

RAISE THE BAR

ON RESIDENT CARE



THE STAFFING CRISIS THREATENING QUALITY OF CARE IN
RHODE ISLAND NURSING HOMES AND HOW TO FIX IT

Written and compiled by District 1199 SEIU New England



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I've been a GNA for almost 15 years, the past three here at Aldersbridge. When we're fully staffed, this job is great. I love my residents, love being able to give them the care they need, allowing them to live with some dignity. When there are four CNAs on the floor, I have ten residents to do each night. For evening shift, that's manageable. I can't always take the time to listen to the residents or talk with them, but I can always give them the care they need or ask for help if I'm falling behind. We work as a team.

But too often these days, we work short and we can't give the care we want.

The other day, one of the regular CNAs was sick and couldn't come in. The charge nurse tried to find someone to come in, but we just don't have the staff! We couldn't find anyone to come help, so we worked short. That meant we had thirteen residents each! We just can't give the level of care these residents deserve with those staffing levels. New aides start working here all the time, but usually by the third day, they quit. They say it's too hectic, too much work for too little pay.

One resident, who worked as an RN for years, asked if I could give her a shower, but I just didn't have time. I asked if she wouldn't mind taking a shower tomorrow instead. I would never tell any resident that we're short staffed, but she used to work in nursing homes, so she knows. She was very kind and understanding, but it breaks my heart. If I want to take a shower, I take one. Why doesn't she deserve that same dignity?

We need to improve the staffing crisis in Rhode Island nursing homes so people like her, who have worked hard their whole lives, don't have to wait until tomorrow to take a shower.

- Dawn DaRocha, GNA
Linn Health Care Center (East Providence)

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EXECUTIVE SUMMARY

There is a resident care crisis in Rhode Island nursing homes.

Nursing home caregivers across the state are being assigned an increasingly high resident load while staffing levels drop. This trend has become increasingly problematic in Rhode Island, a state that has the highest proportion of adults ages 85 and older in the nation (University of Massachusetts Boston, 2016).

The Rhode Island Statewide Planning Office has also studied the growth of Rhode Island's aging population, projecting that by 2030, Rhode Island will see an increase of 100,000 residents aged 65 and over. Furthermore, by 2040, the increase of persons aged 74 to 84 is expected to jump by 100%, with persons 85 and older also seeing a 72% increase (Subcommittee of the Long Term Care Coordinating Council, 2016). Despite Rhode Island trending toward an increasingly aging population, the Ocean State is one of only eleven states across the country that does not require a minimum number of hours of direct care per resident during a 24 hour time period. Additionally, Rhode Island is the only state in New England to not require staffing levels above the current federal regulations (University of Minnesota, 2019).

Study after study has found that nursing homes have serious quality of care deficits, many of which can be traced back to the decrease in staffing levels (Harrington, Schnelle, McGregor, & Simmons, 2016; Trinkoff, Han, & Stor, 2013; Lerner et al., 2014). The U.S. Office of the Inspector General found that 33% of Medicare nursing home residents experienced adverse effects, resulting in harm or death during the first 35 days of a post acute skilled nursing stay. Simply put: when caregivers have too many residents, the quality of resident care suffers and more residents die.

Rhode Island's lack of staffing standards force caregivers to rush through the very basics of care; tasks like feeding, bathing, and dressing residents. Nursing staff do not have adequate time for answering questions or providing the type of social interaction with residents that is essential for maintaining quality of life. To make matters worse, caregivers are leaving the nursing home industry because of short staffing, and nursing homes can't recruit and retain new caregivers because of low pay. It's a cycle that is dragging down the quality of care for residents.

Low staffing levels are associated with high turnover rates, and turnover is a leading indicator of quality nursing home care (Hyer et al., 2011). Nursing home work is physically, mentally, and

emotionally exhausting, and higher staffing levels are shown to reduce stress and turnover because caregivers aren't stretching themselves too thin (Lapane & Hughes, 2007). All of these factors lead to an alarming and indisputable result: Rhode Island's nursing home staffing crisis means residents are not getting the care they need and deserve.

