows the data broken down by the ownership types and the planning and approval patterns.

Table 20. The Planning and Approval of Therapeutic Diets

	Planning		Approval	
Ownership types	N. of Obs	%	N. of Obs	%
Proprietary fac.				
Food Serv. Supv	119	61.3 %	11	5.8 %
Dietitian	68	35.1	174	92.1
Other	7	3.6	2	1.1
	194	100.0 %	189	100.0 %
Nonprofit fac.				
Food Serv. Supv	44	59.5 %	3	4.2 %
Dietitian	30	40.5	69	95.8
Other	--	----	--	----
	74	100.0 %	72	100.0 %
Government fac.				
Food Serv. Supv	5	83.3 %	--	----
Dietitian	1	16.7	5	100.0 %
Other	--	-----	--	----
	6	100.0 %	5	100.0 %
TOTAL	274	100.0 %	266	100.0 %

E. The Quality of Living Environment

By the quality of living environment we mean the organization, maintenance and cleanliness of the private and public space of the facility in which the resident lives. These include (1) the individual resident rooms, (2) the dining room, kitchen, and food storage areas, (3) the educational and recreational materials supply, and (4)the general physical environment such as yard, entrance, building maintenance, central bath, and laundry areas. For each of these areas we will present the results of the surveyors' observations. In their annual visit with the facilities the surveyors inspected each of the above areas including the individual resident rooms and rated their structural and maintenance conditions by using a five point scale-- with "5" being considered excellent and "1" poor.

1. The Individual Rooms

Between September 1980 and May 1981 the state surveyors inspected approximately 2,800 individual resident rooms, roughly 10 resident rooms per facility to determine how well the rooms are furnished and maintained The Iowa Code of Health requires that the facilities furnish their residents at least with curtains, light fixtures, a reading lamp, a bedside table, a rocking chair, and a mirrow. The survey shows that in overall, the facilities are meeting 98 percent of this requirement. A few facilities seemed to be short of reading lamps and bedside tables, the shortages seemed to be an exception rather than a widespread phenomenon.

The resident rooms also were scored with a high cleanliness rating, as the state average is found to be 4.29, meaning somewhere between very clean and excellent. A few facilities seemed to have scored an overall rating as low as 1.2 on a five point scale, most facilities received the oeverall scores around the state average of 4.29. Table 21 presents the data:

Table 21. The Ratings for the Room Cleanliness

Ownership types	Ratings	STD. DEV.	Min	Max	95% Conf. Int.
Rooms in proprietary fac	4.23	.730	1.2	5.0	4.13 to 4.33
Rooms in nonprofit fac	4.43	.650	2.1	5.0	4.28 to 4.58
Rooms in government fac	4.33	.794	3.0	5.0	3.50 to 5.00
TOTAL RATINGS	4.29	.713	1.2	5.0	4.20 to 4.37

2. Dining Room, Kitchen, and Food Storage Areas

Just as the resident rooms recieved a high rating, the facilities also received generally a high rating by the surveyors. On a five point scale, the state averages are 4.36 for the dining area, 4.07 for the kitchen, and 4.05 for the food storage area. A closer examination of the data also gives an impression that the nonprofit facilities were rated slightly better in overall than either the proprietary or government controlled facilities.

Table 21. The Ratings for the Dining, Kitchen, Food Storage Areas

Ownership types	Dining Area	Kitchen	Food Storage
Proprietary fac (n=197)	4.32	4.03	4.03
Nonprofit fac (n=75)	4.41	4.21	4.15
Government fac	4.00	3.67	3.50
TOTAL AVERAGE	4.34	4.07	4.05

3. Educational and Recreational Materials Supply

The facilities are required by law to provide a range of educational and recreational supplies so that the residents have an easy access to these supplies. Included in this section are items such as books, magazines, newspapers, radios, T.V., record player, movie projector, piano, craft supplies, and games. In this report we are unable to provide reliable information about this matter. For reasons that are unclear, many surveyors failed to record the information during their visit with the facilities.

4. The General Physical Environment

Finally in their tour of the facilities the surveyors inspected the facility's general physical environment and recorded their impressions using a five point scale, with "5" being considered excellent and "1" poor. In this general category were included 10 general areas, and the surveyors rated each area using the same scale. Table 22 reports the total rating average as well as the breakdown by each area.

