2022

Racial Differences of Patient Satisfaction and Quality of Care in Nursing Homes

Marie Chantal Lamothe
Walden University

Walden University

College of Health Professions

This is to certify that the doctoral dissertation by

Marie Lamothe

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Ronald Bucci, Committee Chairperson, Health Services Faculty
Dr. Yi-Jhen Li, Committee Member, Health Services Faculty
Dr. Tina Cunningham, University Reviewer, Health Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

Racial Differences of Patient Satisfaction and Quality of Care in Nursing Homes

by

Marie Lamothe

MS, University of MD, University College, 2011

MBA, University of MD, University College, 2013

BS, Morgan State University, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Services

Walden University

February 2022

Abstract

Long Term Care (LTC) facilities are a vital contributor to the elderly community regarding their dependent care. However, less is known about how racial disparity impacts patient satisfaction and quality of care in LTC facilities. This non-experimental retrospective quantitative study compared the racial differences of patient satisfaction levels quality of care in LTC facilities (nursing homes that include predominately non-White patients versus predominately White patients). The theoretical framework used for this study the consumer multidimensional model of nursing home care quality to analyze quality of nursing home in the view of providers and consumers. Long Term Care: Fact on Care in the US (LTCFOCUS), the Maryland Healthcare Commission Consumer (MHCC) Guide to Long Term Care and the Nursing Home Family Satisfaction Surveys, and the Nursing Home Consumer Assessment of Healthcare Providers and Systems (NHCAHPS) surveys were used. Through a multiple linear regression analysis, the findings show that there is no significant association between patient satisfaction and the quality of care indicators for elders of marginalized populations residing in LTC facilities, however, signs of depression didn't have a relationship. Study showed significant association between race and the quality of care indicators for elders of marginalized populations, which tells us that comorbidity level is higher among non-white patients. After controlling for quality of care indicators (which serves as the proxy of patient comorbidity level), race is significantly associated with patient satisfaction. Healthcare administrators and staff can benefit from this study because the results of the study can help determine if improvements are needed within the facility.

Racial Differences of Patient Satisfaction and Quality of Care in Nursing Homes

by

Marie Lamothe

MS, University of MD, University College, 2011

MBA, University of MD, University College, 2013

BS, Morgan State University, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Services

Walden University

February 2021

Dedication

I dedicate this dissertation to my late parents, Joseph and Adeline Lamothe who raised me with determination and diligence. They are my inspiration to pursue a career in health care administration. My deepest appreciation to my father who put me through undergraduate school which started my academic journey. My sister, Mariejose who always encouraged me and had faith in me throughout my entire doctorate program. Thank you for being my cheerleader.

Acknowledgments

I want to express my thankfulness to my Dissertation committee: Dr. Ron Bucci and Dr. Wendy Li. I could not have gone through this long dissertation process without you. Your patience and knowledge are much appreciated. I want to thank my statistics tutor, Dr. Reginald Taylor, for the sessions that I needed to get through and understand my data analysis.

I also want to thank God for providing me with the strength, determination, and drive to go through the years of my Ph.D. With all the obstacles that came my way, you were there to help me overcome them.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

The racial gap in health is large and persistent over time. Racial and ethnic minorities have had an enduring battle of mistrust with the health care system due to previous discriminatory acts such as the Tuskegee Experiment and legalized segregation. They have lower levels of trust in physicians and the larger healthcare system. This legacy of prejudices has caused many minorities to become skeptical of the health care system in order to avoid unfair treatment. Due to the lack of trust, the satisfaction from a minority patient is low. According to Johnson (2018), minority group members reported less positive perceptions of physicians than Whites based on two scales, the measurement of respondents' perceptions on their physicians' listening skills, explanations, and thoroughness and respondents' perceptions on trusting the physician based on referrals, performing unnecessary tests or procedures, and placing the patients' need above other considerations (Johnson, 2018).

Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims (Prakash, 2010). Levels of satisfaction also change the timely, efficient, and patient-centered delivery of quality health care. Therefore, it plays a significant role in medical reimbursement, healthcare reform, clinical staffing, and patient safety. Patient satisfaction reflects the level to which patients consider specific situations to be pleasing, expected, or essential (Zgierska et al., 2014), it is defined as a refinement of patient insights and values. Values are the levels of importance patients apply to those events or episodes (Fallah, 2015). Nursing is a critical factor in determining the quality of care in hospitals and the nature of patient outcomes (Clarke & Donaldson, 2008). They

are a critical factor because, according to Athena Career Academy (2018), everything nurses do affects the outcome of care patients receive, as well as the general impression a hospital gives to the public. From bedside and medication management to assistance with surgeries, nurses are involved (Athena Career Academy, 2018). Patient satisfaction is thus a proxy but a very effective indicator to measure the success of doctors and hospitals (Prakash, 2010).

Background of the Study

Patient satisfaction is a significant indicator of the quality of care and has been demonstrated to provide useful insights for delivering efficient care that meets patient needs; it is strongly correlated with quality of care and better patient outcomes (Al-Abri & Al-Balushi, 2014). Information on poor patient experience can be used to inform decisions about priorities for action aimed at improving the quality of primary care (Paddingson, 2013). Using measures of patient experience and satisfaction in assessing the quality of care is important as a means of incorporating the views of service users into the evaluation of health services.

There is evidence that suggests a connection between patient experience, quality of care, and safety of health care (Lescher & Sirven, 2019). However, there is limited research and thus an inadequate knowledge about the long-term health care needs of minority elders and other age groups (Buckwalter & Specht, 1996; Dobbs et al., 2012). Racial and ethnic minorities often experience higher disease problems across an extensive range of prolonged, preemptive, and acute conditions. They are more likely to be unimmunized, receive care of lower quality, lack preventive services, and

unnecessarily utilize emergency departments and hospitals (Enard & Ganelin, 2013). While the research does exist that strongly acclaim some inequality of service use and imbalance of access for ethnic and minority populations potentially due to the ethnic-discordant physician-patient relationship, the lack of culture competency or sensitivity training leads to the implicit bias against minority groups among health care providers (Brooks-Carthon et al., 2011; Johnson et al., 2004; Hall et al., 2015). As progression of the elderly population in the United States, the increase in racial and ethnic seniors is unnoticed (Barresi & Stull, 1993).

Minority group

Evidence suggests particular groups may receive poorer standards of care due to biased beliefs or attitudes held by health professionals (Shepherd Willis-Esqueda & Paradies, 2018). Racial and ethnic minorities in the United States, especially Blacks, experience persistent disparities in the quality of care they receive, specifically in acute care settings (Regenbogen et al., 2009). In order to improve the quality of care provided, Long Term Care (LTC) nurses need to focus on providing services that can accommodate the cultures of the residents' community (Badger et al., 2011). Culture refers to aspects of life (i.e., norms, customs, beliefs, behaviors, social institutions) that an individual shares with others within a defined population (Shepherd et al., 2018). The elderly privilege to care services that respect their different necessities is an essential human right and has inferences for residents' well-being. Due to the growing number of minorities' residents in nursing homes smf LTCs, ethnic minority patients' satisfaction may be an appropriate proxy in assessing the quality of care in this facility setting.

Problem Statement

A major topic for debate is the concern for the quality of care that is being delivered to elderly patients of racial or ethnic minority populations, otherwise known as marginalized. Some evidence suggests that particular ethnic groups may receive poorer standards of care due to biased beliefs or attitudes held by health professionals (Shepherd, et al., 2018). Poor representation of ethnic minorities among physicians and other health professionals increases the chance of having a race-discordant patient-physician relationship, which happens when patients from ethnic groups treated by professionals from a different ethnic background and may lead to poor quality of care or receiving insufficient care (Cooper & Powe, 2004; Campbell et al., 2003). These groups of patients may not be satisfied with their care possibly contributing to decreased compliance, distrust in healthcare workers, and an increased rate of poor health conditions, which has been observed both for African American patients and other ethnic minorities. Little has been done to study patient satisfaction with this selected demographic in the setting of LTC facilities. The factors involved in satisfaction with care may indeed be different in this population of patients compared with their White counterparts. This study will identify the factors involved in patient satisfaction, for marginalized populations, with the quality of care in LTCs. Identifying the factors involved may assist administrators in creating quality care models to not only improve satisfaction with care but the quality of care as well for this population.

Purpose of the Study

The purpose of this non-experimental retrospective quantitative study was to determine the effect of patient satisfaction and the quality of care factors in a nursing home for patients of marginalized (non-white) and white populations. The study sample was residents of LTC facilities and were the independent variable. The nursing homes in Maryland per city was taken from the website, "Long Term Care: Fact on Care in the US (LTCFOCUS)." Dependent variables were the satisfaction levels from the Maryland Healthcare Commission Consumer (MHCC) Guide to Long Term Care and the Nursing Home Family Satisfaction Surveys. The quality indicators were retrieved from the Nursing Home Consumer Assessment of Healthcare Providers and Systems (NHCAHPS) surveys. Among the study cohort, a subsample of respondents of marginalized populations residing in LTC facilities was further studied to address Research Question 3. For this research question, the dependent variable was patient satisfaction, and the independent variable was the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls).

Nature of Study

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) nursing home will be used as the secondary data for quality of care. The MHCC 2018 Nursing Home Family Satisfaction Survey will also be used as the secondary data for patient satisfaction scores.

The HCAHPS is a standardized survey instrument and data collection methodology has been in use since 2006 to measure patients' perspectives of hospital care (CMS, 2017). I used two instruments CAHPS Nursing Home Surveys and MHCC 2018 Nursing Home Family Satisfaction Survey. The CAHPS Nursing Home Surveys were Long-Stay Resident Survey: this is an in-person structured interview for long-term residents (more than 100 days) that are currently living in the facility (AHRQ, 2018). I used the questions were from the NHCAHPS nursing home. The quality indicators included in the survey were the following:

- Percentage of long-stay residents experiencing one or more falls with a major injury.
- Percentage of long-stay residents with a urinary tract infection.
- Percentage of long-stay residents who lose too much weight.
- Percentage of long-stay residents who have depressive symptoms.

The questions from the MHCC 2018 Nursing Home Family Satisfaction Survey in this study are listed as follows:

- The rating on satisfaction with staff and administration of the nursing home (8 questions).
- The rating on quality of food and meals served to residents (2 questions).
- The rating on autonomy of the residents and respect for resident rights (3 questions).
- The rating of physical and environmental aspects of the nursing home (4 questions).

- The rating of activities offered to residents of the nursing home (2 questions).
- The rating of the security of the facility and the safety of the resident.
- The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)
- The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"

The details of each question are in Appendix C (MHCC, 2018).

The data from surveys can be collected, evaluated, and interpreted in quantitative research. Qualitative research would not be a good fit for this study because it is time consuming. Data regarding patients of marginalized populations will be purposely selected which means I chose a specific sample for the purpose of the research and the method. The selection was from the LTCfocus demographic scores to fit the design of the research question. Specific nursing homes were selected for this study and they were selected to fit this study. Each nursing home was found on LTCfocus. The factors will be identified that contribute to patient satisfaction with the quality of care for the selected demographic of non-White patients. Using the NHCAHPS and MHCC survey, I located each nursing home and used the results or responses from the quality indicator questionnaire from the survey.

The statistical analyses included a non-experimental retrospective design using multiple regression to measure the relationships between the variables and assess their significance. Data that specifically targets LTC facilities was accessed to determine levels of satisfaction with the quality of care for the selected demographic.

Research Questions and Hypotheses

Research Question 1 (RQ1): Is there a significant difference in patient satisfaction scores with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities?

$H_0$1: There will be no significant difference in patient satisfaction scores with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities.

H_a1: There is a significant difference in patient satisfaction scores with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities.

Research Question 2 (RQ2): Is there a significant difference in the quality of care with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities?

$H_0$2: There is no significant difference in the quality of care with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities.

H_a2: There is a significant difference in the quality of care with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities.

Research Question 3 (RQ3): Is there a significant association between patient satisfaction and the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls) for elders of marginalized populations residing in LTC facilities?

$H_0$3: There would be no statistically significant association between patient satisfaction and the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls) for elders of marginalized populations residing in LTC facilities.

H_a3: There would be statistically significant association between patient satisfaction and the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls) for elders of marginalized populations residing in LTC facilities.

Assumptions

The initial assumption was the existence of a relationship between patient satisfaction and the quality of care in nursing homes for patients of marginalized populations. One of the elements is that ethnic minority patients are receiving unequal care in nursing homes due to racial segregation, culture differences, language barriers, and discrimination.

Biases

There can be problems and pitfalls of personal opinion, influences by the media, or how experiences can be susceptible to bias. For example, from my personal experiences with this topic may influence decision-making due to a family member who resides in a nursing home was very dissatisfied with her care. She believed it was due to her ethnic background (Haitian descent) that she was treated differently in the nursing home. Therefore, she felt there was a language barrier, which in turn was one of the determining factors in patient dissatisfaction. Furthermore, secondary data is susceptible

to recall bias. Some information that participants provide can be ambiguous or demonstrate biased statements.

Significance of the Study

Positive associations between patient satisfaction and clinical outcomes (Prakash, 2010), which will negatively affect hospital reimbursement eventually. Studies have shown that racial and ethnic minorities tend to receive lower quality of care than non-minorities (Egede, 2006; National Healthcare Disparities Report, 2013), but there are mixed findings on patient satisfaction and quality of acute care (Relias, 2016). Through exploring the factors influence patient satisfaction and the quality of services delivered for this target population, this research will assist in filling in the gaps for the selected demographic in the literature. The results of this study can help to explain why there is poor quality healthcare in LTC ethnic minority patients. LTC facilities are a vital contributor to the elderly community regarding their dependent care. The study emphasizes ongoing efforts to assess the quality of care, improve patient satisfaction, and improve outcomes for patients of marginalized populations, and in LTC facilities. Healthcare administrators and staff can benefit from this study because the results of the study may help determine if improvements are needed within the facility.

Delimitations

The study focus is on nursing home patients and their satisfaction based on race. I was able to choose specific nursing homes that had more Whites or non-White patients within the nursing home. I have control over the research questions, problem, and purpose.

Limitations

A possible limitation of this study is the use of secondary datasets that were originally collected by other professional researchers and government agencies. The datasets may or may not have interfering factors that affect validity, generalizability, and reliability of the study. Comparisons of results across populations should also take into account that variations in benefit design (i.e., Medicare Advantage Value-Based Insurance Design Model) and other factors might affect survey responses across populations (CMS, 2017). In addition, the number and mix of sponsors contributing data vary slightly from year to year, and therefore comparisons over time should be made with these limitations and variations in mind (CMS, 2017).

Summary

Literature has established the racial imbalance in health professions and the racial-discordant patient-physician relationship. Within that in mind, disparity of ethnic minority groups in accessing health care is being observed. However, the relationship between patient satisfaction and quality of care they received is unclear. In addition, majority of research has been focusing on acute care setting by the nature of health care system focus. LTC is outside the rim of primary, secondary and tertiary care; therefore, is neglected. Elder marginalized populations are not only minority, but also have weak influence in LTC settings; they potentially have concerns but frequently are unable to voice their concerns. Assessing the impact of patient satisfaction on the quality of care in a nursing home for patients of marginalized populations is helpful in understanding the factors that influence care delivery for this population in LTC facilities. The analyses will

include a non-experimental retrospective design with the use of multiple regression. In Chapter 2, I will provide a brief explanation of the literature search strategy that I used and a description and summary of the sources for the literature review. The literature review will not only present the conceptual framework related to the study but will also present historical research of the impact of patient satisfaction with the quality of care in a nursing home for patients of marginalized populations. I will also address the gap in the literature with a need to identify future directions of research for the target population.

Chapter 2: Literature Review

There is a lack of evidence that demonstrates the impact of the quality of care in a nursing home for patients of marginalized populations. The purpose of this non-experimental retrospective quantitative study was to determine the impact of the quality of care indicators in a nursing home for patients of marginalized populations. The primary demographic focus for the study is predominately marginalized (non-White) populations residing in LTC facilities and predominately White populations residing in LTC facilities (independent variables). The satisfaction ratings from the MHCC 2018 Nursing Home Family satisfaction survey (Dependent variable) influencing the overall quality of care for the target population residing in LTC facilities are not specifically addressed in the literature demonstrating a gap that exists in available research. Furthermore, the quality of care indicators, depressive symptoms, weight loss, UTI, and one or more falls from NHCAPS (independent variables) influencing the overall quality of care for the target population residing in LTC facilities are not specifically addressed in the literature demonstrating a gap that exists in available research. Even though there are studies that explore the perspectives of physicians and healthcare workers, there is more research needed to explore the perspective of black and minority ethnic residents in LTC.

Literature Search Strategy

I selected relevant material for this literature review through an exhaustive search of peer-reviewed journal articles, publications from government agencies, scholarly papers, and published electronic dissertations. Recent studies published from 2013 until

2021 were reviewed. The primary search engines employed were Journal of Clinical Nursing, Journal of Cutaneous and Aesthetic Surgery, Agency for Healthcare Research and Quality, Research Gate, PubMed, ProQuest, EBSCOhost, Nexis Lexis SAGE, Wiley Library and Google Scholar. The key search terms were the following *healthcare quality*, *minority ethnic elders, ethnic minority patients*, *patient satisfaction*, *nursing homes*, *and disparities in healthcare*, *Dondebian model*, *skilled nursing facilities*, *long-term care*, *conceptual framework, marginalized populations, nursing homes, reimbursements, communication,* and *bias* The key terms that were the most valuable for this research were *patient satisfaction*, *nursing homes, quality healthcare*, *HCAHPS surveys,* and *ethnic minority patients.*

Theoretical Framework

The theoretical method used for this study is the consumer multidimensional model of nursing home quality to analyze quality of nursing home in the view of providers and consumers. The seven dimensions of the consumer multidimensional model of nursing home care quality are: staff, care, family involvement, communication, environment, home, and cost. A study was conducted to analyze each scope in the model with the use of focus groups. According to Rantz et al., (1999) the issue of staffing was the major concern expressed by families and residents in the focus groups. Many participants were very knowledgeable about staffing, pay, and supervision. These consumers recognized that none of the care is possible without the staff. They recognized the need for a consistent, adequate number of staff to meet the requests and needs of residents and families (Rantz et al, 1999). There were negative responses with the care

dimension. According to Rantz et al. (1999) Families passionately described problems with the basics of care delivery that they encountered in many homes. Sometimes, the problems were tearfully described (Rantz et al., 1999). The families discussed about how they are involved in care. Consumers indicated communication is a vital component of quality of care. Their comments reflected three basic components: (1) communication within the facility to assure that staff follow through with specific resident needs, likes, and dislikes; (2) communication with families; and (3) verbal and nonverbal communication with residents (Rantz et al., 1999). Rantz et. al (1999) indicated that an important dimension of care quality that families and residents perceived is that the nursing home is "home now." While care delivery is needed within the nursing home, it is important that the setting "feel" like home, not institutional, because residents "live" in the setting sometimes for many months or years (Rantz et al., 1999). Residents and families visibly defined the significant features of the environment that are associated to quality of care. Rantz et al., (1999) found that there should be no odor and the home should be clean. It should not be noisy. Areas should be spacious. Furniture and equipment should be functional, pleasant, coordinated, and in working order (Rantz et al., 1999). Cost seems to be a superimposing issue that has the potential to influence every dimension. According to Rantz et al. (1999), Consumers were very concerned about the cost of nursing home care (Rantz et al. 1999).

The consumer multidimensional model of nursing home care quality provides an insight on consumers' viewpoint on how they feel about the nursing homes. It relates to the patient satisfaction surveys and the quality care indicators such as patients' safety.

Nursing home care quality is multidimensional and can be explained in a theoretical model that fits in the views of consumers and providers. To track quality, these dimensions must be of main apprehension to the nursing home: central focus, care, staff, environment, communication, family involvement, and home. All of the factors considered is essential and must be priority in the quality of nursing homes.

Black and Minority Ethnic Residents in Nursing Homes

According to the Healthcare Commission (2009), Public health services must deliver and monitor appropriate services to all sectors of the population (as cited in Badger et al., 2011). Badger et al. (2011), conducted the first detailed study of Black and minority ethnic (BME) residents in nursing homes and of managers' insights of their skills to respond to their necessities due to the increase of older Black and minority ethnic people in the UK. According to Simpson, (2007), in one major city, it is forecast that by 2026, BME individuals will make up 25% of the city's population aged 65 and older (as cited in Badger et al., 2011). The BME populations' use and experience of nursing homes are rarely known and only half of the applicants in one social care survey sensed their needs as a BME individual were effectively measured at assessment, while a quarter reported discrimination (Badger, et al., 2011). Banks et al. (2006) found that in the region surveyed here, 3% of the 75+ population are from BME groups, but they form <1% of the care home population (as cited in Badger et al., 2011).

