

Issues within Nursing Facilities Involving Quality of Care for the Elderly

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Abstract

The elderly population in the U.S. is growing each and every year. As this population grows, so does the number of senior citizens in need of constant care. Many are put into nursing homes instead of staying with family or receiving in-home care. The issue with this is that far too many nursing facilities do not give high quality care to residents. The goal of this study was to investigate what concerns are common at nursing homes and what can be done to resolve these problems. Based on research studies, articles, statistics, and informational websites, it was found that some of the most common challenges at nursing facilities are inadequate staffing, high turnover rate, abuse, neglect, medication errors, overuse of antipsychotics, and staff that are poorly trained in how to deal with mental impaired residents. There are several ways to alleviate these issues in order to improve quality of care. A large majority of solutions involve improving staff numbers, providing better staff training, and helping build trust between staff members.

Keywords: nursing home, elderly, quality

Introduction

There are currently 15,401 nursing homes in the United States with no fewer than 18 in any given state (Total Number of Certified Nursing Facilities, 2015). For those that do not have a loved one residing at one of these facilities, what goes on inside of these nursing homes is unknown and of little importance. However, for those that do have a loved one in a nursing home or are considering admitting a family member into a facility, what occurs within these resident care programs is significant. With the population of the elderly continuously growing in the United States, the quality of care available to senior citizens is an increasing topic of concern.

Healthcare has greatly improved over the past few decades and with that has come a longer lifespan for Americans. With that being said, it is now very common for middle aged

adults to become part of the sandwich generation. The sandwich generation is a group of middle aged adults that are caught between still raising their own children and caring for their aging parents. Due to this, many opt for the option of admitting their parents into a nursing home. By doing so, the family members can be assured that their loved one is being cared for and looked after all hours of the day so that they can feel comfortable leaving the house to work or take care of their children.

It seems like a simple solution that would benefit everyone involved. The issue is that it is much more complicated because finding a quality nursing home is more difficult than it may appear. Abuse, neglect, and maltreatment can happen within nursing homes and has gotten many facilities into a lawsuit. On top of that, another common issue in nursing homes is medication errors. Although these occur mostly by accident, errors can cause significant problems and can potentially harm the resident.

What happens inside of these facilities also has many medical implications for the health care field in general. It is important that it is known how to best diagnose, treat, and help the elderly that are impaired enough to be in a home. As people age, more and more illnesses become an issue both physically and mentally. Outside of just medications and treatments to alleviate symptoms of conditions such as osteoporosis, Alzheimer's, and diabetes, nursing facilities need to have the proper staff and resources to provide proper nutrition, exercise, and activities to keep up the overall wellness of the residents.

Having said all of that, I would now like to investigate what goes on behind the closed doors within nursing facilities. I work as a certified nursing assistant at a nursing home in Brazil, Indiana, which has given me some insight into how nursing facilities run. However, there is still plenty that I do not know, and I am sure that all nursing homes are different based on layout,

number of residents, number of staff, and quality of care provided. I would like to investigate the specific issues that occur within these nursing facilities and exactly what happens.

Since it seems that nursing homes are often involved in lawsuits, there must be some major problems that occur between these facilities and family members. How frequently do these proceedings occur? What exactly is happening that leads to such conflicts? Can they be resolved? If the issues are based around the quality of care of the elderly in nursing homes, then that should be of serious concern to both staff and family. If quality of care is not the issue, then I would like to find out what is and what can be done to solve it.

Based on my own experience it seems that the turnover rate in staff is especially high within nursing facilities. Certified nursing assistants and nurses are constantly quitting, leaving a shortage in staff. These shortages often result in a fewer number of staff per resident ratio, leaving less time to attend to each resident. I want to investigate if this is something that occurs in nursing homes all over, or if it is unique to just a few. If this happens frequently, does this shortage in staff lead to a deficit in quality of care? What can be done to reduce turnover rate or to at least increase the number of staff available?

Another unknown within nursing homes is the specific ailments found among residents. Do many of them have mental illnesses, such as dementia and Alzheimer's? What other physical or mental problems do residents have that could cause potential issues? How exactly are these being treated or handled when it comes to care and treatment? At the facility that I work at, there is a separate unit entirely for residents with mental handicaps. This helps to keep the residents safe by giving them less access to doors and exits to dangerous rooms or the outdoors. What I don't know is how exactly these mental illnesses occur or what to do when dealing with elderly

that have these mental problems. Are staff members provided with any training to understand how to work with these individuals? If not, what issues does this cause?