Table 22. The Ratings for the General Physical Environment

Areas for inspection	PR	NPR	GOVT	TOTAL
Entrance	4.22	4.57	4.17	4.31
Yard	4.17	4.59	4.33	4.28
Bldg structure	3.97	4.32	4.00	4.06
Garbage collec area	4.00	4.31	4.17	4.09
Boiler room	3.82	4.20	4.00	3.93
Utility room	3.81	3.93	3.83	3.84
Laudry room	3.86	4.15	4.00	3.94
Central bathing area	3.84	4.08	3.83	3.91
Storage	3.69	3.95	4.00	3.76
Drug storage	3.93	4.18	4.00	4.00
TOTAL AVERAGE	3.97	4.28	4.11	4.06

Perusing the table above, the reader may be interested in noting the following points. The first point is that the state averages for the 10 areas of inspection are almost uniformly high with the total average of 4.06. This may raise a question of how "real" these ratings are. Two possibilities seem to exist: the first possibility is that the facilities in Iowa do indeed maintain a high quality of physical environment. The other possibility is that the surveyors' subjective rating criteria were perhaps too low, that is they have a low standard by which to rate the facilities. Since we have no reason to believe that the state surveyors would use a substandard criterion for rating their client facilities, the reader may agree with the surveyors

that the intermediate care facilities in Iowa do maintain a high quality of physical environment.

The other point to make from the above table is that when compared between the profit and nonprofit facilities, the nonprofit facilities are scored consistently high in all 10 areas. This conclusion is found to be statistically reliable, as Table 23 below demonstrate.

Table 23. Analysis of the Environmental Scores

Source of Variation	D.F.	S.S.	M.S.	F	SIG
Main effects					
Ownership type	1	5.824	5.824	12.324	0.001
Facility size	2	7.864	3.932	8.320	0.000
Interactions	2	2.060	1.030	2.179	0.115
Residual	266	125.705	0.473		
TOTAL	271	140.560			

The table above is the result of analyzing the variations of the total environmental scores (the sum of 10 ratings divided by 10 for each facility) to determine if the ownership category and the facility size have any bearing on the scores. The analysis shows that the variations of the scores are very systematic between the profit and nonprofit facilities as $F = 12.32$ and $P = 0.001$. From the analysis we also find that the facility size also has a definite impact on the physical environment ($F = 3.932$ and $P = 0.000$). The larger the facility, according to this finding, the higher the quality of its physical environment. Thus, one may conclude that small proprietary facilities are rated consistently low in their quality of physical environment.

F. Resident Satisfaction

The life in the facility is an institutionalized life, in many ways different from the life-long experience of the people, at least, in the United States. The measure of resident satisfaction here is intended to learn how the residents view their life in the facility--whether they are happy or unhappy with the ways in which the facility tries to help them fulfill their basic human needs: the enjoyment of food, feeling of security, social adjustment (or comfort), outlook of life (fairness), and sense of freedom.

During their visit with the residents, who were selected on a random basis, the surveyors carried on a conversation with these sample subjects for about 10 minutes per resident and recorded their impressions on a five point scale-- with "5" being considered excellent (most satisfied) and "1" poor (least satisfied). Typically, the surveyor would start her interview by asking: "If your friend were looking for a place other than home to live, what would you tell him/her about this place regarding food?"

Since many elderly residents in the facilities are mentally confused or disoriented, the surveyors were instructed to exclude these residents from their interviews. Rating the resident's response, they were also instructed to use their"own professional judgment"rather than the resident's direct response to the scale. It should be noted here, however, that during the early period of this experimentation the surveyors were less uniform in their recording system and hence some variance in their interview procedure. In order to make the interview procedure more consistent and at the same time to improve the interview techque of the surveyors, two training sessions

were provided for the surveyors sometime in February 1981. Thus in this report we will present, first, the overall findings; and second, the findings broken down by the periods before and after the training sessions.