In the United States, between 1999 and 2008, the number of elderly Black residents in nursing homes increased by 10% and the number of Hispanic and Asian residents both increased by over 50% (Li & Cai, 2014). To some extent, these

demographic modifications in nursing homes might be motivated by the quick increase of older minority populations in the state. However, these uneven LTC patterns elevate apprehension about whether LTCs were able to effectively care for the "clinical and psychosocial needs of patients with increasingly diverse ethnic and cultural backgrounds" (Li & Cai, 2014, p.314).

Badger et al., (2011) conducted a mixed methods postal survey that examined the concerns of culture and ethnicity in nursing homes in one English district in 2008. They also conducted semistructured telephone interviews with managers that participated in the study. The authors found suggested reasons for BME elders' limited use of care homes, which included assumptions around family care, the suitability of and access to care homes, and a lack of suitable provision for BME older people (as cited in Badger et al., 2011). In addition, the US Department of Health (2008) indicated that there were issues relating to cultural and religious practices and language, which inhibited care home access for these groups (as cited in Badger et al., 2011).

Thomeer et al. (2015), investigated how health and disability-based need factors and enabling factors (e.g., socioeconomic and family-based resources) relate to nursing home admission among three different racial and ethnic groups. Racial-ethnic differences in nursing home admission are magnified after controlling for health and disability-based need factors and enabling factors (Thomeer, Mudrazija, & Angel, 2015). The authors also found the extent to which specific reasons that add to the risk of nursing home admission can vary drastically across ethnic minorities. One reason identified racial and ethnic minorities have similar preferences for nursing homes as non-Hispanic whites, but due to

objective obstacles in access (e.g., geographic proximity), there is an underuse of nursing homes by non-Hispanic blacks and Hispanics based on their health profile, suggesting potential inequities. Another identified reason indicated racial and ethnic minorities have different preferences for nursing homes than non-Hispanic whites and either cultural differences (e.g., greater preference for family care) or structural obstacles (e.g., language barriers) make nursing home less desirable to them (Thomeer, Mudrazija, & Angel, 2015). Even though they found several possible reasons as to why ethnic minority groups are not admitting to nursing homes, they did not include measures of discrimination, cultural aversion, or other factors that could explain differences in nursing home admission across these groups. The number of ethnic minority patients in LTC is relevant to my research because it can reveal why additional guidelines or training might be needed in order to provide efficient quality care for this specific demographic.

Regenbogen, Gwande, Lipsitz, Greenberg, & Jha, (2009) found that racial and ethnic minorities in the United States, especially Blacks, experience persistent disparities in the quality of care they receive, specifically in acute care settings (as cited in Brooks-Carthon, Kutney-Lee, Sloane, Cimiotti, and Aiken, 2011). African American patients suffer greater operative mortality and higher rates of difficulties, such as sepsis (Martin, Mannino, Eaton, & Moss, 2003), and are more likely to express lower satisfaction with healthcare services and providers (LaVeist, Nickerson, & Bowie 2000). The problem is minority elderly patients in LTC facilities may not be treated equal in care and may not be satisfied with the quality of their care.

Ethnic Racial Differences/Disparities

Disparities in health care not only affect the groups facing disparities, but also limit overall improvements in quality of care and health for the broader population and result in unnecessary costs (Ubri & Artiga, 2016). According to Mayberry (2014), Racial and ethnic disparities in health care quality are indicative of the relatively poorer quality of care for racial/ethnic minority groups. Improvement in health care quality is observed for all population subgroups, while health care remains suboptimal in the U.S. However, racial and ethnic disparities in health care access and quality have not shown any significant improvement (Mayberry, 2014). They represent critical injustices when provisions of health care are unexplained by the patient's clinical needs and other determinants of health care delivery, and the benefits of health care services are not equitably realized (Mayberry, 2014).

Mayberry (2014) states that Health care disparities have distinct patterns of inequality and different explanatory pathways (Mayberry, 2014). For example, "the incidence of breast cancer is higher among women with more education and income. However, among women with breast cancer, survival is longer for patients of higher socioeconomic status (SES)" (Adler, 2006, para. 7). Adler explains, "Different diseases, and causes of death, have distinct patterns of disparities. Some diseases (e.g., sickle cell anemia in African Americans) have a strong genetic component, whereas differences in the prevalence of other diseases are likely due more directly to social disadvantage. A variety of diseases may share a common pathway" (Adler, 2006, para. 7). Mayberry, (2014) believes that removing these patterns and pathways will help to understand better

why race/ethnic disparities are observed for some measures of health care quality (e.g., invasive cardiac care), but not others (e.g., cancer screening); and why health care access and quality are suboptimal for all Americans (Mayberry, 2014).

Evidence based health care quality improvement, which integrates the elimination of defined racial/ethnic disparities, is the paradigm for achieving equitable best care. As the population becomes more diverse, with people of color projected to account for over half of the population in 2045, it is increasingly important to address health disparities. (Ubri & Artiga, 2016). The status of disparities today reveals that many groups are at disproportionate risk of being uninsured, lacking access to care, and experiencing worse health outcomes, including people of color and low-income individuals. Hispanics, Blacks, American Indians/Alaska Natives, and low-income individuals are more likely to be uninsured relative to Whites and those with higher incomes. Low-income individuals and people of color also face increased barriers to accessing care, receive poorer quality care, and experience worse health outcomes (Ubri & Artiga, 2016).

Johnson, Saha, Arbelaez, Beach, and Cooper (2004) conducted a cross-sectional telephone survey to examine the possibility of a patient's race and ethnicity having an impact on their views of primary care providers (PCP) and the health care system in general; and if these different perceptions are due to patient access to care, demographics, or patient-doctor communication differences. The majority of ethnic/racial variances in the view of PCP bias and cultural understanding were found due to patient access to care, demographics, or patient-doctor communication differences. Many patients of ethnically

diverse populations feel that they are disrespected based on their race or their ability to speak the English language well (Johnson et al., 2004).

Li and Cai (2014) determined racial and ethnic disparities in social engagement among nursing home long-term residents (Li & Cai, 2014). The authors also found that compared to white residents, minority residents tended to have highly or severely impaired visual abilities and have less adequate communication abilities (Li & Cai, 2014). Lyratzopoulos et al. (2011) used data from a large national English patient survey and found substantially more negative experiences reported by ethnic minorities (particularly South Asians and Chinese), younger patients, and those with poor self-rated health. Differences by gender and socioeconomic deprivation were limited and inconsistent (Lyratzopoulos et al*.,* 2011).

According to Smith (1990, 1993), The general pattern of disparities in health care is also evident in the context of nursing home care (as cited in Rahman and Foster, 2014). Smith et al. also indicated that by some measures nursing homes are more segregated than residential neighborhoods in the U.S. and that differences in measures of nursing home quality by race are both large and persistent (as cited in Rahman and Foster, 2014). Race is not the only difference between patients; there are also differences in culture and behavior. Rahman and Foster (2014) stated that they may expect individuals to prefer the company of people of the same race because of perceptions, whether accurate or not, that they share similar tastes and life experiences and will be treated with greater respect by members of the same race (Rahman and Foster, 2014). When patient decide on a nursing home, they might want to go to a home where their friends and family reside or have

stayed. People. Rahman and Foster (2014) also believe that the hospital staff member that helps patients to choose nursing homes may suggest only placements in which he/she believes a patient will be among others of a similar background and may direct patients of different races to different nursing homes. Nursing home management may adopt recruitment or hiring strategies that target a particular race and/or may practice outright discrimination (Rahman and Fisher, 2014).

Patient quality and satisfaction

According to Spilsbury, Hewitt, Stirk, and Bowman (2011), 'Quality' is a difficult concept to capture directly and the measures used to focus mainly on 'clinical' outcomes for residents (Spilsbury, Hewitt, Stirk, and Bowman, 2011). Even though Quality is positively associated with satisfaction, the direction and strength of the predictive relationship between quality and satisfaction remain unclear (Naidu, 2009).

One major issue that the state of Maryland faces is the investigation of nursing home complaints regarding time. According to Fritze (2017), the state failed to investigate nearly 650 allegations of harm at Maryland nursing homes within a required 10-day window, meaning the state missed the federal deadline 74 percent of the time, the inspector general for the U.S. Department of Health and Human Services reported (Fritze, 2017). The Baltimore Sun (2017) reported Maryland ranked 7th worst in the nation for timely investigations of high-level complaints (The Baltimore Sun, 2017). If claims are submitted on time, the investigations are not conducted quickly, which makes it difficult to ratify complaints and correct the issue. Smetanka (2017) indicated that "That's a real problem regarding addressing some of the priority issues residents are

facing in these facilities, it's critical that agencies look at the resources they have available and … do whatever" (Smetanka, 2017). The complaints from patients are vital and relate to their level of satisfaction.

Toles, Young, and Ouslander (2012) provided three strategies to improve the quality of care transitions in nursing homes which include (a): establish responsive care-teams to focus care on the needs and preferences of residents and families, (b) enhance resources to identify evaluate and manage acute changes in health to reduce preventable hospital transfers, and (c), enhance residents' and family caregivers' capacity to coordinate and continue care at home to reduce medical complications during transitions from nursing homes to home (2012).

Ethnically diverse communities face access issues suggesting minority patients could be receiving insufficient care. These groups of patients may not be satisfied with their care possibly contributing to decreased compliance, distrust in healthcare workers, and an increased rate of poor health conditions for both African American patients and other ethnic minorities. For example, Li, Yin, Cai, Temkin-Greener, and Mukamel (2011) found Black nursing home residents have higher risk-adjusted rates of pressure ulcers compared with White residents (as cited in Campbell, Cai, & Li, 2016).

Patient Satisfaction

Another issue that is present from state to state, is word of mouth from other patients or their assumptions, views, and opinions about a nursing home. The National Consumer Voice for Quality Long-Term Care or Consumer Voice is an organization that is a leading national voice that represents consumers with concerns that could be within

long-term care. They assist in ensuring consumers are vested to advocate for themselves. They are a primary source of tools and information for customers, caregivers, stakeholders' families, promoters, and overseers to help ensure quality care for the individual. Consumer Voice conducted a survey to determine how consumers define quality care, to pinpoint needed care improvements, and recommend policy actions to strengthen and provide more access to quality home care (The Consumer Voice, 2012). This report shows that nursing home patients' views and opinions can be heard and can be used to make quality healthcare more efficient. The consumers who participated in the study are from several different states including the District of Columbia, Virginia, and Maryland (DMV) Metropolitan Area. They are predominantly Caucasian, with African-American as the second largest population of respondents. Consumer Voice asked four significant questions:

- How do individuals receiving care in their homes perceive the quality of their services?
- Why do consumers want care in their homes versus in a nursing home?
- How could home care be improved?
- What do consumers see as the role of government in ensuring quality home care? (Consumer Voice, 2012).

In regards to Question Number 2, some home care consumers had a negative perception of nursing homes — for example, unfair treatment, or lack of security such as having personal belongings stolen by staff or patients. The views and perspectives of the

consumer can have a significant effect on the patients' level of satisfaction, which in turn can decrease the value of a nursing home.

Family Satisfaction

While residents should be asked about their own quality of life, family members also play an important role in this process as key consumers and as an important source of information about quality in NHs (Shippee, Henning-Smith, Gaugler, Held, & Kane, 2017). The authors believe that family satisfaction measures add a vital standpoint of key consumers, family members who are often active members in the decisions about LTSS placement and advocates for better care. Family members are often key decision makers in choosing NHs and they make comparisons between facilities using aggregate scores (Shippee, Henning-Smith, Gaugler, Held, & Kane, 2017). At a time when pay-for-performance programs are becoming more popular, understanding facility-level predictors of family satisfaction could help individual NHs that try to improve their satisfaction scores. Family satisfaction scores can help other families make better decisions about NHs and guide state-level efforts to identify high and low performers.

Patient safety

Centers for Medicare and Medicaid Services found that patient satisfaction with the healthcare experience has become a top priority in the healthcare industry. The provision of patient-centered care should take precedence; however, it is not clear that patient satisfaction is directly linked to patient safety or efficiency of care. Former studies have established variable links between patient satisfaction, patient safety, and patient outcomes. Kennedy, Tevis, and Kent (2013) evaluated whether high patient satisfaction

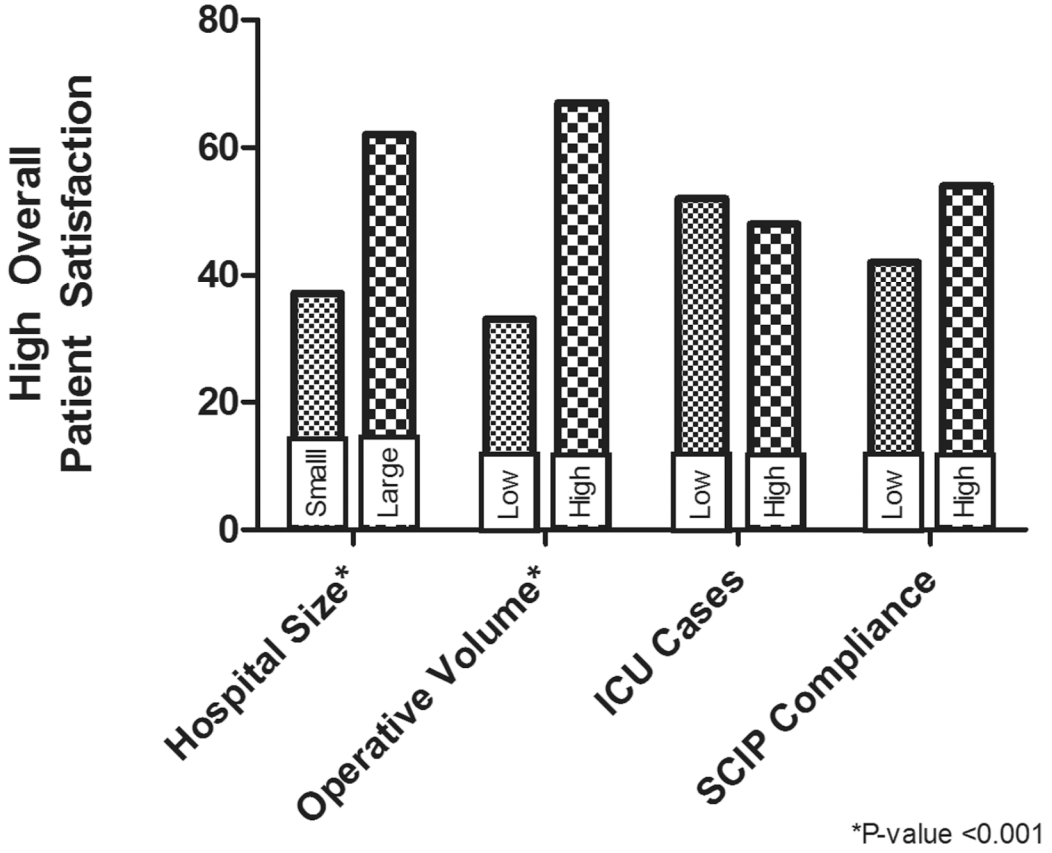
measured by HCAHPS surveys correlated with favorable results (Kennedy, Tevis, & Kent, 2013), with resources and efforts directed at patient satisfaction. The authors' goal was to conclude if patient satisfaction, as measured by HCAHPS scores, could be used as a substitute marker for higher performance on common measures of surgical outcomes including (a) To evaluate whether high overall patient satisfaction correlated with safety measures related to surgery, and (b) To assess whether similar relationships between satisfaction and outcomes exist across all HCAHPS satisfaction domains (Kennedy, Tevis, & Kent, 2013). Kennedy, Tevis, and Kent (2013) found that hospital size, surgical volume, and low mortality were associated with high overall patient satisfaction (p.1). With existing satisfaction surveys, they determined that aspects outside of surgical outcomes appear to impact patients' perceptions of their care (p.1).

The fact that patient safety and effectiveness outcomes do not necessarily correlate with patient satisfaction is not particularly surprising and should not lead one to believe that satisfaction is not a valid quality measure (Kennedy, Tevis, & Kent, 2013). The authors think that patient-centered care should be a goal of every physician, and this survey is designed to reflect the healthcare experience from the patient's perspective (p.8). A useful measure for assessing the patient's level of understanding of their care could be a measure of patient engagement and their capacity to participate in joint decision-making. High satisfaction scores were defined as above the median for participating hospitals (see Figure 1) due to a small number of hospital data available in both the UHC database and the Hospital Compare website. The general lack of granularity also makes it impossible for us to determine if patients had an emergency or

elective operation (Kennedy, Tevis, & Kent, 2013, p.7). They were able to identify that emergency patients may have a more miserable experience thus limiting their results. The data from UHC only provided surgical effects whereas though HCAHPS data from the Hospital Compare website included medical, surgical, and obstetric patients. This data focus is a significant limitation in the interpretation of the data as the bulk of the patients who submitted a satisfaction survey did not have an operation during their stay. Therefore, a significant strength of this study is the evaluation of multiple patient outcomes and hospital characteristics about HCAHPS scores across hospitals, assessment of surgery specific patient outcomes as they relate to satisfaction, and the inclusion of all HCAHPS domains in the analysis.

Figure 1

Hospital Characteristics in Association with High Overall Patient Satisfaction



Note. Adapted from " Is There a Relationship Between Patient Satisfaction and Favorable Outcomes," by G. D. Kennedy, S. E. Tevis, and K.C. Kent, 2014, Annals of surgery, 260(4) pp. 592-600, 2014 (doi: 10.1097/SLA.0000000000000932)

Finally, future studies should examine the results of CAHPS surveys and correlate these results with patient safety. Kennedy et al. (2014) believe that future studies should examine the effect of patient engagement on patient satisfaction and outcomes As patients become more engaged in their care, they will likely better understand the outcomes, and their satisfaction will be a reflection of safety and effectiveness. The

HCAHPS is not a replacement marker for safety but is an essential measure of patient-centered care. The findings of this study should be construed in the perspective of the above limitations. In this study, I will focus on the impact of patient satisfaction with the quality of care, which includes patient safety in a nursing home for patients of marginalized populations utilizing the CAHPS surveys.

Reimbursements

Werner and McNutt (2009) indicated, Recent attention to the patient care experience has been precipitated by the Centers for Medicare and Medicaid (CMS) payment policy changes requiring assessments of patient care experiences to avoid penalties (as cited in Lake, Germack, & Viscardi, p. 535, 2016). It has always been a moral imperative for hospitals and health systems to provide a high-quality patient experience, but now that the CMS is tying reimbursements to HCAHPS scores, it is becoming a financial priority (Letourneau, 2016). Hospital Value-Based Purchasing (HVBP) incentivizes quality performance-based health care by linking payments directly to patient satisfaction scores obtained from HCAHPS surveys. Lower HCAHPS scores appear to cluster in different population-dense areas and could bias CMS reimbursement (Mcfarland, Ornstein, & Holcombe, 2015). Porte, and Lee (2013), Jha, Orav, and Epstein (2010), and Joynt and Jha (2013) stated that "Value-Based Purchasing and other incentive-based programs have been criticized for increasing disparities in healthcare by penalizing larger hospitals (including academic medical centers, safety-net hospitals, and others that disproportionately serve lower socioeconomic communities) and favoring physician based specialty hospitals" (as cited in Mcfarland, Ornstein, & Holcombe, 2015,

p.503). Therefore, hospitals that serve indigent and elderly populations may be at a disadvantage. Mcfarland, Ornstein, and Holcombe (2015) measure nonrandom variations in patient satisfaction as determined by HCAHPS.

Mcfarland, Ornstein, and Holcombe (2015) found that "Hospital size and primary language (non–English speaking) most strongly predicted unfavorable HCAHPS scores, whereas education and white ethnicity most strongly predicted favorable HCAHPS scores" (p.503). "The average adjusted patient satisfaction scores calculated by Weighted Individual (hospital) Patient Satisfaction Adjusted Score (WIPSAS) approximated the national average of HCAHPS scores" (p.503). Structural and demographic characteristics that predict lower scores were accounted for by WIPSAS that also improved rankings of many safety-net hospitals and academic medical centers in diverse areas. Demographic and structural factors (e.g., hospital beds) predict patient satisfaction scores even after CMS adjustments. CMS should consider WIPSAS or a similar adjustment to account for the severity of patient satisfaction inequities that hospitals could strive to correct (p.503). This study primarily focuses on hospitals and the demographics were not specific.

