

Research Brief

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THE IMPORTANCE OF ZERO-DEFICIENCY COMPLAINTS IN NURSING HOMES: A MERE CONSEQUENCE OR SERIOUS CONCERN?

Keywords: nursing homes, deficiencies, complaints, dementia, care quality

Purpose of the Study: To better understand the characteristics of nursing homes (NHs) that are associated with complaints that do not result in deficiencies, particularly proportions of residents with Alzheimer's disease and related dementias.

Key Findings:

- ✓ Nursing homes with high populations of residents with dementia had more complaints that did not result in deficiencies than NHs with lower populations of residents with dementia.
- ✓ Several facility characteristics were associated with more complaints that did not result in deficiencies, including larger facility size and higher occupancy rates.

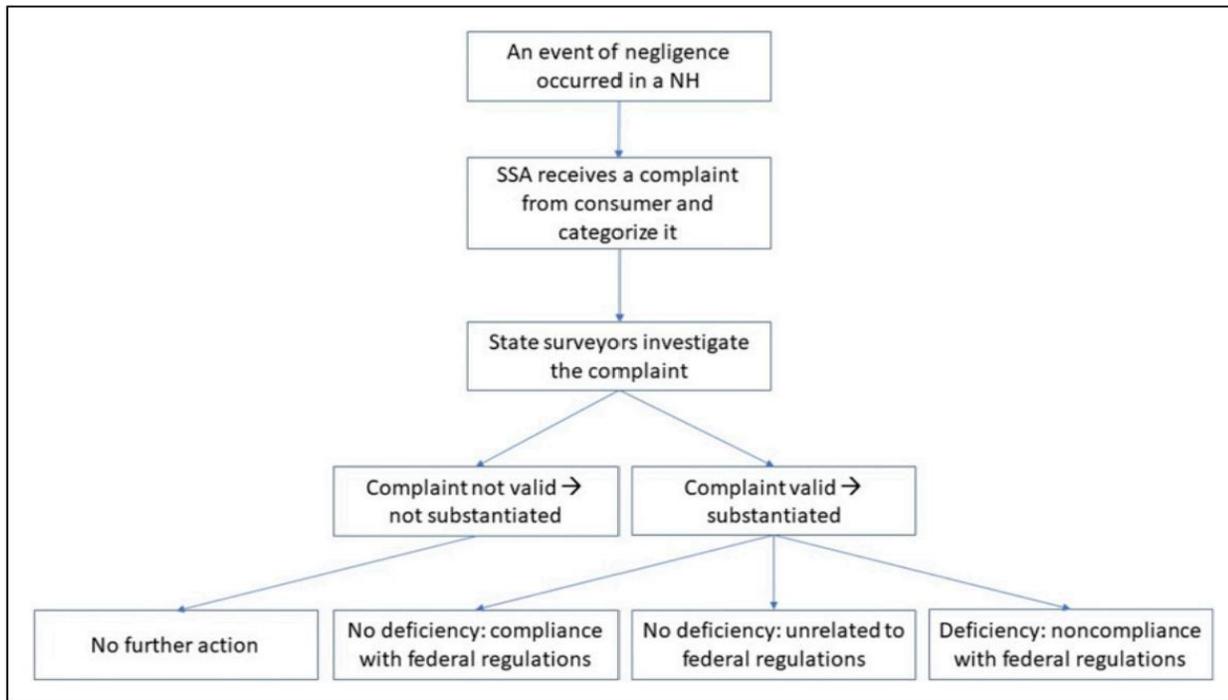
Major Policy/Practice Implication: Complaint investigation processes should be reviewed and modified to be more accessible and appropriate for residents with dementia.

IMPORTANT BACKGROUND INFORMATION

Complaints are an important avenue to hold NHs accountable to quality care standards, as well as ensure resident safety and well-being. However, consumers may have difficulty interpreting complaint results because not all complaints result in deficiencies and are, therefore, not included in quality ratings. Zero-deficiency complaints (ZDC) include two types of zero-deficiency substantiated complaints (ZDSC): 1) the complaint is validated by investigative authorities, but there is not evidence of a regulatory violation, and 2) the issue is not addressed by regulations (see figure). Residents with dementia may be more likely to experience ZDSC because they may cognitively struggle with investigation processes that are delayed or difficult to navigate.

STUDY METHODS

The study compiles data from three national datasets from November 2016 to November 2017 that include information about NH complaints and facility characteristics. Data come from 15,339 NHs throughout US regions categorized by the nearest major cities (e.g., Atlanta). Researchers further grouped NHs based on the proportion of residents with ADRD: 1) the top quartile of NHs with 56.8% or more of residents with ADRD (high-dementia NHs) 2) the bottom quartile of NHs with 33.3% or less of residents with ADRD (low-dementia NHs), and 3) the middle two quartiles. Researchers conducted statistical analysis to assess the relationship between the number of ZDCs/ZDSCs and proportion of residents with dementia, controlling for several factors.



KEY FINDINGS

- ✓ **There were a total of 103,674 complaints in 12,441 of the 15,339 NHs in the study.**
 - 41.1% of NHs that had complaints had at least one ZDC, while 22.2% of NHs that had substantiated complaints had at least one ZDSC
 - Atlanta, Chicago, and Dallas regions had the highest ZDCs and ZDSCs
- ✓ **High-dementia NHs had more ZDCs and ZDSCs than lower-dementia NHs**
 - High-dementia NHs had 0.19 more ZDCs and 0.24 more ZDSCs than low-dementia NHs, while mid-dementia NHs had more ZDCs and ZDSCs than low-dementia NHs
- ✓ **Some other factors were significantly associated with ZDCs and ZDSCs**
 - More RNs and a medical director only were associated with lower ZDCs and ZDSCs
 - More Medicaid beneficiaries and activity staff were associated with lower ZDCs, while larger size and higher occupancy rates were associated with higher ZDCs

PRACTICE AND POLICY IMPLICATIONS

The study findings demonstrate a clear pattern of complaints resulting in no deficiencies in high-dementia NHs, which may be due to complaint investigation processes that do not consider the abilities of NH residents with dementia. Some issues may include lack of dementia training for complaint investigators, minimal staff training for complaint intake and management, and investigations that occur long after an incident. Policy makers should consider the adoption of dementia-friendly complaint processes to ensure more transparent and accurate complaint investigations.

ORIGINAL ARTICLE

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This policy brief was written by Chelsea Goldstein, MGS and Lindsay Peterson, Ph.D. of the University of South Florida, School of Aging Studies and Florida Policy Exchange Center on Aging. For further information contact the study author, Kallol Bhattacharyya, at kallolkumar.bhattacharyya@usu.edu.