



*Range of Comparative Quality™
RCQ™ Report*



November 11, 2008
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Nursing Homes

OREGON MNR

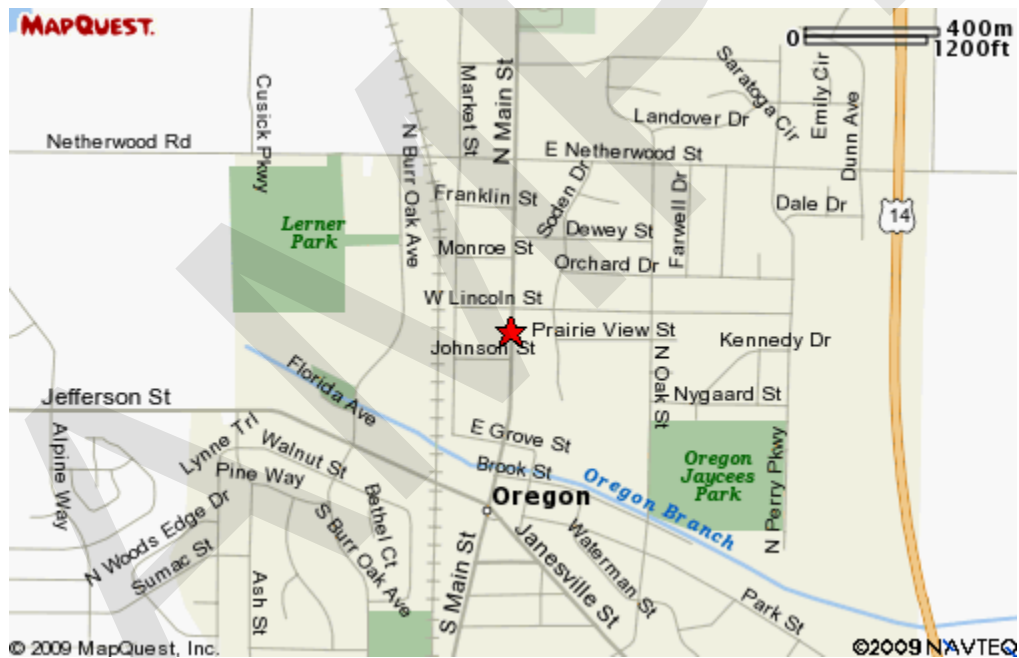
354 N MAIN ST
OREGON, WI, 53575

Phone: (608) 835-3535

Facility/Agency #: 525536

County Located: DANE

Date of Last Inspection: 06/19/2008
Type of Ownership: For Profit - Corporation
Located in a Hospital: No
Resident Council: Yes
Family Council: Yes
Number of Beds: 45
Number of Residents: 45
Percent Occupied: 100
Medicare Eligible: Yes
Medicaid Eligible: Yes



About the Nursing Home Inspection Results

The following information has been compiled from state nursing home survey data and investigations regarding complaints about nursing homes. Use this information to help you evaluate nursing homes and compare results. The information is from the most recent surveys and investigations about complaints that resulted in the nursing home receiving a citation. Please note -- state survey agencies may have other nursing home problems under investigation that are not included in this information.

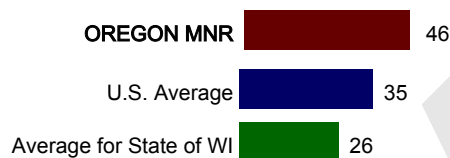
State Survey Agencies

It is recommended that you contact your state survey agency for the most recent and complete information such as information about other facilities not listed here and complete inspection reports that include specific findings and corrective actions taken. Remember that administrative and financial changes can occur between surveys that impact nursing home conditions -- contact your local agency or your Long-Term Care Ombudsman for the most up to date information.

Important Considerations

The inspection results listed here reflect whether or not the nursing home meets a minimum standard of requirements set forth by the federal government. If no problems are listed, it means that the nursing home met all of the standards at its last inspection. You will need more complete information to determine if the nursing home you are evaluating can provide quality care for you or your loved one. **The information contained in this report should not be considered as an endorsement for the nursing home.**

Total Number of Health Deficiencies: 46



Inspection Results Descriptions

Residents Affected (Scope of Deficiency)

1. **Few** (Isolated)
This deficiency affects one or the fewest number of residents, staff, or occurrences.
2. **Some** (Pattern)
This deficiency affects more than a limited number of residents, staff, or occurrences.
3. **Many** (Widespread)
This deficiency is found to be widespread throughout the facility and/or has the potential to affect a large portion or all the residents.

