Integrating Emergency Preparedness Rules in CMS Regulated Nursing Homes: A case study in Hampton Roads, VA

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BACKGROUND

In 2016, the Centers for Medicare & Medicaid (CMS) added specific emergency preparedness requirements to the existing fire safety requirements for regulated nursing homes.

The Emergency Preparedness rule outlines regulations for states and long-term care facilities in four core elements: risk assessment and emergency planning; communication plan; policies and procedures; and training and testing.

Although there has been an increased focus on emergency preparedness for hospitals, the long-term care industry has often fallen through the cracks as an important component of the health care system.

OBJECTIVE

This exploratory study examines how facility size and staffing levels are related to CMS emergency preparedness rule compliance for regulated nursing homes in the Hampton Roads region.

METHODS

A quantitative research design was used to analyze data from nursing homes in the cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk and Virginia Beach.

The Medicare Nursing Home Compare website provided data regarding facility size (based on the number of certified beds) and staffing levels (based on overall staffing ratings).


The sample included 23 nursing homes in the Hampton Roads area that were cited 153 emergency preparedness deficiencies.

FINDINGS

Nursing Homes Cited for Emergency Preparedness Violations

Emergency Preparedness Violations by Facility Size

CONCLUSIONS

❖ A majority of the emergency preparedness violations in the region were cited to mid-sized facilities with 108-150 certified beds. In 2017, the average number of certified nursing home beds in Virginia was 113.7. These preliminary findings indicate that further research should be focused on the emergency preparedness challenges for mid-size nursing homes, which represent a majority of the nursing home facilities in Virginia.

❖ Almost half of the nursing homes cited for emergency preparedness violations in the region were given an overall staffing rating of either “much below average” or “below average” by CMS. The two most frequently cited violations were also related to facility staff:
  - Establish staff and initial training requirements
  - Establish emergency prep training and testing

❖ The findings support efforts by advocates at the state and federal levels to increase minimum staffing levels. Further research showing the correlation between increased staffing levels and greater emergency preparedness compliance could aid attempts to increase required nursing home staffing levels.

❖ Efforts to improve nursing home preparedness should include involving nursing home administrators, health care associations, as well as local, state and national regulators and administrators.

REFERENCES


Nursing Home Results. (n.d.) Retrieved from https://www.medicare.gov/nursinghomecompare/results.html?state=VA&lat=0&lng=0