In order to end this crisis, Rhode Island must pass a minimum staffing standard that ensures every nursing home resident gets at least 4.1 hours of care per day, and work to improve wages in the industry so that homes can recruit and retain more staff. Furthermore, training and workforce development in Rhode Island must be viewed as the critical component that it is to the recruitment and retention of staff (Bowers, Esmond, & Jacobson, 2003). To keep pace with current and future resident needs and treatment requirements, Rhode Island must properly invest in the training and education of its caregivers.



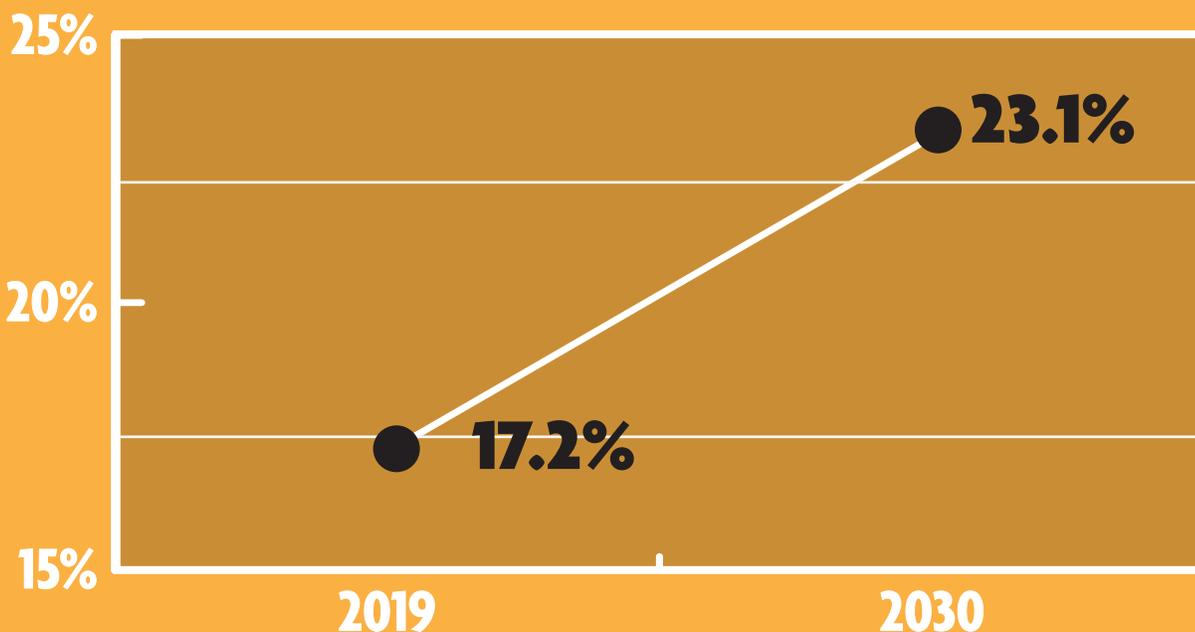
NURSING HOME CARE IN RHODE ISLAND

The Ocean State's current population sits at an estimated 1,057,315 individuals and a median household income of approximately \$61,043. Currently, 17.2% of Rhode Island's population is composed of persons 65 and older, and an additional 9.5% of the population under the age of 65 is living with a disability (United States Census Bureau, 2018). By 2030, baby boomers will all be older than 65, and the Rhode Island Statewide Planning Office projects that the percentage of total persons aged 65 and older in Rhode Island will increase to 23.1%. Additionally, survey data from the Rhode Island Department of Health found that the majority of aging Rhode Islanders have two or more chronic diseases, with 50% of residents over age 85 reporting some sort of physical limitation (Subcommittee of the Long Term Care Coordinating Council, 2016).