Level of Harm (Severity of Deficiency)

1. **Potential for minimal harm**
This deficiency has the potential for causing no more than a minor negative impact on the resident.
 2. **Minimal harm or potential for actual harm**
This deficiency results in minimal discomfort to the resident or has the potential (not yet realized) to negatively affect the resident's ability to achieve his/her highest functional status.
 3. **Actual harm**
This deficiency results in a negative outcome that has negatively affected the resident's ability to achieve his/her highest functional status.
 4. **Immediate jeopardy**
This deficiency places the resident in immediate jeopardy as it has caused (or is likely to cause) serious injury, harm, impairment, or death to a resident receiving care in the nursing home. Immediate corrective action is necessary when this deficiency is identified.
-

Mistreatment Deficiencies

Inspectors determined that the nursing home failed to:

- * Write and use policies that forbid mistreatment, neglect and abuse of residents and theft of residents' property. (02/10/2006)
 - Date Corrected: 03/08/2006
 - Residents Affected: Few
 - Level of Harm: Minimal harm or potential for actual harm
 - * walls or barriers that prevent smoke from passing through and would resist fire for at least one hour. (07/18/2007)
 - Date Corrected: 08/19/2007
 - Residents Affected: Some
 - Level of Harm: Minimal harm or potential for actual harm
 - * construction that can resist fire for one hour or an approved fire extinguishing system. (07/18/2007)
 - Date Corrected: 08/19/2007
 - Residents Affected: Some
 - Level of Harm: Minimal harm or potential for actual harm
 - * 1) Hire only people who have no legal history of abusing, neglecting or mistreating residents; or 2) report and investigate any acts or reports of abuse, neglect or mistreatment of residents. (09/18/2006)
 - Date Corrected: 10/23/2006
 - Residents Affected: Few
 - Level of Harm: Minimal harm or potential for actual harm
 - * a two-hour-resistant firewall in common walls. (06/19/2008)
 - Date Corrected: 08/20/2008
 - Residents Affected: Few
 - Level of Harm: Minimal harm or potential for actual harm
 - * smoke barrier doors that can resist smoke for at least 20 minutes. (06/19/2008)
 - Date Corrected: 06/23/2008
 - Residents Affected: Few
 - Level of Harm: Minimal harm or potential for actual harm
 - * construction that can resist fire for one hour or an approved fire extinguishing system. (06/19/2008)
 - Date Corrected: 06/23/2008
 - Residents Affected: Few
 - Level of Harm: Minimal harm or potential for actual harm
 - * exits that are accessible at all times. (06/19/2008)
 - Date Corrected: 07/09/2008
 - Residents Affected: Few
 - Level of Harm: Minimal harm or potential for actual harm
 - * proper backup exit lighting. (06/19/2008)
 - Date Corrected: 07/25/2008
 - Residents Affected: Some
 - Level of Harm: Minimal harm or potential for actual harm
 - * proper construction of ducts through walls designed to prevent smoke passage. (06/19/2008)
 - Date Corrected: 06/30/2008
 - Residents Affected: Few
-

Level of Harm: Minimal harm or potential for actual harm

Quality Care Deficiencies

Inspectors determined that the nursing home failed to:

- * Develop/implement required procedures for the administration of immunizations. (06/19/2008)
Date Corrected: 07/31/2008
Residents Affected: Many
Level of Harm: Potential for minimal harm
 - * heating and ventilation systems that have been properly installed according to the manufacturer's instructions. (06/19/2008)
Date Corrected: 07/23/2008
Residents Affected: Few
Level of Harm: Minimal harm or potential for actual harm
 - * Give professional services that meet a professional standard of quality. (06/19/2008)
Date Corrected: 08/07/2008
Residents Affected: Few
Level of Harm: Minimal harm or potential for actual harm
 - * Give professional services that follow each resident's written care plan. (06/19/2008)
Date Corrected: 08/07/2008
Residents Affected: Few
Level of Harm: Minimal harm or potential for actual harm
 - * Give residents proper treatment to prevent new bed (pressure) sores or heal existing bed sores. (06/19/2008)
Date Corrected: 08/07/2008
Residents Affected: Few
Level of Harm: Actual harm
 - * Make sure that each resident who enters the nursing home without a catheter is not given a catheter, unless it is necessary. (06/19/2008)
Date Corrected: 08/07/2008
Residents Affected: Some
Level of Harm: Minimal harm or potential for actual harm
 - * an approved automatic sprinkler system connected to the fire alarm system. (07/18/2007)
Date Corrected: 08/19/2007
Residents Affected: Many
Level of Harm: Minimal harm or potential for actual harm
 - * posted "No-smoking" signs in areas where smoking is not permitted or did not provide ashtrays where smoking was allowed. (07/18/2007)
Date Corrected: 10/03/2007
Residents Affected: Few
Level of Harm: Minimal harm or potential for actual harm
 - * proper medical gas storage and administration areas. (07/18/2007)
Date Corrected: 10/03/2007
Residents Affected: Few
-

