



Resolution Calling for Sufficient Nursing Home Staffing to Prevent Elder Abuse

June 15, 2023

WHEREAS; Federal law requires all nursing homes to provide enough staff to safely care for residents;¹ and

WHEREAS; Many nursing facilities have fewer direct care staff than needed to meet the care needs of their residents, a problem more common in nursing facilities that serve a high share of Medicaid-covered residents; and

WHEREAS; Since such facilities also have a higher share of Black and Hispanic residents, the low staffing rates in these facilities contribute to health disparities;² and

WHEREAS; Insufficient nursing staff negatively impacts all residents in a nursing home and undermines the dignity of both residents and staff. Numerous studies of nursing homes reveal a strong positive relationship between the number of nursing home staff who provide direct care to residents on a daily basis and the quality of care and quality of life of residents. The dangers of understaffing have been common knowledge in the U.S. nursing home industry since the 1980s and culminated with the findings from the 2001 study of Appropriateness of Minimum Nurse Staffing Ratios published by Centers for Medicare & Medicaid Services (CMS)³

WHEREAS; The 2001 CMS landmark staffing report identified specific minimum staffing thresholds below which quality of care would be compromised. It recommended a daily minimum standard of 4.1 hours of total direct care nursing time per resident: 2.8 hours certified nursing assistants; 0.75 hours RNs; and 0.55 hours licensed practical/vocational nurses. Research conducted for the report found that staffing levels falling below this minimum put nursing home residents at risk.⁴

¹ [Find Healthcare Providers: Compare Care Near You | Medicare](#)

² [State Policy Levers to Address Nursing Facility Staffing Issues \(macpac.gov\)](#)

³ [Appropriate Nurse Staffing Levels for U.S. Nursing Homes \(sagepub.com\)](#)

⁴ [State Nursing Home Staffing Standards Summary Report \(theconsumervoice.org\)](#)

WHEREAS; Now, 20+ years after publication of the 2001 report, the CMS standards do not take into account the higher acuity level of the resident population and do not consider quality of life and dignity issues which are important components of the nursing home requirements and rightful expectations for residents and their families. Consequently, the 2001 standards set a minimum, allowing for increases “to meet resident nursing care needs, based on acuity, resident assessments, care plans, census, and other relevant factors...”⁵

WHEREAS; Research studies provide clear evidence that most nursing homes do not have adequate nurse staffing levels, particularly for RNs. As nursing staffing (levels and wages) is one of the primary cost components for nursing homes, many nursing homes keep staffing costs as low as possible to maximize profits.⁶

WHEREAS; Inadequate staffing levels can have devastating consequences, as found in California nursing homes with COVID-19 that had 25% lower RN staffing levels than homes without non-COVID-19 residents. Lower staffing levels in facilities before the pandemic made these facilities more vulnerable to the coronavirus, resulting in more than 28,000 U.S. nursing home resident and worker deaths by May 11, 2020.⁷

WHEREAS; Keeping nurse staffing levels low results in serious quality problems in nursing homes across the country and is not consistent with the 2016 federal regulations that require sufficient nursing staff with the appropriate competencies to assure resident safety and attain or maintain the highest practicable level of resident well-being. Nursing homes are responsible for assuring adequate nurse staffing levels and for complying with federal nursing home requirements,⁸ and

WHEREAS; Twenty years after the CMS study found that at least 4.1 hprd of direct care nursing staff time are needed just to prevent poor outcomes, state staffing requirements, with a few exceptions, are nowhere near that recommended level. Despite what is known about the relationship between staffing levels and quality care, staffing standards in almost every state remain severely low. Residents have waited decades for safe staffing around the clock. Every day that passes without sufficient staffing jeopardizes their health, safety and welfare;⁹

WHEREAS; Massachusetts regulation 150 CMR 007 (d) states: “Sufficient nursing personnel to meet resident nursing care needs based on acuity, resident assessments, care plans, census and other relevant factors as determined by the facility. On and after April 1, 2021, sufficient staffing must include a minimum number of hours of care per resident per day (PPD) of 3.58 hours, of which 0.508 hours must be care provided to each resident

⁵ Op.Cit., page 11: “...Although the Phase II analysis did not identify different staffing levels that maximized quality for different case mix groupings, it did find that adverse outcomes were significantly higher at the same staffing levels for facilities of higher case mix. The investigators concluded that higher staffing levels are warranted for facilities with residents of higher acuity and functional limitations...”