Rhode Island's most vulnerable residents are currently served by 81 nursing homes offering 8,693 beds and servicing an estimated 7,720 residents (ProPublica, 2019). Similar to the current national trend, Rhode Island's caregivers are no longer caring only for the elderly. Current nursing home residents include residents requiring physical rehabilitation, behavioral health treatment, and addiction rehabilitation. Many have a higher level of nursing and rehabilitation needs, including tracheostomies, advanced wound care, assisted ventilation, peripheral nerve blocks, and more (Fry et al., 2018). Additionally, an estimated 70% of current nursing home residents have a cognitive impairment (Alzheimer's Association, 2019). To accommodate residents of increased medical acuity and risk of rehospitalization, the role of skilled nursing facilities has had to expand.

Yet as demands on caregivers intensify and the weight of their caseloads grow, nursing home staffing levels continue to drop. The impact of this troubling trend can not be understated. Of Rhode Island's 81 nursing homes, six homes were found to have serious care deficiencies that required approximately \$609,000 in fines and penalties over the last three years (ProPublica, 2019). Furthermore, Rhode Island's nursing homes have racked up a combined 569 deficiencies since 2016. Rhode Island's most vulnerable residents deserve better.

23.1% OF RHODE ISLAND'S POPULATION WILL BE 65 OR OLDER BY 2030.





**“TO SAY WE ARE
SHORT-STAFFED
IS AN **UNDER-
STATEMENT.**”**

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I am a Certified Nurse Assistant (CNA) at Pawtucket Skilled Nursing and Rehab. On my floor, we care for as many as twenty residents with only two CNAs. To say we are short-staffed is an understatement.

I work on a transitional care unit, meaning these residents have very complex and demanding medical needs. Our residents come here immediately after being discharged from acute hospital care where the staffing levels are so much higher. One day, our residents are in a hospital where they get the personalized attention they deserve, with caregivers who at a minimum can take the time to talk to them. The next day, they're in our nursing home where there is only one nurse and two nursing assistants for 20 residents!

Our residents deserve our time and care, and they can't get either if we have to rush through our routines, barely able to juggle their needs. Call lights are going off constantly and we just can't be in two places at once. We never tell the residents we're working short, but what **can** we tell them? What can we tell their family members when they visit and see us running around while their loved ones wait to go to the bathroom or get a drink of water?

Our residents are mostly elderly: they've worked their whole lives and raised families and taken care of others and now they need our help. They deserve better care, and to give that, we need better staffing.

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- Cecelia Karngar, CNA
Pawtucket Skilled Nursing and Rehab



I started working at Greenville as a CNA in 2002. My best friend's mom worked at Greenville and she told me about a free CNA class at the center. Back in 2002, the starting wage was \$9.50 an hour, which was 50% more than the minimum wages I was making at a beauty supply store. Back then, you could get by as a single person on a CNA's income.

At Greenville, I discovered I loved taking care of residents. Eventually I had to leave to take care of my newborn son, but about a year after he was born, I came back to Greenville to file some paperwork and one of my residents saw me. The resident was incontinent, and often struggled to make it to the bathroom. Back then, we had five CNAs on the floor, and so we had the time to talk with her and help her to the toilet.

When she saw me in the hallway, she was so excited because she thought I was coming back to work. She said she really missed me, that I was the best CNA she ever had. When she said that to me, I realized I was making a difference and came back to Greenville to work as a CNA. I wanted to be able to provide even more care to my residents, so I went to school to become a nurse.

Being a nurse was so much better back then. We used to have five aides on each unit, now we have four or sometimes even three. These days, family members are always asking if we're short staffed again. I won't use the word short because I don't want to scare them. They're entrusting their loved one to us and I don't want to make them anxious. I tell them we're doing our best and offer to help however I can. But they know there aren't enough of us to provide their loved ones with the care they need and deserve. They see three call lights going off and all the aides are in other rooms. They know we're short. I so wish we could do better by our residents.

As a nurse, I deeply understand how much heavier the acuity of the residents has gotten. When I started 17 years ago, the work was a lot easier. Now, people are living longer and with new technologies and medicines, are surviving with more complicated conditions. We provide the care that used to be done in hospitals. There was no skilled unit 17 years ago; those residents stayed in the hospital. We did rehab for elderly residents who fell and needed to get their strength up, but now we do cancer patients, Total Parenteral Nutrition (TPN), picc lines, trach patients, obesity, diabetics, amputees, cardiac, COPD, wound vacs, pico dressings.