Letourneau (2016) reported that, based on the HCAHPS scores, hospitals could either decrease or increase up to 1.5% of their Medicare reimbursements in the fiscal year 2015. CMS reported that nearly 40% of healthcare providers who treat Medicare patients have their reimbursement payments reduced by 1.5%. Due to physicians not submitting data on patients' health to the government,(Beck, 2015) CMS will take up the payment over the next few years, with 2% of reimbursement dollars ultimately being at risk by the fiscal year 2017. Before the increase, Medicare adjusts its payments to physicians for

geographic differences in the cost of operating a medical practice, but the method it uses is imprecise. Medicare's payment rates are effectively more generous in some communities than they are in others (Brunt &Jensen, 2016). According to Brunt and Jensen (2013), "Geographic pricing distortions arise from the methods used to set payment rates. Under Part B, Medicare reimburses physicians on a fee-for-service basis and sets its payments using a resource-based relative value system (RBRVS)" (Brunt & Jensen, 2013, p. 762).

Brunt and Jensen (2013) measure the inaccuracy in the physician fee schedule geographic adjustment factors and categorize beneficiaries by whether they live where Medicare's formula is favorable or unfavorable to physicians (Brunt and Jensen, 2013). The authors also examine whether differences in Medicare's payment generosity due to imprecision in its geographic adjustment factors influence seniors' satisfaction with their medical care (quality of care and access to services) (Brunt & Jensen, 2013).

As a result, the authors found substantial evidence that geographic payment distortions influence the satisfaction ratings that Medicare seniors assign to their quality of care and access to services. "For overall quality of care and four specific aspects of access to care, we find that satisfaction ratings are significantly higher among seniors living where payments to physicians are relatively generous than among seniors living where payments are relatively stingy" (Brunt & Jensen, p. 762, 2013). To help support their findings, there are several studies have found higher Medicaid rates raise care quality. Decker (2007) examined the effects of Medicaid fees on the length of visit times with physicians and found that higher Medicaid fees led to more extended visits that were

more comparable with the visit times given to private pay patients (p. 763). Shen and Zuckerman (2005), also found that higher Medicaid payment rates resulted in higher overall levels of patients' satisfaction with their care. Lastly, Grabowski et al. (2004) found substantial evidence that increases in Medicaid payment rates to nursing homes raise the quality of long-term care provided (p. 763).

Communication

Haugan (2014) stated, **"**Connectedness and communicating with others have been seen to facilitate hope, meaning in life and self-transcendence among nursing home (NH) patients" (p.74). Haugan (2014) conducted a study of 202 NH (located in Norway) patients' interaction between the nurses and the patient. The author found that Nurse-patient interaction influences hope, meaning in life and self-transcendence in cognitively intact nursing home patients and might be an important resource about patients' health and global well-being (Haugan, 2014). "The nursing theory of self-transcendence addresses an enhanced understanding of well-being and spirituality in late adulthood, stating self-transcendence as a correlate and resource for well-being in vulnerable populations" (p.75) As a result, advancing caregivers' interacting and communicating skills might facilitate patients' health and global well-being and inspire healthcare workers as they perform their daily care task (Haugan, 2014). Even though the focus of the research was on nursing home patients, Haugan (2014) did not focus on the specific patient (i.e., race and location). NH patients are more likely to become depressed because they are described in terms of advanced age, weakness, mortality, disability, powerlessness, dependency and vulnerability (Haugan, 2014). It is apparent that NH

patients need quality, consistent communication, and interaction to avoid misery or adverse effects or outcomes. However, the study did not address if patients were satisfied with the quality of communication and whether there was an adverse or positive effect of that communication.

Active communication and sharing of information from the patient to nurse are a venue to improve patient satisfaction with communication (Radtke, 2013). The quality for acute care indicates that patients perceive a lack of communication during their hospitalization. (Radtke, 2013). Radtke (2013) determined if regulating shift reports improves patient quality with nursing communication (Radtke, 2013). Timonen and Sihvonen (2000) explained that "Nursing shift report has long been a practice that serves to exchange information from nurse to nurse. Shift reports often take place at the nurse's desk or behind closed doors and rarely has included the patient in real time" (Timonen & Sihvonen, 2000, p.19). The centralized shift report that has been around for ten years did not allow for the exchange of information between patient and nurse in real time (Radtke, 2013). The report caused patients to voice frustration related to the length of time between shifts for example, "Sometimes, I don't know if they know anything about me" (Radtke, 2013, p.20).

A pilot bedside shift report process was developed on a medical/surgical intermediate care unit to improve patient satisfaction scores in the area of ''nurse communicated well,'' with the goal of reaching 90% satisfaction rates, which increased from 76% and 78 % (Radtke, 2013, p.19). Radtke (2013) proposes a bedside shift report, which can improve handover communication to enhance patient safety (Radtke, 2013).

The shift report can change nursing practice affecting the entire organization. The report entails high-level mentoring skills and innovation in the delivery of content, context building, knowledge building, and relationship building (Radtke, 2013).

Ash and Miller (2011) also indicated that shift reporting "… would also require a renewal of a sense of purpose, guiding staff through initiatives on multiple levels, coaching from the background through implementation, and counseling through evaluation once the program reached the point of evaluation" (Ash and Miller, 2011). Radtke (2013) says that in this age of advanced technology and the sense of having to provide the ''latest and greatest,'' it is this back-to-basics approach to patient care that can enhance patient satisfaction) (Radtke, 2013).

Staffing

Isaac, Zaslavsky, Cleary, et al (2010), Manary, Boulding, Staelin, et al (2013) Robert, Cornwell (2013) and Rozenblum, Lisby, Hockey, et al (2013) although nurses are the principal caregiver in the hospital, they are often overlooked as a driver of the care experience. "As nurses are the principal care provider in the hospital setting, the completion or omission of nursing care is likely to have a sizable impact on the patient care experience"(Lake, Germack, & Viscardi, 2016, p. 535). Lake, Germack, and Viscardi's (2016) cross-sectional study describe the prevalence and patterns of missed nursing care and explore their relationship to the patient care experience. The authors used secondary nurse and patient survey data from 409 adult non-federal acute care US hospitals in four states. As a result, in table 2 (Lake, Germack, & Viscardi, 2016, p.538) for an average hospital, nurses missed 2.7 of 12 required care activities per shift. Three-

fourths (73.4%) of nurses reported missing at least one activity on their last shift. This percentage ranged from 25 to 100 across hospitals. Nurses most commonly reported not being able to comfort or talk with patients (47.6%) and lack of time to plan care (38.5%), and 6 out of 10 patients rated hospitals highly. This proportion ranged from 33% to 90% across hospitals Patient reports of satisfaction ranged substantially (table 2). On average, nearly 60% of patients in a hospital rated the hospital highly (range 33–90% across hospitals). Varying percentages of patients reported 'always' or 'yes' about the remaining aspects of care (p. 538)

According to Aiken et al. (2011), strong evidence exists that higher levels of hospital nurse staffing are associated with less adverse patient outcomes (Aiken et al, 2011) Also, Stanton and Rutherford (2004) found that higher proportions of staffing with RNs relative to licensed vocational nurses (LVNs) or nurses' aides (NAs) have an even greater positive impact on patient outcomes and quality of care (Aiken et al, 2011). For hospitals within the state of California, Hokenberry and Becker (2016) analyzed how nurse staffing levels affect ten dimensions of patient satisfaction (Hokenberry and Becker, 2016). Their findings demonstrate a higher ratio of registered nurses to patients appears to increase overall patient satisfaction (Hokenberry & Becker, 2016). On the contrary, hospitals with a higher proportion of nursing hours provided by contract nurses have radically lower levels of patient satisfaction on scores associated with overall patient satisfaction and nurses' communication with the patient.

As patient satisfaction becomes integrated into pay-for-performance programs and public reporting, hospitals have incentives to improve patient satisfaction. According to

Kutney-Lee, McHugh, Sloane, et al., (2009), evidence about patient care experiences from the HCAHPS data suggests that patients are more satisfied in hospitals with better quality of clinical care, higher nurse staffing, and better work environments. Overall, this study concluded that missed bedside visits are well known in US hospitals and varies broadly. Patients have poorer care experiences in hospitals where more nurses' miss required nursing care, revealing the need to support nurses' abilities to fulfill the necessary care may improve the patient care experience. Lake, Germack, and Viscardi (2016), suggest when hospitals face changing reimbursement landscapes, ensuring adequate nursing resources should be a top priority (Lake, Germack, & Viscardi, 2016). While there is less nurse care in hospitals, nursing homes may have similar issues.

Patient Safety & Patient Satisfaction Factors

According to the Agency for Healthcare Research and Quality (AHRQ), patients in long-term care settings may be particularly vulnerable to safety problems in the course of their care. As patients became more satisfied with service quality, they reported more positive experiences with safety-related activities and procedures (Berkowitz, 2016). Kennedy et al. (2013) explored whether the hospital experience could be a surrogate marker for measures of safety. The results show that patient satisfaction is not a replacement for patient safety and efficiency. Based on the results, factors outside of patient safety influence patient experience which is replicated by the HCAHPs survey. While patient satisfaction is clearly a separate quality measure, they have to be clear when expressing these results that this particular measure does not reflect the safety of care delivered by a hospital. In fact, it appears that patients can be satisfied with their care

yet experience outcomes that we would classify as less than ideal such as in hospital complications or a readmission after discharge (Kennedy et al. 2013).

Healthcare facilities such as hospitals, nursing homes, and private practices must keep patients happy and healthy by providing good quality healthcare. The Institute of Medicine (IOM) offers six aims that describe the excellent and efficient quality of care (IOM, 2001):

- Safe: Avoiding harm to patients from the care that is intended to help them.
- Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to help (avoiding underuse and misuse, respectively).
- Patient-centered: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

These aims are also the factors of patient satisfaction. Including expectation, communication, and control. (IOM, 2001)

Patients are the key priority for service quality initiatives and not only in critical care hospitals. The needs of patients should also take precedence in skilled nursing facilities (SNF) that provide short-term care and long-term care (LTC). Patient satisfaction is becoming a significant indicator of overall quality measurements. Each patient has an individual outlook on satisfaction senior director of clinical services at the American Health Care Association (AHCA), once the subjective nature of "satisfaction" is understood and recognized, healthcare leaders and clinicians can begin to look at the factors that affect patient satisfaction in the skilled nursing setting (as cited in Hagstrom, 2016). Harmon (2016), stated three overarching themes and nursing-sensitive indicators defined as measures of the outcomes related to the structures and processes that drive nursing care (Assi, 2015) that affect the satisfaction of SNF patients:

1. Quality of care – helping the individual to improve health, regain function and return home;
2. Quality of staff – the competency, care, and concern that the staff expresses to the individual during his/her stay;
3. Effective discharge and transition plan to meet the needs of the individual (Hagstorm, 2016).

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Over time, patient satisfaction surveys have made a difference in healthcare. However, except for low mortality rates, favorable surgical outcomes were not consistently associated with high HCAHPS scores. Kennedy et al. concluded that factors outside of surgical outcomes appear to influence patients' perceptions of their care with existing

satisfaction surveys. Their quantitative study provided a negative correlation between mortality and patient satisfaction. Patient satisfaction can lead to low mortality rates for hospitals. They have found relationships between patient's perceptions of the hospital system and safety measures (Kennedy et al., 2014). Kennedy, Tevis, and Kent (2014) found hospital size, surgical volume, and low mortality were associated with high overall patient satisfaction.

The Berwick et al. (2008) described a system in balance as goals are pursued with a focus on ethics, fairness across populations, and specific strategies to assure that the pursuit of one goal in seclusion would not poorly affect other aims. Initiatives within a healthcare setting could have a disconcerting effect on patient experience if, for example, the measure of the decrease in cost can reduce the ratio of nurses to patients (Berwick, Nolan, & Whittington, 2008).

Nursing skill Mix

Skill Mix refers to the combinations of activities or skills needed for each job within the organization (Buchan & Dal Poz, 2002). Nursing skill mix is proportion of nursing hours provided by RNs. Nursing is a critical factor in determining the quality of care in hospitals and the nature of patient outcomes (Clarke and Donaldson, 2008). Typically, not having a nursing skill mix within a hospital or in a nursing home can have an effect on patient satisfaction. A skill mix shift that includes “the same number of hours with the patient, but at a lower cost without sacrificing top quality care” (Mckinsey & Company, 2019). By optimizing the nursing skill mix around both patient needs and

total cost, hospitals can deliver safe, effective, high-quality care in a fiscally responsible manner (Mckinsey & Company, 2019).

Staff

The quality of care has been linked to improved skills by nurses, most particularly to higher staffing ratios of registered nurses in a provider's workforce. The healthcare workforce, such as nursing staff, carries most of the responsibility for the patient's care experience; therefore, nursing care is vital to efficient quality of care. Staffing levels of nursing may have a negative or positive impact on patient satisfaction. For example, gaps in nurse staffing harm the patient experience because overtaxed nurses covering open shifts can fail to fulfill care duties (AMN, n.d). Staffing levels of nursing may have a negative or positive impact on patient satisfaction. The lack of adequate nurse staffing can result in longer lengths of stay, patient dissatisfaction, higher readmissions and more adverse events — all things that can decrease quality and increase impacts on the bottom line (AMN, n.d.) The NHCAHPS scores determines a nursing homes reimbursement rate. Therefore, the higher the score the higher the rates. From a hospital's perspective, Hokenberry and Becker (2016) found no evidence that the nursing-skill mix has a discernible impact on patient satisfaction. One explanation for this is that the quality of the nursing staff has more influence than the skill mix does on patient satisfaction (Palese et al., 2017). This would imply that differences in the ability to attract more competent, high-quality nurses at all levels of nursing may explain some of the differences in patient satisfaction between hospitals (Hokenberry & Becker, 2016). However, Hokenberry and Becker (2016) did find that the increased use of contract RNs in hospitals has an adverse

effect on overall patient satisfaction and patient satisfaction with nurses' communication. Although not always statistically significant, the impact of a higher proportion of contract RNs is almost always associated with negative effects on satisfaction measures in other domains of service, facility amenities, and non-nursing-related aspects of patient care (Hokenberry & Becker, 2016).

The Triple Aim – Reducing Cost & Accreditation

Measuring the quality of care is a crucial step for accreditation, which is a part of a triple aim project. The Institute for Healthcare Improvement's (IHI) Triple Aim Initiative establishes the quality of care as an important benchmark for accreditation. The Triple Aim was developed as specific guidelines to (a) promote quality of care, (b) improve the health of populations, and (c) decrease per capita cost of healthcare. According to Berwick et al. (2008), these three objectives are codependent. Without an effort on all three at the system level, outcomes may be less than suitable. The IHI Triple Aim Initiative's goal is to encourage healthcare providers and Emergency Medical Services (EMS) agencies to improve patient satisfaction while reducing costs. The aim is to optimize health system performance in three ways by (Nowak, 2017):

- improving the patient experience of care (including quality and patient satisfaction)
- improving the health of populations
- reducing the per capita cost of healthcare

The IHI expects organizations and communities that achieve the Triple Aim will have healthier populations. According to Nowak (2017), new ways of collecting data will

identify areas of improvement as well as where an agency is exceeding expectations. Quality data leads to quality performance, which leads to accreditation and recognition. Most importantly, quality patient interaction and gathering metrics on their experience will improve the experience of future patients and an agency's reputation in the industry (Nowak, 2017).

According to Nowak (2017), measuring patient satisfaction can positively influence the lives of community members and an agency's outcome. Accredited agencies are valued for striving for sound quality. This can drive service contracts and build trust between providers and the community. Being preeminent also leads to public health improvements. Better-quality public health can change into greater patient care programs, system growth through public trust, and quality improvement that can lead to efficiencies and overall decreased healthcare costs (Nowak, 2017).

Nowak (2017) believes that new standards may have the potential to influence reimbursement opportunities within the healthcare industry if accreditation is not met and patients are not satisfied. Not having accurate data on patient satisfaction may affect (a) future reimbursements for patient non-transports, (b) legislation to facilitate payments for alternative transport destinations, and (c) patient care bundle options within the hospital system that could be extended into EMS (Nowak, 2017).

Patient Experience

Patient experience measures should play a critical role in how we judge high-quality, value-based care (Chatterjee, Tsai, Jha, 2015). The concept that a patient's experience with healthcare should be the primary factor of how to measure healthcare

quality is a relatively new occurrence. While patient experience has started to be an aid as the basis for public reporting and pay-for-performance, its use for umpiring quality has been met with a significant amount of opposition. “As the US healthcare system refocuses on value, deciding how big of a role if any patients’ perspectives should play in how we define value will become a crucial question for policy makers and clinicians” (Chatterjee, Tsai, Jha, 2015). The use of patient-reported experience as a quality metric in healthcare is debatable in those critics opposes the inclusion of a key measure that would drive institutions to focus on the wrong priorities, thus making them to perform like hotels instead of organizations that provide good quality care. The increasing focus on these measures—by which we evaluate and pay for health care—may shift provider attention away from the delivery of technically effective care, and instead focus on services that are less clinically important (Chatterjee, Tsai, Jha, 2015). Critics further claim that shifting incentives may even diminish the quality of care when patient demands are completely in disagreement to good clinical practice, such as prescribing medications to a patient with an illness.

As patient experience takes on a larger part, measurement tools may need to become accustomed to changing practice environments and patient needs. Beyond the HCAHPS survey, clinicians and policy makers will need measures that capture real-time patient experience data and offer the opportunity for opinion that allows for more active restatement of practices. The scoring of these measures will also require modification and flexibility in order to ensure that they are accustomed to the idea that different patients may value certain features of their experience more than others. For good clinicians,

these metrics should confirm their superior performance; for the broader healthcare community, the focus should be on how to best assess, understand, and use these data in ways that will help all clinicians to provide more responsive care to patients. Paying attention to patient experience is not just good policy—it's good medicine (Chatterjee, Tsai, Jha, 2015).

Racism

Jones (2003) reported a growing number of scientists hypothesized that racism is a fundamental cause of "racial" and ethnic disparities in health outcomes. She believes that as practitioners if we do not confront institutionalized racism, we abandon all hopes for success in our struggle for social justice and health equity (Jones, 2003). Johansson, Jacobsen, Buchwald (2006/16) found American Indian/Alaska Natives (AI/AN) and especially those who identify as AI/AN + White, were the most likely to report discrimination in health care among racial groups (Johansson, Jacobsen & Buchwald, 2006/16). However, Shepherd, et al. (2018) state findings are mixed as to whether such bias directly underpins the reported lower quality of care and poorer health outcomes for particular minority groups (Shepherd, et al., 2018). While most of the sample reported satisfaction with treatment, the minority of participants reporting poor treatment is still of some concern. Cultural strength did not appear to impact health care behaviors although it predicted a desire for cultural matching. Cultural matching is when matching the cultural characteristics of minority populations with public health interventions designed to affect individuals within the group may enhance receptivity to, acceptance of, and salience of health information and programs (Thomas, Fine, & Ibrahim, 2004).

Summary

Chapter 2 provides a detailed review of the relevant literature regarding the quality of care and patient satisfaction and experiences of various populations. Initiation of the literature review process provided a substantive amount of information on minority ethnic populations who are in LTC facilties and why the use of the facilities is limited for patients. The literature review included quality care factors such as patient safety, reimbursement, communication, and staffing ratios that affect the quality of care. Most of the research emphasizes the issues with hospitals and the use of HCAHPS on the quality healthcare factors. It supports the need for research concerning care within the hospital in various locations. As indicated in Chapter 1, I will use secondary data from NHCAHPS quality factors and MHCC satisfaction scores that includes standardized instruments designed to gather information on the quality of care and patient experience. This will help the research on the perspective of minority ethnic residents.

Chapter 3: Method

The purpose of this non-experimental retrospective quantitative study is to determine the impact of patient satisfaction with the quality of care in a nursing home that are predominantly non-White compared to nursing homes that are predominantly White. Satisfaction levels and factors influencing the satisfaction for the target population residing in LTC facilities are not specifically addressed in the above literature demonstrating a gap that exists in available research. Even though there are studies that explore the perspectives of physicians and healthcare workers, there's more research needed to explore the perspective of black and minority ethnic residents in LTC.

Chapter 3 contains the following sections: the research design, participants, instruments, data collection, data analysis, and a summary. The research design section presents the approach and process utilized to conduct the study. The participant section provides a detailed explanation of the characteristics of the participants and the sampling technique. The instrumentation section presents an in-depth description and rationale of the measurement tools utilized to collect the data. Finally, the chapter describes the process by which the data were collected and analyzed.

