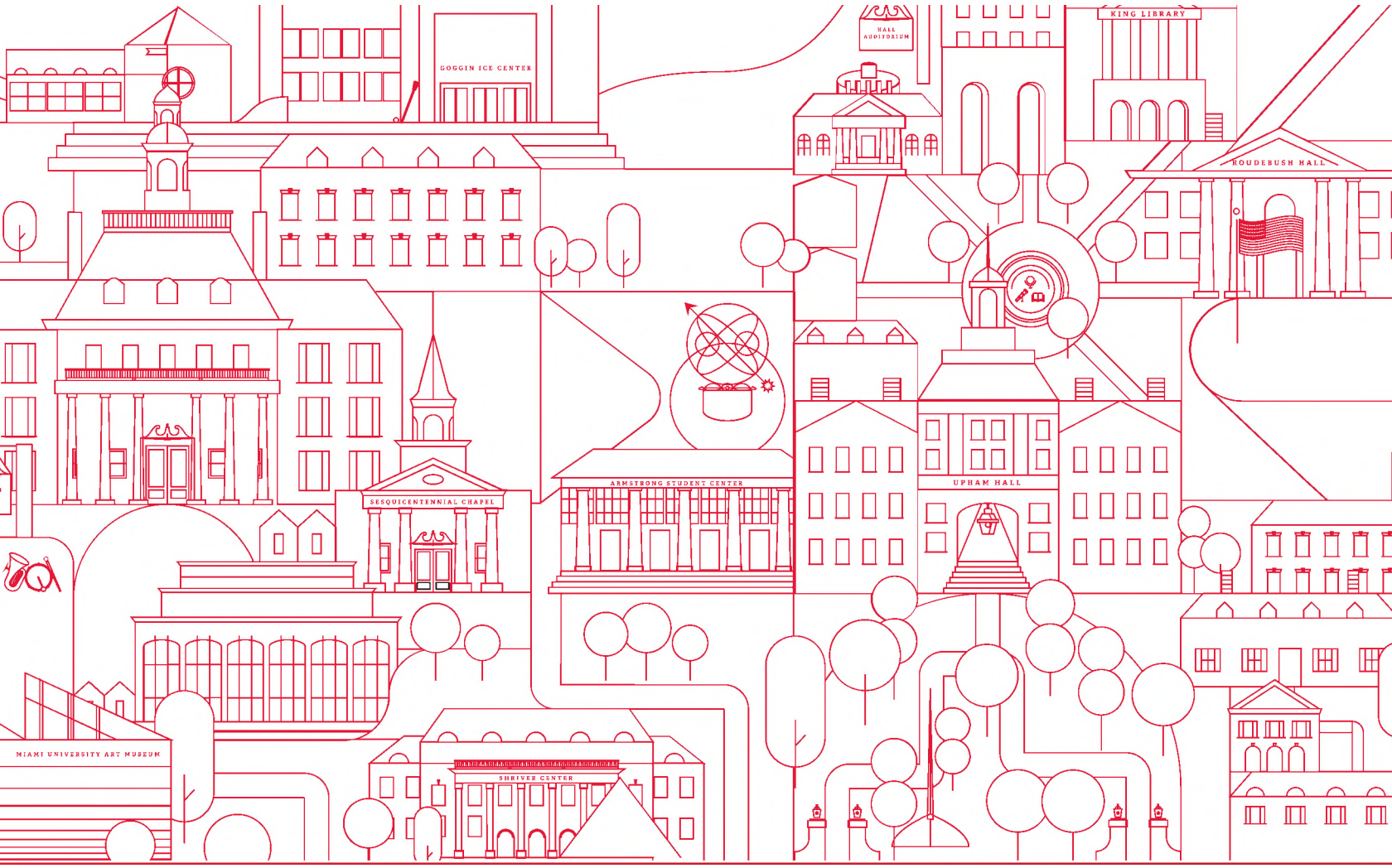
NURSING HOMES IN OHIO

A Profile

Ohio Department of Aging and
Scripps Gerontology Center

WINTER 2025-2026

MIAMI UNIVERSITY | Ohio Department of Aging



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LETTER FROM THE DIRECTOR

Dear Ohioans,

On behalf of the Ohio Department of Aging (AGE), I am pleased to present this report on Ohio's nursing homes. It offers a snapshot of the environment in Ohio based on a comprehensive analysis and survey responses from the long-term care industry. We thank the Miami University Scripps Gerontology Center (Scripps) for their ongoing support, and more specifically for coordinating this report.

Ohio is an aging state with complex care needs. Key economic determinants —such as care costs, federal and state funding, and initiatives to bolster the direct care workforce — are collectively shaping the long-term care landscape.

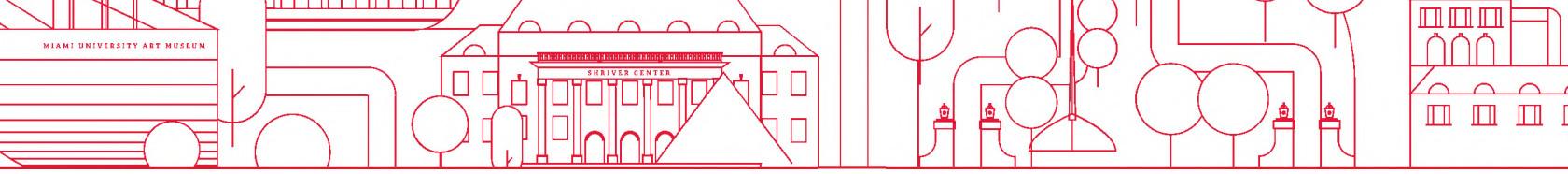
AGE is committed to improving the overall quality and accountability of Ohio's nursing homes. It is with support from Governor DeWine and the Ohio General Assembly that the department has championed initiatives aimed at positively impacting the aging experience across the state. Those initiatives include the Ohio Long-Term Care Quality Navigator and the EXCEL Academy. Together, we are better promoting elder rights and raising the bar on quality, performance, and access to our systems.

This report shows our commitment to making a positive and lasting difference in the lives of the tens of thousands of Ohioans who reside in nursing homes. And it is another way we are continuing our efforts to make Ohio the best place to age in the nation.

In service,

Ursel J. McElroy
Director, Ohio Department of Aging

Ohio Department of Aging



ACKNOWLEDGEMENTS

Conducting this survey and the production of this report required the assistance of a number of colleagues. At the Ohio Department of Aging (AGE), the continued support from Director Ursel McElroy has been critical to the success of this longitudinal study. We are also indebted to AGE staff Jamie Carmichael, Nancy Bucci, and Mina Chang. Our Long-Term Care Survey Advisory Committee was instrumental in our efforts to add new modules to this year's study, as were colleagues from the Ohio Department of Health. Continued support from the leadership of Ohio's professional nursing home associations, including Chris Murray, Pete Van Runkle, and Susan Wallace was critical to our success. At Scripps, our graduate research assistants Kennedy Berner and Patrick Mese have helped with every aspect of the survey process, and Shawn Vanness and Shana Bollmer ably produced this report. We recognize and thank the 840 nursing home administrators and their staff who diligently completed the survey. We know administrators have many things to worry about each day, and we very much appreciate their willingness to complete the survey. Finally, we hope that this work can improve the quality of the nursing home work experience for employees and the quality of life and care received by residents across Ohio.

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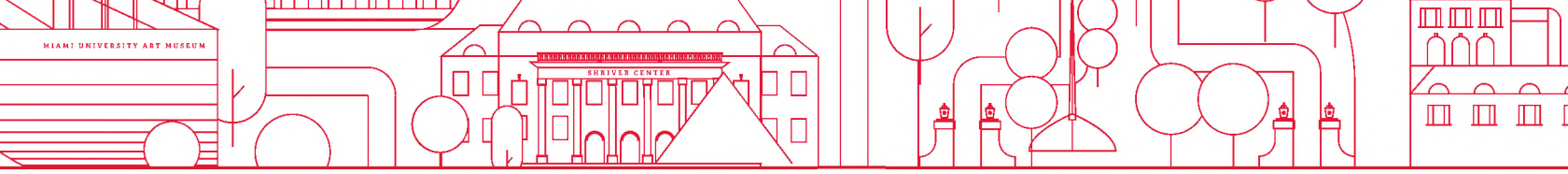
Winter 2025-2026



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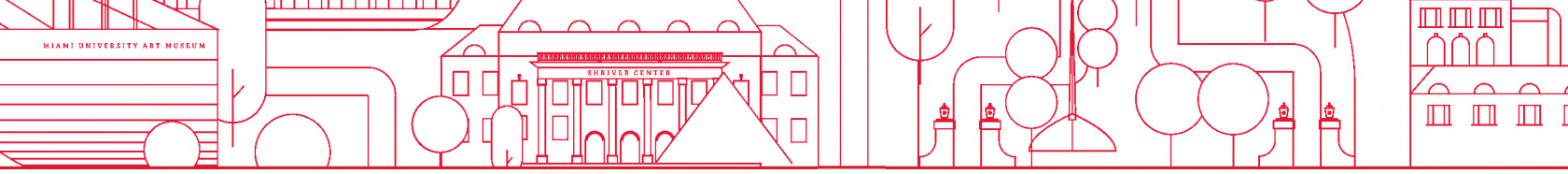

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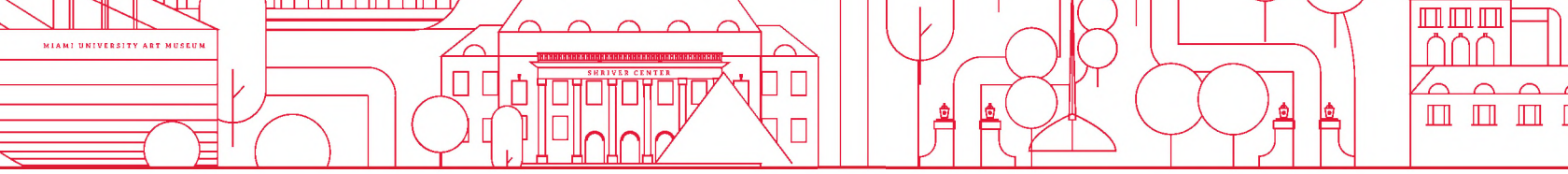

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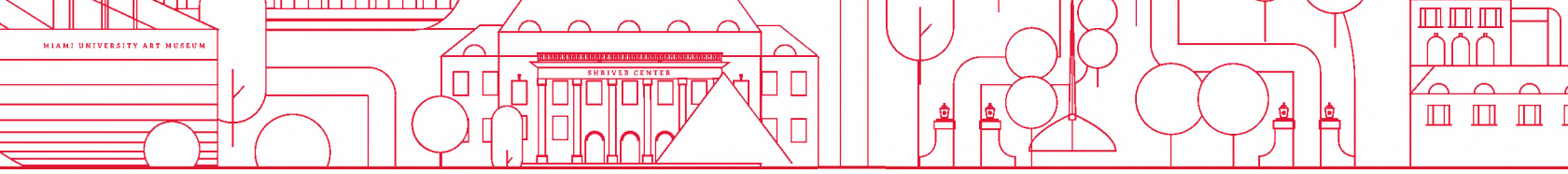

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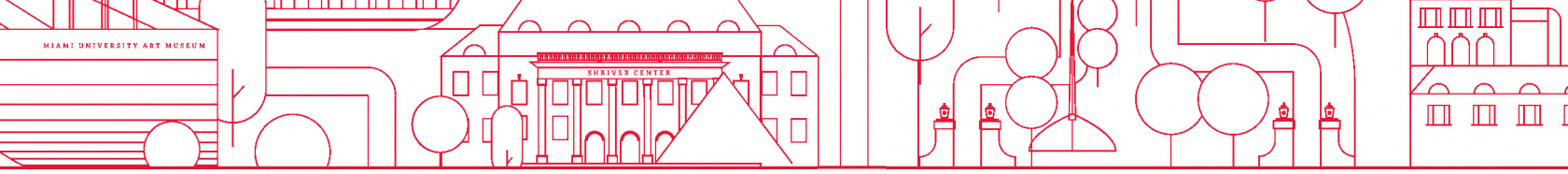

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EXECUTIVE SUMMARY

The nursing home industry in America has experienced dramatic changes over the last three decades. Even before the pandemic, occupancy rates had been declining as Ohio and the nation expanded home- and community-based services in both the private and public sectors. As a result, despite continued growth in its older population, Ohio has fewer licensed nursing home beds in 2023 (85,000) than in 1999 (97,500). Changes in Medicare and private health insurance have shifted the type of care provided in nursing homes. While nursing homes are traditionally viewed as caring for older people who need long-term services and supports, more than eight in 10 admissions are individuals coming from the hospital setting. Many of these individuals stay for a short period of time, often 30 days or less, and receive rehabilitative services. Nursing homes continue to serve long-stay residents who often have Alzheimer's or other forms of dementia, but nursing homes are also serving a higher proportion of individuals below the age of 65 and individuals with behavioral health needs. This means that today's nursing home serves an array of individuals, often with very different needs.

While the COVID-19 pandemic had a large impact on nursing homes, the data reported in this study indicate that the industry has rebounded in many areas. For example, occupancy rates, which had dropped to 66% during the heart of the pandemic and which were at 72% in our 2021 study, have now risen to pre-pandemic rates (79.9%). Ohio's nursing staff levels, which dropped slightly during the pandemic, have rebounded to pre-pandemic levels. The use of agency staffing to address the nursing staff worker shortage that spiked during COVID-19 has been reduced. For example, approximately 13% of certified nurse aide and 15% of licensed practical nurse hours were provided by agency staff in early 2022, but this dropped to 7% and 5% by June of 2024. While still above the pre-pandemic proportion of 3%, the nursing staff worker shortages are improving. Retention rates for nursing staff have all shown an increase from our 2021 survey. Wages for nursing staff have substantially increased between 2019 and 2023, rising 32% for registered nurses, 38% for licensed practical nurses and 42% for certified nursing assistants. For the long-stay quality measures

reported by the federal government on the *Care Compare* website, Ohio scored better on seven of the nine areas examined, and the other two quality areas were comparable to the nation. Ohio's scores were appreciably better than the national average and generally better than the neighboring states.