Over the past 17 years that I've been here, the resident needs have increased exponentially. But staffing levels have decreased drastically, and the pay has stagnated. Even as a nurse, I don't earn enough to pay our bills. We have three kids, so I work two jobs, over 70 hours per week. The scheduler will call me and ask "we're short this weekend, can you come help?" My residents need me and I love them, so I say yes and I come help. But then my kids miss me. They ask "mommy, are you going to work again?" I hate that I have to leave them again, but I need to pay the bills and my residents need me too. I feel so torn and that makes this job even harder.

The nursing home industry is in total crisis. Enough is enough.
We need standards for resident care, and we need them now.



- Stefania Silvestri, RN, Greenville Center

THE NURSING HOME STAFFING CRISIS

Numerous government studies and investigations have reported that nursing homes have serious quality problems (Harrington et al., 2016; U.S. Government and Accountability Office, 2007, 2009, & 2015). In 2013, more than 120,000 deficiencies were issued to U.S. nursing homes for regulatory violations, while 2,466 civil money penalties and 524 denial of payments were issued for serious quality violations (U.S. Centers for Medicare and Medicaid Services, 2014). In 2014, 20.5% of nursing homes received deficiencies for causing potential or actual harm or jeopardy to residents (Harrington, Carrillo, & Garfield, 2015).

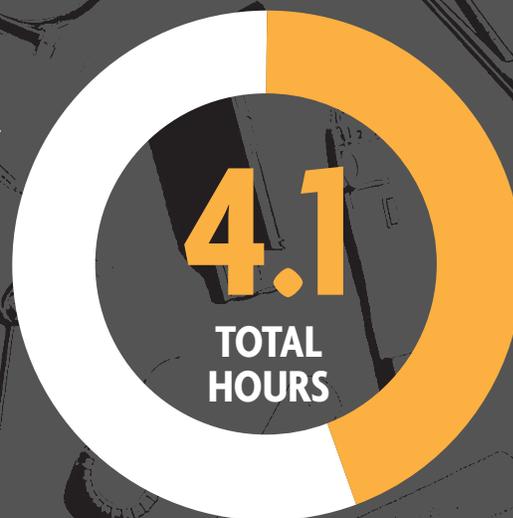
Over the past several years, numerous studies have documented the strong positive impact on nurse staffing on both care processes and outcome measures (Harrington et al., 2016). In 2000, Harrington and colleagues found that fewer RN and CNA staffing hours were associated with higher numbers of deficiencies cited during nursing home inspections, especially when they were citations for poor quality of care. Similarly, additional research has suggested a positive relationship between higher CNA staffing levels and lower deficiency scores, indicating that when nursing home facilities make improvements in staffing, subsequent improvements occur in quality scoring and marketability to attract new residents (Hyer et al., 2011).

Furthermore, a Kaiser Health News report newly released in July of 2019 demonstrated through new federal data that most nurs-

ing homes had fewer caregiving staff than they had previously reported to the federal government. Through the analysis of daily Medicare payroll records from more than 14,000 nursing homes, the study found that nearly 7 in 10 nursing homes had lower staffing levels when payroll hours were taken into account over the older data collection methods that allowed homes to self-report staffing data over a two week period prior to inspection. Medicare payroll records also found that 8% fewer caregivers provided direct care on weekends as compared to weekdays in nursing homes (Kaiser Health News, 2019).

In 2001, a U.S. Centers for Medicaid and Medicare Services (US-CMS) study established the importance of patients receiving a minimum of 0.75 RN hours per resident day (hprd), 0.55 LVN/LPN hprd, and 2.8 CNA hprd, for a total of 4.1 hours of direct resident care per day to meet the federal quality standards (Harrington et al., 2016). Experts and caregivers have long endorsed 4.1 hours of resident care per day, with organizations such as the American Nurses Association, the Coalition of Geriatric Nursing Organizations, and the National Consumer Voice for Quality Long-Term Care also advocating in favor of the higher standard (Harrington et al., 2016). Despite widespread and growing support for the 4.1 standard, Rhode Island is one of only eleven states across the country, and the only one in New England, that has no minimum number of hours of direct care per resident per 24 hours.