Research Tradition

The non-experimental retrospective quantitative study is to determine the impact of patient satisfaction with the quality of care in a nursing home for patients of marginalized populations compared to nursing homes for patients that are predominantly White. Demographic variables are independent variables by definition because they cannot be manipulated. In research, demographic variables may be either categorical

(e.g., gender, race, marital status, psychiatric diagnosis) or continuous (e.g., age, years of education, income, family size; Salkind, 2010). In survey research, an independent variable is thought to influence, or at least be correlated with, another variable: the dependent variable. In population studies, patterns in data help researchers determine which variables are independent. More than one independent variable may influence a dependent variable (Lavrakas, 2008).

The independent variables for this study are the LTC facilities that are predominately marginalized (non-White) and LTC facilities that are predominately White and the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls). The satisfaction levels and factors influencing satisfaction for the target population residing in LTC facilities is the dependent variable. It is not specifically addressed in the literature review, demonstrating a gap that exists in available research. I analyzed the data using Statistical Package for the Social Sciences (SPSS) Version 25 for Windows (further explained below).

Quantitative Method

The quantitative method was chosen because quantitative methods are the most common in the healthcare industry. It is specifically used when conducting studies, healthcare facilities understand that many of their customers who need services are in pain or experiencing discomfort. They use quantitative research for patient surveys to find out more about patients and how satisfied they were with their service. Healthcare professionals learn more about illnesses with the use of quantitative research. The healthcare industry uses a variety of research methods to discover ways to improve health

care quality such as patient satisfaction; employees work life, medical cost, and patient safety and illness prevention. The primary research approach medical facilities use to conduct studies is quantitative research. A common way that healthcare professionals conduct quantitative studies is through surveys (i.e., patient satisfaction surveys, market studies, and pain and discomfort surveys; New Perspectives, 2015, para 2). With patient surveys, they find out more information about their patients. They want to know how satisfied they were with their service. Healthcare facilities apprehend that many of their patients who need services are in pain or facing distress. Healthcare facility owners may want to know what their patients think about the furniture or equipment available in their healthcare facilities. "For example, if multiple patients in a nursing home have trouble with the bars on their bed, research studies can help improve this issue or find whether replacing new beds will solve the problem. Improving healthcare facilities is a great way to get customer and employee satisfaction" (New Perspectives, 2015, para 3).

A qualitative design was not used because many qualitative research studies involve interviews. It would be a challenge to interview patients from a nursing home. Permission from the nursing home and reliance on the staff to select residents who are capable of participating in the study would need to occur. Due to this challenge, the study sample would be small. It is common for staff not to recommend a large proportion of nursing home residents for interviews because the staff may not deem them capable for participation. These residents are often classified by staff as "confused," "disoriented," or as "having difficulty communicating" and are believed to have inadequate cognitive

ability (Allen et al., 1992; Myers & MacDonald, 1996; Phillips et al., 1993 as cited in Sangle et. al, 2007).

Study Design

The non-experimental retrospective design will be used for the study because the secondary data is historical/archival data from CAHPS and NHCAHPS surveys. The data from the NHCAHPS surveys will be used in the present study because it provides valid and detailed responses on the quality measure (i.e., Nurses/Aides' Kindness/ Respect Towards Resident). The researchers of the NHCAHPS surveys field tested the instrument in East Texas and they used 15 Texas nursing homes, with 150 respondents per nursing home. The total respondents after removing residents without an address were 1,444. The survey began in the late October 2006 and ended early in January 2007. (NQF, 2010).

The NHCAHPS is used to, (a) to understand the member/patient experience, (b) to understand and fill gaps in care by discovering and addressing these gaps, and (c) to assess the need for improvements based on how patients' feel (Agency for Healthcare Research and Quality (AHRQ, 2018). These surveys used in monitoring programs designed to improve residents' experiences in nursing homes. For example, they can be a useful measurement tool for organizations focused on the Person-Centered Care goals of the Centers for Medicare & Medicaid Services' (CMS) National Nursing Home Quality Improvement Campaign (AHRQ, 2018).

Data Collection

The data collection process for the above research will involve the use of secondary data. Data regarding patients of marginalized populations will be purposely

selected to fit the design of the Research question. Along with data outcomes, factors are identified that contribute to patient satisfaction with the quality of care for the selected demographic. The data will come from responses from the NHCAHPS surveys. The independent variables are LTC facilities that are predominately marginalized (non-white) populations, LTC facilities that are predominately white, and the quality care indicators (depressive symptoms, weight loss, UTI, and one or more falls). the dependent variables are the satisfaction levels. The statistical analyses will include the retrospective design using an independent samples t-test compare the means of a normally distributed interval dependent variable for two independent variables. Patient satisfaction measurement tools should be reliable and valid in order to precisely collect patient's feedback (Linda, 2002). Patients' evaluation of care is a realistic tool to provide opportunity for improvement, enhance strategic decision making, reduce cost, meet patients' expectations, frame strategies for effective management, monitor healthcare performance of health plans, and provide benchmarking across healthcare institutions (Al-Abri and Al-Balushi, 2014).

The use of secondary data has benefits as participant data is widely available and access is granted to large data samples that individual data collection may not yield. With secondary data analysis, large data samples on groups of individuals and nursing homes can be obtained on a homogenous population. From an ethical standpoint, secondary data analysis has no direct impact on the participants' mental or cognitive well- being and are not dependent on consistent participation.

The secondary data will be used as historical data from NHCAHPS surveys for the quality care factors, the MHCC satisfaction surveys for the satisfaction scores, and

the Long-Term Care: Facts on Care in the US (LTCfocus) for the demographic scores. Retrospective study design is appropriate because it implies causation, and is specifically tailored to evaluate an intervention, in this case, innovative leadership.

Rationales for Selection of Methodology Strategies

Research methods such as qualitative experimental research would not fit this study because the quality of the data gathered in qualitative research is highly subjective. With secondary data, mining data gathered by qualitative research can be time consuming. Normally small sample sizes are used in qualitative studies, which limit generalizations and external validity of the findings, and may limit the scope of the research. The sampling involved in the present research is a bigger sample of the secondary data (will be discussed further below). Qualitative research creates findings that are valuable, but difficult to present. Researcher influence can have a negative effect on the collected data. Replicating results can be very difficult with qualitative research (Lombardo, n.d.). Lombardo (n.d.) indicated that difficult unseen data could disappear during the qualitative research process. Lombardo (n.d.) also stated that, decisions might require repetitive qualitative research periods. Qualitative research is not statistically representative (Lombardo, n.d.). Survey studies in research designs are classified as exploratory, descriptive, or comparative. Researchers use a survey design to search for accurate information about the characteristics of particular subjects, groups, institutions, or situations or about the occurrence of a variable's event, particularly when little is known about the variable. Researchers use the surveys to gather detailed descriptions of participants and use the statistics to validate and evaluate circumstances and practices.

You will find that the terms exploratory, descriptive, comparative, and survey are used either alone, interchangeably, or together to describe a study's design. LoBiondo-Wood and Haber (2014) included that, they also use the data to develop strategies for improving health care quality, policy, etc. Survey studies have several disadvantages. LoBiondo-Wood and Haber (2014) listed the following: First, the information obtained in a survey tends to be superficial. The breadth rather than the depth of the information is emphasized. Second, conducting a survey requires a great deal of expertise in various research areas. The survey investigator must know sampling techniques, questionnaire construction, interviewing, and data analysis to produce a reliable and valid study. (LoBiondo-Wood and Haber, 2014).

Research Questions and Hypotheses

Research Question 1 (RQ1): Is there a significant difference in patient satisfaction scores with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities?

$H_0$1: There will be no significant difference in patient satisfaction scores with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities.

H_a1: There is a significant difference in patient satisfaction scores with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities.

Research Question 2 (RQ2): Is there a significant difference in the quality of care with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities?

$H_0$2: There is no significant difference in the quality of care with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities.

H_a2: There is a significant difference in the quality of care with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities.

Research Question 3 (RQ3): Is there a significant association between patient satisfaction and the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls) for elders of marginalized populations residing in LTC facilities?

$H_0$3: There would be no statistically significant association between patient satisfaction and the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls) for elders of marginalized populations residing in LTC facilities.

H_a3: There would be statistically significant association between patient satisfaction and the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls) for elders of marginalized populations residing in LTC facilities.

Methodology

Sampling procedures and Instrumentation

The secondary data derived from a purposive sample of patients (marginalized populations) who reside in LTC facilities from various nursing homes in the state of Maryland and Virginia are selected. The independent variables are the predominately minority (non-white) patients and predominately white patients in LTC facilities and the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls) The data was collected from the LTC focus website (LTCfocus, 2018). The dependent variables are the satisfaction levels influencing the target populations' experience in LTC facilities which are from MHCC website. The quality measures of patient experience or satisfaction scores are from the NHCAHPS from the Medicare public website. The coded data was entered and analyzed using the Statistical Package for the Social Sciences (SPSS) Version 21 for Windows. The secondary data is from Long-term care providers and service users in the United States, which is from the National study of long-term care providers (NSLTCP) report. The report is originally from The Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) and data (percentage rates of blacks' long-term residents in 2016) from the LTCfocus website. LTCFocus provides data on all nursing home admissions. NSLTCP utilized data from several sources such as surveys about adult day services centers and participants, and residential care communities and residents that were fielded by NCHS between June 2014 and January 2015. The report also uses data from administrative records obtained from CMS on home health agencies and patients, hospices and patients, and nursing

homes and residents, which reflect these providers and services users between 2013 and 2014. The data from NHCAHPS defines quality factors and identify some of the potential barriers to the provision of quality care.

Validity and Reliability

Utilizing secondary data for research, there must be an evaluation process. Stewart (2014), lists items one may want to consider during their evaluation process:

- The data provider's purpose
- The data collector
- When the data was collected
- How the data was collected
- What data was collected
- Whether this data relate to other data

(Stewart, 2014)

NHCAHPS

In order to ensure the validity and reliability of the data from NHCAHPS, one must know how the survey was developed. Published NHCAHPS research has focused on the resident satisfaction instrument and not on the family satisfaction instrument (Sangle et. al, 2007). As indicated above, NHCAHPS is developed in collaboration with the Agency for Healthcare Research and Quality (AHRQ) and the CAHPS consortium of Harvard Medical School, The RAND Corporation, Research Triangle Institute International, and the American Institutes for Research (AIR) (Sangl et al, 2007).

Reliability of measurement has been proven by CMS through the progress of standardized survey delivery procedures. The research team conducted a field test, from June through August 2005, in 12 nursing homes in the states of Maine, New Hampshire, and Connecticut. An in-person interview instrument administered to current residents who had a stay of 30 or more days and did not have a planned discharge, and a mail version for short-stay (90 days or less) residents discharged in the past 60 days (Sangl et al, 2007). The resident NHCAHPS development demonstrates the critical role of cognitive interviewing to test survey items with the intended respondents prior to full-scale implementation, particularly for a population with cognitive challenges, such as nursing home residents (Sangl et al, 2007). The results from the cognitive test helped the team understand the most appropriate wording for items as well as provide guidance on types of questions, time period, and type of response task. According to Harris-Kojetin et al, (1990), In contrast to other CAHPS surveys, the NHCAHPS team concluded that ratings were more useful than reports because of the difficulty that residents had with summarizing over time and people (as cited in Sangl et al, 2007).

The NHCAHPS was approved by the AHRQ which speaks to the survey's validity and reliability. The research team conducted the following: (a) formative research (literature review); (b) cognitive testing and expert review, (c) field test; and (d) psychometric analysis and factor analysis, which is statistical evidence of reliability and validity (Frentzel et al, 2012). The results from the NHCAHPS research led the AHRQ to approve the NHCAHPS Family Survey as a measure of family satisfaction, which made it both reliable and valid for its projected purpose.

CAHPS background

Patient levels of satisfaction with the care provided will be assessed using secondary data. It is from a patient satisfaction survey that defines factors involved in patient satisfaction with care and identifies some of the potential barriers to the provision of quality care. There are many forms of Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient satisfaction surveys that were created by Agency for Healthcare Research and Quality (AHRQ). Under the CAHPS program, AHRQ funds, oversees, and works closely with a consortium of research organizations to conduct research on patient experience and develop surveys that ask consumers and patients to report on and evaluate their experiences with health plans, providers, and health care facilities. The CAHPS program also investigates and shares strategies for improving the reliability and validity of survey results, reporting survey results to interested audiences, and using the results to improve patients' experiences with care (AHRQ, 2018). CAHPS surveys cover areas that are significant to consumers and concentrates on the features of quality that consumers are eligible or most experienced to measure, such as the ease of access to health care services and the communication skills of providers.

Users of CAHPS survey results include patients and consumers, health care providers, public and private purchasers of health care, health care accreditation organizations, health plans, and regional improvement collaborative (AHRQ, 2018). These individuals and organizations use the survey results to evaluate and compare health care providers and to improve the quality of health care services. CAHPS surveys ask patients to report on their experiences with a range of health care services at multiple

levels of the delivery system. Several surveys ask about experiences with ambulatory care providers such as health plans, physicians' offices, and behavioral health plans, while others ask about experiences with care delivered in facilities such as hospitals, dialysis centers, and nursing homes (AHRQ, 2018).

• CAHPS questions focus on aspects of care for which the patient is the best or only source of information. For example, only a patient can tell whether a doctor communicated in a way the patient could understand or whether the patient felt treated with respect.

• CAHPS questions are understood and answered in a consistent way across a range of consumers.

• CAHPS questions ask patients to report on only care they have experienced and/or can observe.

• CAHPS questions ask about aspects of health care delivery that are important to patients.

• CAHPS questions are consistent with existing standards of health care delivery.

• CAHPS reporting questions provide an explicit time frame (e.g., in the past six months) or event reference (e.g., during your hospitalization).

• CAHPS questions include an explicit reference to the clinician, organization, or facility that is the focus of the survey.

(AHRQ, 2017, para 2).

Surveys include three standardized instruments designed to gather information on the experiences of adult nursing home residents and their family members. Each instrument is designed to meet a different need:

• Long-Stay Resident Survey: An in-person structured interview for long-term residents.

• Discharged Resident Survey: A questionnaire for recently discharged short-stay residents.

• Family Member Survey: A questionnaire that asks family members about their experiences with the nursing home.

(AHRQ, 2018).

NHCAHPS Development & Data collection

According to Sangl et al (2007), the development of the NHCAHPS resident instrument has been a multi-phase process. In Phase 1, CMS requested AHRQ and the CAHPS team to investigate the methodological challenges of conducting a survey with nursing home residents. This phase examined sampling issues, cognitive screeners, data collection methods, and possible survey content. Phase 2 consisted of question development. CMS initially requested that the instrument focus exclusively on QOC, emphasizing care processes, especially interpersonal aspects of care from the nursing home resident's perspective (Sangl et al, 2007).

To identify aspects of quality of care that were meaningful to nursing home residents, the team did the following: 1. It conducted a literature review, including Edwards's et al (2000) review of publicly available surveys (as cited in Sangl, et al

2007). 2. They conducted phone interviews with long-term care experts. 3. Received advice from a Methodological Expert Group meeting (Sangl, et al 2007). Through these methods, several domains of interest were found. These included (a) Nursing and medical services; (b) safety and security; (c) getting needed help from nursing home staff; (d) interaction and communication with staff; (e) food; (f) dignity and respect; (g) cleanliness; (h) noise; (i) activities; and (j) overall ratings of care (Sangl, et al 2007).

Three research organizations conducted six focus groups (four with nursing home residents and two with family members) in three states to verify that the domains of care found in the literature were important to nursing home residents and to identify any other domains of interest. The focus group transcripts were analyzed using a transcript-based analysis method, used in other CAHPS efforts. This method entails reviewing transcripts of focus group audiotapes to sort the transcript by grouping all text on a specific topic, identifying common themes or issues that emerge in the group discussion, looking at the frequency of specific comments, and identifying themes or issues that were unique to individual participants or groups (Sangl, et al 2007). The research team conducted a sequence of cognitive interviews to confirm that candidate survey items were consistently understood by the participants as well as to learn whether the participants' answers correctly mirrored what they have to say on the topic (Sangl, et al 2007). The cognitive interviewing was completed in several iterative rounds with a small number of participants. Sangl et al, (2007) had the following goals in mind: the goal of the first round was to evaluate the specific wording and concepts in the draft survey. The goal of both rounds two and three was a systematic test of how best to get information from

nursing home residents. The goal of Rounds 4 and 5 focused on question content and wording, once the question format was decided (Sangl et al, 2007).

MHCC

The purpose of the Maryland Health Care Commission (MHCC) family experience of care initiative began in 2005 with a pilot survey intended to guide the start of an annual process. The purpose of this initiative is to measure the experience and satisfaction of family members and other designated responsible parties of residents in Maryland's nursing homes (MHCC, 2018) The project's specific objectives are to provide: (a) measures of responsible party experience and satisfaction; (b) comparisons on experience and satisfaction measures between nursing homes in Maryland; and (c) comparisons between nursing home peer groups, including geographical region, facility size, and ownership type.

All nursing facilities in Maryland with one or more residents that had a 100 day stay or longer as of October 15, 2018 were included in the sample. All nursing homes were asked to provide a list of the designated responsible parties of each of their current residents. A responsible party is often a family member, such as a spouse, child, or sibling, but may also be someone who is unrelated to the resident (MHCC, 2018). A total of 7,611 eligible surveys were received completed through January 28, 2019 out of 17,465 mailed, resulting in a final response rate of 49% for all facilities. Table 1 below summarizes the final 2018 Maryland Nursing Facility Family Survey sample.

Table 1

2018 Maryland Nursing Facility Family Survey Sample Summary

2018 Nursing Facility Family Survey	Total Participating Facilities	Total Surveys Mailed	Total Surveys Returned	Response Rate*
Overall	221	17,465	7,611	49%

The designated responsible parties were asked to complete a survey about their experience and satisfaction with the facility and care provided to residents. The 2018 survey contained two overall measures of satisfaction and 31 items which assessed seven domains or aspects of residents' life and care:

1. Staff and Administration of the Nursing Home
2. Care Provided to Residents
3. Food and Meals – New in 2018
4. Autonomy and Residents' Rights
5. Physical Aspects of the Nursing Home
6. Activities – New in 2018
7. Security and Resident's Personal Rights – New in 2018

Within each domain, respondents rated different aspects of the resident's life and care. For the 2018 administration, questions were added to each domain, and two additional

domains were added. Importantly, domains have only been altered to become more inclusive and to evaluate additional items. No questions were removed from the survey (MHCC, 2018)

Population Measurement Validity: LTC

Brown University researchers have created a database aimed at providing information to improve the nation's long-term care system and the lives of the elderly who rely on that system. LTCFocus.org hosts data regarding the health and functional status of nursing home residents, characteristics of care facilities, and state policies relevant to long term care services and financing. The data will allow researchers to trace a clear relationship between state policies and local market forces and the quality of long-term care. Researchers can use this website to examine care processes and resident outcomes within the context of their local markets and regulatory practices (Brown University).

Proportion of residents admitted during the calendar year who was Black (2011+). Nursing home admissions were identified using the Minimum data set (MDS) records. MDS data are resident level data related to resident clinical and functional status. The MDS is collected for every nursing home resident on admission and at least quarterly thereafter. Data include the resident's diagnoses, treatments, medications, activities of daily living (ADL), and mood/behaviors. No resident level data are available on this website, instead MDS data have been aggregated to the facility, county, and state levels. They created two forms of MDS aggregates for this website: prevalence measures are based on all residents in the facility, county, or state on the first Thursday in April, and incidence measures, which are based on all admissions in the facility, county, or state in each calendar year. Information about each individual's race was gathered from MDS and the proportion of individuals admitted who were Black was then calculated at the facility,

county, and state level (Brown University, 2018). In addition to the MDS data, Brown University utilized the following databases that prove to be valid:

Online Survey Certification and Reporting (OSCAR)/Certification and Survey Provider Enhanced Reporting (CASPER)

OSCAR/CASPER data are administrative data collected by state survey agencies during nursing facility annual certification inspections. The OSCAR/CASPER data are maintained by the Centers for Medicare and Medicaid Services (CMS). Inspection surveys generally occur at least once every 15 months and all data gathered during inspections are compiled in the OSCAR/CASPER database. The database includes data on nursing home organizational characteristics, aggregate resident characteristics, staffing, and quality deficiencies identified during inspections.

State Policy Data

Beginning in early 2002, our research team developed and implemented a protocol for collecting data about state policies from Medicaid officials. Building on the State Medicaid policy book assembled by Charlene Harrington and colleagues, the survey gathers information on states' Medicaid policies, payment rates, reimbursement methodology, and bed hold policies, among others.