Despite the areas of progress, Ohio's nursing homes continue to face critical challenges. Direct-care staffing continues as an area of concern as levels in Ohio remain below the national average. In 2023, there were 2.05 hours per resident day (HPRD) of certified nurse aides in Ohio's nursing homes compared to the national average of 2.25 HPRD, and below all neighboring states except West Virginia. Nursing staffing assigned to direct care was 3.33 HPRD in Ohio, and this was also below the national average of 3.48 HPRD. The turnover rates for total nursing staff (57.9%) and registered nurses (52.9%) were above the national average (53.8% and 51.7%) and higher than all of the neighboring states. Turnover rates for the facility administrators and directors of nursing in the last three-year time period were more than 60%. The Centers for Medicare and Medicaid Services (CMS) star ratings indicate that despite a 20% increase in Ohio's Medicaid reimbursement rates from 2021 to 2023, facilities with a high Medicaid census averaged 2 out of 5 stars for the overall star rating compared to 3.7 stars for those with a low Medicaid census. As the nation overall, Ohio saw an increase in complaints, increasing from 4.5 per facility in 2019, to 7.3 in 2022. Ohio's complaint numbers remain below the national average. Finally, Ohio nursing homes report severe or very severe access issues for Medicaid residents in the areas of transportation (40%), and emergency dental care (30%).

STUDY HIGHLIGHTS

Demographics

- With almost 2.86 million individuals age 60 and older (24% of Ohioans) and more than 2 million people age 65 and older (17% of Ohioans) in 2020, Ohio ranks sixth-highest nationally in the number of older adults.
- The size of Ohio's population age 60 and 65 and older will peak in 2030, reaching 2.92 (25%) and 2.3 million (19.5%) respectively.

- As the baby-boom generation enters the final phase of their lives, the population ages 60+ and 65+ actually drops in 2040 and 2050, estimated to be 2.62 million and 2 million in 2050. The 60+ population is expected to have an 11% drop between 2030 and 2050.
- The population age 85 and over, which today has grown to more than 233,000, is projected to increase by 24% by 2050.
- Estimates in 2020 showed that 13% of Ohioans aged 65 and older had high levels of disability, which would qualify them to meet the state's nursing home level of care criteria.
- This translates into 266,000 Ohioans who could need long-term care at home, an assisted living residence, or a nursing home.
- About 7% of the population age 65-69 have a high level of disability, but that proportion grows to 44% for those age 85 and older.

Overview of Nursing Homes in Ohio

- Ohio has the fourth-largest nursing home industry in the nation as measured by the number of certified beds available.
- In 2023, Ohio had 930 nursing homes with just over 85,000 licensed or certified beds.
- From 2021 to 2023, the number of nursing homes dropped by 29, and the number of licensed beds declined by more than 2,000.
- Three in four nursing homes (76.6%) were located in urban areas of the state, with an average of 92 beds per nursing home.
- More than half of all beds were classified as being in a private room (50.7%).
- About one-third of Ohio's nursing homes (32.7%) report having a distinct memory care unit or are a full memory care facility.
- From 2018-2020, Ohio's rate of ownership changes outpaced the nation (11.4% vs. 6.5%). In 2022 and 2023, ownership changes were considerably lower in Ohio than the nation overall (2% vs. 5.9%).
- In 2023, Ohio's private-pay, private-room rate was $324 per day, semi-private room rate was $285 per day and Medicaid rate was $272 per day.

Resident Characteristics

- 86% of individuals admitted to Ohio nursing homes in 2022 were from the hospital.
- Nursing home residents had high levels of disability, averaging more than four activity of daily living limitations, such as bathing and dressing.
- One in five residents were considered low care individuals (21.1% for Ohio vs. 17.7% for the nation).
- Almost half of Ohio's nursing home residents have Alzheimer's or other forms of dementia, and three in 10 have serious mental illness (28.2%).

Admissions and Occupancy

- Ohio's total number of nursing home admissions increased from just under 71,000 in 1992 to 182,000 in 2023. The pre-pandemic admissions number was almost 214,000.
- The increase in admissions was largely driven by the individuals using Medicare for short-term care, increasing from just over 30,000 in 1992 to 126,600 in 2023 (down from 151,000 pre-pandemic).
- Occupancy rates in 2023 (79.9%) rebounded from our 2021 survey when they averaged 72%, and from the low of the pandemic when they were 66%. Ohio did have 2,000 fewer beds in service in 2023.
- Occupancy rates for memory care unit/facilities were slightly higher at 82.4%.
- Occupancy rates in Ohio are slightly higher but mirror national trends.

Nursing Home Direct-Care Staffing

- In the first two quarters of 2024, Ohio nursing home averaged 2.09 hours per resident day (HPRD) for certified nursing assistants (CNAs). This represents a return to pre-pandemic staff levels for CNAs, which had dropped to 2.01 HPRD during the pandemic.
- In 2024, Ohio's direct-care nursing staff level (which included CNAs, registered nurses [RNs] and licensed practical nurses [LPNs]) was 3.36 HPRD, a level that is nearly the same as the 2019 pre-pandemic staffing level.

- Ohio's nursing staff levels remains below the national average on all three staffing measures (CNA Ohio 2.09 vs. national 2.28; direct-care nursing staff Ohio 3.36 vs. national 3.51; total nursing staff 3.68 vs. national 3.80).
- Nursing homes have the lowest resident-to-staff ratios and the highest proportion of staff time allocated during the day shift. Four in 10 of all CNAs employed (38%) are used on the day shift, resulting in an average resident-to-staff ratio of 10:1.
- The patterns were similar for licensed nursing staff, with the day shift recording the highest number of staff and the overnight shift the lowest. For total licensed nursing staff (RN and LPN combined) in 2023, the resident-to-staff ratio was 17:1 on the day shift, 20:1 on the evening shift, and 23:1 on the overnight shift.
- The proportion of nursing homes using agency staff peaked in 2022 and showed improvements in 2023 (39.3% vs. 34.3% for CNAs; 31.8% vs. 28.1% for LPNs; and 16.1% vs. 13.1% for RNs). Data for the first six months of 2024 suggest further improvements were made.
- Between 2019 and 2023, nursing homes recorded wage increases of 32% for RNs, 38% for LPNs, and 42% for CNAs.
- Nursing homes that serve a greater proportion of Medicaid residents have lower nursing staff levels, with those serving the highest proportion of Medicaid residents having a direct-care nursing staff level of 3.10 HPRD compared to 3.79 HPRD for low-Medicaid nursing homes.
- The retention rates for direct-care staff increased between 2021 and 2023 (CNAs increased from 64% to 66%; LPNs 69% to 71%; RNs 67% to 73%).
- Turnover rates for direct-care staff (57.9%) and RNs (52.9%) were higher in Ohio than the nation and all of the neighboring states.
- Turnover rates for the administrator and director of nursing for the three-year time period January 2021 to December 2023 were more than 60%.
- Ohio nursing homes employed an array of strategies to increase retention and recruitment of direct care nursing staff, including financial efforts such as increasing fringe benefits, offering bonuses and longevity pay, extra pay for shift differential, tuition reimbursement, and financial assistance.
- Nursing homes also employed environmental strategies such as consistent assignment of staff to units, employee recognition programs, participation in

care plan meetings, enhanced communication with CNAs about plan changes, and CNAs' participation in quality improvement teams.

Memory Care

- About one-third of Ohio's nursing homes (32.7%) have a dedicated memory care unit or the entire facility is memory care focused. Of the more than 300 facilities with specialized memory care, 25% are memory care facility-wide and 75% have a dedicated unit within a larger nursing home.
- In 2023 there were 12,616 beds in memory care units or facilities across the state, representing 15% of total licensed beds in Ohio.
- On average, memory care units within a larger facility have 26 beds. Nursing homes that serve residents with memory care needs facility-wide have an average of 103 beds.
- Nursing homes with a dedicated memory care unit within a larger nursing home charge an additional $178 per day for a private room in the unit.
- Memory care units report an 82.4% occupancy rate, which is above the overall state average of 79.9%.
- About half of the units/facilities require special training in dementia prior to employment and about half require training in the first 14 days of working on the unit.
- Less than half of the units/facilities (44.9%) monitor the effect of psychotropic medications on residents weekly or more, and about half (48.6%) monitor monthly.
- Memory care staffing levels were similar for CNAs when compared to the non-memory care staffing, but employed more nurses per resident in memory care units/facilities.

Measuring Quality in Ohio Nursing Homes

- Centers for Medicare and Medicaid Services (CMS) reports on the Care Compare website show the quality of nursing homes across the nation using a 5-star rating, comprised of three components, one of which is based on quality measures for short-stay and long-stay residents.

- For the long-stay quality measures, Ohio scored better on seven of the nine areas examined and the other two quality areas were comparable to the nation. Ohio's scores were appreciably better than the national average and generally better than the neighboring states.
- Nursing homes with more Medicaid residents had lower 5-star ratings. Those with the highest proportion of Medicaid residents averaged 2 out of 5 stars for the overall star rating, compared to 3.7 stars for nursing homes with the lowest proportion of Medicaid residents.
- As was the case for the nation overall, Ohio experienced an increase in complaints between 2019 and 2022 but was below the national average.
- Nursing homes reported an array of strategies designed to avoid or respond to complaints, including dedicating a staff member to explore complaints, conducting internal investigations, and always meeting with the resident or family member to explore the area of concern.

Special Services

- Seven in 10 (68%) of Ohio nursing homes report having residents that use telehealth, with the majority of nursing homes (84%) using video connections in the resident's room (92.5%).
- Four in 10 nursing homes report that transportation is a severe or very severe problem for Medicaid residents and three in 10 report severe or very severe problems for private pay residents.
- Three in 10 nursing homes report emergency dental services as a severe or very severe problem, with 16% of nursing homes identify this level of difficulty for private paying residents.
- More than half of Ohio nursing homes (55%) report providing services to non-residents, including respite, outpatient therapy, transportation, personal care, home health and homemaker, hospice, adult day care, and home delivered meals.
- Nursing homes reported innovative practice areas, including technological efforts, such as the use of resident wearables, ultraviolet technology for infection control and robotics.

BACKGROUND

INTRODUCTION

The COVID-19 pandemic had a profound impact on individuals and organizations. Private and public businesses including education, health care, hotels, restaurants, and retail stores, experienced major disruptions that impacted operations and even sustainability. The sector of the economy that was most heavily affected by the COVID-19 pandemic was the nursing home industry. Serving some of the frailest members of society in a residential environment made residents and staff susceptible to the impacts of the virus. The pandemic added even more attention to an industry that for the last five decades has had policymakers and the media asking questions about how to best assure high quality. To address these concerns, in February of 2023, Ohio Governor Mike DeWine created the Nursing Home Quality and Accountability Task Force to focus on issues of quality of life and quality of care in Ohio's nursing homes. The Task Force, which included experts from state government, the nursing home industry, advocates, and researchers, generated a list of recommendations with the goal of improving the quality of Ohio's nursing homes. This study is designed to present a profile of nursing homes in Ohio using the most recent data available from various sources, with the goal of providing necessary information for policymakers, advocates, and the industry as they continue to implement Task Force recommendations.

DEMOGRAPHICS

Ohio, along with the nation as a whole, is aging. With almost 2.86 million individuals age 60 and older (24% of Ohioans) and more than 2 million people age 65 and older (17% of Ohioans) in 2020, Ohio ranks sixth-highest nationally in the number of older adults. The size of Ohio's population age 60 and 65 and older will peak in 2030, reaching 2.92 (25.1%) and 2.3 million (19.5%) respectively (See Table 1). As the baby-boom generation enters the final phase of their lives, the population ages 60+ and 65+ actually drops in 2040 and 2050, estimated to be 2.62 million and 2 million in 2050. This represents a projected 11% drop in the 60+ population between 2030 and 2050. However, the

population age 85 and over, which today has grown to more than 233,000, is projected to increase by 24% by 2050.

TABLE 1. OHIO'S OLDER POPULATION 2020-2050

Age Group	2020	2030	2040	2050
Total Population of Ohio	11.8 million	11.7 million	11.4 million	11.1 million
60 and older	2.86 million (24.2%)	2.94 million (25.1%)	2.72 million (23.8%)	2.62 million (23.5%)
65 and older	2.1 million (17.4%)	2.3 million (19.5%)	2.1 million (18.6%)	2.0 million (17.6%)
85 and older	232,830 (2.0%)	213,800 (1.8%)	261,400 (2.3%)	288,630 (2.6%)

Source: Scripps Gerontology Center, Ohio Department of Development. (n.d.). Projections of Ohio's Older Adult Population. https://miamioh.edu/cas/centers-institutes/scripps-gerontology-center/research/ohio-population-research.html

While a growing older population is a marker of societal advancement, such increases present pressing challenges for the state, particularly in the provision of long-term services. It is estimated that 13% of Ohioans aged 65 and older have high levels of disability, which would allow them to meet the state's nursing home level of care criteria. In 2020, this translates into 266,000 Ohioans who could need long-term care at home, an assisted living community, or a nursing home (See Table 2). It is estimated that an additional 9.4% of older Ohioans have moderate levels of disability, requiring assistance with areas such as grocery shopping, meals, or home maintenance. This adds 191,500 individuals to the total needing assistance in 2020.