It is known that not all nursing facilities are perfect and issues do often occur, yet it is not known exactly what underlying causes bring about these conflicts or how to stop them. So, I plan to investigate the problems associated with nursing facilities and what can be done to prevent them in the future. Based on this, I have formulated four specific research questions to dive into. After conducting my research, I hope to find answers to all of my questions. With these answers I plan to also create ways to potentially solve the issues involved with nursing facilities.

My first question is; what is the current distribution of nursing homes in the state of Indiana and what is the general census of residents and staff? Looking at just Indiana will give me a manageable list of statistics to get an idea of the distribution of nursing homes within certain areas. I would like to know around how many residents are residing within these facilities to get a sense of how small or large the majority of nursing homes are. I would also like to see the amount of staff present in these facilities in comparison to the number of residents to see how many residents each certified nursing assistant and/or nurse has each day. Knowing this could shed some light on deficits in quality of care.

My second question is; what sorts of issues typically arise in nursing homes and why? This is the most important question and the basis of my interest in this topic. I would like to know what it is that gets nursing facilities into trouble, especially when it comes to court cases. What causes these problems is crucial, since knowing the cause can help myself and others discover the solution. I suspect that most conflicts surround quality of care of residents, which is sad to hear because the elderly deserve the best possible care.

My third question is; what difficulties come from residents that have mental issues such as Alzheimer's and dementia? I am interested in seeing how these illnesses affect the individual and how that causes problems within nursing facilities. I want to know how staff deals with this when treating and handling the elderly with these conditions. Since little is known about Alzheimer's, does this make it hard for nursing facilities to treat and care for these individuals?

My final question is; how can these typical issues at nursing homes be remedied so that quality of care is improved overall? At this point I hope to combine all the research I have gathered from my other questions to formulate ways to address the concerns within nursing homes. There may also be some research already done on how to improve quality of care, which I plan to investigate. I want to see what it is that needs to be accomplished to make the most of the lives of the elderly that are admitted into nursing facilities. Some spend the end of their lives there; so it is important that their last days are as comfortable as possible.

In order to find answers to my questions I plan on exploring research online. I hope to find credible sites with statistics on nursing home distribution, documents on court cases involving nursing homes, medical sites explaining Alzheimer's and dementia, and research articles about nursing homes. All of this research combined with lessons I have learned from my own experience should help to thoroughly answer my four research questions.

Nursing homes are scattered all throughout the United States and are an important part of our society for the elderly and their family. These facilities give the elderly a place to stay that is comfortable, allows them to interact with people their age, and gives them access to help and supervision around the clock. The quality of care given in these nursing homes is especially important for these residents and their family. Many incidents have occurred at nursing homes

and conflicts can arise frequently. I hope to find out what these issues are and how to solve them so that nursing facilities can all be their very best.

Analysis and Data

My first question looks at the distribution of nursing homes in the state of Indiana and the number of residents versus staff present in these facilities. As of 2014, Indiana had 528 nursing homes spread throughout the state (Total Number of Certified Nursing Facilities, 2015). This is actually a fairly low number in comparison to some states. Our neighboring state of Ohio has almost double at 933, ranking close to California and Texas in number of nursing homes. As expected, smaller states such as New Hampshire and Rhode Island have less than 100 facilities within the state.

I also looked at how many beds were in each facility to see how many residents each place could hold at a given time. Out of Indiana's 528 nursing homes, 232 have over 100 beds; 213 have between 50 and 99 beds, while 69 have less than 50 beds (Distribution of Certified Nursing Facilities by Bed Size, 2015). These numbers do not all add up to be 528, due to the fact that this survey was done two years earlier in 2012. This discrepancy indicates that, unless the survey from 2014 looked at a larger range of nursing homes in Indiana, that 14 nursing homes were built within two years. Looking at the other states, it is clear that a majority of nursing homes across the country are capable of holding over 100 residents (Distribution of Certified Nursing Facilities by Bed Size, 2015). This shows that a large number of staff is needed to care for all the residents in each facility.

About 89% of Americans over the age of 50 state that they would prefer to receive in-home care rather than going to a nursing home (Long Term Care in Indiana, 2009).

Unfortunately, most of the elderly do not have the means to pay for in-home care. Many of the

senior citizens in Indiana rely on Medicaid to pay for any health care needed. As of right now Indiana only puts 5% of the money from Medicaid toward in-home care for the elderly, whereas the other 95% of the money is being used for nursing homes. With this, Indiana is increasing the amount of elderly in nursing homes because they do not have the money needed to stay within their homes. With Indiana's population of people 85 years and older expected to increase 48% between 2007 and 2030, it can be expected that those in need of long term health care will drastically increase in the upcoming years (Long Term Care in Indiana. 2009).