HOURS BY NURSING STAFF CLASSIFICATIONS



PER RESIDENT DAY TO MEET FEDERAL QUALITY STANDARDS

LOW WAGES ARE DRIVING THE STAFFING CRISIS



At 13.9%, Rhode Island's poverty rate is higher than neighboring states Massachusetts and Connecticut. It is estimated that one in seven Rhode Islanders with income below the poverty level does not have enough money to meet their most basic needs. Furthermore, Rhode Island's communities of color are much more likely to struggle to make ends meet, with nearly 1 in 3 Latinos, close to 1 in 4 African Americans, and more than 1 in 6 Asians living in poverty (The Economic Progress Institute, 2016). Though estimates of what constitutes a livable wage in Rhode Island vary, one thing is clear: the appallingly low wages of CNAs aren't cutting it.

The Massachusetts Institute of Technology's living wage calculator says that a livable wage for one working adult with two children is \$31.04 (2019). The Economic Progress Institute's Rhode Island Standard of Need estimates similar figures, with a living wage for one working adult with two children hovering around \$30.21 per hour (The Economic Progress Institute, 2018). The Economic Progress Institute stipulates that more than two in five single Rhode Island adults earn less than the annual pre-tax earnings of \$27,044 required to meet their basic needs, and it is safe to assume that many CNAs make up that 43% (2018).

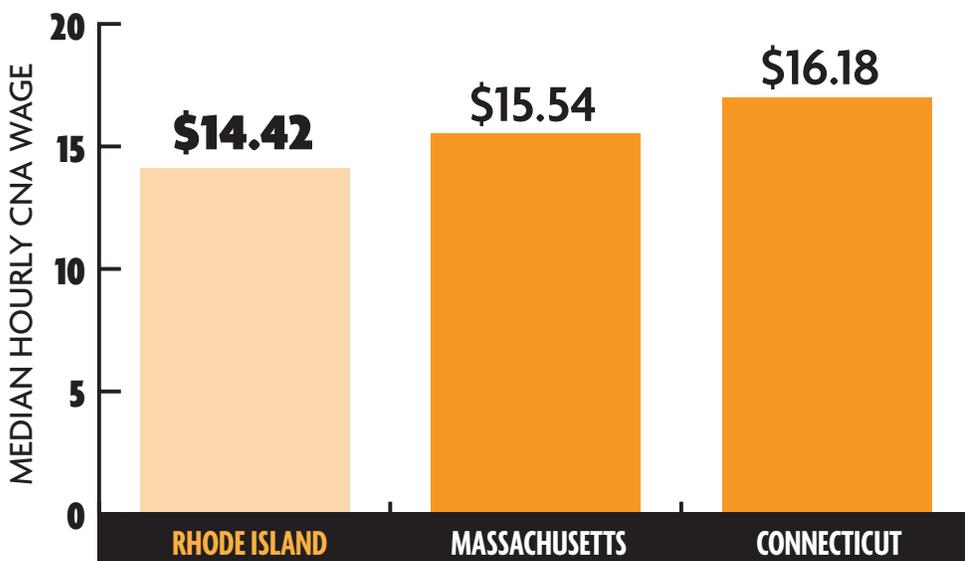
The Rhode Island Department of Labor reports that the entry wage for a nursing assistant is \$11.64 an hour, for an annual income of \$24,211 if the nursing assistant is actually able to secure full-time work (Rhode Island Department of Labor, 2019). This wage falls far short of the estimated annual pre-tax earnings of \$62,844 required to meet the basic needs of a single parent family in Rhode Island, and it lags behind the wages of CNAs in other neighboring states (The Economic Progress Institute, 2018). The median wage for a CNA in Rhode Island is \$14.42 per hour, while the median

wage of a CNA is \$15.54 in Massachusetts and \$16.18 in Connecticut (Rhode Island Department of Labor, 2019; Bureau of Labor Statistics, 2018; Connecticut Department of Labor, 2018). Furthermore, an Independent Provider (IP) in Massachusetts currently earns \$15 per hour while the state as a whole is on a path to raise wages to \$15 per hour for all non-tipped employees by 2023. As it stands now, Rhode Island's wages are not competitive, and they do not meet the basic needs of families in the Ocean State. To prevent workforce shortages in Rhode Island's nursing home industry, and to prevent Rhode Islanders from taking higher paid work in neighboring states, CNA wages must be raised.