-
- Level of Harm: Minimal harm or potential for actual harm
- * properly installed electrical wiring and equipment. (07/18/2007)
Date Corrected: 08/19/2007
Residents Affected: Some
Level of Harm: Minimal harm or potential for actual harm
 - * Make sure that each resident's nutritional needs were met.
(10/30/2007)
Date Corrected: 11/21/2007
Residents Affected: Few
Level of Harm: Actual harm
 - * Give each resident enough fluids to keep them healthy and prevent dehydration.
(10/30/2007)
Date Corrected: 11/21/2007
Residents Affected: Few
Level of Harm: Immediate jeopardy to resident health or safety
 - * Give each resident care and services to get or keep the highest quality of life possible.
(08/07/2008)
Date Corrected: 09/08/2008
Residents Affected: Few
Level of Harm: Actual harm

Resident Assessment Deficiencies

Inspectors determined that the nursing home failed to:

- * Make a complete assessment that covers all questions for areas that are listed in official regulations.
(10/30/2007)
Date Corrected: 11/21/2007
Residents Affected: Few
Level of Harm: Minimal harm or potential for actual harm
 - * Assess the resident when the resident enters the nursing home, in a timely manner.
(04/15/2008)
Date Corrected: 05/15/2008
Residents Affected: Many
Level of Harm: Potential for minimal harm
 - * Check and update (if needed) each resident's assessment every 3 months.
(04/15/2008)
Date Corrected: 05/15/2008
Residents Affected: Many
Level of Harm: Potential for minimal harm
 - * Develop a complete care plan that meets all of a resident's needs, with timetables and actions that can be measured.
(10/30/2007)
Date Corrected: 11/21/2007
Residents Affected: Few
Level of Harm: Minimal harm or potential for actual harm
 - * Electronically record and report resident status assessments in a timely manner as required in order to monitor resident health and progress.
(04/15/2008)
-

- Date Corrected: 05/15/2008
 Residents Affected: Many
 Level of Harm: Potential for minimal harm
- * Make a complete assessment that covers all questions for areas that are listed in official regulations.
 (06/19/2008)
 Date Corrected: 08/07/2008
 Residents Affected: Some
 Level of Harm: Minimal harm or potential for actual harm
- * Assess the resident when the resident enters the nursing home, in a timely manner.
 (06/19/2008)
 Date Corrected: 08/07/2008
 Residents Affected: Few
 Level of Harm: Minimal harm or potential for actual harm
- * Do a new assessment after any major change in a resident's physical or mental health.
 (06/19/2008)
 Date Corrected: 08/07/2008
 Residents Affected: Few
 Level of Harm: Minimal harm or potential for actual harm
- * Check and update (if needed) each resident's assessment every 3 months.
 (06/19/2008)
 Date Corrected: 08/07/2008
 Residents Affected: Few
 Level of Harm: Minimal harm or potential for actual harm
- * Develop a complete care plan that meets all of a resident's needs, with timetables and actions that can be measured.
 (06/19/2008)
 Date Corrected: 08/07/2008
 Residents Affected: Some
 Level of Harm: Minimal harm or potential for actual harm
- * Develop a complete care plan that meets all of a resident's needs, with timetables and actions that can be measured.
 (09/18/2006)
 Date Corrected: 10/23/2006
 Residents Affected: Few
 Level of Harm: Minimal harm or potential for actual harm
- * Make sure that doctors see a resident's plan of care at every visit and make notes about progress and orders in writing.
 (06/19/2008)
 Date Corrected: 08/07/2008
 Residents Affected: Few
 Level of Harm: Minimal harm or potential for actual harm

Resident Rights Deficiencies

Inspectors determined that the nursing home failed to:

- * Immediately tell the resident, doctor, and a family member if: the resident is injured, there is a major change in resident's physical/mental health, there is a need to alter treatment significantly, or the resident must be transferred or discharged. (10/30/2007)
 Date Corrected: 11/21/2007
 Residents Affected: Few

Level of Harm: Immediate jeopardy to resident health or safety

Pharmacy Service Deficiencies

Inspectors determined that the nursing home failed to:

- * Make sure that residents are safe from serious medication errors.
(08/07/2008)
Date Corrected: 09/08/2008
Residents Affected: Few
Level of Harm: Actual harm
- * 1) Make sure that residents who take drugs are not given too many doses or for too long; 2) make sure that the use of drugs is carefully watched; or 3) stop or change drugs that cause unwanted effects.
(06/19/2008)
Date Corrected: 08/07/2008
Residents Affected: Some
Level of Harm: Minimal harm or potential for actual harm

Environmental Deficiencies

Inspectors determined that the nursing home failed to:

- * Make sure that the nursing home area is free of dangers that cause accidents.
(09/18/2006)
Date Corrected: 10/23/2006
Residents Affected: Some
Level of Harm: Immediate jeopardy to resident health or safety
 - * Provide needed housekeeping and maintenance.
(09/18/2006)
Date Corrected: 10/23/2006
Residents Affected: Few
Level of Harm: Minimal harm or potential for actual harm
 - * Make sure that the nursing home area is free of dangers that cause accidents.
(06/19/2008)
Date Corrected: 08/07/2008
Residents Affected: Few
Level of Harm: Minimal harm or potential for actual harm
 - * Have a program to keep infection from spreading.
(04/15/2008)
Date Corrected: 05/15/2008
Residents Affected: Few
Level of Harm: Minimal harm or potential for actual harm
 - * Have a program to keep infection from spreading.
(12/26/2007)
Date Corrected: 01/24/2008
Residents Affected: Some
Level of Harm: Minimal harm or potential for actual harm
 - * Make sure that the nursing home area is free of dangers that cause accidents.
(04/15/2008)
-

Date Corrected: 05/15/2008
Residents Affected: Few
Level of Harm: Minimal harm or potential for actual harm

Administration Deficiencies

Inspectors determined that the nursing home failed to:

- * 1) Review the work of each nurse aide every year; or 2) give regular training for the nurse aides.
(10/30/2007)

Date Corrected: 11/21/2007
Residents Affected: Some
Level of Harm: Potential for minimal harm

- * Follow all laws and professional standards.
(09/18/2006)

Date Corrected: 10/06/2006
Residents Affected: Few
Level of Harm: Minimal harm or potential for actual harm

Nursing Home Staff Info

The federal government requires nursing homes to have enough professional staff to provide adequate care to all their residents. Nursing homes must report their nursing staff hours to their state survey agency. The staff hours listed below are derived from the average amount of hours worked by nursing staff divided by the number of residents of the nursing home. The hours have then been converted into the number of nursing staff hours per resident per day by nursing staff category.

Registered Nurses (RN) and Licensed Practical and Vocational Nurses (LPN/LVN) - RNs have had 2-6 years of education; LPNs/LVNs usually have had one year of training. Nurses must be licensed by the state. Nursing homes must have nurses on site 24 hours per day, seven days per week. RNs assess the residents' needs and work with LPNs and LVNs on planning and performing care and treatment and evaluating results.

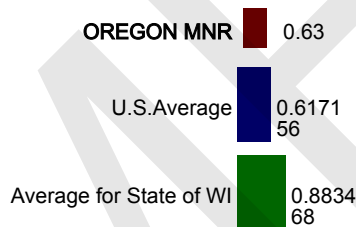
Certified Nursing Assistants (CNAs) - Full time CNAs must complete a competency evaluation program or nurse assistant training within four months of starting their employment and continue their education each year. A licensed nurse supervises them. CNAs provide day-to-day care and help residents with activities of daily living.

Important Considerations

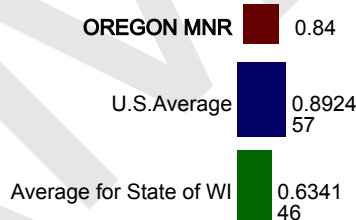
The numbers below do not reflect the number of staff on duty at any given time or the level of care each resident receives. Nursing home staffing level needs change depending on the conditions of the residents and the special services provided. Levels may have changed since the last inspection of the nursing home. It is important to look at the Nursing Home Inspection Results and perform a thorough evaluation of any nursing home you are considering.

Total Number of Residents: 45

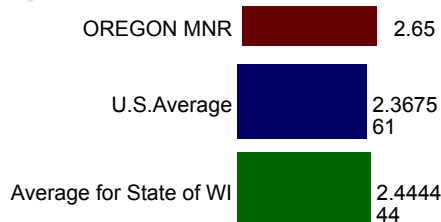
RN Hours per Resident per Day:



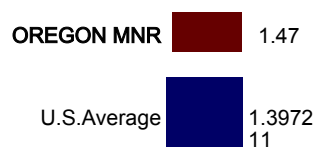
LPN/LVN Hours per Resident per Day:




CNA Hours per Resident per Day:



Total Number of Nursing Staff Hours per Resident per Day:



Average for State of WI  1.2303
52

SAMPLE

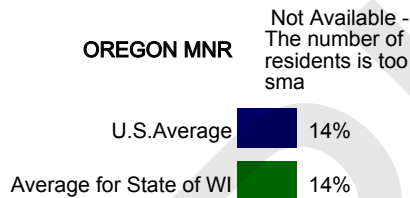
Nursing Home Resident Info

The nursing home inspection process includes gathering information about the conditions of residents. Nursing homes also must routinely collect data about their residents' physical and clinical conditions and abilities. This information can help you develop questions and compare nursing homes you are evaluating. Look at the resident information related to your needs for a nursing home for a long-term or short-term stay.