Area Resource File (ARF)

The ARF is a national county level health resources database maintained by the Health Resources and Services Administration (HSRA). It contains data about the health professionals and facilities in each county. The ARF is available annually and contains

data gathered from the Census Bureau, CMS, and the Bureau of Labor Statistics, among others.

Residential History File (RHF)

The RHF is a data resource developed at the Brown University Center for Gerontology and Healthcare Research. The data is compiled using Medicare Enrollment data, Medicare claims data, and MDS data. It can be used to track individuals as they move through the long-term care system, including between different care settings and different care types (e.g., hospice). We use this to calculate re-hospitalization rates, etc.

NSLTCP measurement and validity

In 2011, the NCHS launched the biennial NSLTCP that is an integrated strategy for efficiently obtaining and providing statistical information about the major sectors of paid, regulated long-term care services in the United States. NSLTCP is designed to provide reliable, accurate, relevant, and timely statistical information to support and inform long-term care services policy, research, and practice. The main goals of NSLTCP are to (a) estimate the supply, provision, and use of paid, regulated long-term care services, (b) estimate key policy-relevant characteristics and practices, (c) produce national and state estimates, where feasible, (d) compare among sectors, and (e) monitor trends over time (Harris-Kojetin, et al., 2016). The NSLTCP data collection system provides the infrastructure on which to build provider-specific surveys, cross-provider topical modules, and in-depth surveys to respond to evolving or emerging policy issues, and individual user sampling and collecting of information (e.g., nursing home residents).

NSLTCP data collection

NCHS used the *Minimum Data Set Active Resident Episode Table (MARET)* data, which contained information on all residents who were residing in a Medicare- or Medicaid-certified nursing home on the last day of the third quarter of 2014, regardless of payment source. Excluded were residents whose last assessment during the third quarter of 2014 was a discharge assessment. MDS assessment records provided by nursing homes and maintained by CMS were used to create a profile of the most recent standard information for each active resident (Harris-Kojetin, Senpupta, Park-Lee, 2018).

Data analysis

The coded data of the independent variables are percentages of minority patients 65 and over who reside in an LTF; percentages minority patients 65 and over who reside in a SNF, and the quality care indicators (depressive symptoms, weight loss, UTI, and one or more falls) The dependent variables are the satisfaction levels influencing the satisfaction for the target population residing in SNF/LTC facilities and the quality measures of patient experience or satisfaction scores. The secondary data was entered and analyzed using the Statistical Package for the Social Sciences (SPSS) Version 25 for Windows. Central tendency measures (means and medians) and the dispersion measures (standard deviation and ranges) were used to describe the variable of the study. Also, standardized regression analysis was used to examine the prediction power of the demographic population on patient satisfaction. A convenient sample is used to compare the satisfaction levels between different nursing homes (nursing home with a higher number of nonwhite patients and nursing homes with the increased number of white

patients. Then compare the quality of care within the LTC facilities. The study investigated the impact on satisfaction with the quality of care in a nursing home for patients of marginalized populations and compared the differences between the facilities based on demographics.

Research Question 1, Is there a significant difference in patient satisfaction scores with predominantly marginalized (non-white) patients' LTC facilities compared to predominantly white patients' LTC facilities and research question 2, Is there a significant difference in the quality of care with predominantly marginalized (non-white) patients' LTC facilities compared to predominantly white patients' LTC facilities, will be analyzed using an independent samples t-test. Research question 3, is there a statistically significant association between patient satisfaction and the quality of care for elders of marginalized populations residing in LTC facilities will be analyzed using Pearson's correlation.

According to Statistic Solutions (2019), the independent samples t-test is a member of the t-test family, which consists of tests that compare mean value(s) of continuous-level (interval or ratio data), normally distributed data (Statistics Solutions, 2019). The independent sample t-test associates two means. It takes on a model where the variables in the analysis are divided into independent and dependent variables. The model undertakes that a difference in the mean score of the dependent variable is established due to the effect of the independent variable. Therefore, the independent sample t-test is an inquiry of dependence. Statistic Solutions (2019) explains that within the t-test family, the independent samples t-test compares the mean scores of two groups

in a given variable, that is, two mean scores of the same variable, whereby one mean represents the average of that characteristic for one group and the other mean represents the average of that specific characteristic in the other group (Statistic Solutions 2019). Generally speaking, the independent samples t-test associates one measured characteristic between two groups of observations or measurements. It presents whether the difference between the two independent samples is an accurate difference or whether it is just a random effect (statistical artifact) due to skewed sampling.

Statistic Solutions (2019) defines Pearson's correlation coefficient as the test statistics that measures the statistical relationship, or association, between two continuous variables. It is known as the best method of measuring the association between variables of interest because it is based on the method of covariance (Statistic Solutions, 2019). It provides data about the degree of the association, or correlation, in addition to the direction of the relationship.

Using multiple linear regression analysis allows the researcher to predict scores on the relationship between the DV and IV. Linear regression makes the following assumptions: (a). linear relationship: linear regression needs the relationship between the independent and dependent variables to be linear. It is also important to check for outliers since linear regression is sensitive to outlier effects. The combined effects are best described by adding the effects together. (b). normality: Multiple regressions assume that the residuals are normally distributed. (c). Homoscedasticity: This assumption states that the variance of error terms is similar across the values of the independent variables. A plot of standardized residuals versus predicted values can show whether

points are equally distributed across all values of the independent variables. (d). No or little multicollinearity: Multiple linear regression assumes that the independent variables are not highly correlated with each other (Statistics Solutions, 2018). Table 2 provides the research questions, independent and dependent variables and testing method.

Table 2

Research questions & Testing methods

Research Question	Independent Variable	Dependent Variable	Testing Method
RQ1: Is there a significant difference in patient satisfaction scores with predominantly marginalized (non-white) patients' LTC facilities compared to predominantly white patients' LTC facilities?	Race: Predominately White and Non-White patients	Patient Satisfaction Scores	Independent samples T-test
RQ2: Is there a significant difference in the quality of care with predominantly marginalized (non-white) patients' LTC facilities compared to predominantly white patients' LTC facilities?	Race: Predominately White and Non-White patients	quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls)	Independent samples T-test
RQ3: Is there a significant association between patient satisfaction and the quality of care indicators (depressive symptoms, weight lost, UTI, and one or more falls) for elders of marginalized populations residing in LTC facilities?	Patient Satisfaction Scores	quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls)	Pearson product-moment correlation
RQ1, RQ2, & RQ3	Race: Predominately White and Non-White patients and Patient Satisfaction Scores	quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls)	Multiple Linear Regression

Summary

The non-experimental retrospective quantitative study was designed to determine the impact of patient satisfaction with the quality of care in a nursing home for patients of marginalized populations. This chapter focused on the methodology and design of the study including the non-experimental historical retrospective design (secondary data), to compare the independent and dependent variables. This chapter also focuses on the instrumentation, procedures for recruitment, participation, data collection, and methods.

The secondary data is historical/archival data from NHCAHPS and MHCC surveys, as well as the demographics of the population. The independent variables (IV) are minority elderly patients living in LTC facilities, and the quality care indicators (depressive symptoms, weight loss, UTI, and one or more falls). The dependent variable (DV) are satisfaction levels influencing the satisfaction for the target population residing in SNF/LTC facilities. Chapter 3 included the statistical analyses, which included the non-experimental retrospective design using independent t-test, Pearson correlation and multiple linear regression to measure the relationships between the variables and analyze their significance.

The secondary data used in this analysis is valid and reliable. Reliability of measurement has been proven by CMS through the progress of standardized survey delivery procedures. The measurement of the population is valid with the use of the OSCAR/CASPER data that is maintained by the CMS. This chapter provided the data analysis plan and Chapter 4 will present the data in the form of tables, as well as the data analysis.

Chapter 4: Results

The quality of care for elderly patients of racial or ethnic minority populations who reside in LTC facilities is an issue in the marginalized communities. Even though there is an increased use of nursing homes by minority residents, nursing home care remains highly segregated. Compared to whites, racial/ethnic minorities tend to be cared for in facilities with limited clinical and financial resources, low nurse staffing levels, and a relatively high number of care deficiency citations (Li et al., 2015). These groups of patients may not be satisfied with their care possibly impacting an increased rate of poor health conditions, noncompliance, and wariness in healthcare workers which observed both for African American patients and other non-White patients. This study will identify the factors implicated in patient satisfaction, for marginalized populations, with the quality of care in LTCs. Identifying the factors involved may assist administrators in creating quality care models to not only improve satisfaction with care but the quality of care as well for this population.

The purpose of this non-experimental retrospective quantitative study was to determine the impact of patient satisfaction with the quality of care in LTC facilities that are predominately non-White and predominately White populations and the quality care indicators, depressive symptoms, weight loss, UTI, and one or more falls (independent variables). The satisfaction levels (dependent variables) influencing the satisfaction of the target population living in LTC facilities are not addressed explicitly in the literature, which is demonstrating a gap that exists in available research. Even though there are studies that explore the perspectives of physicians and healthcare workers, there is more

research needed to examine the view of Black and minority ethnic residents in the LTC community.

Chapter 4 provides a discussion of the data collection, details of the study sample such as the reliability and validity of the data. A discussion of the data analysis and findings is provided. Chapter 4 presents results for RQ1, RQ2, RQ3 and the findings of the multiple linear regression analysis.

Demographics

Table 3 and Table 4 provide the nursing home demographic information. It was divided between homes that were predominately White and predominately non-White.

Table 3

Percentage of non-white for nursing homes that are predominately non-white

Predominately Non-white Nursing Homes	City, S.T.	% Non-White 2011+
CLINTON NURSING & REHABILITATION CTR	CLINTON, MD	86%
ARLINGTON WEST NURSING & REHAB CTR	BALTIMORE, MD	88%
HARFORD GARDENS CARE & REHABILITATION	BALTIMORE, MD	79%
HEARTLAND HEALTH CARE CENTER - ADELPHI	ADELPHI, MD	86%
HEARTLAND HEALTH CARE CENTER - HYATTSVILLE	HYATTSVILLE, MD	86%
SPRINGBROOK CTR	SILVER SPRING, MD	65%
CATONSVILLE COMMONS	CATONSVILLE, MD	51%
BRADFORD OAKS CTR	CLINTON, MD	77%
COURTLAND GARDENS NURSING & REHAB CTR	BALTIMORE, MD	81%
CRESCENT CITIES CTR	RIVERDALE, MD	81%
LAURELWOOD CARE CENTER AT ELKTON	ELKTON, MD	75%
LOCHEARN NURSING HOME LLC	BALTIMORE, MD	91%
SLIGO CREEK CTR	TAKOMA PARK, MD	65%
WOODSIDE CTR	SILVER SPRING, MD	57%
FAIRLAND CTR	SILVER SPRING, MD	57%
RIDERWOOD VILLAGE	SILVER SPRING, MD	55%
REGENCY CARE OF SILVER SPRING	SILVER SPRING, MD	51%
CHESTER RIVER MANOR	CHESTERTOWN, MD	65%
COPPER RIDGE	SYKESVILLE, MD	71%
STELLA MARIS INC.	TIMONIUM, MD	9%
AUGSBURG LUTHERAN HOME	BALTIMORE, MD	75%
BUCKINGHAM'S CHOICE	ADAMSTOWN, MD	52%
KENSINGTON NURSING & REHABILITATION CTR	KENSINGTON, MD	58%
ALTHEA WOODLAND NURSING HOME	SILVER SPRING, MD	60%
BLUE POINT NURSING CTR	BALTIMORE, MD	62%
CRESCENT CITIES CTR	RIVERDALE, MD	77%
FAYETTE HEALTH AND REHABILITATION CTR	BALTIMORE, MD	69%
FORESTVILLE HEALTH & REHABILITATION CTR	FORESTVILLE, MD	94%
FORT WASHINGTON HEALTH & REHABILITATION	FORT WASHINGTON, MD	83%
FUTURE CARE CHARLES VILLAGE LLC	BALTIMORE, MD	83%
FUTURE CARE HOMEWOOD	BALTIMORE, MD	75%
FUTURE CARE IRVINGTON LLC	BALTIMORE, MD	81%
FUTURE CARE OLD COURT	RANDALLSTOWN, MD	75%
FUTURE CARE PINEVIEW	CLINTON, MD	87%
FUTURE CARE SANDTOWN-WINCHESTER	BALTIMORE, MD	94%
MAGNOLIA CTR	LANHAM, MD	76%
MANOR CARE HEALTH SERVICES - LARGO	GLENARDEN, MD	92%
MANORCARE HEALTH SERVICES - ROLAND PAR	BALTIMORE, MD	78%
MANORCARE HEALTH SERVICES - WOODBRIDGE	CATONSVILLE, MD	77%
MANORCARE HEALTH SERVICES -SILVER SPR	SILVER SPRING, MD	65%
NORTHWEST HOSP. CTR. SUB. UNIT	RANDALLSTOWN, MD	55%
OVERLEA HEALTH AND REHABILITATION CTR	BALTIMORE, MD	56%
SUMMIT PARK HEALTH AND REHABILITATION	CATONSVILLE, MD	56%
VILLA ROSA NURSING HOME	MITCHELLVILLE, MD	88%
ROCK GLEN NSG & REHAB CTR (WESTGATE HILLS)	BALTIMORE, MD	75%
RANDALLSTOWN CENTER AKA CHAPEL HILL NURSING CTR	RANDALLSTOWN, MD	74%
PATUXENT RIVER HEALTH AND REHABILITATION	LAUREL, MD	51%
CHERRY LANE aka AUTUMN LAKE HEALTHCARE	LAUREL, MD	52%
KESWICK MULTI-CARE CTR	BALTIMORE, MD	51%
CADIA HEALTHCARE	WHEATON, MD	53%

Table 4

Percentage of white for nursing homes that are predominately white.

Predominately White Nursing Homes	City, ST	% White 2011+
BERLIN NURSING AND REHABILITATION CENT	BERLIN, MD	92%
BRIGHTON GARDEN TUCKERMAN LANE	NORTH BETHESDA, MD	90%
BROOKE GROVE REHAB. & NSG CTR	SANDY SPRING, MD	84%
CALVERT COUNTY NURSING CTR.	PRINCE FREDERICK, MD	68%
CAROLINE NURSING HOME	DENTON, MD	80%
CARROLL LUTHERAN VILLAGE	WESTMINSTER, MD	100%
CHARLOTTE HALL VETERANS HOME	CHARLOTTE HALL, MD	79%
CHESAPEAKE SHORES	LEXINGTON PARK, MD	73%
CHESTNUT GRN HLTH CTR BLAKEHUR	TOWSON, MD	99%
COLLINGTON EPISCOPAL LIFE CARE	MITCHELLVILLE, MD	65%
CROFTON CONVALESCENT CENTER	CROFTON, MD	61%
DEER'S HEAD CENTER	SALISBURY, MD	65%
DENNETT ROAD MANOR	OAKLAND, MD	100%
EGLE NURSING HOME	LONACONING, MD	100%
FAHRNEY-KEEDY MEMORIAL HOME	BOONSBORO, MD	100%
FAIRFIELD NURSING & REHABILITATION CEN	CROWNSVILLE, MD	92%
FUTURE CARE CANTON HARBOR	BALTIMORE, MD	62%
GINGER COVE	ANNAPOLIS, MD	99%
GLEN BURNIE HEALTH AND REHABILITATION	GLEN BURNIE, MD	79%
GLEN MEADOWS RETIREMENT COM.	GLEN ARM, MD	93%
HARTLEY HALL NURSING HOME INC	POCOMOKE CITY, MD	76%
HEBREW HOME OF GREATER WASHINGTON	ROCKVILLE, MD	79%
HERITAGE HARBOUR HEALTH AND REHABILITA	ANNAPOLIS, MD	78%
HERON POINT OF CHESTERTOWN	CHESTERTOWN, MD	100%
HOMEWOOD AT CRUMLAND FARMS	FREDERICK, MD	100%
HOMEWOOD AT WILLIAMSPORT MD	WILLIAMSPORT, MD	100%
INGLESIDE AT KING FARM	ROCKVILLE, MD	99%
LITTLE SISTERS OF THE POOR	BALTIMORE, MD	83%
LORIEN HEALTH SYSTEMS MT AIRY	MOUNT AIRY, MD	93%
MANORCARE HEALTH SERVICES - POTOMAC	POTOMAC, MD	80%
MANORCARE HEALTH SERVICES - RUXTON	TOWSON, MD	67%
MANORCARE HEALTH SERVICES -TOWSON	TOWSON, MD	58%
MARIA HEALTH CARE CENTER INC.	BALTIMORE, MD	100%
MARLEY NECK HEALTH & REHABILITATION CENTER	GLEN BURNIE, MD	88%
MONTGOMERY VILLAGE HEALTH CARE CENTER	GAITHERSBURG, MD	56%
NORTH ARUNDEL HEALTH AND REHABILITATIO	GLEN BURNIE, MD	74%
NORTHAMPTON MANOR	FREDERICK, MD	86%
OAKLAND NURSING & REHABILITATION CENTE	OAKLAND, MD	100%
PLEASANT VIEW NSG HOME	MOUNT AIRY, MD	83%
RIDGEWAY MANOR NURSING & REHABILITATIO	CATONSVILLE, MD	58%
ROCKVILLE NURSING HOME	ROCKVILLE, MD	92%
SACRED HEART HOME INC	HYATTSVILLE, MD	68%
SIGNATURE HEALTHCARE AT MALLARD BAY	CAMBRIDGE, MD	71%
SNOW HILL NURSING & REHAB CTR	SNOW HILL, MD	74%
ST. JOSEPH NURSING HOME	CATONSVILLE, MD	100%
THE LIONS CENTER FOR REHAB AND EXT CAR	CUMBERLAND, MD	100%
THE VILLA	BALTIMORE, MD	93%
WESTERN MD HOSPITAL CENTER	HAGERSTOWN, MD	65%
WICOMICO NURSING HOME	SALISBURY, MD	84%

Study Sample

The target population for this survey is residents from LTC facilities who are predominately non-white patients and predominately white patients. These residents are patients who reside in the nursing home for more than 100 days and have significant experience at the facility. To obtain relevant data, the sample used for this study was from MHCC Family Satisfaction Survey for the patient satisfaction scores and the NHCAHPS survey tool used for the quality of care factors.

The descriptive statistics was completed describe the sample size. The study sample of the secondary data is a total of 100 nursing homes which is a small sample for this study. This is due to the challenges to interview patients from a nursing home. Permission from the nursing home and reliance on the staff to select residents who are capable of participating in the study would need to occur.

Table 5 presents Means and Standard Deviations of patient satisfaction and quality of care for Non-Whites and Whites. The mean and standard deviation for patient satisfaction for the non-whites were 103 and 18, while the mean and standard deviation for the whites were 119 and 14. It also depicts the descriptive statistics of the nursing homes divided by race in comparison with the quality of care. The mean and standard deviation for the quality of care for the non-whites were 15 and 9, while the mean and standard deviation for the whites were 14 and 7. Table 6 presents frequency of the patient satisfaction and the quality of care factors between non-whites and whites.

Table 5

Means and Standard Deviations of patient satisfaction and quality of care for Non-Whites and Whites(N=100)

	Non-Whites			Whites		
	n	*M*	*SD*	*n*	*M*	*SD*
Patient Satisfaction	50	102.68	17.89	50	118.56	13.76
Quality of Care	50	14.55	8.26	50	13.8	6.56

Table 6

Frequency of patient satisfaction and quality of care factors between non-whites and whites

	Race	Mean	Std. Deviation	Frequency
Patient Satisfaction				
Staff Satisfaction	Non-white	3.37	0.23	50
	White	3.57	0.21	50
Food Quality	Non-white	3	0.32	50
	White	3.31	0.28	50
Respect Rights	Non-white	3.24	0.31	45
	White	3.47	0.3	55
Physical Environment	Non-white	3.09	0.31	48
	White	3.39	0.28	52
Activities Offered	Non-white	2.92	3.23	49
	White	3.23	0.35	51
Security Safety	Non-white	3.21	0.34	48
	White	3.48	0.31	52
Overall Care	Non-white	7.45	0.98	45
	White	8.36	1.09	55
Yes to "Would you recommend the Nursing Home"	Non-white	75.26	15.4	50
Quality of Care				
Falls	Non-white	3.22	2.63	55
	White	2	1.61	45
UTI*	Non-white	3.37	0.23	55
	White	3.03	2.47	45
Weight	Non-white	5.45	3.16	51
	White	5.27	3.79	49
Depressive Symptoms	Non-white	5.27	7.62	51
	White	2.28	2.69	49

Note. *UTI = Urinary tract infection; the missing data percentages were too low to include in the table.

