

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 413 Session of
1993

INTRODUCED BY VEON, DeLUCA, DeWEESE, ROONEY, MAYERNIK, BELARDI, PESCI, KASUNIC, MIHALICH, COLAIZZO, STISH, KREBS, BLAUM, RITTER, McGEEHAN, LAWLESS, STABACK, JOSEPHS, DALEY, OLASZ, TRELLO, HANNA, BATTISTO, LaGROTTA, MICHLOVIC, MELIO, GERLACH, SURRA, FREEMAN, GIGLIOTTI, COLAFELLA, LAUGHLIN, PISTELLA, D. W. SNYDER, KENNEY, WILLIAMS, KIRKLAND, TRICH, COY, PETRARCA AND KELLER, FEBRUARY 10, 1993

REFERRED TO COMMITTEE ON AGING AND YOUTH, FEBRUARY 10, 1993

AN ACT

1 Requiring nursing care facilities to submit nursing home
2 disclosure forms to the Department of Health; and providing
3 for the form.

4 The General Assembly of the Commonwealth of Pennsylvania
5 hereby enacts as follows:

6 Section 1. Nursing home disclosure forms.

7 (a) Form.--Each nursing care facility shall complete and
8 submit annually a nursing home disclosure form to the Department
9 of Health as provided for in section 2. This form shall be filed
10 simultaneously with the filing of Medicaid cost reports to the
11 Commonwealth but in no case later than 90 days after the close
12 of the fiscal year.

13 (b) Contents.--The nursing home disclosure form shall
14 provide the following information for the fiscal year in
15 question:

16 (1) Actual nursing hours worked per patient day.

1 (2) The average required nursing hours based on actual
2 skilled nursing and intermediate care days of service.

3 (3) The turnover rate for nursing staff.

4 (4) The worker injury rate.

5 (5) Current licensure status; information on whether the
6 facility has ever been subject to a provisional license, a
7 ban on admission of a license revocation or had a master
8 appointed to operate the facility and the dates of such
9 status.

10 (6) Information on whether the facility operates on a
11 government-sponsored, private nonprofit or private for-profit
12 basis.

13 (7) Information on corporate ownership and affiliation.

14 (8) Presettlement profits.

15 (9) The name, address and phone number of the local
16 Long-Term Care Ombudsman at the Area Agency on Aging.

17 (c) Computation.--Required staffing levels, actual staffing
18 levels, turnover rates, injury rates, profits and other
19 information described in subsection (b) shall be computed and
20 reported using the Nursing Home Disclosure Form described in
21 section 2.

22 (d) Disclosure.--Each nursing facility shall also send
23 completed disclosure forms to the local Long-Term Care Ombudsman
24 of the Area Agency on Aging no later than 90 days after the
25 close of the fiscal year.

26 (e) Availability.--Each facility shall post the most recent
27 disclosure form next to the posted Department of Health survey
28 report at the same time the form is sent to the Department of
29 Health and to the local Long-Term Care Ombudsman, but in no case
30 later than 90 days after the close of the fiscal year.

1 (f) Files.--Nursing homes shall keep all disclosure forms
2 and supporting documents on file for a period of at least three
3 years. These files shall be available for inspection and copying
4 at the nursing home by any person during business hours. The
5 Department of Health shall keep on file all forms filed, subject
6 to public inspection under the normal terms and conditions of
7 the act of June 21, 1957 (P.L.390, No.212), referred to as the
8 Right-to-Know Law.

9 (g) Right-to-know report.--The Department of Health shall
10 produce an annual summary of filings for each Department of
11 Health field office area in the form of an easily understood
12 right-to-know report. The guide shall show staffing levels,
13 turnover rates, injury rates and profits for all reporting
14 facilities, arranged both alphabetically by facility name and by
15 numerical rank. Right-to-know reports shall be completed every
16 year at the same time using the most recently filed information
17 and indicating if facilities are late in filing required
18 documents. The Department of Health shall mail three copies of
19 the applicable right-to-know report to each facility, and
20 facilities shall be responsible for providing access to the
21 right-to-know report at the same time and in the same manner as
22 access is granted to the disclosure forms, including
23 notification of prospective residents and their families as
24 described above. In addition, the Department of Health shall
25 mail three copies of each right-to-know report to the
26 Pennsylvania Long-Term Care Ombudsman at the Department of Aging
27 and to the Pennsylvania Council on Aging and shall make
28 available additional copies as requested by the ombudsman and
29 the council.

30 (h) Inspections.--Department of Health compliance inspectors

1 shall verify the availability and completeness of forms during
2 annual certification surveys. In addition, the Department of
3 Health shall investigate citizen complaints concerning the
4 availability or accuracy of the disclosure materials or other
5 issues regarding compliance with this act. The Department of
6 Health shall monitor facilities' compliance with this act's
7 requirement for regular filing of disclosure forms with the
8 Department of Health.