TABLE 2. DISABILITY ESTIMATES FOR OHIO'S OLDER POPULATION: 2020, 2030, 2040, 2050				
Age Group	2020	2030	2040	2050
High Need for Long-Term Services				
Age Group	# High Need	# High Need	# High Need	# High Need
65-69 (7.3% high need)	49,933	50,235	41,225	42,012
70-74 (8.1% high need)	44,158	51,033	41,344	37,138
75-79 (10.1% high need)	35,473	47,081	47,025	38,178
80-84 (14.7% high need)	34,372	40,791	46,770	37,991
85+ (43.9% high need)	102,290	94,657	114,885	126,379
Total 65+ High need (13%)	266,226	283,797	291,249	281,698
Moderate Need for Long-Term Services				
Age Group	# Moderate Need	# Moderate Need	# Moderate Need	# Moderate Need
65-69 (9.7% moderate need)	66,731	67,037	54,792	55,771
70-74 (8.5% moderate need)	46,356	53,517	43,078	38,561
75-79 (9.7% moderate need)	34,109	45,315	45,303	36,868
80-84 (10.8% moderate need)	19,166	22,692	26,004	21,080
85+ (9.4% moderate need)	25,160	23,404	28,265	31,015
Total 65+ Moderate need (9.4%)	191,522	211,965	197,442	183,295
Total Disability (High and moderate combined) (22.4%)	457,748	495,762	488,691	464,993

Source: Scripps Gerontology Center, Ohio Department of Development. (n.d.). Projections of Ohio's Older Adult Population. https://miamioh.edu/cas/centers-institutes/scripps-gerontology-center/research/ohio-population-research.html

Rates of disability vary dramatically by age group, with about 7% of the population age 65-69 having a high level of disability, but that proportion grows to 44% for those age 85 and older. Between 2020 and 2050, our estimates indicate that the number of individuals age 85 and over with a high level of disability will increase by 24%. However, because the number of older Ohioans is expected to plateau around 2040, we expect an increased need for long-term services and supports for the next 15 to 20 years, with demand moderating some by 2050.

Financing Long-Term Care

The growth in the number and proportion of individuals age 65 and age 85 and older in Ohio and the nation is a modern development that will need to be addressed. At the beginning of the 20th century, 3% of Ohioans were age 65 and older. When compared to our projections of one in five Ohioans age 65 and older in 2030, such changes were unimaginable. While many elements of life in Ohio are impacted by these demographic shifts, the delivery and financing of long-term assistance for Ohioans with disability has become a critical challenge for individuals, families, and state and local governments. It can be difficult for one to imagine experiencing a physical or cognitive disability in later life, and most individuals are not prepared to need long-term services. Less than 4% of Ohioans age 45 and older have private long-term care insurance. With the average private-pay nursing home costing more than $10,000 per month, it is not surprising that most nursing home residents become impoverished (AARP, 2023). This results in two in three long-term nursing home residents relying on the Medicaid program to fund their nursing home care. Representing one-quarter of state general revenue spending, Medicaid expenditures, of which about 35% are allocated to long-term services, present an ongoing challenge for state policymakers. The growth in the population age 85 and older—the group most likely to need long-term services—compounds these challenges in the future.

AN OVERVIEW OF NURSING HOMES IN OHIO

Facility Characteristics

Ohio has the fourth-largest nursing home industry in the nation as measured by the number of certified beds available. Only California, Texas, and New York have a higher number of beds, with Ohio's number even surpassing Florida. In 2023, Ohio had 930 nursing homes with just over 85,000 licensed or certified beds (See Table 3). This represents a drop of 29 nursing homes and more than 2,000 available beds from 2021 to 2023. The number of nursing homes that were part of a Continuing Care Retirement Community (CCRC) dropped by 21 during this time period, accounting for the majority of the beds taken out of service. Four in five nursing homes (81.6%) are for-profit and six in 10 (59%) are part of a multi-facility chain. Three in four nursing homes (76.6%) are located in urban areas of the state. In 2023, there were an average of 92 beds per nursing home. More than half of all available beds were classified as being in a private room (50.7%), an increase from 47% in 2021. Just over one in 10 nursing homes (12.8%) have all private rooms. About one-third of Ohio's nursing homes (32.7%) report having a distinct memory care unit or are a full memory care facility.

TABLE 3. DESCRIPTION OF OHIO'S NURSING HOME INDUSTRY

Characteristic	Overall		County*		Hospital		CCRC*	
	2021	2023	2021	2023	2021	2023	2021	2023
Number of facilities	959	930	13	10	6	4	154	133
Number of certified beds	87,323	85,147	1,106	1,000	250	160	13,106	10,988
Beds per facility	91	92	85	100	42	40	85	83
Proportion private rooms (%)	47.0	50.7	50.0	55.1	64.0	67.0	NA	70.5
100% private rooms	12.0	12.8	9.0	11.1	33.0	33.0	26.0	23.2
25% private rooms	37.0	27.5	27.0	11.1	0.0	0.0	NA	6.4
Part of a CCRC (%)	16.1	14.3	0.0	0.0	0.0	0.0	-	-
Ownership (%)								
For-profit	78.9	81.6	0.0	0.0	16.7	25.0	42.5	45.1
Not-for-profit	19.4	17.0	0.0	0.0	67.7	50.0	57.5	54.1
Public	1.7	1.4	100	100	16.7	25.0	0.8	0.8
Part of multi-facility chain (%)	56.3	59.0	0.0	0.0	0.0	0.0	NA	NA
Urban location (%)	72.4	76.6	27.3	40.0	50.0	25	78.4	77.3
Distinct memory care Facility/unit (%)	34.0	32.7	45.4	40.0	0.0	0.0	40.0	36.1

Source: Biennial Survey of Long-Term Care Facilities, 2021, 2023.
* There are a select number of counties that continue to own and operate nursing homes in Ohio.

An area of recent interest has been ownership changes in the nursing home industry. As shown in Table 4, in the 2018-2020 time period, the rate of ownership changes in Ohio outpaced the nation (11.4% vs. 6.5%). However, in 2022 and 2023, ownership changes were considerably lower in Ohio than the nation overall (2% vs. 5.9%). Continued monitoring of ownership changes will be important as the industry continues to experience market disruption.

TABLE 4. CHANGE IN OWNERSHIP, OHIO AND THE NATION: 2017-2023 (%)

Location	2017	2018	2019	2020	2021	2022	2023
Ohio	2.2	6.3	3.1	2.0	2.1	0.5	1.5
Nation	3.2	2.5	2.6	1.4	1.7	2.7	3.2

Source: Nursing Home Compare Archive data.

Resident Characteristics

Nursing homes primarily serve two types of individuals: those staying for a short period of time (typically less than 30 days) who are recovering and receiving rehabilitation after a hospitalization, and those who are receiving long-term care and are referred to as long-stay residents. Over 30 years ago, the typical nursing home resident was admitted from the community and became a long-stay resident. However, as shown in Table 5, the majority of individuals admitted to Ohio's nursing homes (86%) today come from an hospital setting. These individuals are admitted for a short-stay rehabilitation visit and are often reimbursed through the federal Medicare program. This shift to primarily admitting residents from hospitals has occurred for a number of reasons. When Medicare changed its hospital reimbursement system in the 1980s to prospectively paying for care based on diagnosis groupings, the average Medicare hospital length of stay dropped dramatically. In many instances, Medicare patients leaving the hospital after a much shorter stay were not ready to transition home, and the nursing home became a common option for rehabilitative care. Because Medicare is an acute-care-focused insurer and has a more generous reimbursement rate than the Medicaid program, many nursing homes cultivated Medicare rehabilitation clients. This was also attractive to the nursing home industry as the rapid expansion of home care

and assisted living options provided an alternative to nursing homes for long-term services for older people and were placing occupancy pressures on the nursing home industry.

Despite the increase in short-stay individuals, the nursing facility is the home for a large number of long-stay residents. In Table 6, the characteristics of Ohio's long-stay nursing home residents are compared to the nation. Overall, Ohio's long-stay residents experience a high level of need and are quite comparable to the nation. Residents average more than four activities of daily living limitations, with nine in 10 (88%) requiring assistance with bathing and eight in 10 needing assistance with dressing (78%) and getting to the toilet (77%). One in five (19.4%) need assistance with eating. Almost half of long-stay residents have Alzheimer's disease or a related dementia (49%), three in 10 are reported to have a serious mental illness (28.2%). Ohio's rate in this category is higher than the nation overall (22.5%). Even though these data paint a portrait of a frail population, one in five residents are classified as low care. Ohio's rate (21.2% vs. 17.7% for the nation) could be due to having a higher proportion of residents with serious mental illness but fewer physical limitations. The low-care calculation identified individuals with fewer than two ADL impairments and is consistent with the national definition. This may suggest that some long-stay individuals in Ohio's nursing homes could be served in a different setting. Finally, while the average age of a long-stay resident is 75, nursing homes serve a wide age range, with a high proportion of long-stay residents under the age of 65 (21.2%) and three in 10 age 85 and older (28.0%).

TABLE 5. NURSING HOME ADMISSION SOURCES, 2020 AND 2022		
Admission Source	2020 % of Admissions	2022 % of Admission
Acute care hospital	84.4	85.6
Community	7.2	5.9
Nursing home	5.2	5.8
Inpatient rehabilitation facility	0.8	0.7
Long-term care hospital	0.8	0.7
Other	1.6	1.3

Source: Nursing Home Minimum Data Set, 2020 and 2022.

TABLE 6. CHARACTERISTICS OF THE LONG-STAY NURSING HOME RESIDENTS, 2022		
Demographics	Ohio	Nation
Average age	75.2	76.5
Aged 65 and Younger (%)	21.2	18.3
Aged 85 and Older (%)	28.0	31.7
Limitations in activities of daily living		
Average number of limitations (out of 6)	4.1	4.3
Low care (%)	21.2	17.7
Needing assistance with personal hygiene (%)	76.0	80.0
Needing assistance with mobility (%)	76.4	78.5
Needing assistance with dressing (%)	78.0	82.6
Needing assistance with eating (%)	19.4	25.7
Needing assistance with toileting (%)	77.3	80.0
Needing assistance with bathing (%)	87.9	87.9
Diagnoses		
Alzheimer's disease and related dementias (%)	48.9	48.9
Serious mental illness (%)*	28.2	22.5
Parkinson's disease (%)	5.6	6.0
Traumatic brain injury (%)	1.8	1.9
Paralysis (Hemi-, Para-, Quadriplegia) (%)	13.3	14.9

Source: Nursing Home Minimum Data Set, 2022

*Serious mental illness defined as one or more mental or behavioral conditions that significantly impair a person's ability to function in daily life.

Payment Trends

Nursing homes are paid for their services through an array of funding sources. For those residents who stay for longer periods of time, Medicaid is a primary funder, paying for over two-thirds of all nursing home days. In 2023, the average Medicaid reimbursement rate, which varies by nursing home, was $272 per day (See Table 7). This represents a 20% increase from the 2021 Medicaid rate. A second major source for those staying for longer periods of time is private payments. In 2023 the private room, private rate was $324 per day, and the semi-private room, private rate was $285 per day. Both of these rates represent an increase of 11% from the 2021 rate.

As noted, a large proportion of those admitted to nursing homes are there for short-term rehabilitation stays after a hospitalization, and those individuals are typically paid for by Medicare or private insurance. Some individuals who are not eligible for Medicare are also supported by the Medicaid program for short-term rehabilitative care. The Medicare program has three different rates, depending on a beneficiary's Medicare plan. The traditional Medicare program is referred to as Medicare fee-for-service, and in 2023, the average daily rate was $539 per day, a 5.4% increase from 2021. The Medicare rate is comprehensive, and it includes the individual's room and board, medications, rehabilitation therapies, and personal care. Medicare Advantage managed care plans are a second type of Medicare plan. Medicare Advantage provided a reimbursement daily rate of $423, an increase of 4.4%. A final Medicare plan option in Ohio involves individuals enrolled in the MyCare Demonstration, which was implemented in Ohio's 29 urban counties. The average Medicare MyCare plan reimbursed $480 (4.8% increase from 2021) per day, which was between the Medicare fee-for-service and Medicare Advantage payment rates. Private insurers also provided coverage for rehabilitative care, with the 2023 daily rate of $367 representing an 8.6% increase from 2021.

TABLE 7. NURSING HOME PAYMENT RATES, 2019, 2021, 2023 (DOLLARS)			
Daily Rate	Overall	County	CCRC*
Private pay (private room)			
2023	324	288	368
2021	291	250	326
2019	278	231	NA
Private pay (semi-private room)			
2023	285	254	316
2021	256	222	285
2019	245	211	NA
Medicaid rate			
2023	272	246	262
2021	226	209	NA
2019	202	190	NA
Private insurance			
2023	367	357	378
2021	338	316	376
2019	317	319	NA
Medicare fee-for-service			
2023	539	470	556
2021	511	455	500
2019	481	449	NA
Medicare advantage			
2023	423	377	427
2021	405	382	409
2019	388	386	NA
Medicare MyCare			
2023	480	NA	461
2021	458	479	443
2019	428	443	NA

Source: Medicaid Daily Rate Schedule from ODM, Private and Medicare rates from the Ohio Long-Term Care Biennial Survey of Nursing Facilities, 2023.
*CCRC defined as having independent, assisted living, and nursing home levels of care.