Chapter 6 presents details on the data collection and analysis conducted and reports the results of the statistical analysis. I am going to solve each research question with the use of SPSS. The study is discussed by first presenting findings regarding RQ1 and RQ2 with

the use of the independent samples t-test and the Levene's test of equality of variance assumption. RQ3 will be solved using the Pearson product-moment correlation test.

Research Questions and Hypotheses

The research questions for the non-experimental quantitative survey design were:

Research Question 1 (RQ1): Is there a significant difference in patient satisfaction scores with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities?

$H_0$1: There will be no significant difference in patient satisfaction scores with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities.

H_a1: There is a significant difference in patient satisfaction scores with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities.

Research Question 2 (RQ2): Is there a significant difference in the quality of care with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities?

$H_0$2: There is no significant difference in the quality of care with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities.

H_a2: There is a significant difference in the quality of care with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities.

Research Question 3 (RQ3): Is there a significant association between patient satisfaction and the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls) for elders of marginalized populations residing in LTC facilities?

$H_0$3: There would be no statistically significant association between patient satisfaction and the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls) for elders of marginalized populations residing in LTC facilities.

H_a3: There would be statistically significant association between patient satisfaction and the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls) for elders of marginalized populations residing in LTC facilities.

Validity and Reliability

As discussed in chapter 1, the data from NHCAHPS deems as valid and reliable. CMS proved the reliability of measurement by providing the progress of standardized survey delivery procedures. The results from the NHCAHPS research led the AHRQ to approve the NHCAHPS Family Survey as a measure of family satisfaction, which made it both reliable and valid for its projected purpose. Per chapter 1, the CAHPS program also investigates and shares strategies for improving the reliability and validity of survey results, reporting survey results to interested audiences, and using the results to improve patients' experiences with care (AHRQ, 2018).

Research Questions 1 and 2 (Independent samples t-test)

An independent samples t-test (Table 7) was conducted to compare the difference in the dependent variable patient satisfaction scores between the independent variable race, with two levels, marginalized (non-white) patients and predominantly white patients in LTC facilities and the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls), and the dependent variables were patient satisfaction. There is no significant mean difference in patient satisfaction between the two groups (p =.5). Regarding the quality of care, there is a statistically significant difference between the two groups (p= .023).

Table 7

Means and Standard Deviations of patient satisfaction and quality of care for Non-Whites and Whites(N=100)

	Non-Whites			Whites				
	n	*M*	*SD*	*n*	*M*	*SD*	*t*-test	*p*-value
Patient Satisfaction	50	102.68	17.89	50	118.56	13.76	-4.97	.5
Quality of Care	50	14.55	8.26	50	13.8	6.56	0.5	.023

Research Question 3 (Pearson Correlation)

A Pearson product-moment correlation test was performed to examine the relationship between the dependent variable, patient satisfaction, and independent variable patient quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls), Preliminary analyses were performed to ensure no violations of the assumption of normality, linearity, and homoscedasticity. The correlation coefficient of -

.030 indicated that if the patient satisfaction rate increases the patient quality of care rate decreases. However, based on the p-value of .766 in table

8, I fail to reject the hypothesis null, which indicated that there is no significant correlation between patient satisfaction and the quality of care for elders of marginalized populations residing in LTC facilities.

Table 8

Correlation between patient satisfaction and quality of care

		Patient Satisfaction	Quality of care
Patient Satisfaction	Pearson Correlation	1	-0.03
	Sig. (2-tailed)		0.77
	N	100	100
Quality of Care	Pearson Correlation	-0.03	1
	Sig. (2-tailed)	0.77	
	N	100	100

Multiple Linear Regression

All predictor variables were either categorical or continuous and descriptive statistics as indicated above were calculated including frequency, mean, median, mode, range, standard deviation, and Pearson r. Table 9 depicts the coding process for each variable and the patient satisfaction scores were coded different from the quality care indicators.

Table 9

Coding process per variable

Variables	Code
Independent Variables	
Race: Predominately White Patients	SPSS code - 0
Race: Non-White Patients	SPSS code - 1

Patient Satisfaction scores	Questions that are binary is coded as 1 (Yes) and 0 (No), questions with responses rated 1-10 are being coded as 1 being the worst care and 10 being the best.
Dependent Variables	
Quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls)	percentiles (95th - near best and 5th - near worst).

A multiple linear regression analyses was performed to evaluate the relationship between the patient satisfaction and the predicator variables which are race (non-white and white), and the quality care indicators (depressive symptoms, weight loss, UTI, and one or more falls). The results of the regression analysis show that there is a significant association between patient satisfaction and the independent variables, F (5, 94) = 5.80, p = .0005, R^2 = .235. For depressive symptoms, every one unit increase in depressive symptoms, there is a decrease in the patient satisfaction by .115 units (B= -0.115, p=0.686). Also, similarly for weight loss, for every one unit increase in weight loss patient satisfaction decreases by .683 units (B=-0683, p= 0.155). For every one unit increase in UTI, patient satisfaction increases by .885 units (B=0.885, p=0.289). In regards for one or more falls, this would mean that for every one unit increase in one or more falls, patient satisfaction increases by .676 units (B=0.676, p=0.382). Lastly, compared to whites, non-whites have higher patient satisfaction by 13.556 times.

The larger the units the less likely that significance will be found. Table 8 depicts this regression summary.

Race is significantly related to quality of care in t-test (table 6) but only related to patient satisfaction in multiple linear regression in the table 8 because the patient satisfaction survey has more questions that the quality of care questions that were calculated in table 8 (The t-test does not allow to include other variables, but the regression does).

Table 10

Adjusted estimate of patient satisfaction and quality of care

Variable	*B*	*SE B*	β	*t*	*p*
(Constant)	104			25.76	.000**
Depressive symptoms	-0.12	-0.04	-0.04	-0.41	0.69
Weight loss	-0.68	-0.13	-0.13	-1.44	0.16
UTI	0.89	0.11	0.11	1.07	0.29
One or more falls	0.68	0.09	0.09	0.88	0.38
Race	13.56	0.38	0.38	3.89	.000**

** Correlation is significant at the .05 level
UTI = Urinary tract infection
$F(5, 94) = 5.80$, $p = .0005$, $R^2 = .235$

Summary

Chapter 4 described the statistical results of the methodology explained in Chapter 3. The independent samples *t*-test was performed for Research Questions 1 and 2. There is a significant mean difference between patient satisfaction and the quality of care. The Pearson correlation test was performed for Research Question 3. The results indicated that there's no correlation between patient satisfaction and the quality of care in LTC facilities with marginalized populations. The multiple regression analysis was performed, and the quality care factors and race were not statistically significant to the

prediction, $p < .05$. After controlling for quality of care indicators (which serves as the proxy of patient comorbidity level), race is significantly associated with patient satisfactioChapter 5 will discuss the results and offer further understanding of the results. It will also discuss the implications for social change and provide recommendations for healthcare administrators and future research.

Chapter 5: Discussion, Conclusions, and Recommendations

The sources of racial and ethnic health care disparities include communication difficulties between patient and provider, lack of trust in providers, differences in geography, less access to sufficient healthcare coverage, cultural barriers, and lack of access to providers. This study identified the factors involved in patient satisfaction, for marginalized populations, with the quality of care in LTCs. Identifying the factors involved may assist administrators in creating quality care models to not only improve satisfaction with care but the quality of care as well for this population.

The purpose of this non-experimental retrospective quantitative study was to determine the effect of patient satisfaction and the quality of care factors in a nursing home for patients of marginalized (non-White) and White populations. The independent variable was the marginalized (non-White), White residents at LTC facilities, nursing homes in Maryland and the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls). The dependent variables were the patient satisfaction percentage gathered from the Nursing Home Family Satisfaction Surveys and the quality of care indicators retrieved from NHCAHPS surveys.

Findings and Conclusions

Research Questions and Hypotheses

The hypothesis examined whether there was a relationship between the dependent variables, patient satisfaction scores. The independent variables, predominately non-White and predominately White populations and the quality of care indicators

The correlation coefficient of -.030 indicated that if the patient satisfaction rate increases the patient quality of care rate decreases. However, based on the *p*-value of .766, as noted in Table 7, I fail to reject the null hypothesis, which indicated that there is no correlation between patient satisfaction and the quality of care for elders of marginalized populations residing in LTC facilities.

The results indicated that there is no correlation between patient satisfaction and the quality of care indicators for elders of marginalized populations residing in LTC facilities. Therefore, it may prove helpful to examine other race or cultural aspects to decide if a stronger relationship exists. The regression analysis shows that there is a negative association between the quality of care and patient satisfaction. There is a significant association between patient satisfaction and the independent variables, the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls; $F(5, 94) = 5.80$, $p = .0005$, $R^2 = .235$). The fact that patient safety and effectiveness outcomes do not necessarily correlate with patient satisfaction is not particularly surprising. It should not lead one to believe that satisfaction is not a valid quality measure (Kennedy et al., 2013).

Patient Satisfaction and Quality of Care

My hypothesis, there is a significant difference in patient satisfaction scores with predominantly marginalized (non-White) patients' LTC facilities compared to predominantly White patients' LTC facilities, deemed to be accurate after conducting the analysis from the state of MD. Ethnically diverse communities face access issues suggesting minority patients could be receiving insufficient care. These groups of patients

may not be satisfied with their care possibly contributing to decreased compliance, distrust in healthcare workers, and an increased rate of poor health conditions for both African American patients and other ethnic minorities. For example, Li et al. (2011) found Black nursing home residents have higher risk-adjusted rates of pressure ulcers compared with White residents (as cited in Campbell et al., 2016).

Based on my results and hypothesis, there is no significant association between patient satisfaction and the quality of care indicators for elders of marginalized populations residing in LTC facilities. Even though quality is positively associated with satisfaction, the direction and strength of the predictive relationship between quality and satisfaction remain unclear (Naidu, 2009). According to Spilsbury et al. (2011), 'quality' is a difficult concept to capture directly and the measures used to focus mainly on 'clinical' outcomes for residents. The measures for the quality of care involves medical indicators such as UTIs.

Depression, Patient Falls, UTIs, and Weight Loss

The multiple regression analysis shows that there is no significant association between patient satisfaction and the quality +0 of care indicators. Depressed patients have been shown to be less satisfied with their primary care providers (Unutzer & Park, 2012). Nursing home patients are more likely to become depressed because they are described in terms of advanced age, weakness, mortality, disability, powerlessness, dependency, and vulnerability (Haugan, 2014). As a result, advancing caregivers' interacting and communicating skills might facilitate patients' health and global well-being and inspire healthcare workers as they perform their daily care task (Haugan, 2014). It is apparent

that NH patients need quality, consistent communication, and interaction to avoid misery or adverse effects or outcomes.

According to my findings, signs of depression had a strong relationship with patient satisfaction. My research focused solely on nursing homes in Maryland. Therefore, it may prove useful to analyze other nursing homes and race to determine if there is a stronger relationship exists. Depression is common among NH residents in Jordan and is associated significantly with poor quality of life (Al-Amer et al., 2019).

Patient falls has an impact on patient safety in nursing homes and falls are an important safety issue. Even though there's no significant relationship between patient falls and patient satisfaction (B=0.676, p=0.382), it is not clear that patient satisfaction is directly linked to patient safety or efficiency of care. Former studies have established variable links between patient satisfaction, patient safety, and patient outcomes. Kennedy, Tevis, & Kent (2013) evaluated whether high patient satisfaction measured by HCAHPS surveys correlated with favorable results stated that patient safety and effectiveness outcomes do not necessarily correlate with patient satisfaction is not particularly surprising and should not lead one to believe that satisfaction is not a valid quality measure. Reason being that patient-centered care should be a goal of every physician, and this survey is designed to reflect the healthcare experience from the patient's perspective. A useful measure for assessing the patient's level of understanding of their care could be a measure of patient engagement and their capacity to participate in joint decision-making. The general lack of granularity also makes it impossible for us to determine if patients had an emergency or elective operation (Kennedy, Tevis, & Kent, 2013).

Patients in long-term care settings may be especially vulnerable to safety issues during their care. According to Berkowitz (2016), as patients became more satisfied with service quality, they reported more positive experiences with safety-related activities and procedures. However, Kennedy et al. (2013) explored whether the hospital experience could be a surrogate marker for measures of safety show that factors outside of patient safety influence patient experience and therefore patient satisfaction is not a replacement for patient safety and efficiency. According to Kennedy et al (2013), while patient satisfaction is clearly a separate quality measure, they have to be clear when expressing these results as this particular measure does not reflect the safety of care delivered by a hospital (Kennedy et al, 2013). This is a similar with the NHCAHPS, the quality indicator of patient falls is a separate measure, it is not a measure in MHCC 2018 Nursing Home Family Satisfaction Survey. The survey includes questions regarding security of the facility and the safety of the resident. Therefore, the NHCAHPS needs to be updated and include a patient satisfaction measure as that is an important factor for a successful nursing home. Patient satisfaction is becoming a significant indicator of overall quality measurements. One major issue that the state of Maryland faces is missing the timeline for the nursing home complaints investigation. According to Fritze (2017), the state failed to investigate nearly 650 allegations of harm at Maryland nursing homes within a required 10-day window. The state missed the federal deadline 74 percent of the time, the inspector general for the US. As indicated in chapter 2, healthcare facilities such as hospitals, nursing homes, and private practices must keep patients happy and healthy by providing good quality healthcare (Fritze, 2017).

In 2020 there was study that was explored on how residents and community providers clinically approach UTIs and solicited opinions on proposed practice interventions to improve guideline adherence and prescribing practices (Pinkerton, Bongu, Lowder, and Durkin, 2020). The authors recognized that there were opportunities to improve urine testing practices, antibiotic selection, and treatment duration. Residents and community providers did not report a single solution to improve care. According to Pinkerton, Bongu, Lowder, and Durkin, (2020), Instead, multifaceted interventions that include provider education, synthesis of guidelines, and pragmatic clinical decisions support tools are needed to optimize antibiotic prescribing and diagnostic testing (Pinkerton, Bongu, Lowder, and Durkin, 2020). The authors recommend to improve the format of UTI guidelines and better distribution of local antibiotic predisposition data. Although there are no specific studies found that can indicate or relate to my findings, this study shows that there was a lack in improving treatment plan that can advance the quality of care which in turn can be one of the factors that can increase patient satisfaction scores.

According to a study that aimed to investigate the role of caregivers' work environment on three specific resident clinical outcomes: pressure ulcers, medically unexplained weight loss, and falls (with or without injury) it examined the association of workers' job satisfaction with resident satisfaction and with quality of care, it was hypothesized that high employee satisfaction with working conditions would be associated with increased resident satisfaction with nursing care and the general environment (Plaku-Alakbarova, et. al., 2018). Based on the results from the study, the

nursing home employees' work environment plays a significant role of the resident experience, as measured intuitively by resident satisfaction surveys and accurately by incidence of falls, pressure ulcers, and weight loss. If the employees are satisfied, then the residents' nursing home experience will deem satisfactory as well. Plaku-Alakbarova, et. al., (2018) indicated that these results suggest that nursing home residents appear to be more satisfied when their caregivers are compensated fairly, supported by their managers, provided with stress assistance, and working in an environment that values communication (Plaku-Alakbarova, et. al., 2018).

Study Limitations

A limitation of this study is the use of secondary datasets originally collected by other professional researchers and government agencies. The datasets may or may not have interfering factors that affect the generalizability, validity, and reliability of the study. Also, the number and mix of sponsors contributing data vary slightly from year to year, and therefore comparisons over time should be made with these limitations and variations in mind (CMS, 2017).

Instruments need to be valid and reliable. That is, they accurately represent the patient experience of hospital care (validity), and this is measured consistently (reliability). An example of validity would be ensuring the patient experience is being measured, rather than the clinicians' perspective, as these are known to differ. An unreliable tool would not monitor improvement over time, consistently, and without error (Beattie, et al., 2015).

One of the limitations of my study is generalizability as all nursing homes included in my study sample were subject to public reporting in Maryland. Based on my research, there was no other system in Maryland during my study period that was designed to improve the resident experience of care in nursing homes. As a result, my conclusions may be highly suggestive of the effectiveness (or lack thereof) of this public data. Another limitation may be the availability of LTC residents' demographics. This study utilized the MHCC Family Satisfaction Survey for the patient satisfaction scores and the NHCAHPS survey tool used for the quality of care factors, where it is matched by the facility identification number and individual facility is the unit of analysis. Not being able to identify the demographics of individual resident impedes the comparisons and limits further discussions of the contribution of individual patient demographics to the overall analysis, which is commonly considered in the research.

Ethical dimensions

Based on a proper perspective, secondary data research has no direct effect on the individuals' mental or emotional well-being and is not reliant on continuous involvement. The surveys that were used for this study was data that are available on the internet, are in the public domain, and often calculated free from restrictions.

Summary

Chapter 5 will discuss the results in Chapter 4. It will provide the findings and conclusions. It will discuss the limitations of the study, implications for practice, implications of the research, and recommendations for future research. It will conclude statements other researchers will want to cite in their research and present a "bottom line"

message about why the study was so important. It will also offer data that other researchers will want to cite in their work. Implications for social change are presented in this chapter.

Importance, significance, and meaning of the study to various constituents

It is essential for administrators, specifically nursing home administrators, nurses, and the community to be aware of how significant and the impact of patient satisfaction and the quality of care are in the healthcare industry. Medicare is tracking patient satisfaction with NHCAPHS**.**

With advances in technology nowadays, when patients are not pleased, they can write a complaint online, therefore, chances of different opinions being heard increase. When patients are not satisfied with the medical care they received, it is more likely that they are going to express it by different means. For example, if someone has a bad experience at a restaurant or coffee shop, they are likely to rant about it to their community of friends and family online (Calder, 2020). Bad reviews can have a significant impact on the healthcare industry. Medicare started tracking the levels of patient satisfaction in hospitals, and now they are beginning to hire patient satisfaction officers. If patients are treated well, there's a possibility that they will inform friends and family. According to TechCrunch, one in every 20 Google searches is now about healthcare, and that number is growing (McCorry, 2015).

Implications for Practice

A major topic for debate is the concern for the quality of care that is being delivered to elderly patients of racial or ethnic minority populations, otherwise known as

marginalized. Some evidence suggests that particular ethnic groups may receive poorer standards of care due to biased beliefs or attitudes held by health professionals (Shepherd, et al., 2018). Poor representation of ethnic minorities among physicians and other health professionals increases the chance of having a race-discordant patient-physician relationship, which happens when patients from ethnic groups treated by professionals from a different ethnic background, which may lead to poor quality of care or receiving insufficient care (Cooper& Powe, 2004; Campbell, Cai & Li, 2016; Martin, Mannino, Eaton, & Moss, 2003). These groups of patients may not be satisfied with their care possibly contributing to decreased compliance, distrust in healthcare workers, and an increased rate of poor health conditions, which observed both for African American patients and other ethnic minorities. Little has been done to study patient satisfaction with this selected demographic in the setting of LTC facilities. The factors involved in satisfaction with care may indeed be different in this population of patients compared with their Caucasian counterparts. This study will identify the factors involved in patient satisfaction, for marginalized populations, with the quality of care in LTCs.

Based on the conclusions the practitioner should consider a potential limitation from the study which is, patient non-response bias or participation bias. Heath (2019) defines Nonresponse bias, or participation bias as "the influence that the respondents to a certain survey may have because of their personal qualities and demographic characteristics" (Heath, 2019). Healthcare professionals may not receive a diverse and wide set of respondents' views, needs, or experiences, when only a certain group of individuals take part in a patient satisfaction survey. Participation from all races is vital

because healthcare facilities can use survey responses to advise long term care improvement plans.

Implications of Study and Recommendations for Future Studies

The stakeholders that would benefit from this study such as representatives of nursing homes, trade associations, State survey agencies, medical directors, directors of nursing, geriatric nursing assistants, other licensed professionals, and consumers**.** This research can help define what training procedures for the staff or resources that could affect non-white patients and determine what nursing home services could meet the needs of these patients.

I propose future research based on the limitations of my study. I recommend different locations as my study was in MD, and a larger sample size of nursing homes. It should include the same race comparison of non-whites and whites. Further research would need to be done to verify if patient satisfaction surveys and the quality of care surveys and the results from this research could be applied in other nursing homes. My study results are from surveys restricted to a particular stretch of time; future research will get different results with a different time period. I also recommend providing patient satisfaction surveys in the most fluent and common languages spoken at the nursing home.

