National Academy of Sciences (NAS) Recommendations for *State* and *Facility* Nursing Home Actions

## Combination of federal agencies, state governments, and nursing homes

***Emergency Preparedness.***

**Rec. 1.D.** To ensure the safety of nursing home residents, enforce existing regulations, including

* Every nursing home has a written emergency plan (including evacuation plans) for common public health emergencies and natural disasters in the facility’s location, created in partnership with local emergency management and resident and family councils; plan reviewed and updated at least once every year.
* Nursing home staff are to be routinely trained in emergency response procedures as well as in the appropriate use of PPE and infection control practices.
* Every nursing home has an emergency preparedness communication plan that includes formal procedures for contacting residents’ families and staff to provide information about the general condition and location of residents in the case of an emergency/disaster.

Documentation of emergency plans as well as the conduct of emergency drills and staff awareness of emergency management plans to be added to Care Compare. (CMS, through state regulatory agencies)

***Wages and Benefits***

**Rec. 2.A.** Ensure competitive wages and benefits (including health insurance, child care, 2A and sick pay) to recruit and retain all types of full- and part-time nursing home staff. Consider the following mechanisms: wage floors, requirements for minimum percentage of service rates directed to labor costs for the provision of clinical care, wage pass-through requirements, and student loan forgiveness. (Federal and state governments, together with nursing homes)

**Rec. 2.E.** Make available free entry-level training and continuing education for CNAs. (Federal, state governments, nursing homes)

**Rec. 2.F.** Provide flexible, low-cost, and high-quality pathways for nursing home staff to achieve baseline education and competency levels. (CMS and nursing homes)

***Staffing***

**Rec. 2.C.** Update the regulatory requirements for staffing standards in nursing homes to 2C reflect new minimum requirements and account for case mix based on research on minimum and optimum staffing standards for direct care staff. (CMS and state governments)

***Oversight and Enforcemen***t

**Rec. 5.D.** Impose oversight and enforcement actions on the owner when data on the finances and ownership of nursing homes reveal a pattern of poor-quality care across facilities with a common owner (including across states). Actions may include: denial of new or renewed licensure, imposition of sanctions, and implementation of strengthened oversight (e.g., through a broadened special focus facilities program). (Federal and state oversight agencies [e.g., CMS, state licensure and survey agencies, DOJ])

## States

***Management and Coordination***

**Rec. 1.D**. Ensure the development and ongoing maintenance of formal relationships, including strong interface, coordination, and reliable lines of communication,  
among nursing homes and local, county, and state-level public health and  
emergency management departments. (State regulatory agencies with federal   
oversight from FEMA and CMS)

***Emergency Preparedness.***

**Rec. 1.D.** Ensure that nursing homes are represented in

* State, county, and local emergency planning sessions and drills
* Local government community disaster-response plans
* Every phase of local emergency management planning, including   
  mitigation, preparedness, response and recovery
* Every nursing home has ready access to personal protective equipment   
  (State emergency management agencies)

***Construction and Renovation.***

**Rec. 1.E.** Ensure that all new nursing homes are constructed with single-occupancy bedrooms and private bathrooms for most or all residents. (State licensure agencies)

***Ombudsman***

**Rec. 5.C.** Advocate for funds to LTC ombudsman programs to address cross-state variations in advocacy capability.

Develop plans for LTC ombudsman programs to interface effectively with  
collaborating entities such as adult protective services, state survey agencies, and   
state and local law enforcement agencies. (State units on aging)

***Competition***

**Rec. 5.E.** Eliminate certificate-of-need requirements and construction moratoria for nursing homes to encourage the entry of innovative care models and foster robust competition in order to expand consumer choice and improve quality.

## Nursing Home Owners/Administrators

***Care Planning***

**Rec. 1.A.** Ensure that each element of the resident care planning process is conducted in an accurate, comprehensive, and appropriate manner for each resident to promote person-centered high-quality care that reflects resident and family preferences. Interdisciplinary care team members make certain that every resident’s care plan addresses psychosocial and behavioral health as well as nursing and medical needs. Care plan to be reviewed and evaluated on a regular basis. (Nursing homes, with oversight by CMS)

***Construction and Renovation***

**Rec. 1.E.** Construct and reconfigure (renovate) nursing homes to provide smaller, more home-like environments or smaller units within larger nursing homes with single-occupancy bedrooms and private bathrooms. This shift to more home-like settings should be implemented as part of a broader effort to integrate the principles of culture change, such as staff empowerment, consistent staff assignment, and person-centered care practices, into the management and care provided within these settings. (Nursing home owners with the support of federal and state governmental agencies)

***Specialist Professionals***

**Rec. 2.D.** Establish consulting or employment relationships with qualified licensed clinical social workers at the M.S.W. or Ph.D. level, APRNs, clinical psychologists, psychiatrists, pharmacists, and others for clinical consultation, staff training, and improvement of care systems as needed to enhance available expertise.

***Mentoring***

**Rec. 2.E.** Provide career advancement opportunities and peer mentors for CNAs; cover CNAs’ time for completing education and training programs.

***Diversity and Inclusion Training***

**Rec. 2.G.** Provide ongoing diversity and inclusion training (e.g., self-awareness of and approaches to addressing racism) for all workers and leadership, and ensure training is designed to meet the unique demographic, cultural, linguistic, and transportation needs of the community in which the nursing home is situated and the community of workers within the nursing home.

***Family Involvement***

**Rec. 2.G.** Provide family caregivers with resources, training, and opportunities to participate as part of the caregiving team in the manner and to the extent that residents desire their chosen family members to be involved.