*CCRC defined as having independent, assisted living and nursing home levels of care

TABLE 8. OHIO NURSING HOMES: BEDS IN SERVICE, ADMISSIONS, AND OCCUPANCY RATES, 1992-2023												
Years	1992	1999	2001	2005	2009	2011	2013	2015	2017	2019	2021	2023
Number of nursing home beds												
Total beds in service	91,531	95,701	94,231	91,274	93,209	94,710	92,787	91,503	90,464	88,793	86,129	84,325
Medicaid certified	80,211	93,077	87,634	87,090	90,876	90,724	89,063	88,479	88,016	87,626	84,033	83,189
Number of admissions												
Total	70,879	149,838	149,905	190,150	197,233	207,148	218,992	211,338	206,636	213,833	172,300	182,007
Medicaid resident	17,968	28,150	24,442	34,432	27,040	31,212	36,859	35,182	35,647	40,728	35,944	40,915
Medicare resident	30,359	78,856	90,693	116,810	109,315	148,426	144,959	146,756	147,194	151,267	123,862	126,594
Occupancy rate (%)												
Total	91.9	83.5	83.2	86.4	84.7	83.2	83.9	84.7	81.0	80.0	71.8	79.9
Medicaid resident	67.4	55.4	58.5	58.8	55.4	54.9	54.3	54.3	53.6	52.2	46.5	51.7

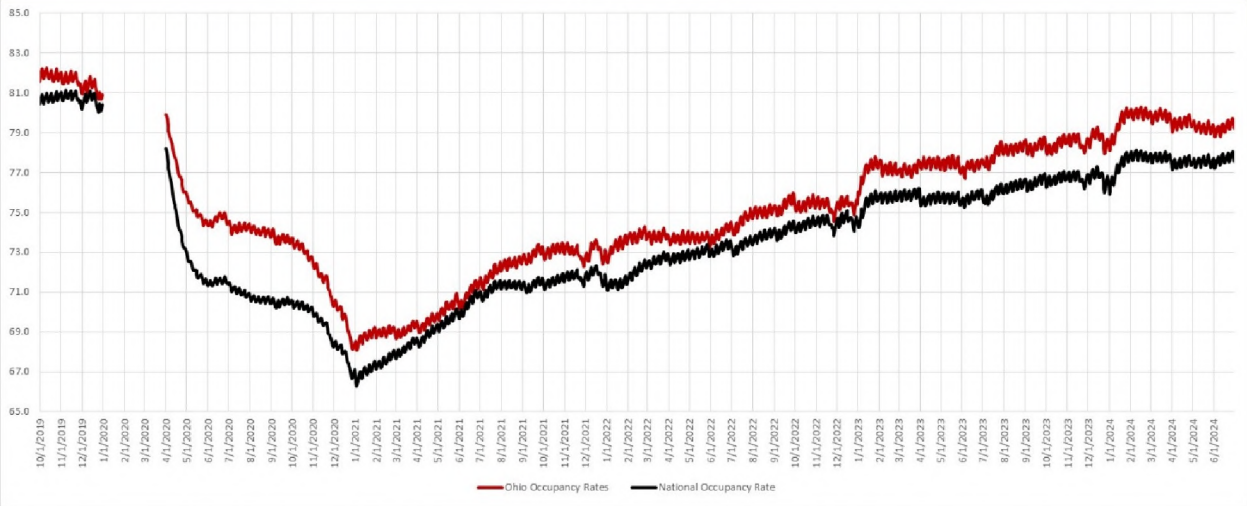
Sources: Annual Survey of Long-Term Care Facilities. Ohio Department of Health 1992-1997, Annual and Biennial Survey of Long-Term Care Facilities, Ohio Department of Aging and Scripps Gerontology Center, 1999-2023, Ohio Medicaid Cost Report, 2015-2023.

Admissions and Occupancy Rates

The nursing home industry has experienced dramatic changes over the last 30 years with the expansion of in-home services and assisted living. While the number of older Ohioans with disabilities has increased, much of this demand has been absorbed by these home- and community-based services. Despite the large increase (43%) in the older population between 1990 and 2020, Ohio actually has fewer nursing home beds in service today (See Table 8). For example, in 1992, Ohio had 91,500 beds in service, rising to almost 96,000 in 1999, while in 2023 the state had 84,325 beds in service, a drop of 12% from 1999. Coupled with the reduced bed supply, there has been a change in the number of admissions, highlighting the shift to an increase in short-term rehabilitative care. In 1992, there were just under 71,000 admissions of which just over 30,000 were individuals admitted from hospitals for Medicare rehabilitation care. By the year prior to the pandemic (2019), the overall number of admissions approached 214,000 (an increase of 193% from 1992), with more than 151,000 of these classified as Medicare admissions. Total admissions and Medicare admissions dropped substantially during the pandemic, with the 2021 number of total admissions representing a 22% decline. By 2023, the industry numbers rebounded, with the overall number of admissions rising to just over 182,000. The number of Medicare admissions increased to 126,594, and the number of Medicaid admissions increased by almost 5,000 (a 14% increase).

With the expansion of in-home and assisted living options, between 1992 and 2019, the occupancy rates of Ohio nursing homes recorded a steady decline, going from 91.9% in 1992 to 80.0% in 2019. Reflecting the impact of the COVID-19 pandemic, occupancy rates dropped to 71.8% in 2021 and dropped below 70% during the heart of the pandemic. As indicated in the discussion about admission rates, the industry did rebound in 2023, with occupancy rates essentially returning to pre-pandemic levels, increasing to 79.9% in 2023. Ohio's occupancy rate changes mirror the nation (See Figure 1).

FIGURE 1. NURSING HOME OCCUPANCY RATES, OHIO AND THE NATION, 2019 TO 2024



Source: Payroll-Based Journal (PBJ) Data from Q4 2019 to Q2 2024

Direct-Care Nursing Staff

Researchers have consistently identified direct-care nursing staff as a critical component in achieving nursing home quality. Direct-care nursing staff includes nurses, either registered (RNs) or licensed practical nurses (LPNs) and certified nurse aides (CNAs), who in Ohio are currently called state-tested nursing aides (STNAs). The most common measure used to track the amount of nursing-staff time devoted to resident care is hours per resident day (HPRD). To calculate HPRD, the total amount of hours of staff time in a day is divided by the number of residents that day. Higher values of HPRD indicate that there are more hours available for care to residents and indicate higher nursing staffing levels.

Table 9 uses information from the Centers for Medicare and Medicaid Services' (CMS) Payroll-Based Journal data for CNAs, direct-care nurses, and total nursing staff, which includes nursing staff assigned to direct care and administrative responsibilities. In the first two quarters of 2024, Ohio nursing homes averaged 2.09 HPRD for CNAs. This represents a return to pre-pandemic staff levels for CNAs, which had dropped to 2.01 during the pandemic. In 2024,

the direct-care nursing staffing level (which included CNAs, RNs, and LPNs) was 3.36 HPRD, a rate that was the same as the 2019 pre-pandemic value. The total nursing staff, which includes direct-care staff and nurses assigned to supervisory roles was 3.38 HPRD, below the 2019 time period. Ohio remains below the national average on all three staffing measures (CNA: Ohio 2.09 vs. national 2.28; direct-care nursing staff: Ohio 3.36 vs. 3.51; total nursing staff: 3.38 vs. 3.80).

TABLE 9. AVERAGE NURSING STAFF LEVELS IN OHIO AND THE NATION: 2019 TO 2024

Nursing staff type	2019	2020	2021	2022	2023	2024 (Q1-Q2)	% Change (2019-2024)
Certified nurse aides							
Ohio	2.08	2.10	2.03	2.01	2.05	2.09	0.4%
Nation	2.30	2.35	2.26	2.22	2.25	2.28	-0.9%
Direct-care nursing staff							
Ohio	3.36	3.44	3.34	3.27	3.33	3.36	0.0%
Nation	3.55	3.68	3.55	3.45	3.48	3.51	-1.2%
Total nursing staff							
Ohio	3.66	3.76	3.66	3.58	3.63	3.68	0.5%
Nation	3.84	3.99	3.86	3.75	3.77	3.80	-1.0%

Source: Payroll-Based Journal (PBJ) data from 2019 to Q2 2024. Notes: Average nursing staff levels are measured in hours per resident day (HPRD). Direct-care staffing includes all nursing staff (RNs, LPNs, and CNAs) assigned to direct care only. Total nursing staff includes all nursing staff assigned to direct care and administrative duties.

Table 10 compares Ohio's nursing staff levels to the nation and five neighboring states for 2023. The data show Ohio's CNA staffing levels and direct-care-nursing staffing levels are below the national average. The RN staffing levels (0.61 HPRD) was also below the national average, but the LPN staffing level (0.97 HPRD) was above the national average (0.88 HPRD). The CNA staffing level of 2.05 HPRD (vs. national 2.25) was lower than all of the neighboring states except West Virginia. The direct-care nursing staff levels (which includes

RNs, LPNs, and CNAs) was 3.33 HPRD, which is below the national average of 3.48 HPRD and below Kentucky, Michigan, and Pennsylvania, but comparable to Indiana and West Virginia. Ohio uses LPNs more often than the nation and neighboring states. Finally, Ohio has lower total nursing staff levels than the nation (3.63 vs. 3.77 HPRD). Because RN and total nursing staff levels are a component used by CMS to calculate staffing star ratings, Ohio's lower nursing-staff levels is one of the reasons why Ohio's nursing homes may have lower star ratings when compared to other states.

TABLE 10. AVERAGE NURSING STAFF LEVELS IN OHIO AND NEIGHBORING STATES, 2023

Nursing Staff Level in Hours Per Resident Day					
State	Registered nurses	Licensed practical nurses	Certified nurse aides	Direct care nursing staff	Total nursing staff
Nation	0.64	0.88	2.25	3.48	3.77
Ohio	0.61	0.97	2.05	3.33	3.63
Indiana	0.64	0.80	2.23	3.32	3.66
Kentucky	0.67	0.84	2.29	3.45	3.80
Michigan	0.73	0.88	2.27	3.57	3.88
Pennsylvania	0.77	0.91	2.08	3.49	3.76
West Virginia	0.65	0.89	2.05	3.32	3.59

Source: Payroll-Based Journal (PBJ) data, 2023, Notes: Registered nurse and licensed practical nursing staff hours per resident include staff assigned to direct care and administrative duties. Total nursing staff includes nursing staff assigned to direct care and administrative duties.

In addition to the staffing data available from CMS' Payroll-Based Journal data, information about staffing in Ohio's nursing homes is available from the 2023 Biennial Survey of Long-Term Care Facilities—Nursing Homes. Using the number of direct care nursing staff and census of residents in the facility, a resident-to-staff ratio was calculated. This ratio represents the number of residents who are cared for by one staff member in each direct-care job category. Lower resident-to-staff ratio is an indicator that a worker is caring for

fewer residents, theoretically meaning that the staff member can devote more time to each resident. The resident-to-staff ratio was calculated for direct-care nursing staff for the day, evening, and overnight shifts for a typical day in December of 2023.

As shown in Table 11, nursing homes have the lowest resident-to-staff ratios and the highest proportion of staff time allocated during the day shift. Four in 10 CNAs employed (38%) are used on the day shift, when work load is typically the highest, resulting in an average resident-to-staff ratio of 10:1.

TABLE 11. AVERAGE RESIDENT-TO-STAFF RATIOS BY SHIFT IN OHIO, 2021, 2023

Nursing staff shift	Resident-to-staff ratio mean (2021)	Resident-to-staff ratio mean (2023)	Proportion of nursing staff type on shift (2021) (%)	Proportion of nursing staff type on shift (2023) (%)
Certified nurse aides				
Day shift	10 to 1	10 to 1	38	38
Evening shift	11 to 1	11 to 1	34	34
Overnight shift	14 to 1	14 to 1	27	28
Total licensed nurses (RN and LPNs) in facility				
Day Shift	16 to 1	17 to 1	41	40
Evening shift	20 to 1	20 to 1	32	32
Overnight shift	23 to 1	23 to 1	27	28
Licensed practical nurses				
Day shift	27 to 1	28 to 1	38	37
Evening shift	30 to 1	30 to 1	37	33
Overnight shift	34 to 1	34 to 1	29	30
Registered nurses				
Day shift	44 to 1	46 to 1	47	51
Evening shift	56 to 1	59 to 1	29	27
Overnight shift	60 to 1	63 to 1	24	22

Source: 2021, 2023 Biennial Survey of Long-Term Care Facilities

The evening shift increased slightly to 11:1, with about one-third of CNA staff (34%) assigned to that shift. The overnight shift had the highest resident to staff ratio of 14:1 and accounted for 28% of CNAs deployed. The patterns were similar for the licensed nursing staffing categories, with the day shift recording the highest number of staff and the overnight shift the lowest. For total licensed nursing staff (RN and LPN combined) in 2023, the resident-to-nurse ratio was 17:1 on the day shift, 20:1 on the evening shift, and 23:1 on the overnight shift. In breaking down the licensed nurses separately into RNs and LPNs, 51% of RN time is devoted to the day shift while LPNs are spread out across all three shifts. The high use of RN time on the day shift results in a 46:1 resident-to-staff ratio, which increases to 59:1 for the evening shift and 63:1 for the overnight shift. For LPNs, the resident-to-staff ratios range from 28:1 on the day shift to 34:1 on the overnight shift.

Workforce challenges in nursing homes have been a long-standing problem, but they became even more critical during the COVID-19 pandemic. While most nursing homes would prefer to directly employ their own nursing staff employees, one indicator of staffing difficulties is the use of temporary agencies to provide direct care nursing workers. As shown in Table 12, the use of agency staff peaked in 2022, with four in 10 Ohio nursing homes (39.3%) using agency for CNAs, three in 10 using agency for LPNs (31.8%) and 16% using agency staff for RNs. While still a challenge, data for 2023 showed an improvement in the proportion of nursing home using agency staff compared to 2022 (39.3% vs. 34.3% for CNAs; 31.8% vs. 28.1% for LPNs; and 16.1% vs. 13.7% for RNs). Data for the first six months of 2024 suggest further improvements were made and Ohio's 2024 use of agency staff was actually better than the national average in all three categories. Prior to the pandemic, the use of agency staffing was below one in five facilities for CNAs (17.3%), about one in 10 for LPNs (11.3%) and less than 5% for RNs.

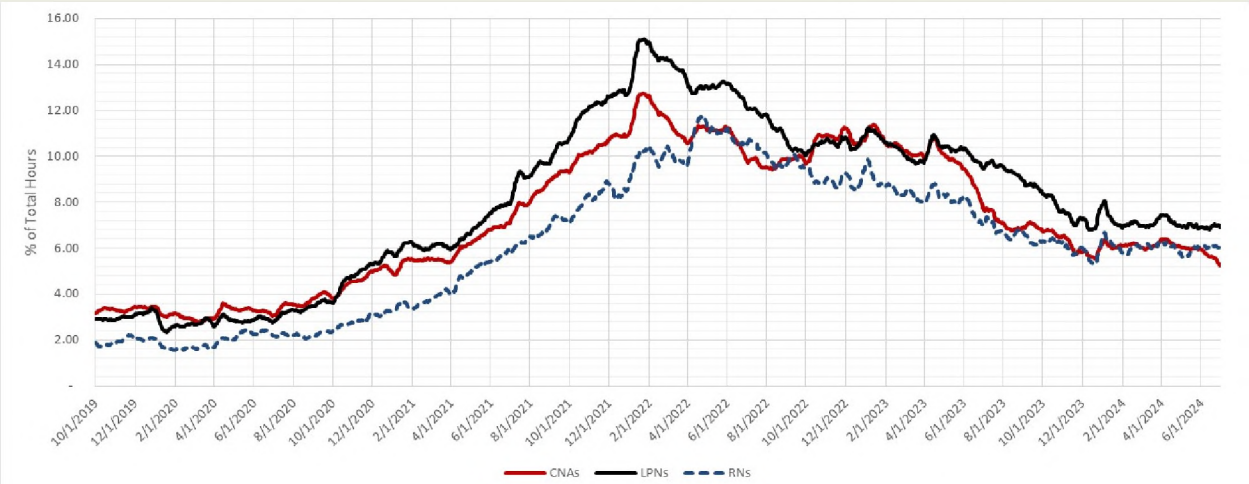
TABLE 12. USE OF AGENCY STAFF BY OHIO AND THE NATION, 2019 TO 2024 (% OF FACILITIES)

Type of Nursing staffing	2019	2020	2021	2022	2023	2024 (Q1-Q2)
Certified nurse aides						
Ohio	17.3	19.2	31.1	39.3	34.3	28.9
Nation	17.6	20.0	30.2	40.0	35.7	30.9
Certified nurse aides						
Ohio	11.3	12.3	23.6	31.8	28.1	23.1
Nation	12.8	14.3	22.6	31.9	30.2	26.4
Registered nurses						
Ohio	4.6	5.4	11.1	16.1	13.7	12.7
Nation	7.5	8.7	12.3	17.8	17.9	16.5

Source: Payroll-Based Journal (PBJ) data, 2019-Q2 2024.