Social change

The idea of this study can create a positive social change movement in a form of a culture change movement in nursing homes. The “culture change” movement seeks to switch nursing homes from institutions to homes for residents that improve the quality of

care and quality of life of residents. Chisholm et al. (2018) presents the key principles of the culture change movement: resident-directed care and activities; home environment; relationships with staff, family, residents, and community; staff empowerment; collaborative and decentralized management; and measurement-based Continuous quality improvement (CQI) process (Chisholm, et al., 2018). Culture change has been associated with higher levels of quality of resident care and life and greater family satisfaction (Chisholm, et al., 2018). After controlling for quality of care indicators (which serves as the proxy of patient comorbidity level), race is significantly associated with patient satisfaction. This research can shed light on what matters in nursing homes which is the quality of care for the residents.

Conclusion

Although the study shows there is no significant relationship between race, the patient satisfaction and the quality care indicators, this study will shed light in the nursing home industry. Study showed significant association between race and the quality of care indicators (depressive symptoms, weight loss, UTI, and one or more falls) for elders of marginalized populations residing in LTC facilities, which tells us that comorbidity level is higher among non-white patients. After controlling for quality of care indicators (which serves as the proxy of patient comorbidity level), race is significantly associated with patient satisfaction.

To consider doing further research in other states. Identifying the factors involved may assist administrators in creating quality care models to not only improve satisfaction with care but also the quality of care for this population. Patient satisfaction surveys will allow healthcare professionals to understand if they are lacking in any area or if they are meeting the expectations of their patients.

Although the findings showed no significant relationship between patient satisfaction and the quality of care and no racial differences between whites and non-white patients, it should continue to be essential for a good outcome for the residents. There's racial bias in nursing homes in other states around the US. According to Yearby (2010), empirical data from several states, including New York, North Carolina, and Illinois, show that race remains the greatest predictor of the provision of poor-quality nursing home care. Yearby (2010) also indicated that, ten years of research shows African Americans disproportionately reside in substandard nursing homes compared to Caucasians. In the future, racial bias can affect the quality of care and it is significant because a substantial number of elderly non-white patients or residents will need access to quality nursing home care. Healthcare professionals need to consider additional research, continue relying on surveys. They need to ensure the safety and quality of care for not only non-white residents but for all residents. Healthcare management or administrators need to consider additional non bias training programs for themselves as well as the nursing home staff.

References

Abusalem, S., Myers, J. A., & Aljeesh, Y. (2013). Patient satisfaction in home health care. *Journal of Clinical Nursing*, *22*, 2426-2435. https://doi.org/10.1111/j.1365-2702.2012.04211.x

Association for Educational Communications and Technology (2007). *What is descriptive research? The handbook of research for educational communications and technology.* http://members.aect.org/edtech/ed1/index.asp

Agency for Healthcare Research and Quality. (2018). *About CAHPS.* http://www.ahrq.gov/cahps/about-cahps/index.html

Agency for Healthcare Research and Quality. (2014). *Disparities in healthcare quality among racial and ethnic minority groups.* https://archive.ahrq.gov/research/findings/nhqrdr/nhqrdr10/minority.html#Minorities

Agency for Healthcare Research and Quality. (2016). *The six domains of health care quality*. http://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/sixdomains.html

Agency for Healthcare Research and Quality (2017). *Data sources and limitations. 2017 CAHPS health plan survey chartbook.* http://www.ahrq.gov/cahps/cahps-database/comparative-data/2017-health-plan-chartbook/data-sources-limitations.html

Agency for Healthcare Research and Quality (2018). *CAHPS Nursing Home Surveys*. Content last reviewed April 2018. http://www.ahrq.gov/cahps/surveys-

guidance/nh/index.html

Al-Abri, R., & Al-Balushi, A. (2014). Patient satisfaction survey as a tool towards quality improvement. *Oman Medical Journal*, *29*(1), 3–7. https://doi.org/10.5001/omj.2014.02

Al-Amin, M., & Makarem, S. C. (n.d). The effects of hospital-level factors on patients' ratings of physician communication. *Journal of Healthcare Management*, *61*(1), 28-41. https://doi.org/0.1097/00115514-201601000-00007

Ali Mohammad, M. (2013). Healthcare service quality: Towards a broad definition. *International Journal of Health Care Quality Assurance*, (3), 203. https://doi.org/10.1108/09526861311311409

Alsayed, A.K.; Motaghi, M.H.; & Osman, I.B. (2012). The use of the multifactor leadership questionnaire and communication satisfaction questionnaire in Palestine: A research note. *International Journal of Scientific and Research Publications, 11*(2): 2250-3153. http://www.ijsrp.org/research-paper-1112/ijsrp-p1152.pdf

AMN Healthcare (n.d.). Three ways healthcare staffing boosts patient satisfaction. *Healthcare News*. https://www.amnhealthcare.com/latest-healthcare-news/three-ways-staffing-leads-to-patient-satisfaction/

Andel, C., Davidow, S. L., Hollander, M. & Moreno, D. A. (2012). The economics of health care quality and medical errors. *Journal of Healthcare Finance Comparing Hospitals Along Various Parameters, 39*(1), 39-50. http://www.ctcps.org/pdfs/JHCF_Fall12_Andel_etal.pdf

Annersten Gershater, M., Pilhammar, E. & Alm Roijer, C. (2013). Prevention of foot ulcers in patients with diabetes in home nursing: a qualitative interview study. *European Diabetes Nursing*, 10, 52–57. https://doi.org/10.1002/edn.227

Artiga, S., Orgera, K., & Pham, O. (2016). Disparities in health and health care: Five key questions and answers. *Kaiser Family Foundation*. https://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers /

Ash L & Miller C. (2011). Interprofessional collaboration for improving patient and population health. In M. E. Zaccagnini & K. W. White, (Eds.), *The Doctor of Nursing Practice Essentials. A New Model for Advanced Practice Nursing* (1-24). 1st ed. Jones and Bartlett.

Assi, M.J. (2015). The quality question: Pearls for practice. *The American Nurse.* http://www.theamericannurse.org/2015/01/05/the-quality-question-pearls-for-practice/

Baldwin, C. Y., & Bishop, C. E. (1984). Return to nursing home investment: Issues for public policy. *Health Care Financing Review*, *5*(4), 43–52. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4191352/#__ffn_sectitle

Beattie, M., Murphy, D. J., Atherton, I., & Lauder, W. (2015). Instruments to measure patient experience of healthcare quality in hospitals: a systematic review. *Systematic Reviews,* 4, 97. http://doi.org/10.1186/s13643-015-0089-0

Beck, M. (2015). Medicare-Provider Penalties, Incentives Detailed in Report. *The Wall Street Journal.*

https://www.wsj.com/articles/medicare-provider-penalties-incentives-detailed-in-report-1430089439

Berglund, A.L. (2007). Satisfaction with caring and living conditions in nursing homes: views of elderly persons, next of kin and staff members. *Int J Nursing Pract. 13* (1): 46-51. https://www.ncbi.nlm.nih.gov/pubmed/17244244

Berkowitz, B. (2016) The Patient Experience and Patient Satisfaction: Measurement of a Complex Dynamic *OJIN: The Online Journal of Issues in Nursing* 21 (1), Manuscript 1. http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-21-2016/No1-Jan-2016/The-Patient-Experience-and-Patient-Satisfaction.html

Berkowitz, B. (2016) The Patient Experience and Patient Satisfaction: Measurement of a Complex Dynamic *OJIN: The Online Journal of Issues in Nursing 21*(1), Manuscript 1. http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-21-2016/No1-Jan-2016/The-Patient-Experience-and-Patient-Satisfaction.html

Bowblis, J. R. and Applebaum, R. (2017), How Does Medicaid Reimbursement Impact Nursing Home Quality? The Effects of Small Anticipatory Changes. *Health Serv Res,* 52, pp. 1729-1748. https://doi.org/10.1111/1475-6773.12553

Brooks-Carthon, J. M., Kutney-Lee, A., Sloane, D. M., Cimiotti, J. P., & Aiken, L. H. (2011). Quality of Care and Patient Satisfaction in Hospitals with High

Concentrations of Black Patients. *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing / Sigma Theta Tau*, *43*(3), 301–310. https://doi.org/10.1111/j.1547-5069.2011.01403

Brunt, C. S. and Jensen, G. A. (2014), Pricing Distortions in Medicare's Distortions in Medicare's Physician Fee Schedule and Patient Satisfaction with Care Quality and Access. *Health Econ*., 23, 761-775. https://doi.org/10.1002/hec.2952

Buchan, J. & Poz, M. R. D. (2002) Skill mix in the health care workforce: reviewing the evidence. *Bulletin of the World Health Organization, 80,* https://www.scielosp.org/pdf/bwho/2002.v80n7/575-580/en

Campbell, L. J., Cai, X., Gao, S., & Li, Y. (2016). Racial/Ethnic Disparities in Nursing Home Quality of Life Deficiencies, 2001 to 2011. *Gerontology and Geriatric Medicine*. https://doi.org/10.1177/2333721416653561

Caramenico, A. (2013). How healthcare innovation leaders turn ideas into change. *Fierce Healthcare.* https://www.fiercehealthcare.com/healthcare/how-healthcare-innovation-leaders-turn-ideas-into-change

Caris Verhallen, W. M., De Gruijter, I. M., Kerkstra, A. & Bensing, J. M. (1999), Factors related to nurse communication with elderly people. *Journal of Advanced Nursing*, *30*(5), 1106-1117. https://doi.org/:10.1046/j.1365-2648.1999.01197.x

Castle, N., Engberg, J., & Men, A. (2018). Satisfaction of Discharged Nursing Home Residents. *J Appl Gerontol, 37*(10), 1255-1243. https://doi.org/10.1177/0733464816656095

Centers for Medicare & Medicaid Services (2017). HCAHPS: Patients' Perspectives of

Care Survey. *CMS.* https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS

Chan, E.A., Wong, F. Y., Ching, S.S., & Lam, W. Y. (2016). Nurse–patient communication and its impact on nurses' learning and patient satisfaction in oncology wards: protocol for a focused ethnographic and conversational analysis study. *The Lancet,* 388, S27. https://doi.org/10.1016/S0140-6736(16)31954-7

Chen, L. M., Birkmeyer, J. D., Saint, S. and Jha, A. K. (2013). Hospitalist Staffing and Patient Satisfaction in the National Medicare Population. *J. Hosp. Med.,* 8, 126-131. https://doi.org/10.1002/jhm.2001

Chisholm, L., Zhang, N. J., Hyer, K., Pradhan, R., Unruh, L., & Lin, F. C. (2018). Culture Change in Nursing Homes: What Is the Role of Nursing Home Resources? Inquiry: A Journal of Medical Care Organization, Provision and Financing. https://doi.org/10.1177/0046958018787043

Clarke, J.L., Bourn, S., Skoufalos, A., Beck, E. H., & Castillo, D. J. (2017). An Innovative Approach to Health Care Delivery for Patients with Chronic Conditions. *Popul Health Manag, 20*(1), 23–30. https://doi.org/10.1089/pop.2016.0076

Clarke, P. S. & Donaldson, E. N. (2008). Chapter 25' Nurse Staffing and Patient Care Quality and Safety. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses.* https://www.ncbi.nlm.nih.gov/books/NBK2676/

Cook, B. L. (2002). A test of Donabedian's framework using structural equation

modeling with a nursing facility population. *Nursing & Allied Health Database;* ProQuest Central; ProQuest Dissertations & Theses Global. https://www.proquest.com/openview/d139f7d0371ec7c430ee2f807d41bed4/1?pq-origsite=gscholar&cbl=18750&diss=y

Cooper, L.A. & Powe, N.R. (2004). Disparities in Patient Experiences Health Care Processes, and Outcomes: The Role of Patient-provider Racial, Ethnic, and Language Concordance. *The Commonwealth Fund. Johns Hopkins University.* http://www.commonwealthfund.org/programs/minority/cooper_raceconcordance_753.pdf

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches (4th ed.).* Thousand Oaks, CA: Sage.

Development of the CAHPS Nursing Home Resident Surveys. Content last reviewed April 2018. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/cahps/surveys-guidance/nh/resident/Development-Resident-Surveys.html

Dobbs, D., Baker, T., Carrion I. V., Vongxaiburana, E., & Hyer K. (2012). Certified Nursing Assistants' Perspectives of Nursing Home Residents' Pain Experience: Communication Patterns, Cultural Context, and the Role of Empathy. *Pain Management Nursing, 15*(1), 87-96. https://doi.org/10.1016/j.pmn.2012.06.008

Donabedian, A. (1987). Commentary on some studies of the quality of care. *Health Care Financing Review, Spec No,* (Suppl), 75–85. https://pubmed.ncbi.nlm.nih.gov/10312323/

Eaton, S.C. (2011). Beyond 'unloving care': linking human resource management and patient care quality in nursing homes. *The International Journal of Human Resource Management. 11*(3), 591-616. https://doi.org/10.1080/095851900339774

Finkelstein A., Carmel S., & Bachner Y.G. (2015). Physicians' communication styles as correlates of elderly cancer patients' satisfaction with their doctors. *European Journal of Cancer Care*, *26*(1), e12399. https://doi.org/10.1111/ecc.12399

Frentzel, E. M.; Sangl, J. A.; Evensen, C. T.; Cosenza, C.; Brown, J. A.; Keller, S.; & Garfinkel, S. A. (2012). Giving Voice to the Vulnerable: The Development of a CAHPS Nursing Home Survey Measuring Family Members' Experiences. *Medical Care, 50* Suppl (11), 20-7. https://doi.org/10.1097/MLR.0b013e31826b1068

Hagstrom, M. W. (2016). Aiming for Patient Satisfaction in Skilled Nursing Facilities. *Nursefinders an AMN Healthcare company.* https://www.nursefinders.com/aiming-for-patient-satisfaction-in-skilled-nursing-facilities/

Hall, E. J. (2004). Pluralistic evaluation: A situational approach to service evaluation. https://www.researchgate.net/publication/8604212_Pluralistic_evaluation_A_situational_approach_to_service_evaluation

Harris-Kojetin, L., Fowler, F., Brown, J., Schnaier, J., & Sweeny, S. (1999). The use of cognitive testing to develop and evaluate CAHPS 1.0 core survey items. *Medical Care*, *37*(3), MS10-MS21. https://www.jstor.org/stable/3767386

Haugan, G. (2014). Nurse–patient interaction is a resource for hope, meaning in life and self□transcendence in nursing home patients. *Scand J Caring Sci, 28*(1), 74–88. https://doi.org/10.1111/scs.12028

Heath, S. (2019). What Is Non-Response Bias in Patient Satisfaction, CAHPS Surveys? Patient Engagement HIT Xtelligent Healthcare News Patient Satisfaction News. Retrieved from https://patientengagementhit.com/news/what-is-non-response-bias-in-patient-satisfaction-cahps-surveys

Heliker, D., & Scholler-Jaquish, A. (2006). Transition of New Residents to Long-Term Care: Basing Practice on Residents' Perspective. *Journal of Gerontological Nursing*, *32*(9), https://doi.org/10.3928/00989134-20060901-07

Helwig, N. (2017). Multiple Variant Linear regression. University of Minnesota (twin Cities). http://users.stat.umn.edu/~helwig/notes/mvlr-Notes.pdf

Hert, D. Marc; Correll, U. Christophe; Bobes, J.; Cetkovich-Bakmas, M.; Cohen, D.; Asai, I. et al, (2011). Physical Illness in patients with severe mental disorders. *World Psychiatry, 10*(1): 52-77. https://doi.org/10.1002/j.2051-5545.2011.tb00014.x

Hockenberry, J. M. and Becker, E.R. (2016). How Do Hospital Nurse Staffing Strategies Affect Patient Satisfaction? *ILR Review. 69*(4), 890 – 910. https://doi.org/10.1177/0019793916642760

Horth, D. and Buchner, D. (2014) Innovation Leadership How to use innovation to lead effectively, work collaboratively, and drive results. *Center for Creative Leadership.*

https://www.ccl.org/wpcontent/uploads/2015/04/InnovationLeadership.pdf

Jha A.K., Orav E.J., Epstein A.M. (2010). The effect of financial incentives on hospitals that serve poor patients. *Ann Intern Med, 153*(5), 299–306. https://doi.org/10.7326/0003-4819-153-5-201009070-00004

Institute of Medicine (IOM). *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington, D.C: National Academy Press; 2001. https://doi.org/10.17226/10027

Institute of Medicine (2006). *Examining the Health Disparities Research Plan of the National Institutes of Health: Unfinished Business.* Washington (DC): National Academies Press (US). https://www.ncbi.nlm.nih.gov/books/NBK57034/

Intrator, O., Hiris, J., Berg, K., Miller, S. C. & Mor, V. (2011). The Residential History File: Studying Nursing Home Residents' Long□Term Care Histories. *Health Services Research, 46*. 120-137. https://doi.org/10.1111/j.1475-6773.2010.01194.x

Isaac T., Zaslavsky A.M., Cleary P.D., Landon, B.E. (2010). The relationship between patients' perception of care and measures of hospital quality and safety. *Health Serv Res., 45(4).* 1024–40. https://doi.org/10.1111/j.1475-6773.2010.01122.x

Jeong, S. Y. & Keatinge, D. (2004). Innovative leadership and management in a nursing home. *Journal of Nursing Management, 12*(6), 445-451. https://doi.org/10.1111/j.1365-2834.2004.00451.x

Joynt, K.E. & Jha, A.K. (2013). Characteristics of hospitals receiving penalties under the Hospital Readmissions Reduction Program. *JAMA Network, 309*(4), 342-3.

https://doi.org/10.1001/jama.2012.94856

Johansson, P., Jacobsen, C., & Buchwald, D. (2006). Perceived discrimination in health care among American Indians/Alaska natives. *Ethnicity & Disease, 16*(4), 766–71. https://pubmed.ncbi.nlm.nih.gov/17061725/

Jones, C.P. (2002). Confronting Institutionalized Racism. *Phylon*. *50*(1-2), 7–22. https://doi.org/10.2307/4149999

Junewicz, A. & Youngner, S. J. (2015), Patient□Satisfaction Surveys on a Scale of 0 to 10: Improving Health Care, or Leading It Astray? *Hastings Center Report*, *45*, 43-51. https://doi.org/10.1002/hast.453

Kajonius, P. J., & Kazemi, A. (2016). Structure and process quality as predictors of satisfaction with elderly care. *Health & Social Care in The Community*, *24*(6), 699-707. https://doi.org/10.1111/hsc.12230

Karadimitriou, S. M. & Marshall, E. (n.d.). Further regression in SPSS -Outliers, Durbin-Watson and interactions for regression in SPSS. *University of Sheffield.* Retrieved from https://www.sheffield.ac.uk/polopoly_fs/1.531431!/file/MASHRegression_Further_SPSS.pdf

Kennedy, G. D., Tevis, S. E., & Kent, K. C. (2014). Is There a Relationship Between Patient Satisfaction and Favorable Outcomes? *Annals of Surgery*, *260*(4), 592–600. https://doi/10.1097/SLA.0000000000000932

Kirkman, M.S., Briscoe, V. J., Clark, N., Florez, H., Haas, L. B., Halter, J.B., Huang, E.S., Korytkowski, M.T., et. al. (2012). Diabetes in Older Adults: A Consensus

Report. *J Am Geriatric Soc, 60*(12), 2342–2356. https://doi/10.1111/jgs.12035

Kirman, C. N. (2020). Pressure Injuries (Pressure Ulcers) and Wound Care Treatment & Management. Medscape. Retrieved from http://emedicine.medscape.com/article/190115-treatment

Kobayashi, H., Takemura, Y. & Kanda, K. (2011), Patient perception of nursing service quality; an applied model of Donabedian's structure□process□outcome approach theory. *Scandinavian Journal of Caring Sciences, 25*(3), 419-425. https://doi.org/10.1111/j.1471-6712.2010. 00836.x

Korytkowski, M.T., Munshi, M.N., Odegard, P.S., Pratley, R. E., & Swift, C.S., (2012). Diabetes in older adults: A consensus report. *J Am Geriatric Soc, 60*(12), 2342–2356. https://doi.org/10.1111/jgs.1203

Koskenniemi, J. Leino-Kilpi, H. & Suhonen, R. (2014). Manifestation of respect in the care of older patients in long-term care settings. *Scandinavian journal of caring sciences, 29*(2), 288-296. https://doi.org/10.1111/scs.12162

Kravitz, R. (1998). Patient satisfaction with health care: critical outcome or trivial pursuit? *J Gen Intern Med.13*(4), 280–282. https://doi.org/10.1046/j.1525-1497.1998.00084.x

Lake, E.T., Germack, H.D., & Viscardi, M.K. (2016). Missed nursing care is linked to patient satisfaction: a cross-sectional study of US hospitals. *BMJ Qual Saf 25*, 535-543. https://doi.org/10.1136/bmjqs-2015-003961

Laureate Education (Producer). (2015). *Social impact of a dissertation* [Video file]. Baltimore, MD: Author.