Resident information is collected by the categories that can be measured. They should not be taken as standards or benchmarks for the quality of care. It's important to note that high or low percentages may be the result of nursing home areas of expertise and specialization rather than quality of care. You should always visit the nursing home and ask the appropriate questions and check its Nursing Home Inspection Results and contact your Long-Term Care Ombudsman as part of your evaluation process.

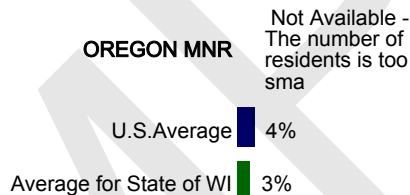
Residents Whose Need for Help With Daily Activities Has Increased:

Lower percentages are better.



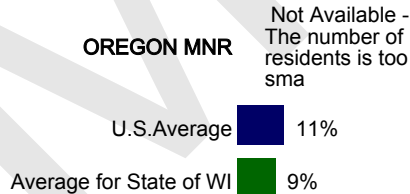
Residents Who Have Moderate to Severe Pain:

Lower percentages are better.



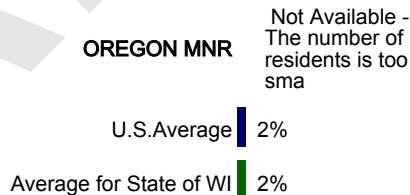
High-Risk Residents Who Have Pressure Sores:

Lower percentages are better.



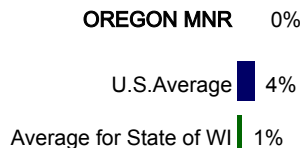
Low-Risk Residents Who Have Pressure Sores:

Lower percentages are better.



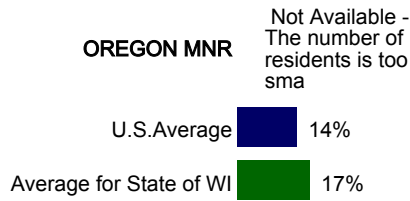
Residents Who Were Physically Restrained:

Lower percentages are better.



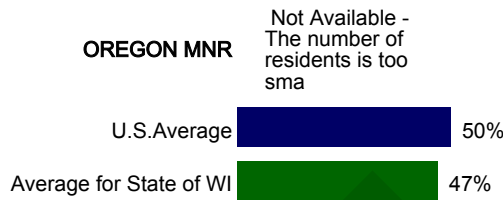
Residents Who are More Depressed or Anxious:

Lower percentages are better.



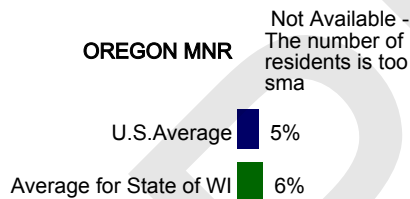
Low-Risk Residents Who Lose Control of Their Bowels or Bladder:

Lower percentages are better.



Residents Who Have/Had a Catheter Inserted and Left in Their Bladder:

Lower percentages are better.



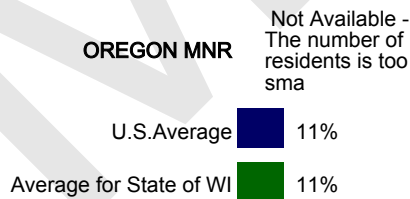
Residents Who Spend Most of Their Time in Bed or in a Chair:

Lower percentages are better.



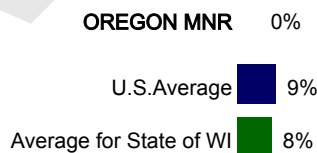
Residents Whose Ability to Move About in and Around Their Room Got Worse:

Lower percentages are better.



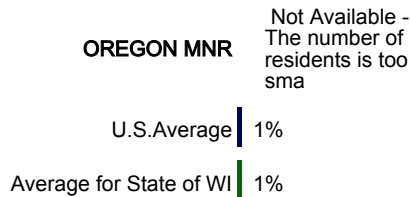
Residents With a Urinary Tract Infection:

Lower percentages are better.



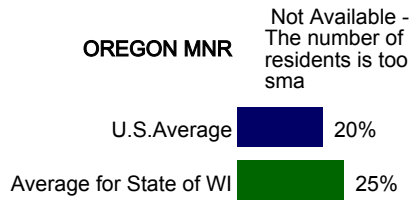
Short-Stay Residents With Delirium:

Lower percentages are better.