To examine the use of agency staff in more detail, we looked at the actual proportion of total hours of care provided by agency staff (See Figure 2) separately for RN, LPN, and CNAs. In the time period prior to the pandemic, a very small proportion of total nursing staff hours were provided by agency staff. Using agency staff for RN was typically under 2% of total hours and 3% for LPNs and CNAs. The proportion of nursing staff hours steadily increased throughout the pandemic, peaking in early to late 2022, and then continued to slowly decline through mid-2024. Agency staff accounted for 11.7% of RN hours at its peak in mid-2022 but since has dropped to about 6% of RN hours in mid-2024. LPNs and CNAs show a similar pattern, increasing to 15.1% and 12.8% in early-2022 but subsequently dropped to 6.9% and 5.3% by June of 2024. This is still higher than the pre-pandemic period, indicating that the staffing challenges continue.

FIGURE 2. PROPORTION OF DIRECT-CARE NURSING STAFF HOURS PROVIDED BY AGENCY STAFF IN OHIO, 2019 TO 2024



Note. Proportion of nursing staff hours provided by agency staff (14-day moving average) sourced from the PBJ data.

Staffing shortages and the increased use of agency staff have had a financial impact on Ohio's nursing home industry. Table 13 shows the hourly wages and total labor costs (wages and fringe benefits) for nursing staff from 2019 to 2022. For nursing staff directly employed by the nursing home, the median hourly wages for CNAs was $14.67 in 2019, increasing by 44% to $21.13 in 2023. Median hourly wages for LPNs increased to $33.12 in 2023 a 40% increase. For RNs, the 2023, which was a 40% increase. For nursing staff directly employed by the facility, the median hourly labor cost for CNAs in 2019 was $16.32 per hour, increasing by 42% to $23.22 in 2023. Median hourly labor costs for directly employed LPNs was $26.61 in 2019, increasing to $36.68 (37.8%) by 2023. Among directly employed RNs, median hourly labor costs increased 32% (from $34.59 to $45.65) from 2019 to 2023. Agency staff hourly labor costs are significantly higher than staff directly employed. In 2023, agency employed RNs had a median hourly cost of $60 per hour and LPNs a $50 hourly cost. Agency staff CNAs had a 2023 median hourly cost of $35, which was more than 50% higher than the directly employed CNA staff person. The hourly labor costs for directly employed staff increased faster than the costs for agency staff from 2019 to 2023.

TABLE 13. MEDIAN HOURLY NURSING-STAFF WAGES AND TOTAL LABOR COSTS IN OHIO, 2019-2023

Type of nursing staff	Year			% Change
	2019	2021	2023	(2019-2023)
Hourly wage costs of directly employed nursing staff				
Registered nurses	30.57	34.48	40.75	33.3
Licensed practical nurses	23.66	27.24	33.12	40.0
Certified nurse aides	14.67	17.16	21.13	44.0
Hourly labor cost of directly employed nursing staff				
Registered nurses	34.59	39.02	45.65	32.0
Licensed practical nurses	26.61	30.64	36.68	37.8
Certified nurse aides	16.32	19.28	23.22	42.3
Agency nursing staff hourly labor cost				
Registered nurses	50.04	59.92	60.13	20.2
Licensed practical nurses	40.00	48.83	50.00	25.0
Certified nurse aides	25.61	32.73	35.00	36.7

Source: Medicare Cost Reports (CMS-2540-10).

Notes. Median hourly labor cost measured in dollars includes wages and benefits (e.g., health insurance) for freestanding nursing homes with a full-year Medicare Cost Report. The year represents the fiscal year end date of the Medicare Cost Report.

As noted earlier in Table 7, while there was a 20% increase in the Medicaid rate between 2021 and 2023, there was still a $52 a day difference between the private pay per diem rate and the Medicaid payment rate. This suggests that nursing homes that are more heavily reliant on Medicaid could have fewer financial resources available to operate the facility. In Table 14, staffing data for nursing homes are presented based on the proportion of resident days paid for by Medicaid, also known as Medicaid payer-mix. The facilities with the highest Medicaid census (81% to 100% of days covered by Medicaid) have the lowest nursing staff levels. For example, the total nursing staff levels of 3.36 HPRD is 0.82 HPRD below nursing homes that have the smallest proportion of residents supported by Medicaid. These differences are most pronounced for CNA and RN staffing level. LPN staffing showed much less variation by Medicaid payer-mix.

TABLE 14. AVERAGE NURSING-STAFF LEVELS BY MEDICAID RESIDENT DAYS IN OHIO, 2023

Staffing Level in Hours Per Resident Day					
Medicaid resident days	Registered nurses	Licensed practical nurses	Certified nurse aides	Direct-care nursing staff	Total nursing staff
0%-50%	0.77	1.07	2.34	3.79	4.18
51%-65%	0.62	0.94	2.10	3.34	3.66
66%-80%	0.54	0.93	1.95	3.15	3.42
81%-100%	0.47	0.99	1.90	3.10	3.36

Source: Medicaid Cost Reports and Payroll-Based Journaling Data, 2023.
Notes. Staffing levels are reported for Ohio nursing homes with a fiscal year end date in 2023. The data were restricted to facilities with full-year cost reports and reported PBJ data for all days in 2023. Registered nurse and licensed practical nursing staff hours per resident include staff assigned to direct care and administrative duties. Total nursing staff includes nursing staff assigned to direct care and administrative duties.

Retention and Turnover of Direct-Care Nursing Staff

Many employees contribute to nursing home quality care, but the heart of the delivery system is the direct-care nursing staff: CNAs, LPNs, and RNs. For the last four decades, workforce challenges have been a consistent problem for the long-term services industry. During the pandemic and in its immediate aftermath, nursing homes faced severe shortages with 35-40% of Ohio nursing homes reporting being short-staffed. While the shortages of nursing staff are not as acute today, retention and recruitment remain a serious challenge. As shown in Table 15, the retention rate for CNAs in 2023 was 66.3%. This rate is measured by tracking how many of the workers employed at the beginning of the year were still employed at the end of the year. This was an increase from the 2021 rate of 64%. The LPN retention rate (70.6%) and the RN rate (72.5%) also showed improvements from 2021.

A second measure examines nursing staff turnover calculated by CMS using the Payroll-Based Journal data described earlier. CMS calculates a turnover rate for total nursing staff (which includes CNA, RN, and LPN nursing staff assigned to direct care and administrative duties) and RNs. Table 16 reports the total

nursing staff and RN turnover rates for Ohio, the nation, and neighboring states in 2023. CMS reports a 57.9% nursing staff turnover rate in 2023 for Ohio, higher than the national average of 53.8% and above all of the neighboring states. The RN turnover rate of 52.9% was above the national rate (51.7%) and was above all of the neighboring states.

Data from the Ohio Biennial Survey of Long-Term Care Facilities also examine turnover rates for the licensed nursing home administrator (LNHA) and the director of nursing (DON). Six in 10 nursing homes reported that their director of nursing (63%) and their administrator (61%) had left their position between 2021 and 2023 (See Table 15). The DON rate was consistent from the 2021 survey, but the LNHA saw a big jump, from 30% turnover in 2021 to 61% in 2023. Given the critical nature of these two positions, it will be important to gain a better understanding about why most nursing homes experienced a change in these leadership positions.

TABLE 15. DIRECT-CARE NURSING STAFF RETENTION AND LEADERSHIP TURNOVER, 2021, 2023

One year staffing retention rates	Full-time % 2021	Full-time % 2023	Part-time % 2023
CNAs	64.0	66.3	56.1
LPNs	69.0	70.6	N/A*
RNS	67.0	72.5	N/A*
DON turnover last three years	67.0	63.0	N/A*
Administrator turnover last three years	30.0	61.0	N/A*

Source: LTC Biennial Survey of Long-Term Care Facilities, Nursing homes, 2021, 2023
*Question not asked in 2023 survey

TABLE 16. NURSING STAFF TURNOVER RATES IN OHIO AND NEIGHBORING STATES, 2023		
State	Total nursing staff (%)	RN nursing staff (%)
Nation	53.8	51.7
Ohio	57.9	52.9
Indiana	56.1	51.3
Kentucky	56.8	49.8
Michigan	53.0	48.4
Pennsylvania	50.7	48.3
West Virginia	52.5	45.3

Source: Nursing Home Compare Archive Data

Notes. Values for each state are reported based on PBJ from Q1-Q4 of 2023. Total nursing staff and RN turnover rates are defined as the percentage of nursing staff that left the nursing home over a 12-month period. Both measures include nursing staff providing direct care and those assigned to administrative duties.

Retention and Recruitment Strategies for CNAs

With the continued workforce challenges and the high cost of agency staffing, nursing homes report an array of actions designed to improve the retention and recruitment of CNAs. As shown in Table 17, many of the industry recommended practices for retention have been adopted by a majority of nursing homes. Among financial incentives, over four in five nursing homes provide CNAs access to a 401k plan, paid sick leave, paid vacation, tuition reimbursement, and a shift pay differential (i.e., paying extra for working certain shifts). Additionally, seven in 10 offer merit increases, longevity pay increases, and have career ladders. Six in 10 offer workplace perks, such as free meals. About half of the nursing homes offer bonuses for attendance and for receiving extra training. About half offered same-day pay and almost four in 10 facilities reported providing emergency financial support.

Nursing homes have enhanced their workplace organizational strategies. For example, nine in 10 facilities report consistently assigning CNAs to the same residents, setting up systems for staff to work together to cover shifts, offering schedule flexibility, and offering employee recognition programs. Six in 10 have CNAs as part of quality improvement teams, have CNAs participate in resident care-plan meetings, and cross-train CNA staff. Four in 10 nursing

TABLE 17. STRATEGIES UTILIZED TO RETAIN CERTIFIED NURSE AIDES IN OHIO, 2021, 2023

Retention Strategies	2021 %	2023 %
Financial strategies for retention		
Offer 401K or other retirement plan	81.4	86.7
Paid sick leave	73.8	80.6
Provide paid vacation	93.9	98.4
Offer tuition reimbursement	71.6	78.5
Offer career ladders	55.4	67.6
Provide longevity wage increases	57.9	68.5
Provide merit wage increases	63.2	73.8
Offer bonuses for attendance	57.3	48.2
Extra pay for shift differential	86.5	89.3
Offer hiring bonus after time on the job	63.9	55.2
Offer bonuses, raises, for completing extra training	47.8	48.0
Offer other work perks (e.g., free meals)	55.6	60.9
Offer financial assistance (e.g., gas cards, help with car repair)	23.2	21.4
Child Care	NA	4.6
Emergency Financial Support	NA	37.4
Same day pay	NA	52.7
Workplace organizational strategies for retention		
CNAs are consistently assigned to the same group of residents	81.2	91.3
Staff scheduling is managed by staff teams	29.6	42.1
Staff work together to cover shifts	80.7	89.3
CNAs participate on quality improvement teams	41.5	63.2
CNAs participate in resident care planning meetings	49.2	59.9
Staff are cross-trained to perform tasks outside their regular duties	58.5	67.8
CNAs are informed within one day when a resident's care plan is changed	51.2	85.1
Offer scheduling flexibility	81.0	87.7
Offer employee recognition programs	81.4	92.9
CNAs participate in interviews of direct care applicants	13.8	19.4
CNAs choose which residents they care for	9.9	16.1
Residents choose which CNAs provide their care	16.5	39.5
Residents participate on hiring teams for selecting new staff	5.4	9.6
Other factors related to retention		
Facilities with unionized CNAs	10.3	10.5
Administrator knows CNAs by name		
All	45.7	43.5
Many	14.8	16.0
Most	28.7	29.9
More than half	14.8	8.1

homes allow residents to choose their CNA and CNAs manage scheduling.

Research suggests that leadership's recognition of workers can improve worker satisfaction and potentially reduce turnover. For example, a recent Scripps study found that nursing homes where the administrator knew 100% of CNA's names had higher retention rates. The 2023 survey asked administrators if they knew facility CNAs by name and more than four in 10 (43.5%) indicated they knew all of them. In about one in 10 of Ohio's facilities the CNAs were part of a union.

The survey also asked administrators about recruitment strategies (Table 18). Almost all nursing homes reported using online recruiting platforms such as Monster or Indeed. Nine in 10 attended job fairs, partnered with community colleges, and offered bonuses to staff for referrals. Eight in 10 offered similar financial incentives as mentioned in the retention strategies, such as tuition reimbursement and flexible scheduling. Almost half of the nursing homes reported no longer requiring drug testing as a condition for employment.