Staffing is of definite concern when it comes to nursing facilities, especially when federal law does not place many guidelines on the amount of staffing required. The law only states that licensed nurses must be at the facility 24 hours a day with at least one registered nurse for eight hours during the day, there must be a director of nursing, and there should be sufficient staff to care for the residents (Edelman, 2014). Basically, there is very little involvement at the federal level for nursing homes. The interpretation of what is a sufficient number of staff is left up to each individual facility, which is what results in understaffing. Certified nursing assistants do the majority of the hands on, direct patient care for residents (Giller, Evans, Nichols, & Alesia, 2010). Federal law makes absolutely no requirements on how many certified nursing assistants must be present, so it is easy to imagine how quality of care in nursing facilities is affected.

Keeping up an adequate number of staff is especially problematic considering the turnover rate for health care workers in nursing homes. Studies have shown that high turnover rates are associated with poor quality of care. Facilities with turnover rates below 40% for registered nurses and certified nursing assistants had the best quality of care (American Health Care Association 2012 Staffing Report, 2012). A survey conducted by the American Health Care Association found that the median turnover rate for registered nurses is 50% and 51.5% for

certified nursing assistants. Along with turnover rate, vacancy is another major issue. In 2012, it was found that 70,000 positions were unfilled for direct care workers in facilities in the U.S.

Turnover rate and vacancy are both significant problems in relation to quality of care in nursing homes. With staff constantly leaving, filling the positions quickly is often difficult and results in short staffing until more workers are hired. Residents receive more efficient and quality care if dealing with the same staff members each day that know about the residents' needs and preferences. With turnover rate being so high, especially for certified nursing aides, a change in direct care staff for residents is constantly happening (American Health Care Association 2012 Staffing Report). Vacancy is especially important because without positions being filled, other workers have to pick up the slack. This can lead to fatigued, overworked staff and a decrease in quality of care.

Of all of the nursing homes in Indiana, only 21% have been rated as five star facilities (Nursing Homes in Indiana, 2015). As of 2009, Indiana had 52 highly deficient facilities, making it the state with the most poorly performing nursing homes in the U.S. (Demaree, 2010). 46 of the 52 were found to be in immediate jeopardy because residents had been harmed, injured, or died from lack of care or other issues. Studies have shown that non-profit nursing homes tend to have the best quality of care, but Indiana has mostly for-profit nursing facilities (Long Term Care in Indiana, 2009). This means that these for-profit homes will do all that they can to keep staffing costs down. These facilities do not offer high pay or benefits for workers, making it harder to attract nurses and nurse aides (Giller, Evans, Nichols, & Alesia, 2010). This, of course, results in high turnover rates and vacant positions.

Based on this data it is very apparent that Indiana has a high number of nursing homes, most of which have the capacity to hold 100 or more residents. Quality of care is lacking in a

significant number of homes in Indiana due to turnover rate, vacancy, and low staffing in for-profit facilities. Indiana has more poorly performing homes than any other state, something that should be of great concern.

Question Two

For my second question I wanted to look at what sorts of issues typically arise in nursing homes. Based on the research from my first question, it is clear that vacancy and turnover rate for staff is one of the largest problems faced by these facilities. For this question I am more interested in seeing how this directly affects the quality of care given to the residents. To look at this I researched specific incidences as well as broad categories of problems typical in homes.

It seems that the amount of reported nursing home abuse cases has increased quite a bit since the 1990s. For instance, in 1996 a study found that 5.9% of nursing homes had been reported for abuse violations, but in 2000 the number of homes increased drastically to 16% (Nursing Home Abuse Increasing, 2001). A study conducted in 2000 looked at 2,000 residents at nursing facilities and 44% reported having been abused in some way and 95% claimed to have been neglected or seen a fellow resident neglected (America's Growing Elderly Population, 2011). In 2001 almost one third of all facilities in the U.S. had been cited for abuse (Nursing Home Abuse Increasing, 2001).

Abuse done to residents can be physical, verbal, or sexual (America's Growing Elderly Population, 2011). Physical or psychological harm can be done and some cases have even resulted in death. Neglect occurs when staff simply does not take care of the resident. This can result in any number of concerns including bed sores, dehydration, and injuries due to falls. Studies have shown that female residents are abused at a higher rate than males (Nursing Home Abuse Increasing, 2001). There is also a positive correlation between age of residents and

likeliness of being abused. Sadly, many cases of abuse and neglect go unnoticed and untreated, so statistics may not be entirely accurate.