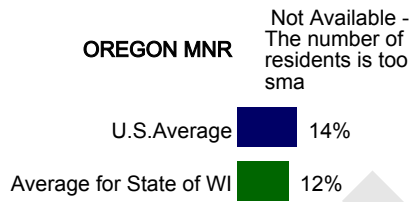
Short-Stay Residents Who Had Moderate to Severe Pain:

Lower percentages are better.



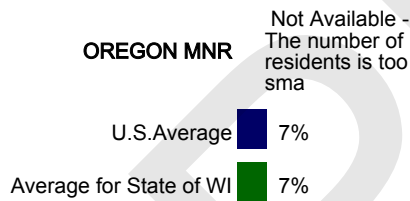
Short-Stay Residents With Pressure Sores:

Lower percentages are better.



Residents Who Lose Too Much Weight:

Lower percentages are better.



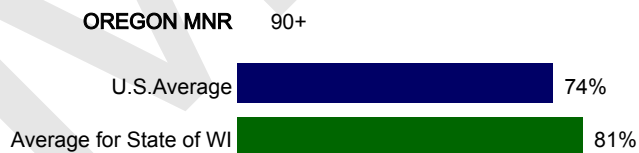
Short-Stay Residents Given Influenza Vaccination During the Flu Season:

Higher percentages are better.



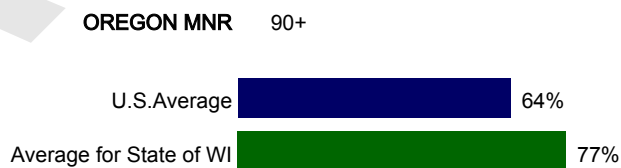
Residents Given Influenza Vaccination During the Flu Season:

Higher percentages are better.



Short-Stay Residents Who Were Assessed and Given Pneumococcal Vaccination:

Higher percentages are better.



Residents Who Were Assessed and Given Pneumococcal Vaccination:

Higher percentages are better.



* The number of patients is too small to report. Call the facility to discuss this quality measure.

Resident Information Definitions

Residents Whose Need for Help With Daily Activities Has Increased

What does this graph tell you?

This graph shows the percent of residents whose need for help doing basic daily tasks (listed below) has increased from the last time it was checked. Lower percentages are better. The daily activities that this measure counts include:

1. feeding oneself;
2. moving from one chair to another;
3. changing positions while in bed; and
4. going to the bathroom alone.

Why is this information important?

Residents who still do these basic daily activities with little help will feel better about themselves and stay more active. This can affect their health in a positive way. When people stop taking care of themselves, it may mean that their health has gotten worse. The resident's ability to perform daily functions is important in maintaining their current health status and quality of life. Some residents will lose function in their basic daily activities as a result of the aging process, even though the nursing home provides good care.

Residents Who Have Moderate to Severe Pain

What does this graph tell you?

This graph shows the percent of residents who are reported to have moderate to severe pain during the 7-day assessment period.

Pain can be caused by a variety of medical conditions. Checking for pain and pain management are very complex. The percentages reported may mean different things - a lower percentage on this measure is usually better. However, if one nursing home does a better job checking the residents for pain, they could have a higher percentage on this measure. Or, if more residents in one of the nursing homes refuse to take pain medication for cultural or personal reasons, that nursing home's percentage would be higher. These situations may raise percentages but, may not be an indication of poor care.

Why is this information important?

Residents should be checked regularly by nursing home staff to see if they are having pain. A resident may not be able to perform activities of daily living (ADLs), may become depressed or have a poor quality of life, if pain is not treated.

High-Risk Residents Who Have Pressure Sores

What does this graph tell you?

A nursing home resident has a 'high risk' for getting a pressure sore if they are in a coma, if they don't get the nutrients they need such as water, vitamins and minerals or can't move or change position on their own. This graph shows the percent of residents with a high risk for getting pressure sores or who get a pressure sore in the nursing home. Lower percentages are better.

What is a pressure (bed) sore?

A pressure sore is a skin wound. Pressure sores usually develop on bony parts of the body such as the hip, ankle, heel or tailbone. They are usually caused by continuous pressure on one part of the skin from chairs, wheelchairs or beds. Pressure sores are painful and may take a long time to heal. They may also cause skin and bone infections.

Why is this information important?

Nursing homes can use measures that may help to prevent or treat pressure sores, such as frequently changing the resident's position, proper nutrition and using padding. However, residents can still develop pressure sores regardless of these measures.

Low-Risk Residents Who Have Pressure Sores

What does this graph tell you?

A nursing home resident has a 'low-risk' for getting a pressure sore if they are active, change positions on their own and are getting the nutrients they need. This graph shows the percent of residents with a low risk for getting pressure sores or who get a pressure sore in the nursing home. Lower percentages are better.

What is a pressure (bed) sore?