⁶ <https://journals.sagepub.com/doi/pdf/10.1177/1178632920934785>

⁷ Ibid.

⁸ Ibid.

⁹ [State Nursing Home Staffing Standards Summary Report \(theconsumervoice.org\)](https://www.theconsumervoice.org/state-nursing-home-staffing-standards-summary-report)

by a registered nurse. The facility must provide adequate nursing care to meet the needs of each resident, which may necessitate staffing that exceeds the minimum required PPD”,¹⁰ and,

WHEREAS; A minimum nursing care ratio of 3.58 PPD is substantially below the CMS recommended minimum of 4.1 PPD, for safe resident care, and

WHEREAS; Understaffing is a major issue since it is directly related to nursing home resident care and instances of abuse. Nursing home residents can suffer from poor quality of life, and even death, due to less staff than is required;¹¹ now, therefore, be it

RESOLVED; That Dignity Alliance Massachusetts, together with other advocates, assert that too many Massachusetts nursing homes operate below the Commonwealth’s insufficient minimum regulatory limits, thereby putting residents in great jeopardy and failing to protect the dignity of both residents and staff. As of Q3, ’22, the most recent available data, 75% of MA nursing homes operate below an average of 3.58 HPRD¹² and, be it further,

RESOLVED; That Massachusetts regulations for nursing home staffing currently appear to sanction a form of elder abuse and on this occasion of June 15, 2023 “World Elder Abuse Awareness Day,” calls upon the Massachusetts Department of Public Health to actively enforce existing staffing regulations until new nursing home staffing regulations can be promulgated consistent with federal policy and regulation, and be it further,

RESOLVED; That a copy of these resolutions be forwarded to the Governor of the Commonwealth, the Secretary of Health and Human Services, the Commissioner of Public Health, and the Clerks of the Senate and House of Representatives.

¹⁰ <https://www.mass.gov/doc/105-cmr-150-standards-for-long-term-care-facilities>

¹¹ <https://www.nursinghomeabuse.org/nursing-home-neglect/understaffing/>

¹² Long-Term Care Community Coalition compilation of Q3, ’22 database of [CMS payroll-based journal data](https://nursinghome411.org/data/staffing/staffing-q3-2022/), located at <https://nursinghome411.org/data/staffing/staffing-q3-2022/>. Total Direct Care Staff combines hours from RNs, LPNs, and nurse aides (CNAs and NA in Training) directly involved in resident care and excludes Admin Director of Nursing (DON), RN Admin & RN DON.

This resolution has been endorsed by fifty-three members and supporters of Dignity Alliance Massachusetts including the following:

Aging Life Care Association New England Chapter
Boston Center for Independent Living
Center for Living & Working, Inc, Worcester
Chelsea Disability Commission
COP Amputee Association-COPAA, Wenham
Joan Daly, Easton
Disability Law Center, Boston
Disability Policy Consortium, Boston
Lynne Feldman, LifePath, Greenfield
Judi Fonsh MSW, Leverett
John J. Ford, Esq., Quincy
Lachlan Forrow, MD, Newton
Wynn Gerhard, Esq., Plymouth
Margaret Morganroth Gullette, Newton
Lisa Iezzoni, MD, Newton
Paul Lanzikos, Beverly
LifePath, Greenfield
James A. Lomastro PhD, Conway
Stacey Minchello
Former Senate President Pro Tem Richard T. Moore, Uxbridge
Sandy Novack, MBA, MSW, Brookline
Anne Porter, Cambridge
Janice Philpot, Boston
Diane Robie, Pittsfield
Susan Rorke, Medway
Dr. Ama R. Saran, Good Trouble Collaborative, Georgetown, SC
Second Thoughts MA: Disability Rights Advocates against Assisted Suicide
Dorothy Weitzman, MA. MSW, Newton
Brianna Zimmerman, South Hadley