One study conducted looked at lawsuits against nursing homes by talking to attorneys directly. The study encompassed 37 states and 278 attorneys responded (Stevenson and Studdert, 2003). More than half of the lawsuits against nursing facilities involved death of a resident, while the rest concerned significant harm to the resident. The top complaints were bed sores, dehydration, weight loss, and emotional tolls on the resident. These lawsuits were most often started by the children of the resident but others were initiated by spouses or residents themselves. In virtually all cases the nursing home was named as the defendant.

Only eight percent of claims actually make it to trial based on this study. The rest of the claims were resolved outside of court and most often favored the plaintiff. 88% of cases settled in this manner resulted in payment compensation awarded to the families that initiated the case. This is an incredibly high percentage in comparison to other medical malpractice cases. The attorneys surveyed in all 37 states reported seeing an increase in nursing home claims in the past five years. The reason for this increase is largely unknown (Stevenson and Studdert, 2003). What is known is that lawsuits against nursing homes are costly and have a negative impact on quality of care as the nursing home resources are depleted due to being involved in such cases.

Although not all cases involved extreme abuse, some do and the acts exhibited are astounding. For example, one resident in Sacramento named Helen Love was violently attacked by a certified nursing assistant (Nursing Home Abuse Increasing, 2001). The aide was upset at Love for soiling her pants and grabbed her. He ended up breaking her neck and her wrist in the attack. Love died a few days later, and the aide that attacked her was sentenced to one year in jail. Upon further investigation of the nursing facility, it was found that three other aides had

been convicted at one time for abuse but were still working at the home in Sacramento (Nursing Home Abuse Increasing, 2001).

Another lawsuit case occurring in Madisonville, Kentucky showed an extreme case of neglect to a resident. Joseph Offutt was only at the nursing home for five days before dying of dehydration, even though he had a feeding tube (Spears, 2010). Offutt's family sued the home and the corporation owning it. A year after filing the lawsuit he family was awarded 42.75 million dollars. The facility's administrator still claims that the nursing home provided quality care to Offutt and that the amount awarded to the family was outrageous (Spears, 2010). The facility is still running today, just under a different name.

Neglect was the central issue in another court case initiated by Gary Townsend, the son of Arlene Townsend. Arlene Townsend died at the age of 69 after staying at the home for three years (Blair, 2013). Her death was ultimately caused by the fact that she fell 17 times while at the home due to neglect. Townsend was awarded 1.2 billion dollars at the end of the lawsuit. An attorney working the case reported that Townsend's death was due to corporate greed. The corporation running the facility had it on a very low budget, leading to significant understaffing (Blair, 2013). This, of course, resulted in suffering of the residents at the home.

Outside of abuse and neglect, another issue that occurs in nursing homes is problems with administering drugs or giving unneeded medications, especially antipsychotics. State requirements generally state that any more than a 5% medication error rate is unacceptable. There are many ways in which medication errors can occur and some may not have a significant impact on a resident. Of greater concern is the abuse of antipsychotic drugs on nursing home residents.

Medication errors can occur when medication is not properly given by registered nurses within nursing homes. This can be done in many ways including not shaking medications well enough, not giving food with medications that require it, and crushing tablets that are not meant to be crushed (Medication Errors in the Nursing Home, 2013). Most errors occurring in this manner do not result in significant health issues to the resident, although the resident may feel ill for a short time.

Malpractice can occur at homes as well and can be very serious. Nurses sometimes ignore medical orders and give different doses of a drug, stop giving a drug, or add medications that are not prescribed. This could result in residents not receiving necessary drugs or being exposed to medications that are harmful. Nurses can also make the mistake of not restocking medications as needed, keeping residents from getting the necessary doses until new medication comes in (Medication Errors in the Nursing Home, 2013). When this occurs, nurses may decide to borrow medication from another resident. Over time this can get out of hand due to improper record keeping and continual mix-ups of medications.

Another conflict surrounding nursing facilities is the misuse of antipsychotic drugs as chemical restraints. Approximately 1 in 5 residents are given unnecessary antipsychotics (Goodwin, 2014). Driving this issue is the fact that drug companies are heavily marketing antipsychotics to nursing facilities and the elderly as safe and effective, when in fact the drugs are far from safe. Some companies ended up in lawsuits for marketing drugs that had not even been approved by the U.S. Food and Drug Administration.