A pressure sore is a skin wound. Pressure sores usually develop on bony parts of the body such as the hip, ankle, heel or tailbone. They are usually caused by continuous pressure on one part of the skin from chairs, wheelchairs or beds. Pressure

sores are painful and may take a long time to heal. They may also cause skin and bone infections.

Why is this information important?

Nursing homes can use measures that may help to prevent or treat pressure sores, such as frequently changing the resident's position, proper nutrition and using padding. However, residents can still develop pressure sores regardless of these measures.

Residents Who Were Physically Restrained

What does this graph tell you?

This graph shows the percent of residents in the nursing home who were physically restrained daily during the 7-day assessment period. Lower percentages are better.

What are physical restraints?

A physical restraint is any device, material or equipment attached or adjacent to a resident's body, which the resident cannot remove easily. It keeps a resident from moving freely or prevents them normal access to their body. Examples of physical restraints include special types of vests, chairs with lap trays, lap belts, and enclosed walkers. Bed rails are also considered restraints in certain situations, but they are not used in the calculation of this measure.

Why is this information important?

Restraints should only be used when they are necessary as part of the treatment of a resident's medical condition and can only be ordered by a physician. Restraints should never be used to punish a resident or to make things easier for the staff. A resident who is restrained daily can become weak, lose his or her ability to go to the bathroom by themselves and develop pressure sores or other medical complications.

Residents Who are More Depressed or Anxious

What does this graph tell you?

This graph shows the percent of residents who have become more depressed or anxious in the nursing home since the last time they were checked. Lower percentages are better.

Why is this information important?

Depression is a medical/chemical problem of the brain that affects how you think, feel and behave. Fatigue, a loss of interest in normal activities, poor appetite and problems with concentration and sleeping may be indications that a person is depressed.

Anxiety is excessive worrying. Trembling, muscle aches, problems sleeping, stomach pain, dizziness and irritability may be signs of anxiety.

Residents of nursing homes are at a high risk for developing depression and anxiety for many reasons. These include: the loss of a spouse, family members or friends; chronic pain and illness; and difficulty adjusting to the nursing home. Identifying depression and anxiety can be difficult in elderly patients because the signs may be confused with the normal aging process, a side effect of medication or the result of a medical condition. If left untreated, depression or anxiety can lessen a person's quality of life and lead to other health problems. Proper treatment may include medication, therapy or an increase in social support.

Low-Risk Residents Who Lose Control of Their Bowels or Bladder

What does this graph tell you?

This graph shows the percent of residents who often lose control of their bowels or bladder. This information is only based on residents who have a 'low risk' for losing control of their bowel or bladder. Residents are defined as having a 'low risk' for losing bowel and bladder control if they do not have severe dementia or if they do not have limited ability to move on their own. Lower percentages are better.

Why is this information important?

Loss of bowel or bladder control is not a normal sign of aging and can often be successfully treated. It can be caused by a variety of factors including: physical problems (muscle weakness, bladder infection); inability to move around; reaction to medication; diet and fluid intake; and certain medical conditions (diabetes, dementia, spinal cord injury).

Finding the cause and treating a bowel or bladder control problem is important for both physical and mental reasons. Physically, it can help prevent infections and pressure sores. Mentally, treatment can restore the dignity of the resident and maintain healthy social interactions with other residents and staff.

Residents Who Have/Had a Catheter Inserted and Left in Their Bladder

What does this graph tell you?

This graph shows the percent of nursing home residents who had a catheter inserted and left in their bladder for a period of time during the 14-day assessment period. Lower percentages are better.

What is a catheter?

A catheter is a thin, soft tube that is inserted through the urethra to the bladder and left in place to collect urine. It may be inserted into the bladder of people who lose control of their bladder or cannot use a toilet. Catheters may be used for a variety of reasons including: the inability for urine to drain naturally, to keep a patient with pressure sores clean and dry; or to measure the amount of urine being produced.

Why is this information important?

A catheter should only be used when it is medically necessary. A catheter should not be used for the convenience of the nursing home staff. Using a catheter may result in complications such as: urinary tract or blood infections; physical injury; skin problems; bladder stones; or blood in the urine. Studies have shown that long-term use of catheters over many years may increase the rates of bladder cancer in patients with spinal cord injuries.

Residents Who Spend Most of Their Time in Bed or in a Chair

What does this graph tell you?

The percentage of residents who spent most of their time in bed or in a chair in their room during the 7-day assessment period are shown in this graph. Lower percentages are better.

Why is this information important?

A decline in physical activity may come with age due to muscle loss, joint stiffness, fear of injury, worsening illness, or depression. Residents who spend too much time in bed or a chair may lose the ability to perform activities of daily living (ADLs), like eating, dressing or getting to the bathroom.