Table 24. Resident Satisfaction with All Data

	AVG Satisfaction Scores			
Dimensions	PR	NPR	GOVT	TOTAL
Enjoyment of food	3.99	4.08	4.13	4.01
Feeling of security	4.29	4.34	4.50	4.31
Social adj./ comfort	4.13	4.19	4.27	4.15
Fairness/ life outlook	4.25	4.27	4.49	4.26
Sense of freedom	4.18	4.25	4.41	4.20
OVERALL	4.16	4.23	4.36	4.18

From the table above the reader may note that the overall average is quite high (4.18 on a 5 point scale), giving an impression that the residents in the care facilities feel generally satisfied with their life. (This conclusion appears to contradict many assertions made in the past as to how badly the residents are treated in nursing homes). The data also seem to indicate that the residents in nonprofit facilities are happier than those in profit facilities, and that the residents in government

controlled facilities do better than those in nonprofit facilities. Our analysis, however, shows that the mean differences are still too small to claim that this pattern exists for certainty. ($F = .622$, $P = .53$)

While the data give us an impression that there is a high satisfaction level among the residents in the facilities, we are somewhat uncertain of what the scores really tell us. Three potential errors or biases, which we will discuss in a minute, may have inflated the satisfaction scores reported in the survey. One possibility is that although being short of proof, it is possible that the residents might not have revealed their true feelings to the state surveyors for fear of certain adverse consequences-- whether real or imaginary. Another possibility is that the residents are so used to the life in the facility and short of memory in other forms of life style due to their old age that they might not have a comparative perspective as the others. Finally, the surveyors might not have developed as yet the skills (e.g., probing) essential in the interview process. In the presence of these potential biases the reader may not wish to be overly optimistic about the survey result. A further study and refinement of the survey procedure seems to be in order.

In regard to the surveyors' training, the data show that the satisfaction scores, individually as well as overall, are generally higher in the period following the training as these scores are compared with the period before the training. The overall average is 4.08 for the before-period and 4.24 for the after-period. The difference also is found to be statistically reliable. ($F = 4.54$; D.F. = 1,275; $P = 0.034$) Although the difference is small between the two periods, the scores had been steadily on the increase

since the training sessions were provided for the surveyors. Again, what this really means in terms of the resident's quality of life is not very clear. A further experimentation of different interview techniques may be essential before we can become comfortable with the findings.

IV. A Concluding Note

The ICF short survey form has been used on an experimental basis in lieu of the long form traditionally used for the licensure survey. As intended by design, the short form in its first year of trial has generated a wealth of data about the facilities, especially the data about their performance which were previously unavailable. In this report we have looked at the first three quarters of the data and examined several aspects about the ICFs in Iowa.

While fact finding, rather than analysis and generalization, is of more interest to the decision-makers in IDOH at this point, we gather a few general impressions from wading through this data. One impression to note here is that the facilities appear to be doing well in providing a very hospitable environment, physically or socially, for their residents. The rating scores with respect to the physical environment and resident satisfaction are all very high, although there are some exceptions.

In comparison, the facilities do not seem to perform as well in the areas of professional health care including health care planning, reviewing, medication, treatment, and implementation of diet schedule. Especially the medication and diet implementation seem to have a higher rate of discrepancies. The resident's involvement in and familiarity with care plan also appears to be quite marginal.

Third, the data give an impression that in a majority of areas (performance measures) the nonprofit facilities show consistently higher performance ratings than their private or government counterparts. Although the differences are found often very small between their means, the pattern seems to hold very consistently over a majority of the measures. Perhaps, insofar as the 1980-1981 data are concerned, the ownership variable appears to be a factor to explain the facility behavior. According to our analysis, small proprietary facilities are likely to have more trouble spots than larger facilities.

APPENDIX ONE

ICF Short Survey, revised in September 1981

IOWA DEPARTMENT OF HEALTH

ICF Short Form Survey

(Revised, Sept 1, 1981)