When close to 90% of direct patient care in nursing homes is provided by CNAs, the correlation between appropriate CNA staffing and high-quality care is undeniable (Bowers et al., 2003). A research study conducted by Bowers and colleagues (2003) found that CNA turnover in nursing homes range as high as 85%-110% per year, with CNAs' perceptions that they are unappreciated and undervalued contributing significantly to turnover.

According to Bowers and colleagues (2003), CNAs deeply believe that poor compensation is both personally and professionally dismissive, as "low wages were yet another minimization of the skill, knowledge, experience, and commitment of CNAs." Long-term care researchers and nursing home administrators have long maintained that high rates of staff turnover produce adverse effects on staff morale and the quality of care delivered to residents (Bowers et al., 2003). Additional research has found that other associations with high quality nursing home care include low turnover rates, consistency of staffing, and low use of agency staff (Harrington et al., 2016).

CNA WAGES IN RHODE ISLAND ARE LAGGING BEHIND NEIGHBORING STATES





I have been a CNA for 12 years. I started at Parkview nursing home making 10.25 per hour, I now work at Bannister Center making \$14.50. I have to work seven days a week to make ends meet, which is very hard on my body. I wake up every day with aches and pains from the lifting and physical work of caring for the residents.

I have a husband, two daughters and two grandchildren that I care for, but I never get to see them. I leave the house at 6:30 am every morning and don't get home until 11:30 pm every night, when they are already sleeping.

When I am at work, it feels like we are constantly short staffed, especially on weekends. I love my residents and I love caring for them, but we don't have the time to provide the care they deserve.

I hope we get staffing guidelines so it helps the residents get the care they need and deserve, and that doing this work doesn't take as much of a toll on CNA's like me.

- Zitee Hoff, CNA
Bannister Center for
Rehabilitation and Nursing
Providence

I have been a CNA for 7 years, I started as a home care aide making \$11.00 an hour, but I had to leave that job because there weren't consistent hours available. I took a pay cut to go work at Bannister Center. I had to work 2 years to make \$13.00 an hour, which is still a poverty wage.

I have two children who I am raising by myself. I moved from Boston to Rhode Island due to the high cost of living in Boston, but the low wages here don't help. My low wages qualify me for housing assistance and food stamps, which is the only way I can survive.

There needs to be higher wages for CNAs. No one wants to do this job anymore because the pay is so low. I hope we can raise wages so we can hire more staff and people like me can keep doing this work and support our families.

- Nyshiara Smith, CNA
Bannister Center for
Rehabilitation and Nursing
Providence

My mother, aunt and uncle have all been in nursing homes, and I've seen first-hand the deplorable conditions that residents and caregivers have to go through because of short staffing.

There was a time when I was so concerned about my aunt's care that I had to stay with her all night to make sure that she could go to the bathroom, and I had to call a friend to cover for me when I went to work. This was because the staffing levels were so low over the weekend that many residents weren't getting much attention night.

Later, she got moved to a different facility, but it seems like at all the places my family members have been, the aides are all running around trying to care for 10 or more residents at a time, and it's simply impossible to do that. Many facilities use per diem aides because they don't hire enough full-time staff members. When there's that kind of turnover in facilities, it makes it a lot more likely that dangerous situations like medication errors and falls happen because the caregivers don't know their residents as well, and can't spend time getting to know them. Our nursing homes need more staff!

- Antoinette Lamontagne

RECOMMENDATIONS

To break the endless cycle of caregivers leaving the industry in droves due to decreased staffing levels and low wages, the Rhode Island General Assembly must raise the bar on resident care by increasing caregiver wages, ensuring that every nursing home resident gets a minimum of 4.1 hours of care per day, and passing legislation incentivizing nursing homes that demonstrate progress in reducing staff turnover.