Staying in a bed or chair affects the nursing home resident in many ways. Unused muscles get weaker leading to difficulty participating in physical and social activities. The quality of sleep can suffer. The risk of heart disease, stroke, diabetes or blood clots can increase. Depression and anxiety can worsen. Finally, staying in one position, with constant pressure on the skin can increase the chance of pressure sores. It is important that nursing home staff encourage residents to do as much as they can for themselves and stay as physically active as possible.

Residents Whose Ability to Move About in and Around Their Room Got Worse

What does this graph tell you?

This graph shows the percent of residents whose ability to move around, either by walking or using a wheelchair, in their room and the hallway has declined since their last assessment. Lower percentages are better.

Why is this information important?

A decline in physical activity may come with age due to muscle loss, joint stiffness, fear of injury, worsening illness, or depression. Residents who spend too much time in bed or a chair may lose the ability to perform activities of daily living (ADLs), like eating, dressing or getting to the bathroom. However, the decline measured in some cases may be temporary due to a short-term illness or injury the resident is experiencing at the time of the assessment.

Staying in a bed or chair affects the nursing home resident in many ways. Unused muscles get weaker leading to difficulty participating in physical and social activities. The quality of sleep can suffer. The risk of heart disease, stroke, diabetes or blood clots can increase. Depression and anxiety can worsen. Finally, staying in one position, with constant pressure on the skin can increase the chance of pressure sores. It is important that nursing home staff encourage residents to do as much as they can for themselves and stay as physically active as possible.

Residents With a Urinary Tract Infection

What does this graph tell you?

This graph shows the percent of nursing home residents who had a urinary tract infection (UTI) anytime during the 30 days before their most recent assessment. Lower percentages are better.

What is a urinary tract infection?

A UTI is an infection in the urethra that left untreated, can spread to the bladder and kidney.

Why is this information important?

Most urinary tract infections can be prevented by having the nursing home staff make sure the resident is practicing good

hygiene, emptying the bladder regularly and drinking enough fluid. Finding the cause and getting immediate treatment of a UTI can prevent the infection from spreading and becoming a more serious problem.

Short-Stay Residents With Delirium

What does this graph tell you?

This graph shows the percent of short-stay nursing home residents ? those recently admitted to the nursing home following a hospital stay ? who have symptoms of delirium. Lower percentages are better.

What is delirium?

Delirium is defined as a having severe short-term problems with attention, confusion or being aware of one's surroundings. It is often misdiagnosed. It does not involve learning or memory problems and should not be confused with dementia or senility. The symptoms may develop suddenly and may be reversible. They can be caused by a number of factors such as: infection; a stroke; dehydration; reaction to surgery, anesthesia or medication; disease (e.g., liver failure); uncorrected vision or hearing problems; or depression.

Why is this information important?

Delirium is not a normal part of aging. It is a serious condition requiring immediate medical attention. Left untreated, the death rate is high. The nursing home resident may require changes to their diets or medications. Nursing homes should monitor these patients carefully.

Short-Stay Residents Who Had Moderate to Severe Pain

What does this graph tell you?

This graph shows the percentage of short-stay residents ? those recently admitted to the nursing home following a hospital stay ? who are reported to have moderate to severe pain at any time, during the 7-day assessment period.

Pain can be caused by a variety of medical conditions. Checking for pain and pain management are very complex. The percentages reported may mean different things ? a lower percentage on this measure is usually better. However, if one nursing home does a better job checking the residents for pain, they could have a higher percentage on this measure. Or, if more residents in one of the nursing homes refuse to take pain medication for cultural or personal reasons, that nursing home's percentage would be higher. These situations may raise percentages but, may not be an indication of poor care.

It is important to note that most residents who are in a nursing home following a hospitalization are recovering from an illness, surgery or an injury, such as a broken bone. It is common to have pain after surgery or an injury. However, it is still important to identify and treat pain.

Why is this information important?

Residents should be checked regularly by nursing home staff to see if they are having pain. A resident may not be able to perform activities of daily living (ADLs), may become depressed, or have a poor quality of life, if pain is left untreated.

Short-Stay Residents With Pressure Sores

What does this graph tell you?

This graph shows the percentage of short-stay nursing home residents ? those recently admitted to the nursing home following a hospital stay ? who have developed pressure sores, or who had pressure sores that did not get better between their 5-day and 14-day assessments in the nursing home. Lower percentages are better.

What is a pressure (bed) sore?

A pressure sore is a skin wound. Pressure sores usually develop on bony parts of the body such as the hip, ankle, heel or tailbone. They are usually caused by continuous pressure on one part of the skin from chairs, wheelchairs or beds. Pressure sores are painful and may take a long time to heal. They may also cause skin and bone infections.

Why is this information important?

Nursing homes can use measures that may help to prevent or treat pressure sores, such as frequently changing the resident's position, proper nutrition and using padding. However, residents can still develop pressure sores regardless of these measures.