Name of Facility _____

Address _____

License No. _____ Tel _____

Surveyor		
month	day	year

RANDOM NUMBERS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
A	256	459	19	69	417	137	79	404	463	351	538	322	35	42	321
	493	502	511	499	568	150	414	451	381	228	544	536	163	32	178
	209	126	133	418	15	582	221	413	109	277	205	355	59	324	37
	1	165	255	297	513	10	315	300	406	522	479	433	180	244	505
B	237	374	367	22	508	141	298	132	388	595	280	471	428	486	573
	161	94	206	142	304	208	223	553	203	589	312	68	91	426	396
	278	525	198	75	466	140	390	533	16	316	248	345	251	400	344
	353	143	55	261	115	394	391	134	267	442	386	514	184	45	488
C	284	308	421	584	325	541	364	352	557	545	450	377	299	63	272
	495	422	567	217	490	259	333	230	54	361	363	128	432	273	58
	152	263	591	552	578	87	6	85	412	438	153	326	169	266	583
	487	586	535	384	264	238	528	30	336	139	170	106	362	166	457
D	307	341	476	434	360	340	250	548	88	155	82	310	313	229	25
	435	306	148	537	330	260	39	194	72	551	577	368	399	346	31
	57	328	376	249	101	167	138	225	102	24	510	454	285	512	104
	294	220	236	124	332	110	105	80	445	245	97	218	500	246	410
E	7	227	555	154	46	485	389	199	407	99	576	17	189	530	257
	274	563	581	518	546	349	219	594	77	482	587	295	158	232	331
	253	241	301	53	234	187	175	408	185	119	506	358	373	86	520
	103	423	215	212	431	475	380	350	519	117	359	73	40	36	597
F	580	356	41	395	125	424	571	151	474	136	43	448	447	71	290
	458	483	107	470	81	174	13	309	443	291	382	159	26	523	204
	129	453	226	49	252	302	489	526	473	286	111	560	347	585	181
	554	593	550	211	416	9	4	5	197	354	366	146	357	472	503
G	320	484	461	444	222	468	397	145	517	319	38	303	271	524	419
	149	296	425	415	64	50	61	164	33	95	258	501	202	592	144
	464	268	92	157	242	131	378	529	598	29	566	96	20	342	564
	456	334	318	405	233	402	8	516	460	549	498	214	494	67	515
H	196	173	282	492	437	337	532	534	317	11	491	543	51	539	462
	596	477	335	439	114	14	403	469	521	62	270	265	60	12	372
	254	570	231	210	348	84	480	441	305	240	574	176	28	2	191
	200	78	375	262	507	289	338	540	127	195	201	108	327	497	365
I	393	496	83	168	182	572	48	590	21	481	44	387	452	207	116
	243	192	569	113	343	190	34	183	193	385	531	279	239	120	455
	379	177	429	293	292	329	599	89	65	430	23	112	504	420	427
	509	74	18	369	287	559	288	160	436	76	311	235	547	90	371
J	100	561	558	339	556	179	162	392	401	247	398	122	98	93	314
	156	440	56	467	121	27	66	3	269	600	281	478	172	213	383
	188	542	276	275	579	130	118	216	565	135	562	171	323	588	70
	123	52	147	527	186	224	283	449	270	47	575	409	411	565	446

ICF SURVEY
IOWA DEPARTMENT OF HEALTH

4. Ownership status:

a. Profit
- ☐ Individual
- ☐ Partnership
- ☐ Corporation

b. Nonprofit
- ☐ Church-related
- ☐ Corporation
- ☐ Other

c. Government
- ☐ State
- ☐ County
- ☐ City
- ☐ City-County

5. Number of years under current licensee:

☐☐ Years

6. Bed capacity:

a. ☐☐☐ Licensed beds

b. ☐☐☐ Erected beds

c. ☐☐☐ Current resident Population

7. Resident flow CY_____

a. ☐☐☐ No. of admissions

b. ☐☐☐ No. og transfers to other facility or other level of care

c. ☐☐☐ No. of discharges to home or noninstitution

d. ☐☐☐ No. of death in the facility

8. Age and sex distribution

Age	Male	Female
Under 55		
55-64		
65-74		
75-84		
Above 85		
Total		

9. Number of residents who require staff assistance in the following areas:

			Residents		Residents
Ambulation				Indwelling catheters	
Confused/disoriented				Bowel and/or bladder retraining	
Medication		# doses	XXXXXXXXX		
	Day			Decubiti	
	Eve			Bedfast	
	Ngt			Incontinent	
Eating-complete asst				Bed to chair	
Eating-partial asst				Restraints (II, III)	

10a. Nursing and resident care staffing. Select the most current two weeks and fill in the boxes below with the total NUMBER OF HOURS each. For example: if two RNs worked for a day shift on Monday, one 8 hours and another 4 hours, you should fill in the box as 12. When completed Monday through Sunday, fill out the weekly total and ratios.