Giving antipsychotics to elderly patients can make them act sedated. Residents' memories and personalities can be greatly affected (Goodwin, 2014). Patients or family members are supposed to be allowed to give informed consent before giving any medications to residents,

but often this does not occur and neither the resident nor the family have any idea that antipsychotics are being given. This impinges on the rights and dignity of the resident as well as his or her family.

Based on these results it is clear that many issues are involved at nursing homes. Many stem from a lack of regulation and staffing, leaving deficits in quality of care given to residents. Abuse done by staff to residents can be very serious and even lead to death, such as some of the court cases looked at earlier. What is even more heartbreaking is that in many cases situations of abuse of medical malpractice go unnoticed, unreported, or unresolved and the issues continue to go on at these facilities.

Question 3

Since nursing homes are often filled with residents with dementia or Alzheimer's disease, for my third question I wanted to look at what sorts of problems happen for staff when dealing with residents with these mental issues. Since patients with dementia and Alzheimer's often are unaware of what they want and are confused, does this make these residents more difficult to work with? How does staff go about handling these difficulties? I also wanted to look at the other side of the issue, which is what issues are faced by residents that have dementia and Alzheimer's.

First, it is important to understand what dementia and Alzheimer's disease are. Dementia is a very broad category meaning any form of loss in mental ability that has specific signs and symptoms (Alzheimer's Disease, 2015). Dementia can be short-term and can also be treated in some situations. Alzheimer's disease encompasses many of the signs and symptoms associated with dementia, but the disease is much more severe and cannot be cured. Those with

Alzheimer's disease are often confused and have significant memory issues that progressively get worse over time. About 14% of the population over age 65 have Alzheimer's.

Caring for residents that have Alzheimer's or dementia of some form can be incredibly difficult for many reasons. Residents suffering from these cognitive issues can have delusions, wander around, experience major mood swings, can be distrustful, and are often withdrawn or depressed (Alzheimer's Disease, 2015). Due to this, residents must be watched carefully and consistently since their behavior is unpredictable. The most important thing for staff to do is to make sure that these residents are safe and accounted for at all times.

Another issue to staff is that no two residents with dementia or Alzheimer's will act the same way or exhibit the same symptoms (Rosenfeld, 2015). This can make it especially difficult for staff since the same methods cannot be used on all residents to care for them. Staff must be able to identify what is happening and respond appropriately in any number of situations. Residents are also often easily overwhelmed at the smallest of things (Alzheimer's Disease, 2015). People with cognitive disabilities see the world entirely differently and cannot comprehend things in the same manner that normal people do. With that being said, it is often difficult for staff to understand what is upsetting or causing unusual behavior in these residents.

One fairly common behavior among those with Alzheimer's disease is aggression. As residents become frustrated or confused, they may lash out at a family member, staff, or fellow resident (Alzheimer's Aggression: Causes and Management, 2015). Aggression can also lead to the resident harming themselves in the process. This causes another problem for staff as those caring for the resident need to find ways to calm them down without hurting anyone. Staff may get overwhelmed or want to be aggressive back in order to keep the resident from punching or

kicking. However, it is best to stay calm, speak soothingly, and allow the resident to calm down slowly.

Alzheimer's patients will also often exhibit mistrust toward others, even family. This is usually due to delusions that convince the resident to believe in things that are not there (Alzheimer's Aggression: Causes and Management, 2015). Some may think that others have stolen their things or are out to hurt them. For staff this is hard to deal with as it is challenging to convince residents otherwise. Mistrust can also lead to aggression as residents feel the need to confront those they think are harming them in some way. Those working with residents that feel mistrust should remain calm, be reassuring, and use a gentle tone to speak to the resident (Alzheimer's Aggression: Causes and Management, 2015).

Caring for the elderly with mental impairment such as dementia and Alzheimer's is arduous for anyone. Making matters worse, most of the time certified nursing assistants have little to no training on how to care for residents with these issues (Lazar, 2015). Also, nursing homes often advertise specialized dementia care, but do not have trained staff to back those claims. The Alzheimer's Association is currently working on making a law that requires staff to be specially trained on how to deal with dementia and Alzheimer's patients in nursing homes (Lazar, 2015).

Alzheimer's and dementia residents face issues that other residents may not, or at least an increased chance of facing problems that other residents do as well. Research has shown that dementia patients are more likely to be abused than other residents without dementia (America's Growing Elderly Population, 2011). It has also been found that dementia and Alzheimer's patients are at an increased risk of financial abuse (Rosenfeld, 2015). Cold calling, scam mail,

and fraudulent sales are all ways that this can occur. Since mentally disabled residents are often confused and do not know what is going on, this makes them easy targets for abuse.