TABLE 18. FACILITY RECRUITMENT STRATEGIES FOR CERTIFIED NURSE AIDES IN OHIO, 2021, 2023

Recruitment strategy	2021 %	2023 %
Work with online platforms (e.g., Monster, Indeed)	98.6	99.4
Work with employment agencies	50.6	46.5
Participate in job fairs	83.7	86.6
Partner with community colleges and/or vocational schools	85.8	87.3
Offer staff referrals bonuses	91.7	86.6
Offer bonuses to new employees	80.1	67.0
Offer tuition reimbursement	73.1	79.9
Offer flexible scheduling	76.9	86.2
Provide same-day pay	36.9	54.1
Stopped or do not require drug testing	30.3	47.2

Source: Biennial Survey of Long-Term Care Facilities, Nursing homes, 2021, 2023.

MEMORY CARE

One of the primary reasons for a person to reside in a nursing home for a long period of time is the onset of dementia. About half of Ohio's long-stay residents have a dementia diagnosis. About one-third of Ohio's nursing homes (32.7%) have a dedicated memory care unit or the entire facility is memory care focused. Of the more than 300 nursing homes with specialized memory care, 25% are memory care facility-wide and 75% have a dedicated unit within a larger nursing home.

The 2023 Biennial Survey provides detailed information about Ohio's memory care facilities and units (See Table 19). In 2023, there were 12,616 beds in memory care units or facilities across the state, representing 15% of total licensed beds in Ohio. Memory care units report an 82.4% occupancy rate, which is above the overall state average of 79.9%. On average, memory care units within a larger nursing home have 26 beds. Nursing homes that serve residents with memory care needs facility-wide have an average of 103 beds. Nursing homes report charging an additional $178 per day for a private room in a memory care unit. The majority of memory care units do not require the resident to have advanced dementia (80%), but more than half (55%) do require a physician's recommendation for admission.

While there is some variation across Ohio's memory care units/facilities, there are some commonalities as well. For example, nine in 10 units/facilities use consistent assignment of nursing staff on the unit, have locked units, have written procedures for resident elopement, and display meaningful items in resident personal space. Eight in 10 have a secured outdoor area, use wayfinding environmental strategies, use elopement alarms, and have an individualized therapeutic recreation plan. Seven in 10 units/facilities have consistent assignment for each resident, have higher staffing ratios than the regular units, and have room/unit alarms. We also saw a doubling of nursing homes reporting a move to strength-based care approaches.

TABLE 19. DESCRIPTION OF DEDICATED MEMORY CARE FACILITIES AND UNITS IN OHIO, 2021, 2023

Memory care characteristics	Number or Percent	
	2021	2023
Number of memory care beds	11,212	12,616
Proportion of licensed beds in the state (%)	12.8	14.8
Number of residents in memory care	8,607	10,477
Statewide memory care occupancy rate (%)	76.7	82.4
Average size of memory care units within a larger facility	26	26
Average size of memory care facility (units)	103	103
Additional private pay payment per day for memory care within a larger facility ($)		
Private room	$151	$178
Semi-private room	$134	$162
Admission criteria (%)		
Facility only takes individuals with advanced dementia	8.2	20.4
Physician recommendation required for admission	58.0	55.2
Characteristics of the memory care facility/unit (%)		
Individualized therapeutic recreation plan	68.7	81.1
Written procedures to follow in the event of resident elopement	92.8	97.7
Visual cues or landmarks in the physical environment to assist with wayfinding	72.5	81.5
Environmental triggers are used	68.3	91.5
Display (or encouraging residents to display) meaningful objects in residential/patient personal areas	82.8	91.3
Consistent nursing staff assigned to memory care unit	92.8	97.0
Consistent nursing staff assigned for each resident within memory care unit	50.4	71.6
Higher staffing levels within memory care	55.0	68.2
Locked unit	88.2	91.6
Secured outdoor area	77.5	77.0
Room/unit alarms	50.4	69.4
Elopement alarms	73.7	83.7
Strength-based vs. deficit-based approaches	35.9	69.7

Source: 2021, 2023 Biennial Survey of Long-Term Care Facilities.
Note: (N=304)

Training has been identified as an important component of care because of the high level of cognitive difficulties experienced by residents in memory care units. Table 20 reports the training required for direct-care nursing staff in memory care units. About half of the units/facilities require special training in dementia prior to employment and about half require training in the first 14 days of working on the unit. The vast majority (85%) require annual ongoing continuing education. In looking at the role of the nursing home's medical director, we find that less than one-half of the units/facilities (44.9%) monitor the effect of psychotropic medications on residents weekly or more often, and about half (48.6%) monitor monthly. Six percent monitor quarterly or even less frequently. Two in three facilities monitor behavioral symptoms weekly or more often, three in 10 monitor monthly and 5% monitor quarterly or less.

TABLE 20. TRAINING AND MONITORING IN OHIO'S MEMORY CARE FACILITIES/UNITS, 2021, 2023

Memory care training and monitoring	2021 %	2023 %
Nursing staff training requirements		
Required special memory care training to start work on unit	56.4	51.0
Special training is required in first 14 days	53.8	52.3
Requires continuing education and training on best practices	84.2	85.4
Frequency of medical director monitoring of psychotropic medications		
At least 2-3 times per week	11.1	13.6
Weekly	32.4	31.3
Monthly	48.5	48.6
Quarterly	7.6	5.8
Yearly	0.0	0.3
No monitoring is done by medical director	0.4	0.3
Frequency of medical director monitoring of behavioral symptoms		
At least 2-3 times per week	19.5	26.1
Weekly	44.8	39.5
Monthly	29.5	28.1
Quarterly	4.6	4.7
Yearly	0.1	0.3
No monitoring done by medical director or other physicians	1.5	1.3

Source: 2021, 2023 Biennial Survey of Long-Term Care Facilities

A review of nursing staff levels of memory care units/facilities is shown in Table 21. We calculate resident-to-staff ratios by shift by examining the number of residents cared for by each type of nursing staff member, with lower numbers associated with better staffing. In 2023, the day shift had a ratio of 10.1 residents per CNA, an improvement from 2021 (13:1). CNAs also recorded a 11:1 ratio on the evening shift and a 13:1 on the overnight shift. Both these ratios were also associated with better staffing levels in 2023 than in 2021 (14:1 and 17:1). Nursing homes used 37% of CNAs on the day shift, which dropped to 29% on the overnight shift. The licensed nursing staff showed similar patterns. The resident-to-staff ratio among licensed nurses was 18:1 on the day shift, 19:1 on the evening shift, and 21:1 on the overnight shift in 2023. Similar to the overall nursing home, RNs are primarily assigned to the day shift (50%) with a resident-to-ratio of 36:1. The number of residents per RN increases to 42:1 and 46:1 on the evening and overnight shifts. Among LPNs, resident-to-staff ratios range from 22:1 on the day shift to 25:1 on the evening shift. These ratios for RNs and LPNs are generally better than those found for the overall nursing homes (see Table 11).

TABLE 21. RESIDENT-TO-STAFF RATIOS IN OHIO'S MEMORY CARE FACILITIES/UNITS (2021, 2023)				
Nursing staff shifts	Resident-to-staff Ratio Average (2021)	Resident-to-staff Ratio Average (2023)	Proportion of Nursing Staff Type on Shift (2021)	Proportion of Nursing Staff Type on Shift (2023)
Certified nurse aides				
Day shift	13 to 1	10 to 1	37	37
Evening shift	14 to 1	11 to 1	34	34
Overnight shift	17 to 1	13 to 1	29	29
Total licensed nursing staff (RNs and LPNs) in facility				
Day shift	22 to1	18 to 1	37	37
Evening shift	24 to 1	19 to 1	33	33
Overnight shift	26 to 1	21 to 1	30	30
Licensed practical nurses				
Day shift	27 to 1	22 to 1	34	38
Evening shift	27 to 1	23 to 1	34	33
Overnight shift	28 to 1	25 to 1	31	29
Registered nurses				
Day shift	34 to 1	36 to 1	42	50
Evening shift	44 to 1	42 to 1	25	27
Overnight shift	47 to 1	46 to 1	33	22

Source: 2021, 2023 Biennial Survey of Long-Term Care Facilities.

MEASURING QUALITY IN OHIO NURSING HOMES

CMS' Quality Measure Ratings

Nursing homes provide an array of services encompassing both quality of care and quality of life. To assess quality in such areas as meals, social activities, residential services, personal care, health and rehabilitative care, mental health services and supports, transportation, and many others, requires a range of measures. Since 2010, CMS has publicly reported nursing home quality through the Five-Star Quality Rating System, which provides each nursing home an overall star rating that is currently based on three dimensions of quality: (1) the annual inspection and complaint survey outcomes conducted by the Ohio Department of Health, (2) nursing staff levels and turnover, and (3) quality measures calculated by CMS from the Minimum Data Set (MDS) and Medicare claims data.

Table 22 shows the average values of quality measures CMS has calculated for both short-stay and long-stay residents in the United States, Ohio, and neighboring states in 2023. The short-term quality measures cover four areas: percent re-hospitalized after a nursing home admission, percent with an emergency department visit, percent newly receiving psychotropic medications, and percent with improvements in functioning. For two of the quality measures, percent re-hospitalized and percent with emergency department visits, Ohio did worse than the national average, and worse on the rehospitalization measure than all of the neighboring states. Ohio's score on residents newly using antipsychotic medications was the same as the nation and in the middle of the neighboring state scores. Ohio scored higher in improvements in functioning than the national average and all but one of the neighboring states.

TABLE 22. QUALITY MEASURES USED IN CMS' QUALITY STAR RATING, OHIO AND NEIGHBORING STATES, 2023

Short-stay quality measures							
Quality measure	**Nation**	**OH**	**IN**	**KY**	**MI**	**PA**	**WV**
% re-hospitalized	21.4	22.9	21.0	21.6	22.0	20.6	20.7
% with an emergency department visit	11.6	12.3	10.9	13.6	10.8	9.7	12.4
% newly received antipsychotic medications	1.7	1.7	1.5	2.2	1.4	1.5	1.9
% with improvements in functioning	76.7	78.2	78.6	75.4	80.3	73.9	73.4
Long-stay quality measures							
Quality measure	**Nation**	**OH**	**IN**	**KY**	**MI**	**PA**	**WV**
# hospitalizations per 1000 long-stay resident days	1.6	1.5	1.5	1.7	1.6	1.5	1.5
# outpatient emergency department visits per 1000 long stay resident days	1.6	1.7	1.5	2.1	1.5	1.1	1.8
% whose need for ADL assistance has increased	14.1	12.0	13.7	14.9	11.7	14.6	14.8
% with a catheter inserted and left in bladder	1.2	0.4	0.6	1.0	1.1	1.1	1.0
% with urinary tract infection	2.1	0.9	1.4	2.9	2.0	2.0	3.3
% with one or more falls with major injury	3.3	3.5	3.8	4.2	3.1	3.4	4.5
% receiving antipsychotic medication	14.7	12.6	12.7	16.2	14.6	16.2	16.5
% whose ability to move independently worsened	15.3	10.4	12.4	15.9	13.7	18.6	18.3
% high-risk residents with pressure ulcers	7.8	7.0	6.8	9.1	8.1	7.6	9.2

Source: Nursing Home Compare Archive Data, 2023.
State Acronyms: Ohio (OH), Indiana (IN), Kentucky (KY), Michigan (MI), Pennsylvania (PA), West Virginia (WV).

For the long-stay quality measures, Ohio scored better on seven of the nine areas examined and the other two quality areas were comparable to the nation. On some measures, such as the ability to move independently, high risk residents with pressure ulcers, the use of catheters, percent with urinary tract infections, and use of psychotic medications Ohio's scores were appreciably better than the national average and generally better than the neighboring states.

CMS' Five-Star Ratings

To examine the link between quality and financial support, Table 23 shows CMS' average five-star rating for Ohio nursing homes by the proportion of Medicaid residents. Nursing homes with a greater proportion of resident days paid for by Medicaid had a lower overall star rating. Facilities with more than 80% of their residents supported by Medicaid averaged 2.0 out of 5 stars, compared with 3.7 stars out of 5 for nursing homes with the lowest proportion of Medicaid residents. Higher star ratings were associated with better performance of the measure. This pattern is also found for the health inspection rating, which is based on an annual recertification and complaint surveys conducted by the Ohio Department of Health. Nursing homes with the lowest proportion of Medicaid residents average 3.6 stars compared to 2.0 stars for nursing homes with the highest proportion of residents. The quality measures star ratings is not associated with the proportions of Medicaid. As presented earlier in Table 14, nursing homes with a higher Medicaid census have lower staffing levels, which is the largest component in the staffing star rating. Thus, it is not surprising that the Ohio nursing homes with the highest proportion of Medicaid average 1.4 stars for the staffing star rating compared to 2.8 stars for those with the lowest proportion of Medicaid residents.

TABLE 23. AVERAGE STAR RATINGS BY MEDICAID RESIDENT DAYS IN OHIO, 2023

Medicaid resident days	Overall star rating	Health Inspection star rating	Quality measures star rating	Staffing star rating
0%-50%	3.7	3.6	4.1	2.8
51%-65%	3.2	3.2	3.9	2.1
66%-80%	2.4	2.5	3.7	1.6
81%-100%	2.0	2.0	4.0	1.4

Sources: Medicaid Cost Reports and Nursing Home Compare Archive Data
Notes: The staffing star rating is based on total nursing staff levels, RN staffing levels, and three measures of turnover.