9 (i) Sanctions.--In the event a facility fails to file
10 required disclosure forms, fails to make any disclosure forms or
11 reports available as described in this act or willfully
12 falsifies or withholds information, the Department of Health
13 shall notify the local media and the ombudsman of the failure
14 and shall impose a fine of \$5,000 for each offense.

15 (j) Update.--The Department of Health shall issue a new form
16 for use under the new case-mix reimbursement system, which shall
17 provide the same information in an updated format.

18 Section 2. Official form.

19 The Nursing Home Disclosure Form shall be substantially in
20 the following form:

21 COMMONWEALTH OF PENNSYLVANIA

22 Nursing Home Disclosure Form

23 Filed Pursuant to Nursing Home Consumers Right-to-Know Act

24 Name of Facility:

25 Provider ID No.:

26 Facility Address:

27

28 Facility Phone:

29 Reporting Period:

30 Facility Sponsorship: (check one)

1 Government

2 Nonprofit

3 For-profit

4 Name of Multifacility System if any.....

5 Address of Multifacility System.....

6

7 Signature of Responsible Person:

8 Title of Responsible Person:

9 LICENSE STATUS:

10 Current Licensure Status:

11 Past Licensure Status: Indicate here if facility has ever

12 been assigned any of the following license statuses and the

13 time periods covered:

14 Provisional Dates

15 Ban on Admissions Dates

16 Revoked Dates

17 Master Approved Dates

18 NURSING STAFFING: Shown here are average nursing

19 staffing levels for the fiscal year indicated. Nursing hours

20 per patient day are compared to minimum staffing requirements

21 based on the patient mix at this facility. Average staffing

22 levels above minimums do not guarantee required staffing

23 minimums have been met every day of the reporting period.

24 1. Nursing Hours Per Patient Day During Period

25 2. Required Nursing Hours Per Patient Day

26 3. Average Staffing in Excess of Minimum

27 NURSING TURNOVER: Turnover is a measure of the number

28 staff leaving their position for any reason during the year,

29 shown as a percentage of the normal number of staff on

30 status.

1 4. Turnover Rate for Most Recent Fiscal Year

2 WORKER INJURY RATES: Worker injury rates are shown as

3 the number of reported injuries per 100 full-time workers

4 per year.

5 5. Annual OSHA injury rate per 100 full-time workers

6 6. Annual workers' compensation injury rate per 100

7 full-time workers.....

8 PROFITS: Presettlement net income reported here may

9 increase or decrease somewhat depending on final settlement

10 with the Commonwealth of Pennsylvania.

11 7. Net Income for Period

12 8. Net Income Per Patient Day

13 COMPUTATION OF FIGURES FOR DISCLOSURE FORM

14 "Reporting period" should be most recent fiscal year or

15 portion thereof.

16 "Multifacility system" refers to any entity which operates

17 other nursing facilities in any state which owns the reporting

18 facility or with which the reporting facility is formally

19 affiliated.

20 "License status" refers to the current status of the facility's

21 license as assigned by the Pennsylvania Department of Health.

22 Enter "Full," "Provisional," "Ban on Admissions," "Revoked"

23 and/or "Master Appointed."

24 LINES 1-3:

25 1a. Enter total floor hours worked by nursing personnel

26 during period

27 1b. Enter total SNF patient days per period

28 1c. Enter total ICF patient days per period

29 1d. Sum of 1b plus 1c

30 1e. Divide 1a by 1d (enter on line 1, page 1)

1	1f.	Multiply 1b times 2.7	.....
2	1g.	Multiply 1c times 2.3	.....
3	1h.	Add 1f plus 1g	.....
4	1i.	Divide 1h by 1d (enter on line 2, page 1)	.....
5	1j.	1i minus 1e	.....
6	1k.	Divide 1j by 1e	.....
7	1l.	Multiply 1k times 100% (enter on line 3,	
8		page 1)	.....
9	LINE 4		
10	2a.	Enter number of nursing staff leaving active	
11		status for any reason during fiscal year	.....
12	2b.	Enter number of nursing staff on active	
13		status on last day of fiscal year	.....
14	2c.	Divide 2a/2b	.....
15	2d.	Multiply 2c times 100% (enter on line 4)	.....
16	LINES 5-6		
17	3a.	Enter total number of hours worked by all	
18		staff during most recent fiscal year	.....
19	3b.	Divide line 3a by 2080 hours	.....
20	3c.	Enter number of injuries and illness	
21		reported on OSHA recordkeeping forms	
22		during period	.....
23	3d.	Divide 3c by 3b (enter on line 5)	.....
24	3e.	Enter number of injuries and illnesses	
25		reported to the Bureau of Workers	
26		Compensation	.....
27	3f.	Divide 3e by 3b (enter on line 8)	.....
28	LINES 7-8		
29	4a.	Enter presettlement net income from	
30		Medicaid cost report, Schedule D,	

1 line 30A or other source (enter on line 7)

2 4b. Divide 4a by 1d (enter on line 8)

3 Section 3. Effective date.

4 This act shall take effect in 60 days.