Another major problem faced by dementia and Alzheimer's residents is the use of unnecessary antipsychotic drugs, as mentioned earlier. Mentally impaired patients are especially likely to be prescribed antipsychotic drugs, especially those that act out aggressively (Alzheimer's Aggression: Causes and Management, 2015). The U.S. Food and Drug Administration has issued a warning against these antipsychotics stating that dementia patients that receive these drugs are at an increased risk of death than those that do not take the drugs. These drugs can cause cardiovascular issues, dizziness, abnormal heart rhythms, and urinary complications (Lazar and Carroll, 2012). Despite this warning, physicians can still legally prescribe these antipsychotics (Alzheimer's Aggression: Causes and Management, 2015). Therefore, it is very important that family members are aware of the potential side effects of these drugs if asked if it is okay to administer them to the resident.

Dementia and Alzheimer's disease are difficult to deal with for those that have these mental impairments, their families, and for staff that care for them. Certified nursing assistants and other staff members face a new set of demands when it comes to caring for these residents. Many do not have specific training to deal with those with dementia and Alzheimer's, making matters even more complicated. The residents themselves also face additional problems including an increased risk of abuse. With around 60% of nursing home residents having Alzheimer's and dementia it is clear to see how important it is to recognize and correct these concerns (Special Care Units, 2015).

Question Four

For my fourth and final question I want to find ways to remedy the above problems in nursing facilities. Clearly there are deficits in the quality of care residents are receiving that deserve attention on how to be fixed. These issues can be resolved with even just a few small changes by the corporations that run these facilities and the staff members within them. However, it will take a widespread effort throughout the U.S. to implement any real changes in this part of the health care system. The central goal of these solutions is to improve the care given to the elderly population so that they can live happy, comfortable lives even within a nursing facility.

As discussed previously, turnover rates for direct care staff at nursing facilities is a major concern. With nurses and nursing assistants constantly leaving, jobs are left vacant and quality of care decreases as a result. Employees most often leave these jobs for a number of reasons including low pay and benefits, feeling overworked, lack of cohesion among coworkers, issues with administration, and being put under too much physical strain (Hunt, 2009). These are all perfectly understandable reasons for nurses and nursing assistants to leave. With a few changes most of these complications could be avoided.

If corporations running these facilities would increase the pay and benefits of nursing home employees, this could solve many problems. This would attract more people to these jobs, decreasing vacancy and providing adequate staffing (Hunt, 2009). It would also help nursing facilities to keep existing employees, which would allow residents to receive care from a more consistent group of nurses and nursing assistants. With more adequate staffing there could be a smaller number of residents per staff, resulting in not only better care but also helping keep direct care employees from feeling overworked and physically strained.

There are a few aspects that can be implemented to help increase cohesion among coworkers. One is to have employees within the nursing home form peer groups that do not include administrators (Hauman, 2003). The peer group can make their own rules on when to meet, discuss any issues at hand, provide support for one another, and even plan holiday or birthday parties. This helps coworkers feel connected and allows them to get to know each other better outside of regular work shifts.

A mentor program could also be formed in nursing facilities in which new nurses or nursing assistants are given a mentor that has been working at the nursing home for a while. The mentor is there to help guide the incoming employee, answer questions, introduce them to other staff, and help them learn about the facility and residents (Hauman, 2003). This will help the new employees to feel more welcomed and comfortable working at the nursing home.

The administrator of a facility and other higher level staff such as the director of nursing can also improve turnover rate by interacting positively with nurses and nursing assistants. It is important to make all employees feel that they can voice their opinions and can approach the administrator when needed (Hauman, 2003). The director of nursing and administrator at any facility should make it clear that they are available whenever an employee needs them. They can also improve their relationship with staff by helping whenever possible and praising nurses or nursing assistants for doing a good job.

Another matter in nursing homes that needs to be addressed is the abuse and neglect of residents. There are several risk factors within facilities that make the likelihood of abuse greater including having no abuse policy, high turnover rate, staff stress and burnout, lack of training, and lack of screening before employment (Nursing Home Abuse Risk Prevention, 2005). Each

can be attended to separately so that all together the chances of a resident being abused or neglected will decrease significantly.