Dates: 1st week _____ 2nd week _____

	RN	LPN	AIDE	MA	TOTAL	RN	LPN	AIDE	MA	TOTAL
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
TOTAL										
Ratio of R to S										

10b. In the two week schedule reported above, have you noted any inadequate distribution of staff on any day or shift?

Yes_____ No _____

→Describe in the space below the observed inadequacies by indicating the date(s), shift(s), and the nature of insufficienced.

_____

_____

_____

_____

11. For the programs identified below, enter the total staff hours of the past one week.

		Total hours of the past week
activity program	Director	
	Helper(s)	
	Total	
social service	Qualified	
food service	Supervisor	
	Cooks	
	Helpers	
	Total	
housekeeping & maintenance	Housekeeping	
	Maintenance	
	Laundry	
	Total	

12. Enter the number of training and educational contact hours of the following program supervisors for CY_____.

	Contact hours	Date of hire
Health service supervisor		
Activity director		
Food service supervisor		
Housekeeping & maintenance		

13. Regarding AIDES:

Total number of AIDES	
No. of AIDES completed 60 hrs of a state-approved training pgm	
No. of AIDES neither completed 60 hr. requirement nor enrolled	
Total No. of Med. AIDES	

14. How frequently does this facility provide an on-going organized in-service training for its employees? Check (✓) where applicable.

	Each Month	Once in 2 months	Every 3 months	Every 6 months	Less than once a year	NONE
Nursing Dept.						
Food & Dietary						
Housekeeping & Maintenance						

15. For each of your sample below, determine how satisfactorily this facility has met the following health care requirements: (a) overall plan of care, (b) component plans, and (c) progress notes. Check (✓) in the boxes that best describe your assessment(consult the NOTE below). While assessing each, write on a separate sheet of paper a few care plans which you will use for your interview (# 13).

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total (✓)	Percentage (✓/N)
overall plan specific problms, interdisciplinary, realistic goals	Satisf																	
	N. I.																	
	Unaccp																	
component parts goal-relevant, involvement of all related disciplins	Satisf																	
	N. I.																	
	Unaccp																	
progress notes current, progress twds goal descriptive	Satisf																	
	N. I.																	
	Unaccp																	

NOTE: Ideally, the overall plan of care should be prepared, based on specific problems as identified, in interdisciplinary manner, and with goals set in realistic terms. The component parts represent the specific plans of action by relevant disciplines (i.e., nursing, dietary, social, activity) made in pursuit of the overall plan of care. The progress notes are the material evidence of which the facility makes an effort to implement the overall plan and as such the notes should be kept current (at least quarterly), indicative of the progress made toward goals, and descriptive. Satisfactory (SATISF) means that all criteria are fully satisfied; Need Improvement (N.I.), that some minor discrepancies exist; and Unacceptable (UNACCP), that major discrepancies exist in which any of the criteria mentioned is absent. For example, the progress notes will be UNACCEPTABLE when they are not kept current, even though they are descriptive and indicative of the progress towards the goals.

16. Following up on the residents above (#15), determine the extent to which their health care plans are being implemented. Your assessment may be based on asking a few selected questions to your subjects regarding their care plans or physically examining the relevant target areas.

Resident	Fully implemented	Partially implemented	Not at all implemented	Unknown	Comments if not implemented
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Total					XXXXXXXXXXXXXXXX
Percentage					XXXXXXXXXXXXXXXX

Further comments or substantiation if needed:

17. For the residents below, examine their care plan reviews and determine how satisfactorily the reviews are being carried out. Your assessment (degree of satisfaction) applies only to the residents whose plans have been reviewed quarterly. SATISF--satisfactorily; N.I.--need improvement; UNACCEP--unacceptable. If unacceptable, state your reasons why in the comment section below the table.

Resident	Quarterly Review			If yes to quarterly review:		
	Yes	No	N/A	SATISF	N. I.	UNACCEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Total						
Percentage						

Further comments or substantiation if needed:

18. How satisfactorily does this facility implement a medication schedule as ordered by the physician for each resident? From a sample of residents below determine the extent to which the physician's orders have been implemented during the past quarter. Enter N/A when not applicable.