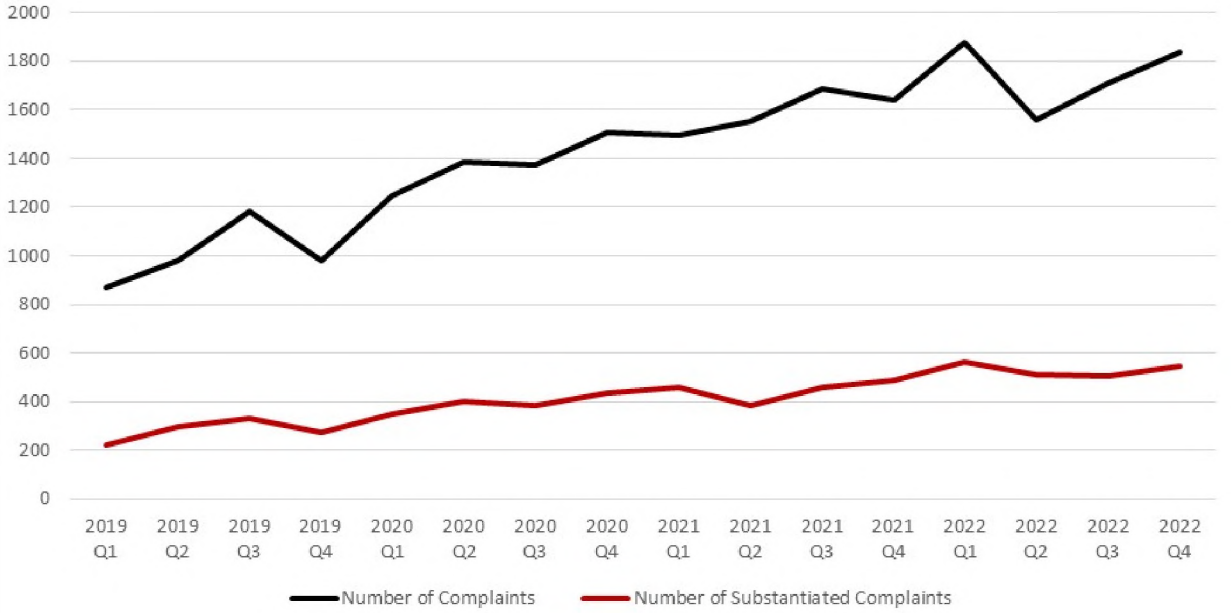
Complaints

Another quality indicator involves official complaints about a nursing home received by the Ohio Department of Health. As shown in Figure 3, the number of complaints received quarterly has increased significantly. In the first quarter of 2019, Ohio recorded approximately 870 complaints. Throughout the pandemic, the number of complaints increased. By the fourth quarter of 2022, the number of complaints doubles to just over 1,800 per quarter. While the majority of complaints are not substantiated after an Ohio Department of Health review, the number of substantiated complaints also doubled, from about 225 in the first quarter of 2019 to just under 550 in the fourth quarter of 2022.

The increase in complaints is not unique to Ohio as the number of complaints to state nursing home regulators has risen across the nation. As shown in Table 24, the rate of complaints per nursing home in Ohio rose from 4.5 to 7.3 between 2019 and 2022, but the 2022 number remains below the national average of 8.1 complaints per nursing home. The growth in the number of complaints per nursing home over the period was higher in Ohio than the nation overall. The number of complaints per nursing home is higher in Ohio than in all of the neighboring states except Michigan. However, these complaint rates do not take into consideration the size of the nursing homes in specific states or how easy it is to file a complaint. These factors may influence complaint rates

across states. In 2022, three in 10 complaints were substantiated in Ohio (30.5%), a figure comparable to the nation. Ohio's proportion of substantiated complaints was below Indiana, Michigan, and Pennsylvania, but above Kentucky and West Virginia.

FIGURE 3. NUMBER OF COMPLAINTS AND SUBSTANTIATED COMPLAINTS IN OHIO, 2019 TO 2022



Notes: Trends in the number of complaints compared over time may differ due to disruptions from COVID-19.
Source: ASPEN Complaints/Incidents Tracking System (ACTS).

TABLE 24. COMPLAINTS IN OHIO AND NEIGHBORING STATES, 2019, 2022

Ohio. Neighboring States, and nation	2019			2022		
	Complaints per nursing home	Substantiated complaints per nursing home	% Complaints substantiated	Complaints per nursing home	Substantiated complaints per nursing home	% Complaints substantiated
Nation	7.0	2.3	33.2	8.1	2.5	30.7
OH	4.5	1.2	27.4	7.3	2.2	30.5
IN	4.5	3.4	75.3	5.7	3.7	64.8
KY	3.5	0.7	20.8	1.0	0.2	23.5
MI	13.4	2.7	19.9	9.0	5.9	65.6
PA	5.5	2.3	41.4	7.1	2.6	37.0
WV	1.3	0.5	42.4	1.7	0.3	15.6

Source: ASPEN Complaints/Incidents Tracking System (ACTS)

State Acronyms: Ohio (OH), Indiana (IN), Kentucky (KY), Michigan (MI), Pennsylvania (PA), West Virginia (WV).

In response to the increase in complaints recorded in Ohio nursing homes, survey questions were added to the 2023 Biennial Survey. These survey questions identify strategies undertaken by nursing homes to respond to internal complaints, prior to when a complaint was formally submitted to the Ohio Department of Health (See Table 25). Nursing homes reported an array of efforts to respond to complaints received. Almost all of the nursing homes reported requiring a staff member to report a complaint to their supervisor, for a staff member or supervisor to meet with the complaining party, to meet with the family and resident, and to consult with the long-term care ombudsman. Nine in 10 (96%) reported reviewing formal and internal complaints systematically as part of a quality improvement process and having a mechanism to investigate internal complaints. Eight in 10 nursing homes reported discussing internal complaints with their resident councils and conducting surveys with residents and family members. Seven in 10 nursing homes reported having a dedicated staff member to handle internal complaints, an internal hotline, an anonymous system for reporting complaints, and interdisciplinary meetings to address complaints.

TABLE 25. STRATEGIES TO RESPOND TO NURSING HOME COMPLAINTS, 2023	
If a resident or family member complains to a staff member in your facility, does your facility currently have the following policies?	**%**
Staff members are required to report the complaint to their supervisor	98.6
Meet with complainant to discuss a facility response	96.7
Supervisors are required to meet with the complainant	89.7
Facility is required to hold an interdisciplinary team meeting to address complaint	71.2
What strategies to address complaints do your facility use?	**%**
Meet with family/resident	99.75
Consult/work with long-term care ombudsman	97.6
Formal and internal complains are systematically reviewed as part of quality improvement process	96.2
Discuss internal complaints with resident council	85.3
Survey residents and family members	80.4
Internal hotline	75.8
Have a dedicated staff member to handle internal complaints	74.5
Have an anonymous system to report complaints	72.5
Hold public meetings with residents and families	45.2
Mechanism for conducting internal investigations related to internal complaints	96.4

Source: Biennial Survey of Long-Term Care Facilities, 2023.

Facility Experience with Complaint Surveys

The increase in complaints submitted means the Ohio Department of Health has experienced a large increase in the number of complaint surveys that they are required to complete. With input from the Ohio Department of Health inspection team, the Biennial Survey included questions about the complaint survey process that is required by CMS. Nursing home administrators were asked to rate survey consistency, timeliness and impact on quality (See Table 26). Overall, more than one-half of nursing homes rated the consistency, timeliness, and the ability of the survey process to improve quality as neutral. About one in four rated the consistency of the survey (27.5%) and the impact

of the survey on improving quality (23.9%) positively, while one-third rated timeliness as positive (33%). One in five nursing homes rated the complaint survey process consistency as poor (19.9%). Fourteen percent provided a poor rating for timeliness and one in five nursing homes (19.1%) did not feel like the survey contributed to improving quality. Finally, 5% of nursing homes said a delay in the survey led to a delay in payment (not shown).

TABLE 26. EXPERIENCE WITH THE OHIO DEPARTMENT OF HEALTH COMPLAINT SURVEY PROCESS, 2023

Facility experience	Problem rating (%)			
	Poor	Neutral	Positive	No experience
Consistency of survey	19.9	51.5	27.5	1.1
Timeliness of survey	13.8	51.7	33.0	1.5
Survey improved quality	19.1	54.6	23.9	2.5

Source: Biennial Survey of Long-Term Care Facilities, 2023.

SPECIAL FOCUS TOPICS

As part of the development of the Biennial Survey of Long-Term Care Facilities, we solicit input from an advisory group comprised of practicing administrators, industry trade groups, Ohio's regulatory staff, and advocates. For each Biennial Survey, the advisory group identifies new topics for study based on developing trends in the industry. The 2023 Biennial Survey continues some topics identified for previous studies, such as telehealth, transportation, and infection control, and includes new topics such as ancillary care services provided, new services being provided on site, areas of technical assistance that could support nursing homes, and areas of innovation.

Telehealth

A by-product of the pandemic was the increase in nursing home residents using telehealth. In 2023, 68% of nursing homes reported using telehealth with their residents. Prior to the pandemic, about one in four nursing homes reported having residents using telehealth. The majority of nursing homes report residents using a video connection (84%) in their own rooms (93%) for the telehealth visit (See Table 27). Four in 10 report that residents use telehealth to

meet with their personal physician. Nine in 10 report residents using telehealth for specialist appointments (87%) and six in 10 for behavioral health or mental health visits. Scheduling and conducting the telehealth visit most often involves a nursing staff member, most often a LPN.

The barriers to using telehealth are reported in Table 28. The two biggest barriers identified involve resident's resistance to telehealth, with 21.3% of nursing homes identifying this as a substantial or extreme barrier and another 23% as a moderate barrier. About one-quarter of nursing homes reported challenges for residents with cognitive difficulties as a substantial or extreme barrier and another 28% report it as a moderate barrier. Just under 10% reported that finding a physician was a substantial or extreme barrier or that families were resistant to the idea. Less than one in 10 nursing homes identified the lack of staff to support telehealth activities (7.4%) and the lack of reimbursement for staff time to assist with telehealth visits (9.1%) as substantial or extreme barriers.

TABLE 27. CHARACTERISTICS OF TELEHEALTH USE IN OHIO, 2023	
Telehealth description	**%**
Telehealth method used	
Telephone (audio only)	12.5
Video	84.2
Other method	3.3
Location of telehealth visit	
Residents go to a dedicated room	5.7
Telehealth is brought to the resident's room	92.5
Other location	1.8
How telehealth is used	
Resident's personal physician or physician chosen by resident/family	38.5
Facility's medical director or other physician designee	27.6
Other medical physician telehealth provider	87.1
Behavioral or mental health professional	60.6
Evaluation by therapist (speech, physical, occupational therapy)	28.2
Therapy visit (by speech, physical, occupational therapist)	18.4
Emergency department	3.4
Scheduling a telehealth visit involves:	
Registered nurse	53.0
Licensed practical nurses	60.4
Certified nurse aides	7.0
Family/other	21.1
Telehealth visit technical assistance involves:	
Registered nurse	54.0
Licensed practical nurses	64.7
Certified nurse aides	18.0
Family/other	18.3
Participates in the telehealth visit (e.g., blood pressure check)	
Registered nurse	64.5
Licensed practical nurses	80.0
Certified nurse aides	15.6
Family/other	12.6

Source: Biennial Survey of Long-Term Care Facilities, 2023.

TABLE 28. BARRIERS TO USING TELEHEALTH IN OHIO, 2021, 2023

Barrier	Barrier levels (%)								
	Not a barrier		Somewhat		Moderate		Substantial		Extreme
	2021	2023	2021	2023	2021	2023	2021	2023	2023
Hard to find physicians offering telehealth	51.9	54.2	25.6	19.9	14.7	16.8	7.8	6.7	2.6
Residents don't want telehealth	32.8	32.7	26.5	23.0	21.5	23.0	19.1	14.6	6.7
Residents have a hard time participating (cognitive/physical limitations)	21.1	22.7	30.3	24.3	24.3	28.0	24.4	16.8	8.2
Family members resistant to telehealth	47.5	46.1	25.7	24.8	16.4	19.3	10.5	7.4	2.3
Internet bandwidth	63.1	67.7	19.0	14.7	10.9	11.0	7.0	4.7	1.8
Privacy and legal concerns regarding personal health information (i.e., HIPAA)	73.2	74.7	14.1	15	9.7	7.2	3.0	2.7	0.4
Lack of access to proper technology or equipment	69.4	70.6	15.9	15.5	9.5	9.0	5.3	3.5	1.4
Lack of reimbursement to the facility for technology and equipment	65.8	67	15.4	13.8	10.9	10.2	7.9	5.8	3.3
Lack of facility staff to support telehealth	50.1	59.4	23.9	20.2	16.1	13.1	9.8	5.3	2.1
Lack of reimbursement to the facility for staff to assist residents	59.0	65.1	18.2	14.2	12.6	11.5	10.2	5.8	3.5
Ownership-management of facility resistant to telehealth	85.8	87.8	6.5	5.9	6.0	4.9	1.6	0.9	0.5

Source: 2021, 2023 Biennial Survey of Long-Term Care Facilities.

Transportation

Access to transportation for nursing home residents was another area identified by the Long-Term Care Biennial Survey Advisory group. Transportation could be for non-emergencies, particularly taking residents to medical appointments in the community or emergency medical transportation. Most of these concerns were around non-emergency transport. We examined non-emergency transportation problems for three groups, fee for service Medicaid residents, MyCare members, and those paying privately. Four in 10 nursing homes rated non-emergency transportation access, quality and reimbursement for Medicaid fee-for-service residents as a severe or very severe problem (See Table 29). The concerns expressed for residents enrolled in MyCare were comparable, albeit a bit worse for quality and a bit better for reimbursement. Private pay residents are not immune to this problem, with three in 10 nursing homes reporting severe or very severe problems for access (29%) and quality (27%) for these residents. The 2023 administrator responses indicate some improvements for all three groups compared to the 2021 survey.

TABLE 29. ACCESS AND QUALITY OF NON-EMERGENCY TRANSPORTATION IN OHIO NURSING HOMES, 2021, 2023

Type of problem	Problem rating (%)							
	Not a problem		Somewhat		Moderate		Severe/ Very severe	
	2021	2023	2021	2023	2021	2023	2021	2023
Medicaid Fee-For-Services residents								
Access	20.0	25.8	14.0	14.5	19.0	19.5	47.0	40.2
Quality of transportation	23.0	28.0	15.0	13.8	18.0	17.7	44.0	40.5
Reimbursement	26.0	27.8	16.0	14.6	16.0	16.9	43.0	40.8
MyCare residents								
Access	22.0	27.6	12.0	12.8	19.0	19.2	48.0	40.5
Quality of transportation	24.0	26.9	13.0	12.7	17.0	17.1	47.0	43.4
Reimbursement	29.0	30.0	17.0	14.8	17.0	17.6	37.0	37.6
Private-Pay residents								
Access	31.0	38.4	17.0	15.2	17.0	17.4	36.0	29.0
Quality of transportation	36.0	40.4	16.0	14.6	16.0	18.0	36.0	27.0

Source: 2021, 2023 Biennial Survey of Long-Term Care Facilities.