I previously discussed how to improve the turnover rate of staff in the homes. With a lower turnover rate and more adequate staff numbers there should be more nursing assistants and nurses to care for residents, decreasing the chances of a resident being neglected. Lowering turnover rate and raising staff numbers would also simultaneously help to reduce the stress and burnout of nurses and nursing assistants. Stressed direct care workers are more likely to become agitated more quickly, which could lead to abuse of a resident, even if accidental (Nursing Home Abuse Risk Prevention, 2005).

Having an abuse prevention policy in place at nursing facilities is also vital to reducing abuse and neglect. These policies are put into place to help staff to recognize signs of abuse, make them feel accountable for reporting abuse or neglect, to warn staff against the consequences of abusing or neglecting residents, and to set consequences for anyone that is caught harming a resident. An abuse prevention policy is there to prevent abuse in the first place and to also quickly stop abuse if it does happen to occur.

Training staff is an ongoing process and can help in the prevention of abuse as well. Training helps direct care employees learn how to respond in a variety of situations when tending to residents (Nursing Home Abuse Risk Prevention, 2005). These educational sessions should also cover how to handle residents with mental impairments such as dementia and Alzheimer's disease. This hits on the point of how to help staff give better care to residents with dementia and Alzheimer's, as discussed earlier. Helping nurses and nursing assistants learn how to communicate with residents and control residents that are out of hand or aggressive will help them remain calm in these situations so that abuse does not happen. Training can also be used to

help staff to understand aspects of the abuse prevention policy such as how to recognize abuse and what to do if an abusive incident was seen directly or there is reason to believe that an incident occurred.

Another key prevention method for abuse is to thoroughly screen potential employees before hiring. It is important to interview those interested in a position, to run a background check, and to talk to references (Nursing Home Abuse Risk Prevention, 2005). Doing this will help ensure that those that are hired are individuals fit for the job with no criminal record or abuse history. This would seem like an obvious part of running a nursing facility, but when staff numbers are low and nursing homes are desperate for help, employees may be hired quickly without much investigation. Screening potential staff means screening out potential abusers.

Improving quality of care also means making sure that residents receive the correct medications. Medication errors can occur, as discussed earlier. These can be prevented using many of the methods already mentioned. Making sure that there is an adequate amount of nurses working at any given time will keep nurses from rushing while passing medications, which could lead to mistakes. Adequate staffing will also allow nurses to have enough time to ensure that medications are being maintained and in supply. Training is also important in preventing medication errors. Nurses need to know how best to administer all medications and what can lead to errors, so that all medications will be given correctly.

Giving unnecessary antipsychotics to residents, especially those with mental impairments, is a central concern in nursing homes currently. Prevention begins with the physicians that prescribe these medications. Medical doctors that work with senior citizens need to be aware of the danger that companies that sell antipsychotic drugs will often market these drugs as safe, even if they are not (Goodwin, 2014). If antipsychotics are being prescribed, then

physicians have the responsibility to inform the patient and family of potential side effects. This will allow either the resident or family member to make an informed decision on whether they want that medication to be given to the resident at the nursing facility.

Although antipsychotic medications may seem necessary to calm residents that can lash out, there are better ways to handle such situations. This is where training is especially important so that direct care staff can learn how to handle adverse situations and aggressive residents. Instead of using antipsychotic drugs, calming methods such as music can be used (Goodwin, 2014). Staff can also be trained on how to figure out the trigger of agitated behavior and to take away that trigger. Sometimes helping a resident is as simple as putting their needs first and letting them do what makes them happy, as long as they are safe and being cared for.

There are plenty of ways to help reduce the current issues that surround nursing facilities. Implementing all of the above solutions would go a long way in helping nursing homes provide quality care for residents. It seems from this research that the most imperative aspect for facilities is to keep up with staffing. Lowering turnover rate by making direct care health jobs attractive is a main solution in solving multiple problems. Training is also crucial in keeping staff up to date with all policies and making employees prepared for a wide range of situations. Everything done within a nursing facility should be centered on the goal of providing the best possible care for all residents.

Conclusion

With the elderly population in the U.S. growing at a steady rate, the need for superior nursing facilities to care for these individuals is even more necessary. Unfortunately, all too many nursing homes across the U.S. are deficient in the quality of care given to residents. My goal was to figure out what issues were contributing to these deficits and causing facilities to be

in jeopardy. Based on these findings the objective was to investigate possible solutions to each particular concern. By implementing these solutions quality of care provided to residents should improve drastically and allow the elderly to have a fulfilling, comfortable experience when put into a nursing home.