Resident	No discrepancies	Minor discrepancies	Major Discrepancies	Comments if major
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total				
Percentage				

Further comments or substantiation if needed:

19. For the residents below, determine how a treatment schedule as ordered by the physician has been implemented during the past quarter. Enter N/A if not applicable.

Resident	No discrepancies	Minor discrepancies	Major discrepancies	Comments if major
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total				
Percentage				

Further comments or substantiation if needed:

20. For the residents below, determine how a diet schedule as ordered by the physician has been implemented during the past quarter. N/A if not applicable.

Resident	No discrepancies	Minor discrepancies	Major discrepancies	Comments if major
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total				
Percentage				

Further comments or substantiation if needed:

ICF SURVEY
IOWA DEPARTMENT OF HEALTH

21. What nursing services are actually provided in this facility for the residents? Check (✓) in the boxes below when the services are not provided, when in fact needed.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Bathing at least twice a week																
Daily oral hygiene and denture																
Shampoo																
Nail care																
Daily shaving																
Positioning																
Prostheses																
Ambulation																
Daily range of motion																
Catheter care																
Perineal care																
Bed pan																
Incontinent care																
Colostomy/ Ileostomy																
Linen service																
Meal service/ assistance																
Suctioning																
Grand Total	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX															
Percentage (Grand Total/Sample x 17) x 100																

22. Quality of life. For each resident below, determine the extent to which each person is satisfied with his/her life in the facility. Your assessment may be carried out by interviews, not by administering the survey to the resident directly. Fill in the boxes with scale numbers from "1" to "5," as defined below. Enter N/A if not ascertainable.

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

Resident	If your friend were looking for a place other than home to live, what would you tell him/her about this place regarding: COMFORT	FREEDOM	FAIRNESS	SAFETY	FOOD
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Total					
Percentage					

COMFORT--feel comfortable
FREEDOM--as much freedom as there could be
FAIRNESS--staff treatment
FOOD--well prepared

23. Do the call systems in resident rooms operate properly? If so, how promptly are the calls responded?

Resident	Check (✓) if working	Are the calls responded promptly? Always	Most of the time	Sometimes	Rarely
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Total					
Percentage					

24. How well are the resident rooms furnished. Check (✓) the items below if they are not present.

Items	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Curtains, shades, drapes																
Protective light fixtures																
Reading lamps																
Bedside table																
Rocking/arm chair																
Mirrors																
Grand Total	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX															
Percentage (Grand Total/sample x 6) x 100																

25. How are the resident room conditions, e.g., cleanliness, being rusty, torn, marred, chipped, etc.? Check the room furnishings, floor, bed linens, towels, odor, flies; and give your overall assessment of each room by using a five point scale: 1 = poor, 5 = excellent.

Rating	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
1 (Poor)																
2 (Fair)																
3 (Good)																
4 (Very Good)																
5 (Excellent)																
Grand Total	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX															
Ratio (Grand Total / Sample)																

26. Does this facility have a written agreement with the following specialists?

	YES	NO
Physical therapist		
Occupat'l therapist		
Audio therapist		
Dietary consultant		

27. For the residents who require restraint, examine if the restraints are properly applied as ordered by the physician.

No. of the restrained	
No. of the improperly restrained	

28. Document the group activities provided for the residents along with their typical attendance.

Group Activity	Freq	Attendance

29. For those not participating in group activity, does this facility provide any individualized activities?

Yes_____ No_____

If yes, identify their activities and the number of residents in these activities.

Activity	Frequency	Attendance

30. Are the following educational and recreational supplies made readily available to the residents in this facility?

	Check (✓) if present
Books in sufficient quantity	
Magazines in variety	
Newspapers	
Radios	
T.V.	
Record player	
Piano	
Craft supplies	
Games	
Total	

31. In this facility are the menus planned to meet the basic nutrition requirements (i.e., milk, meat, vegetable and fruit, bread and cereal)? Examine a sample of daily menus of the four categories of preparation (any one week within the past one month) and determine if the requirements have been satisfied. Enter "S" if satisfied, "N" if not satisfied.