We examined the nursing home reporting severe or very severe problems with transportation by whether the facility was located in an urban or rural area of the state. We found minimal differences by whether the nursing home was located in an urban or rural area. As a response to these challenges, eight in 10 nursing homes (82%) report providing non-emergency transportation services in-house (not shown). About half of these nursing homes reported having a full-time dedicated employee to provide transportation services. Finally, a small proportion of nursing homes (5%) reported providing their own emergency transportation as a response to the current system challenges.

Infection Prevention

Infection control became a top priority for nursing homes during the pandemic. Nursing homes are now required to designate a staff member as the primary infection preventionist. As shown in Table 30, about one-quarter of nursing homes have a person dedicated to infection control. Another one-quarter assigns this task to the Director of Nursing, representing a drop from 2021 when 55% assigned this task to the Director of Nursing. Three in 10 now use the assistant Director of Nursing as the primary infection preventionist. One in five nursing homes (18.9%) use other nursing staff members as the infection preventionist, including the Minimum Data Set (MDS) nurse, charge nurse or a direct care nurse. Rarely does the medical director serve in this role (0.4%). Almost all infection preventionists have a nursing background (96%), of which two-thirds are registered nurses. Almost all nursing homes (94%) report that infection preventionist received special training. Estimates indicate that infection preventionists allocate 42% of their work week to infection control tasks.

TABLE 30. CHARACTERISTICS OF OHIO'S INFECTION PREVENTIONISTS, 2021, 2023

Infection preventionist characteristics	Percentage/ Number	
	2021	2023
Positions of infection preventionists		
Infection preventionist	20.8	24.8
Director of Nursing (DON)	55.0	23.8
Assistant Director of Nursing (ADON)	NA	29.4
MDS nurses	3.6	2.7
Charge/unit nurse or other administrative role	11.7	14.7
Direct care registered nurse or licensed practical nurse	2.4	1.5
Medical Director	0.0	0.4
Other	6.6	2.7
Primary professional background of infection preventionist		
Registered nurse	76.4	66.0
Licensed practical nurse	20.9	29.5
Medical training	0.1	0.5
Other	2.5	4.0
Infection preventionist receives special training	97.2	93.9
Hours per week infection prevention spends on:		
Infection prevention tasks	17.1	17

Source: 2021, 2023 Biennial Survey of Long-Term Care Facilities. In 2021 DON and ADON were combined.

Ancillary Services

The Long-Term Care Biennial Survey Advisory group recommended a new set of survey questions that addressed the availability of ancillary services to residents, including dental care, audiology, and podiatry. Nursing home administrators were asked to rate access to these services for both Medicaid and private-pay residents (See Table 31).

Dental care was broken into general and emergency dental care services for residents. For access to general dentistry care, six in 10 nursing homes indicated that there was not a problem for Medicaid/MyCare residents and 65% reported

the same for private pay residents. Eight percent of nursing homes reported general dentistry as a severe or very severe problem and an additional 13% reported it as a moderate problem. Among private pay general dental access, 13% of nursing homes rated the problem as moderate and 5% as severe or very severe. Emergency dental care presented the biggest challenges for nursing home residents. Three in 10 nursing homes reported that this was not a problem for Medicaid/MyCare residents and four in 10 said it was not a problem for private paying residents. Thirty percent of facilities reported this was a severe or very severe problem for Medicaid/MyCare residents, and 16% reported this severe/very severe problem for private pay residents. An additional 17% of nursing homes reported this as a moderate problem for residents.

Audiology and podiatry services appeared to be more available to nursing home residents than dental care. For audiology, less than 5% of nursing homes reported that access was a severe or very severe problem for Medicaid/MyCare residents and less than 4% estimated this problem for private pay residents. Seven in 10 reported access to podiatry services as not being a problem in both payer categories and 2.5% reported podiatry to have a severe or very severe access problem.

TABLE 31. RESIDENT ACCESS TO ANCILLARY SERVICES IN OHIO NURSING HOMES, 2023

Type of challenge	Not a problem (%)	Somewhat (%)	Moderate (%)	Severe/ Very severe (%)
General Dentistry for Medicaid or MyCare residents	60.4	18.4	12.8	8.4
Emergency Dental Care for Medicaid or MyCare residents	28.7	23.6	17.6	30.1
Audiology services for Medicaid or MyCare residents	66.5	18.0	11.1	4.5
Podiatry services for Medicaid or MyCare residents	73.8	15.6	8.3	2.4
General Dentistry for private pay residents	64.6	17.0	13.3	5.1
Emergency Dental Care for private pay residents	42.0	25.5	16.8	15.8
Audiology services for private pay residents	68.0	16.3	12.1	3.5
Podiatry services for private pay residents	72.2	16.4	8.9	2.5

Source: Biennial Survey of Long-Term Care Facilities, 2023.

Additional Services Provided

For the first time, the Biennial Survey asked nursing homes about additional services offered at the nursing homes. Nursing home administrators could respond in three categories: "yes, offered onsite by the facility"; "yes, offered onsite by a contractor"; or "not offered onsite" (See Table 32). Nearly all nursing homes (96.9%) had X-ray services onsite, mostly through a contractor (90.6%). Additionally, 98% of nursing homes offered laboratory services with 84.1% offering the services through an outside contractor. Most nursing homes do not offer on-site dialysis (87.2%) or provide care to residents needing an invasive ventilator (88.6%). When dialysis is offered on-site (12.8%), most nursing homes rely on outside contractors (8.5%). In contrast, most nursing homes provide invasive ventilator care directly (10.8% of the 11.4% of nursing homes providing the service onsite).

TABLE 32. ADDITIONAL SERVICES PROVIDED BY FACILITY FOR RESIDENTS 2023

Service type	Provided on-site by facility %	Provided on-site by contractor %	Not offered on-site %
Dialysis	4.3	8.5	87.2
Invasive ventilator	10.8	0.6	88.6
Laboratory services	14.0	84.1	1.9
X-rays	6.3	90.6	3.1

Source: Biennial Survey of Long-Term Care Facilities, 2023.

Nursing homes may also offer additional services to non-residents in their communities. More than half of Ohio's nursing homes report offering some type of home- and community-based service (See Table 33). Respite care (49%), outpatient rehabilitative therapy (38%), and transportation (21%) are the three most likely services to be provided by nursing homes. An array of other services including personal care/homemaker, home health, outpatient hospice, adult day care and home-delivered meals round out the list.

TABLE 33. SERVICES PROVIDED BY NURSING HOMES TO NON-RESIDENTS, 2023	
Service type	**% Yes**
Does your nursing home provide services for individuals who are not residents?	55.3
Respite care	48.8
Outpatient rehab therapy	37.7
Transportation	21.4
Personal care	9.7
Home health	6.9
Outpatient hospice	4.9
Adult day care	4.7
Home delivered meals	4.4
Homemaker/chore	3.6

Source: Biennial Survey of Long-Term Care Facilities, 2023.

Technical Assistance Needs of Nursing Homes

Given the focus of the Nursing Home Quality and Accountability Task Force on improving quality of care and quality of life in Ohio's nursing homes, questions were added to the survey to ask nursing home administrators about the type of technical assistance needed. Technical assistance items were added based on recommendations from our Long-Term Care Biennial Survey Advisory Group and a review of the research literature. Survey respondents were asked to rate their nursing home's need for technical assistance to improve care and the facility environment. Nursing home needs vary based on the experience level of the nursing home administrator and Director of Nursing, the type of residents served, and the resources available to the nursing home. In looking at the care technical assistance areas, we find about half responded that they believe technical assistance was not necessary in any of the care areas identified (See Table 34). For other care areas, such as transition of care between hospitals and nursing homes and preventable decline in activity of daily limitations (ADLs), half of nursing homes reported technical assistance as necessary or very necessary. Technical assistance with infection control (16.5%)

and pressure ulcers (15.6%) were the two highest areas identified as very necessary.

On the environmental side about four in 10 nursing homes identified electrical, HVAC, and fire safety as necessary or very necessary areas for technical assistance. Six in 10 reported that technical assistance was not necessary in any of these environmental areas.

TABLE 34. TECHNICAL ASSISTANCE, 2023

How necessary (Range 1-10) 10 = highest benefit			
Where facility could benefit	**Not necessary (1,2,3)**	**Necessary (4,5,6,7)**	**Very necessary (8,9,10)**
Care technical assistance			
Transitions of care between hospitals and nursing homes	48.9	36.7	14.4
Preventable decline in ADLs	49.3	37.8	12.9
Pressure ulcers	51.4	33.0	15.6
Accident prevention	50.3	35.8	13.9
Infection control/prevention	54.1	29.5	16.5
Medication optimization	50.8	37.0	12.3
Nutrition and hydration resident challenges	53.4	34.4	12.1
Environmental technical assistance			
Electrical system	59.6	26.8	13.5
HVAC systems	60.5	25.1	14.4
Fire alarm system, fire drills, smoke barriers	61.1	24.7	14.2
Sprinkler system	61.2	25.0	13.9
Exit doors	62.4	25.1	12.5
Kitchen	61.9	26.3	11.8
Utilities	64.7	24.2	11.4
Smoking area and regulations	66.8	22.9	10.3

Source: Biennial Survey of Long-Term Care Facilities, 2023.

Innovations in Ohio's Nursing Homes

Nursing homes provide both health care and social care, and innovative efforts are designed to address both major areas (See Table 35). When surveyed, 47 nursing homes reported that they used resident wearables to track blood pressure, heart rate, glucose, resident movement, and other vitals. Thirty-eight

nursing homes reported using ultraviolet technology for infection control efforts. To address some of the quality of life components of nursing home care, 32 facilities reported efforts to develop small house or green house options for residents. Twenty-four facilities reported using robotics in their nursing home in areas such as resident monitoring or communication. Ten nursing homes used employee identification badges to monitor the amount of time staff spend in residents' rooms.

TABLE 35. INNOVATION ADOPTION IN OHIO NURSING HOMES, 2023

Your facility involved in any of the following practices	Number of facilities reporting
Resident wearables	47
Ultraviolet technology	38
Small House or green house design	32
Use of robotics	24
Staff swipe tags to monitor the amount of time staff spends in resident rooms	10

Source: Biennial Survey of Long-Term Care Facilities, 2023.

PROGRESS AND CHALLENGES

The nursing home industry in the United States has experienced dramatic changes over the last three decades. Even before the pandemic, occupancy rates had been declining as Ohio and the nation have expanded home- and community-based services in both the private and public sectors. As a result, despite a continued increase in its older population, Ohio actually has fewer licensed nursing home beds in 2023 (85,000) than it did in 1999 (95,000). Changes in Medicare and private health insurance have shifted the population receiving care in nursing homes. While nursing homes are traditionally viewed as caring for older people who need long-term services and supports, more than eight in 10 admissions are individuals coming from the hospital setting. Many of these individuals stay for a short period of time, often 30 days or less, and are receiving rehabilitative services. Nursing homes continue to serve long-

stay residents who often have Alzheimer's or other forms of dementia, but nursing homes are also serving a higher proportion of individuals below the age of 65 and individuals who have behavioral health needs. This means that today's nursing home serves an array of individuals, often with very different needs.

While the COVID-19 pandemic had a large impact on nursing homes, the data reported in this study indicate that the industry has rebounded in many areas. For example, occupancy rates, which had dropped to 66% during the heart of the pandemic, have now risen to pre-pandemic rates (79.9%). Ohio's nursing staff levels, which dropped slightly during the pandemic have also now rebounded to pre-pandemic levels. The use of agency staffing to address the nursing staff worker shortages that spiked during COVID-19 has shown an improvement. For example, approximately 13% of certified nurse aides and 15% of licensed practical nurse hours were provided by agency staff in early 2022, but this dropped to 7% and 5% by June 2024. While still above the pre-pandemic rates, the nursing staff worker challenges are improving. Retention rates for nursing staff have all shown an increase from our 2021 survey. Wages for nursing staff have substantially increased between 2019 and 2023, rising 32% to 42% depending on the type of direct-care worker. For the long-stay quality measures reported by the federal government on the Care Compare website, Ohio scored better on seven of the nine areas examined, and the other two quality areas were comparable to the nation. Ohio's scores were appreciably better than the national average and generally better than the neighboring states.

Despite the areas of progress, Ohio's nursing homes continue to face critical challenges. Nursing staff levels remain an area of concern as staffing levels in Ohio remain below the national average. In 2023, there were 2.05 hours per resident day (HPRD) of certified nurse aides in Ohio's nursing homes compared to the national average of 2.25 HPRD, and below all neighboring states except West Virginia. Nursing staffing assigned to direct care was 3.33 HPRD in Ohio and was also below the national average of 3.48 HPRD. The turnover rates for total nursing staff (57.9%) and registered nurses (52.9%) were above the national average (53.8% and 51.7%) and higher than all of the neighboring

states. Turnover rates for the facility administrators and directors of nursing in the last three-year time period were more than 60%. The CMS star ratings indicate that despite a 20% increase in Ohio's Medicaid reimbursement rates from 2021 to 2023, facilities with a high Medicaid census averaged 2 out of 5 stars for the overall star rating compared to 3.7 stars for those with a low Medicaid census. Ohio saw an increase in complaints from 4.5 per facility in 2019 to 7.3 in 2022 but remains below the national average. Finally, Ohio nursing homes report severe or very severe access issues for Medicaid residents in the areas of transportation (40%), and emergency dentistry (30%).

CONCLUSION

While Ohio's nursing home industry is now serving a very diverse population, from those needing short-term rehabilitation to those who will reside in the nursing home for the remainder of their lives, it is the long-stay group that a state and national strategy will need to address. The vast majority of Ohioans are not financially prepared to need long-term services, as for many the cost of private long-term care insurance is unaffordable. The result is more than two in three long-term nursing home residents rely on the Medicaid program. As the state's highest general revenue budget item, lawmakers constantly have to balance Medicaid expenditures with the many other state program funding needs. With a high proportion of nursing home costs allocated to personnel, there is a strong link between Medicaid reimbursement and nursing staff levels. This means that the impact of Medicaid reimbursement on nursing home operations and quality will remain a challenging policy issue moving forward.