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ISSUES BRIEF: Nursing Homes – Small Home Model

Issue:

The tragic loss of life in nursing homes from COVID–19 and the ongoing threat of other deadly communicable diseases, such as influenza, make large congregate living facilities a danger to residents.

Goals:

Remodeling existing nursing homes to single occupancy rooms and downsizing newly constructed nursing homes to "small home" models are critical to achieving quality care, while providing residents with privacy and dignity in a more homelike-setting. Managing the structural environment to reduce congregate living is central to any infection control strategy.

Problem Statement:

Nursing homes, as they have structurally existed since inception, are not where older adults and persons with disabilities prefer to live. [1] Furthermore, closely-quartered congregate living settings are at particular risk for greater infection rates and mortality.

Background:

For existing nursing homes, we support the current joint requirement of "single and double" occupancy rooms[2], but strongly recommend private rooms. Private rooms are the best safeguard against infection transmission, while maintaining double occupancy rooms for married couples or those agreeing to shared rooms (e.g., siblings, friends, etc.).[3]

Essential elements of small homes relate to core values of *real* home: maximum 12 residents, central open kitchen, resident-directed living for a *meaningful life* (e.g., control over time to wake/eat/sleep, access to community activities); and *empowered staff* (e.g., self-managed teams of certified nursing assistants).

For some specifics --- Small Homes (SH), such as the Green House Project and VA Small Homes, differ from most legacy (typical medical-model) homes (LH) in providing residents more control over their daily schedule; in having caregivers consistently assigned to the same residents; and in having self-managed work teams that do more tasks (reducing overall staff needed). Similarly, the amount of direct care worker time was higher in SH than LH (4.2 vs. 2.2 hours per resident per day). Compared to other nursing homes, direct care staff in SH reported being more familiar with residents and better able to detect change in resident condition earlier. Finally, LPNs and direct care workers in SH reported being better able to provide care in the case of unexpected absences.[4]

Recommendations:

1. **Long term care facility transformation** (single occupancy rooms).
2. **Small Home ("Green House") design model** to be the standard for all future nursing home development.

For more information, please contact Facilities Workgroup Chair: Arlene Germain, agermain@manhr.org.

Endnotes

[1] AARP published a survey in 2018 showing that nearly 90% of older adults said that they want to live in their own home and age in place, or at least live in their community.2018 Home and Community Preferences: A National Survey of Adults Ages 18-Plus, Joanne Binette, Kerri Vasold, AARP Research, August 2018, Revised July 2019, https://www.aarp.org/research/topics/community/info-2018/2018-home-community-preference.html.

[2] 105 CMR 150.000: STANDARDS FOR LONG-TERM CARE FACILITIES (Mass. Register #1457 11/26/21) https://www.mass.gov/doc/105-cmr-150-standards-for-long-term-care-facilities/download:
150.320: Bedrooms – Nursing Care Units
(B) On and after April30, 2022, resident bedrooms must adhere to the following occupancy and square footage requirements:
(1) No resident bedroom shall contain more than two beds; and
(2) For facilities that provide Level I, II or III care, in the event of new construction or reconstruction, as defined by CMS, of a building or nursing care unit, affected resident bedrooms must:
(a) Be shaped and sized so that each bed can be placed with a minimum clearance of four feet from any lateral wall, window, or radiator on the transfer side of the resident bed and three feet from any lateral wall, window, or radiator on the non-transfer side of the resident bed. In single occupancy rooms, an unobstructed passageway of at least three feet shall be maintained a t the foot of each bed. In double occupancy rooms, an unobstructed passageway of at least four feet shall be maintained at the foot of each bed. In double occupancy rooms, resident beds must be spaced at least six feet apart.
(b) The floor area of each of the affected resident bedrooms shall not be less than 125 square feet for single occupancy rooms and 108 square feet per bed for double occupancy rooms. Facilities that are unable to fully comply with 105 CMR 150.320(B)(1) by April 30, 2022 must demonstrate to the Department that the licensee has made good faith efforts to comply with 105 CMR 150.320(B)(1), in accordance with Department guidelines.

[3] According to the following *JAMA Internal Medicine* study which examined the association between nursing home crowding and COVID-19, COVID-19 incidence in rooms and bathrooms with a higher number of people per room was 9.7% compared to 4.5% with a lower number of people per room and bathroom. Furthermore, the death rate was higher in those rooms and bathrooms with more people (2.7%) vs. COVID-19 deaths in rooms with fewer people.
(1.3%)Brown, K. A., Jones, A., Daneman, N., Chan, A. K., Schwartz, K. L., Garber, G. E., . . . Stall, N. M. (2020). "Association Between Nursing Home Crowding and COVID-19 Infection and Mortality in Ontario, Canada" *JAMA Internal Medicine*. doi:10.1001/jamainternmed.2020.6466
https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2772335

[4] New Evidence on the Green House Model of Nursing Home Care: Synthesis of Findings and Implications for Policy, Practice, and Research, Health Services Research, Feb. 2016 51(Suppl 1): 475–496; Published online 12/27/15 doi: 10.1111/1475-6773.12430; Sheryl Zimmerman, Ph.D.,[1] Barbara J. Bowers, Ph.D.,[2] Lauren W. Cohen, M.A.,[3] David C. Grabowski, Ph.D.,[4] Susan D. Horn, Ph.D.,[5] Peter Kemper, Ph.D.,[6] and the THRIVE Research Collaborative Patrick Brown, Sandra Hudak, Kimberly Nolet, and David Reed https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5338207/.

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