Years of research has demonstrated the impact of higher state minimum staffing levels on quality outcomes (Harrington et al., 2016; Hyer et al., 2011). One compelling study conducted in 2011 by Hyer and colleagues found that every six-minute increase in CNA care hours per resident day lead to a three percent reduction in a home's quality deficiency score. Furthermore, our legislature must act to pursue policies and reimbursement practices that help lower nursing home turnover and improve the quality of care for residents.

Putting a stop to the vicious cycle of caregiver turnover in Rhode Island nursing homes requires deliberately creating a working environment in which rhetoric and practice are congruent. Until all caregivers are paid a livable, respectable wage, caregivers will continue to feel deeply undervalued in the workplace and management will not be able to recruit and retain the skilled caregivers that residents deserve. Therefore, we are calling on our legislature to raise the entry level wages of caregivers and nursing home support staff to \$15 per hour, with a minimum \$4 across-the-board increase for nursing home professionals already making \$15 or more per hour.

Our elected officials have the ability to reverse the resident care crisis in Rhode Island by setting a minimum staffing standard of 4.1 hours of care per resident day in every nursing home in Rhode Island. These measures are the critical key to stemming the tide of caregivers leaving the industry. The nursing staff who have devoted their lives to caring for seniors and people with disabilities deserve to be able to live with dignity themselves. That starts with creating a minimum staffing standard and raising the starting wage to \$15 an hour for Rhode Island caregivers so that one job is enough in the Ocean State.



My husband lived in Orchard View when he was fighting cancer (he has since passed away). The staff at Orchard View were wonderful, and even though he didn't spend enough time there to develop a connection with the staff, they were very supportive and did their best to take care of him and all the other residents.

Unfortunately, because the facility didn't hire enough workers, the staff were really overworked, and had a tough time keeping up with all of the tasks they had to perform, such as filling out paperwork, administering medicine, and just spending time with the residents.

Nursing homes are different than hospitals because the staff should spend a lot of time taking care of the residents, and it's the facility's fault that the caregivers are so busy that they don't have much time to do that. The most frustrating thing about the understaffing there was that I often couldn't get in touch with the staff to ask questions about my husband's condition, especially during busy times such as meals or medication times. I would have to wait on the robot call to finish, and even after that, often the nurses would be so busy that they would just tell me to call back another time.

It's not the staff's fault - if management hired more workers then it wouldn't be so difficult for family members to communicate with the nursing home staff and their loved ones.

- Christina Mills
Providence

“ I’VE BEEN A CNA FOR 33 YEARS.

I started working at Charlesgate when my son was two months, and he’s 27 now, so I’ve been taking care of our residents here for almost three decades.

You just can’t make it by on this pay check. My husband is a cook, and even when he was working 70 plus hours a week and I was picking up overtime, we still couldn’t pay the bills. Every week, we have choices to make. This week we had to choose between the water bill and the electric. We walk around Stop & Shop with a calculator.

A few years back, our gas got shut off. We had to ask my daughter, who was in college at the time, for a couple hundred bucks to turn the gas back on. It’s a horrible thing as parents when you need to ask your daughter, whose in school trying to get a better life, for money for the basics.

And that was when my husband was working. About a year ago, he got hurt and he’s been out of work. His unemployment ran out and now we’re behind on the mortgage and the bank is threatening to foreclose on us. We’re looking at getting kicked out of our house. After working hard our whole lives, it just isn’t right. It’s summer time, so that means we can push off the gas bill again. That means we’re back to boiling water to wash up.

No matter what’s happening at home though, the one thing I make sure of is that I never take it out on my residents. I make sure they always get a smile, no matter what.

But it just shouldn’t be this way. We’ve worked hard. I pick up overtime, we don’t live a lavish lifestyle. We’ve done everything right and it’s still not enough.

- Aggie Clark, CNA, Charlesgate Nursing Center



THIS WEEK WE
HAD TO CHOOSE
BETWEEN THE
WATER BILL AND
THE ELECTRIC.