Week of ( )	Blended	General	Sodium restricted	Diabetic
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total (S)				

32. Who plans and approves the therapeutic diets in this facility?

	Plans	Approves
Food supervisor		
Dietitian		
Other:		

33. Select a sample of the residents requiring special diets and determine if the menus (of the day of inspection) were served as required.

Residents	Special diets	Served as required	Not served as required
1			
2			
3			
4			
5			
Percentage	XXXXXXXXXXXXXXXX		

34. Inspect the food preparation and eating areas and determine how well these areas are maintained (i.e., cleanliness, orderliness, conditions). Enter the scale numbers in the boxes.

	DINING AREA	KITCHEN AREA	FOOD STO AREA	Grand Total
1 - Poor				XXXXX
2 - Fair				XXXXX
3 - Good				XXXXX
4 - Very Good				XXXXX
5 - Excellent				XXXXX
Total				

35. By using the same scale above, determine how well the following areas are organized, maintained, and utilized. Enter the scale numbers in the boxes.

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excel't	Total
Entrance, exits, steps						
Yards, gardens						
Building structure						
Garbage collect area						
Boiler room						
Utility room						
Laundry room						
Central bathing area						
Storage area						
Drug storage area						
GRAND TOTAL	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					

The Overall Assessment

A. Good things about this facility that I would like to recognize:

B. Minor deficiencies or discrepancies which require corrections:

C. Serious deficiencies or discrepancies that warrant a further investigation or a Departmental action, deficiencies with respect to this survey as well as outside the areas of this survey:

Signature

A SUMMARY REPORT OF THE STATE

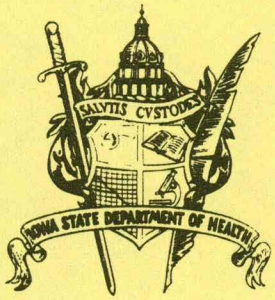
LICENSURE SHORT FORM SURVEY

Date of Survey _____

Facility Name _____

Ownership _____

Address _____



Division of Health Facilities

Iowa Department of Health

2/20/81

ICF SHORT SURVEY FEEDBACK
IOWA DEPARTMENT OF HEALTH

I. Resident Population

1. Licensed beds .....
2. Erected beds .....
3. Current residents .....
4. Male residents .....
5. Female residents .....
6. Average age.....
7. Admissions .....
8. Transfers to other care ....
9. Discharges .....
10. Deaths .....

II. Staffing Pattern

1. Ratio of RN/LPN to res....
2. Ratio of AIDE/MA to res...
3. Total ratio .....
4. Weekly hours of:
   a. Administrator .....
   b. Asst. Administrator ...
   c. Activity director .....
   d. Activity helper .....
   e. Social service .....
   f. Food supervisor .....
   g. Cooks/helpers .....
   h. Housekeeping .....
   i. Maintenance .....
   j. Laundry.....
5. Educational & training contact hours of:
   a. Health supervisor .....
   b. Activity director .....
   c. Food supervisor .....
   d. Housekpg & maintenance ..
6. Aides neither completed 60 hrs nor enrolled in training pgm
7. Frequency of in-service training:
   a. Nursing Dept.....
   b. Food & Dietary Dept.....
   c. Housekpg & Maintenance ..

III. Health Care Quality

1. Completeness of health care plan. (None=0,complete=4)
2. Review of care plan:
   a. Adequate review ..... %
   b. Inadequate review ..... %
   c. % not reviewed quarterly %
3. Resident's awareness of health care plan:
   a. Fully familiar ..... %
   b. Somewhat familiar ..... %
   c. Not familiar ..... %
   d. Unknown ..... %
4. Discrepancies in medication:
   a. None ..... %
   b. Minor ..... %
   c. Major ..... %
5. Discrepancies in treatment:
   a. None ..... %
   b. Minor ..... %
   c. Major ..... %
6. Discrepancies in diet schedule:
   a. None ..... %
   b. Minor ..... %
   c. Major ..... %

IV. Nursing & Other Special Services

1. Nursing service delivery (17 service items)..... %
2. Call systems operative ... %
3. Staff response to calls .. Min
4. Emergency preparedness....
5. Physician's tel. number ...
6. Physical therapy available?
7. Occupational therapy available?.....
8. Audiology therapy available?