The four research questions investigated each yielded interesting findings. I found that most states have an incredible number of nursing facilities, in which most can hold a capacity of over 100 residents at a time (Distribution of Certified Nursing Facilities by Bed Size, 2015). Although most senior citizens report preferring in-home care, the majority of Medicaid dollars go toward nursing homes (Long Term Care in Indiana. 2009). Federal law does not put many guidelines or regulations on staffing within these facilities, leading to understaffing in many nursing homes. Turnover rate and vacancy for nurses and certified nursing assistants is high within facilities, which causes quality of care of residents to suffer as a result (Edelman, 2014).

There are quite a few issues that typically occur at nursing homes that are alarming. Abuse and neglect are one major issue as it puts residents under harm both physically and psychologically. Some cases of abuse and neglect even lead to death of the resident. Nursing facilities can be involved in lawsuits due to injury or death of a resident, often ending in sizeable monetary compensation awarded to the family of the resident (Stevenson and Studdert, 2003).

Also of concern is medication errors purposefully or accidentally performed by nurses. Errors can lead to a host of problems depending on what the error is and how the resident is affected. Lastly, a major issue in nursing homes is the use of antipsychotic drugs. These drugs are not always safe and are ultimately unnecessary. Despite this, physicians continue to prescribe these medications and many times the resident or family is not informed that antipsychotics are being used or the potential side effects (Goodwin, 2014).

Working with residents that have mental impairments such as dementia and Alzheimer's disease can be challenging. These residents are often confused, tend to wander around, have memory problems, can be delusional, mistrustful, and aggressive (Alzheimer's Disease, 2015). Those that show aggressive tendencies are especially difficult to keep calm without hurting themselves or others. Making matters worse, many certified nursing assistants and other direct care staff are not trained specifically to work with residents that have mental health problems.

Those with dementia and Alzheimer's disease also face an increased risk of abuse in comparison to residents without mental impairments. Abuse can come in the form of physical, psychological, or financial abuse for these residents (America's Growing Elderly Population, 2011). The mentally disturbed are also more likely to be given antipsychotic drugs to keep them sedated, especially those that tend to get angry easily. This is a serious problem given the fact that the FDA has stated that dementia and Alzheimer's patients given antipsychotics have an increased risk of death (Lazar and Carroll, 2012).

I believe that a majority of these issues could be solved with the implementation of proper solutions. The number one goal would be to reduce turnover rate and vacancy of staffing positions. Without adequate staff, especially of certified nursing assistants, quality of care is greatly reduced. In order to achieve this, higher pay and benefits should be offered to those working in nursing facilities. This will not only attract new employees, but will also help keep existing staff members.

To increase morale peer groups or a mentor program could be activated to help employees feel more comfortable working as a team (Hauman, 2003). Administrators should also make an effort to praise quality work by staff. Training should also be given to all nurses and nursing assistants that address how to properly take care of mentally impaired residents and

how to administer medications for nurses. Proper training will help reduce incidents of abuse as well as medication errors.

To further reduce abuse an abuse prevention policy should be put into place for all facilities, if one is not already (Nursing Home Abuse Risk Prevention, 2005). Thorough staff screening is also important to make sure that reliable, caring employees are always hired. To reduce the abuse of antipsychotic medications physicians should be made aware of all potential side effects and use caution when prescribing these medications (Goodwin, 2014). This includes talking with patients and their family members to make sure that they are comfortable with these drugs being administered within the nursing home.

The findings presented here are not only important to nursing facilities, but to health care as a whole. These issues can also be found in hospitals and home health care when it comes to quality of care given to patients. In all these areas it is imperative to have properly trained, knowledgeable, caring staff that can adapt to a variety of situations. Abuse or medication errors can occur almost anywhere, not just in nursing homes. Daycares, pharmacies, schools, and more can all deal with these problems. That is why it is so important to always have adequate staff so that stress and rushed work is reduced.

Above all it is important to remember that the elderly within nursing homes all have families that love them. Deciding to put a parent into a nursing facility is a difficult decision but one that is made to improve the life of the loved one. It is expected that the residents at these facilities will receive high quality care, attention, mental stimulation, nutritious meals, and simply a comfortable setting to live in that is completely safe. Elderly individuals deserve to spend their days within a nursing home, however long that might be, enjoying life. There are many ways to improve the quality of care within nursing homes that need to be implemented to

ensure that all nursing homes across the U.S. are providing superior care for residents. Too many nursing homes currently run below a five star level, and that needs to change. It is time to make sure that every resident within a nursing facility receives the best quality of life possible.

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