REFERENCES

Alzheimer’s Association. (2019). Association Statement on Impact of Nursing Shortage.

Bowers, B.J., Esmond, S., & Jacobson, N. (2003). Turnover Reinterpreted: CNAs Talk About Why They Leave. *Journal of Gerontological Nursing*, 29(3), 36-43.

Bureau of Labor Statistics. (2018). Occupational Employment Statistics: Massachusetts.

Connecticut Department of Labor (2018). Labor Market Information: Occupational Employment & Wages.

The Economic Progress Institute. (2016). Latest Poverty and Income Figures Show Too Many Rhode Islanders Still Struggle to Make Ends Meet.

The Economic Progress Institute. (2018). The 2018 Rhode Island Standard of Need.

Fry, L., Philip, A., Mackenzie, T., Von Der Ahe, L., Doan, E., & Ahmed, F. (2018). High Acuity Unit in SNF: Novel Program to Improve Quality of Care for Post-Acute Patients. *Journal of the American Medical Directors Association*, 19(3).

Harrington, C., Carrillo, H., & Garfield, R. (2015). *Nursing Facilities, Staffing, Residents, and Facility Deficiencies, 2009 Through 2014*. Washington, DC: Kaiser Family Foundation.

Harrington, C., Schnelle, J.F., McGregor, M., & Simmons, S.F. (2016). The Need for Higher Minimum Staffing Standards in U.S. Nursing Homes. *Health Services Insights*, 9, 13-19.

Hyer, K., Thomas, K.S., Branch, L.G., Harman, J.S., Johnson, C.E., & Weech-Maldonado, R. (2011). The Influence of Nurse Staffing Levels on Quality of Care in Nursing Homes. *The Gerontologist*, 51(5), 610-616.

Kaiser Health News. (2019). ‘Like a Ghost Town’: Erratic Nursing Home Staffing Revealed Through New Records.

Lapane, K.L., & Hughes, C.M. (2007). Considering the Employee Point of View: Perceptions of Job Satisfaction and Stress Among Nursing Staff in Nursing Homes. *Journal of the American Medical Directors Association*, 8(1), 8-13.

Lerner, N.B., Johantgen, M., Trinkoff, A.M., Storr, C.L., & Han, K. (2014). Are Nursing Home Survey Deficiencies Higher in Facilities With Greater Staff Turnover. *American Medical Directors Association*, 15, 102-107.

Massachusetts Institute of Technology. (2019). Living Wage Calculator: Living Wage Calculation for Rhode Island.

ProPublica. (2019). Nursing Home Inspect: Rhode Island.

Rhode Island Department of Labor and Training. (2019). Occupational Employment Statistics (OES) Rhode Island Salaries & Wages.

Subcommittee of the Long Term Care Coordinating Council. (2016). *Ag-ing in Community: Executive Summary Report*, June 2016.

Trinkoff, A.M., Han, K., & Storr, C.L. (2013). Turnover, Staffing, Skill Mix, and Residential Outcomes in a National Sample of US Nursing Homes. *Journal of Nursing Administration*, 43(12), 630-636.

United States Census Bureau. (2018). Quick Facts: Rhode Island.

University of Massachusetts Boston. (2016). *Healthy Aging Data Report: Highlights from Rhode Island*, 2016.

University of Minnesota. (2019). *NH Regulations Plus: Nursing Services-Staffing Ratios*.

U.S. Centers for Medicare and Medicaid Services. (2014). *Nursing Home Penalty Data*.

U.S. Government Accountability Office. (2007). *Nursing Homes: Efforts to Strengthen Federal Enforcement Have Not Deterred Some Homes from Repeatedly Harming Residents*. GAO-07-241.

U.S. Government and Accountability Office. (2009). *Nursing Homes: Addressing the Factors Underlying Understatement of Serious Care Problems Requires Sustained CMS and State Commitment*. GAO-10-70.

U.S. Government and Accountability Office. (2015). *Nursing Home Quality: CMS Should Continue to Improve Data and Oversight*. GAO-16-33.