Letourneau, R. (2014) Providing an excellent patient experience is tied more closely than ever to reimbursements. HealthLeaders. https://www.healthleadersmedia.com/finance/better-hcahps-scores-protect-revenue

Li, Y., & Cai, X. (2014). Racial and ethnic disparities in social engagement among US nursing home residents. *Medical Care, 52*(4), 314–321. https://doi.org/10.1097/MLR.0000000000000088

Li, Y., Ye, Z., Glance, L. G., & Temkin-Greener, H. (2014). Trends in family ratings of experience with care and racial disparities among Maryland nursing homes. Medical care, 52(7), 641–648. https://doi.org/10.1097/MLR.0000000000000152

Linda, D.U., (2002). Patient satisfaction measurement: current issues and implications. *Outcomes Management, 6*(3), 125-31. PMID: 12134376.

LoBiondo-Wood, G. & Haber, J. (2014). Nonexperimental designs. *Study Guide for Nursing Research: Methods and Critical Appraisal for Evidence-Based Practice,* (8th ed., pp. 59-66). St. Louis, Missouri: Elsevier Mosby Inc. (original work published 2010).

Lundgren, J. (n.d.). Pressure Ulcer Prevention: Implementation Strategies. *Pathway Health Services.* https://secure.in.gov/isdh/files/PUP_Implementation_Strategies_Presentation.pdf

Lyratzopoulos, G., Elliott, M., Barbiere, J. M., Henderson, A., Staetsky, L., Paddison, C., Roland, M. (2011). Understanding ethnic and other socio-demographic differences in patient experience of primary care: evidence from the English

General Practice Patient Survey. *BMJ Qual Saf, 21*(1), 21-29.

Maas, M., Buckwalter, K., & Specht, J. (1996). Nursing Staff and Quality of Care in Nursing Homes. *Nursing Staff in Hospitals and Nursing Homes Is It Adequate*? (pg. 361). https://www.nap.edu/read/5151/chapter/24

Manary, M.P., Boulding, W., Staelin, R., & Glickman, S. W., (2013). The patient experience and health outcomes. *N Engl J Med*; *368*(3), 201–203. https://doi/10.1056/NEJMp1211775

Mann, R. K., Siddiqui, Z., Kurbanova, N. & Qayyum, R. (2016), Effect of HCAHPS reporting on patient satisfaction with physician communication. *J. Hosp. Med.,* 11(2), 105-110. https://doi.org/10.1002/jhm.2490

Maquire, J. (2017). Wound Care Management. *Today's Geriatric Medicine 7*(2), 14. http://www.todaysgeriatricmedicine.com/archive/032414p14.shtml

Marshall, M. (2005). Diabetes in African Americans. *Postgraduate Medical Journal, 81*(962), 734–740. https://doi.org/10.1136/pgmj.2004.028274

Maryland Health Care Commission (2015). 2015 MHCC Nursing Home Resident Experience of Care Survey. http://mhcc.maryland.gov/consumerinfo/longtermcare/nursing_home/short_stay/2015%20MHCC%20SS_Description_Statewide%20Survey.pdf

Maryland Health Care Commission (2019). Nursing Home Family Satisfaction Survey Results. Consumer Guide to Long Term Care. http://mhcc.,aryland.gov/consumerinfo/longtermcare/Nursing_Home/Users/FamilySatFacilityResults.aspx?FacId=19003

Maxwell, J. (n.d.). Conceptual Framework. What Do You Think is Going On? *Qualitative Research Design an Interactive Approach (2nd Ed.).* http://www.sagepub.com/sites/default/files/upm-binaries/48274_ch_3.pdf

Mayberry, R. (2014). Racial Disparities in Health Care Access in the United States. In The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society (eds W. C. Cockerham, R. Dingwall and S. Quah). https://doi.org/10.1002/9781118410868.wbehibs576

Mayo Clinic Staff (n.d.) Diseases and Conditions Diabetes. Complications. Mayo Clinic. http://www.mayoclinic.org/diseasesconditions/diabetes/basics/complications/con-20033091

Mazurenko, O., Zemke, D. M., & Lefforge, N. (2016). Who Is a Hospitals "Customer"? *Journal of Healthcare Management/American College of Healthcare Executives, 61*(5), 319-333. PMID:28319969

Mccorry, O. (2015). When Google Knowledge Graph Meets Healthcare. Tech Crunch. Retrieved from https://techcrunch.com/2015/03/11/google-knowledge-graph-meets-healthcare/

McFarland, D. C., Ornstein, K. A. & Holcombe, R. F. (2015), Demographic factors and hospital size predict patient satisfaction variance—implications for hospital value□based purchasing. *J. Hosp. Med., 10* (8), 503-509. https://doi.org/10.1002/jhm.2371

Medline Plus (2017). Home Care Services. https://medlineplus.gov/homecareservices.html

Mjørud, M., Engedal, K., Rosvik, J. & Kirkevold, M. (2017). Living with dementia in a nursing home, as described by persons with dementia: a phenomenological hermeneutic study. *BMC Health Services Research 17,* 93. https://doi.org/10.1186/s12913-017-2053-2

Mold, F., Fitzpatrick, J., & Roberts, J. (2005). Minority ethnic elders in care homes: A review of the literature. *Age and ageing*. *34*(2), 107-13. https://doi.org/10.1093/ageing/afi009

Mukasa, J. P., Glass, N. & Mnatzaganian, G. (2015), Ethnicity and patient satisfaction with tuberculosis care: A cross□sectional study. *Nurs Health Sci,17* (3), 395-401. https://doi.org/10.1111/nhs.12202

Murdock, Andrea & Griffin, Barbara (2013). *Nursing2020, 43*(6), 43-45. https://www.nursingcenter.com/journalarticle?article_id=1550657&Journal_ID=54016&Issue_ID=1550503#P40

Myers, B. (2013). 'Focused' Look at Diabetes Cuts Down on Problems, Study Finds. Provider Long Term & Post-Acute Care. http://www.providermagazine.com/news/Pages/0413/Focused-Look-at-Diabetes-Cut-Down-on-Problems-Study-Finds.aspx

New Perspectives (2015). How Quantitative Research Helps Improve Healthcare Facilities. New Perspectives Marketing Research Consulting. https://www.new-perspectives.net/quantitative-research-improves-healthcare-facilities

Nurse, J.R.C., Rahman, S.S., Creese, S., Goldsmith, M., & Lamberts, K. (2011). Information Quality and Trustworthiness: A Topical State-of-the-Art Review.

2011 International Conference on Computer Applications and Network Security. http://www.cs.ox.ac.uk/files/6637/ICCANS2011_NRCGL_final.pdf

O'Connor, M.S. (2013). *Assessment of the measurement properties of the NHCAHPS family survey: a Rasch scaling approach* (dissertation). The University of Toledo, Toledo, OH

O'Leary, K. J., Darling, T. A., Rauworth, J. & Williams, M. V. (2013). Impact of hospitalist communication skills training on patient satisfaction scores. *J. Hosp. Med., 8*(6), 315-320. https://doi.org/10.1002/jhm.2041

Oyvind, A.B., Ingeborg S.S., & Hilde, H.I. (2011). Overall patient satisfaction with hospitals: effects of patient-reported experiences and fulfillment of expectations. *British Medical Journal Quality Safety, 21*(1), 39-46. https://doi.org/10.1136/bmjqs-2011-000137

Paddison, C.A.M, Abel, G.A., Roland, M.O., Elliott, M. N., Lyratzopoulos, G., & Campbell, J. C. (2013). Drivers of overall satisfaction with primary care: evidence from the English General Practice Patient Survey. *Institute of Public Health University of Cambridge.* https://onlinelibrary.wiley.com/doi/pdf/10.1111/hex.12081

Palese, A., Gonella, S., Fontanive A., Guarnier, A., Barelli, P., Zambiasi, P., Allegrini, E., & Bazoli, L. (2017). The degree of satisfaction of in hospital medical patients with nursing care and predictors of dissatisfaction: findings from a secondary analysis. Scand J Caring Sci, 31(4), 768–778. http://doi.org/10.1111/scs.12396

Patient-centered care. (2020). *Segen's Medical Dictionary*. https://medical-

dictionary.thefreedictionary.com/patient-centered+care

Patton, M. Q. (2015). Qualitative research & evaluation methods: Integrating theory and practice (4th ed.). Thousand Oaks, CA: SAGE.

Pearl, R. (2015) Why Health Care Is Different If You're Black, Latino or Poor. *Forbes /Pharma & Healthcare.* https://www.forbes.com/sites/robertpearl/2015/03/05/healthcare-black-latino-poor/#63cc82d07869

Pinkerton M, Bongu J, James A, Lowder J, Durkin M (2020) A qualitative analysis of diagnostic testing, antibiotic selection, and quality improvement interventions for uncomplicated urinary tract infections. *PLoS ONE* 15(9): e0238453. https://doi.org/10.1371/journal. pone.0238453

Plaku-Alakbarova, B., Punnett, L., Gore, R. J., & Procare Research Team (2018). Nursing Home Employee and Resident Satisfaction and Resident Care Outcomes. *Safety and health at work*, *9*(4), 408–415. https://doi.org/10.1016/j.shaw.2017.12.002

Poghosyan & Carthon (2017) The Untapped Potential of the Nurse Practitioner Workforce in Reducing Health Disparities. *Policy, Politics, & Nursing Practice, 18*(2), pp. 84-94. https://doi.org/10.1177/1527154417721189

Porter M.E., & Lee, T.H. (2013). Providers must lead the way in making value the overarching goal. *Harvard Bus Rev.* pp. 3–19. https://www.hbs.edu/faculty/Pages/item.aspx?num=45614

Prakash, B. (2010). Patient Satisfaction. *Journal of Cutaneous and Aesthetic Surgery,*

3(3), 151–155. https://doi.org/10.4103/0974-2077.74491

Radtke, K., (2013). Improving Patient Satisfaction with Nursing Communication Using Bedside Shift Report. *Clinical Nurse Specialist, 27*(1), 19–25. https://doi.org/10.1097/NUR.0b013e3182777011

Rahimi, M., Fadayevatan, R., & Abedi, H. A. (2016). Care Instability in Nursing Homes; A Qualitative Study. *Iranian Red Crescent Medical Journal,* 18(2), e21515. http://doi.org/10.5812/ircmj.21515

Rantz, M. J., Zwygart-Stauffacher, M., Popejoy, L., Grando, V. T., Mehr, D. R., Hicks, L. L., Conn, V. S., Wipke-Tevis, D., Porter, R., Bostick, J., Maas, M., & Scott, J. (1999). Nursing home care quality: a multidimensional theoretical model integrating the views of consumers and providers. *Journal of nursing care quality*, *14*(1), 16–87. https://doi.org/10.1097/00001786-199910000-00004

Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological.* Thousand Oaks, CA: Sage Publications.

Reed, P.G. (2008) *Theory of Self-Transcendence. In Middle Range Theory for Nursing (Smith MJ, Liehr PR, eds).* New York, Springer Publishing Company, LLC.

Reinhard, S., Accius, J., Houser, A., Ujvari, K., Alexis, J., & Grage, W.F. (2017). Long-Term Services & Supports State Scorecard. About the Scorecard. AARP Foundation. http://www.longtermscorecard.org/about-us/about-the-scorecard

Relias (2016). Patient Satisfaction vs. Quality Scores: What They Really Mean. Retrieved from https://www.ahcmedia.com/articles/139159-patient-satisfaction-vs-quality-scores-what-they-really-mean

Robert, G., & Cornwell, J. (2013). Rethinking policy approaches to measuring and improving patient experience. *J Health Serv Res Policy 18*(2), 67–9. https://doi.org/10.1177/1355819612473583

Rozenblum, R., Lisby, M., Hockey, P.M., et al. (2013), The patient satisfaction chasm: the gap between hospital management and frontline clinicians. *BMJ Qual Saf*, *22*, 242–50. https://doi.org/10.1136/bmjqs-2012-001045

Rudestam, K. E., & Newton, R. R. (2015). Surviving your dissertation: A comprehensive guide to content and process (4th ed.). Thousand Oaks, CA: Sage.

Smith, D.B., Feng, Z., Fennell, M.L., Zinn, J.S., & Mor, V. (2007). Separate and Unequal: Racial Segregation and Disparities in Quality Across U.S. Nursing Homes. *Health Affairs, 5*(26), 1448-1458. https://doi.org/10.1377/hlthaff.26.5.1448

Samina, M., GJ, Q., Tabish, S., Samiya, M., & Riyaz, R. (2008). Patient's Perception of Nursing Care at a Large Teaching Hospital in India. *International Journal of Health Sciences, 2*(2), 92–100. PMCID: PMC3068745.

Sangl, J., Buchanan, J., Cosenza, C., Bernard, S., Keller, S., Mitchell, N., Brown, J., Castle, N., et. al (2007). The Development of a CAHPS Instrument for Nursing Home Residents (NHCAHPS). *Journal of Aging & Social Policy,19*(2), 63-82. https://doi.org/10.1300/J031v19n02_04

Shepherd, S.M., Willis-Esqueda, C., Paradies, Y., Sivasubramaniam, D., Sherwood, J., & Brockie, T. (2018). Racial and cultural minority experiences and perceptions of health care provision in a mid-western region. *Int J Equity Health, 17*(33).

https://doi.org/10.1186/s12939-018-0744-x

Shippee, T. P., Henning-Smith, C., Gaugler, J. E., & Kane, R. L. (2017). Family Satisfaction with Nursing Home Care. Research on Agine. 39(3), 418-442. https://doi.org/10.1177/0164027515615182

Spilsbury, K., Hewitt, C., Stirk, L., & Bowman, C. (2011). The relationship between nurse staffing and quality of care in nursing homes: A systematic review. *International Journal of Nursing Studies*. Elsevier Ltd.

Statistics How To (2018). Durbin Watson Test & Test Statistic. *Statistics How to Statistics for the rest of us!* http://www.statisticshowto.com/durbin-watson-test-coefficient/

Statistics Solutions (2018). Assumptions of Linear Regression. Complete Dissertation. http://www.statisticssolutions.com/assumptions-of-linear-regression/

Stepanikova, I. (2014). Patient–Physician Communication. In the Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society (eds W. C. Cockerham, R. Dingwall and S. Quah). https://doi.org/10.1002/9781118410868.wbehibs104

Stewart, C (2014). How to Evaluate External Secondary Data. Market Research Blog. https://blog.marketresearch.com/how-to-evaluate-external-secondary-data.

Sullivan, K. (2014). 4 ways healthcare workers can improve patient satisfaction. FierceHealthcare. https://www.fiercehealthcare.com/healthcare/4-ways-healthcare-workers-can-improve-patient-satisfaction

Thiese, M. S. (2014). Observational and interventional study design types; an overview. *Biochemia Medica, 24*(2), 199–210. https://doi.org/10.11613/BM.2014.022

Thomas, S. B., Fine, M. J., & Ibrahim, S. A. (2004). Health Disparities: The Importance of Culture and Health Communication. *American Journal of Public Health*, *94*(12), 2050. https://doi.org/10.2105/ajph.94.12.2050

Thomeer, M.B., Mudrazija, S., & Angel J. L. (2015) How Do Race and Hispanic Ethnicity Affect Nursing Home Admission? Evidence from the Health and Retirement Study, *The Journals of Gerontology: Series B*,*70*(4), 628-638. https://doi.org/10.1093/geronb/gbu114

Thompson, Cheryl Bagley et al. (2007). Research study designs: Non-experimental *Air Medical Journal, 26*(1), 18 – 22. https://doi.org/10.1016/j.amj.2006.10.003

Timonen, L. & Sihvonen, M. (2000). Patient participation in bedside reporting on surgical wards. *J Clin Nurs,9*(4)*,* 542-548. https://doi.org/10.1046/j.1365-2702.2000.00400.x

Toles, M., Young, H. M., & Ouslander, J. (2012). Improving Care Transitions in Nursing Homes. In *Generations* (pp.78-85). *Walden Library (2012) Laureate Education, Inc.* https://academicguides.waldenu.edu/ld.php?content_id=17004177

Unützer, J., & Park, M. (2012). Strategies to improve the management of depression in primary care. *Primary care, 39*(2), 415–431. https://doi.org/10.1016/j.pop.2012.03.010

Wichowski, H.C.; Kubsch, S.M.; Ladwig, J.; & Torres C. (2003). Patients' and nurses' perceptions of quality nursing activities. *Br J Nurse 12;12*(19), 1122-9. https://doi.org/10.12968/bjon.2003.12.19.11804

Yearby, R. (2010). African Americans Can't Win, Break Even, or Get out of the System:

The Persistence of "Unequal Treatment" in Nursing Home Care. Race, Racism, and the Law. https://racism.org/index.php/en/articles/basic-needs/health/organization/199-long-term-care/1838-african-americans-and-unequal-treatment-in-nursing-home-care?showall=1

Zgierska, A., Rabago, D., & Miller, M.M. (2014). Impact of patient satisfaction ratings on physicians and clinical care. *Patient Preference and Adherence*, *2014*(8), 437-446. https://doi.org/10.2147/PPA.S59077

Appendix A: Nursing Home Satisfaction Survey Results (predominately non- white)

Provider Name	
Survey Category	**Scores**
ALTHEA WOODLAND NURSING HOME	
Response Rate - the percentage of family members that returned a survey	42%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.3
The rating on quality of food and meal served to residents	2.8
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3
The rating of activities offered to residents of the nursing home	2.8
The rating of the security of the facility and the safety of the resident	3
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	83%
ARLINGTON WEST NURSING & REHAB CTR	
Response Rate - the percentage of family members that returned a survey	33%
The rating on satisfaction with staff and administration of the nursing home	3.3
The rating on the care provided to residents in the nursing home	3.2
The rating on quality of food and meal served to residents	2.4
The rating on autonomy of the residents and respect for resident rights.	3
The rating of physical and environmental aspects of the nursing home	2.9
The rating of activities offered to residents of the nursing home	2.7
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.4
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	60%
AUGSBURG LUTHERAN HOME	
Response Rate - the percentage of family members that returned a survey	54%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3.3
The rating on autonomy of the residents and respect for resident rights.	3.5

The rating of physical and environmental aspects of the nursing home	3.5
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.6
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.4
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	87%
BLUE POINT HEALTHCARE CENTER	
Response Rate - the percentage of family members that returned a survey	37%
The rating on satisfaction with staff and administration of the nursing home	3.3
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	2.8
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	2..7
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	2.6
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	6.2
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	47%
BRADFORD OAKS CTR	
Response Rate - the percentage of family members that returned a survey	43%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	3.5
The rating on autonomy of the residents and respect for resident rights.	3.8
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3.7
The rating of the security of the facility and the safety of the resident	3.6
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.6
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	94%
BUCKINGHAM'S CHOICE	
Response Rate - the percentage of family members that returned a survey	79%

The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3.5
The rating on autonomy of the residents and respect for resident rights.	3.8
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.6
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%
CADIA HEALTHCARE OF WHEATON	
Response Rate - the percentage of family members that returned a survey	26%
The rating on satisfaction with staff and administration of the nursing home	3.4
The rating on the care provided to residents in the nursing home	3
The rating on quality of food and meal served to residents	3
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3.1
The rating of activities offered to residents of the nursing home	2.4
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.5
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	72%
CATONSVILLE COMMONS	
Response Rate - the percentage of family members that returned a survey	29%
The rating on satisfaction with staff and administration of the nursing home	2.9
The rating on the care provided to residents in the nursing home	3
The rating on quality of food and meal served to residents	2.6
The rating on autonomy of the residents and respect for resident rights.	3
The rating of physical and environmental aspects of the nursing home	2.7
The rating of activities offered to residents of the nursing home	2.7
The rating of the security of the facility and the safety of the resident	3.1
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	5.7

The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	41%
CHERRY LANE aka AUTUMN LAKE HEALTHCARE	
Response Rate - the percentage of family members that returned a survey	36%
The rating on satisfaction with staff and administration of the nursing home	3.4
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	3
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3.2
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	3.3
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.6
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	85%
CHESTER RIVER MANOR	
Response Rate - the percentage of family members that returned a survey	54%
The rating on satisfaction with staff and administration of the nursing home	3.7
The rating on the care provided to residents in the nursing home	3.6
The rating on quality of food and meal served to residents	3.3
The rating on autonomy of the residents and respect for resident rights.	3.4
The rating of physical and environmental aspects of the nursing home	3.4
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.6
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	97%
CLINTON HEALTHCARE CENTER	
Response Rate - the percentage of family members that returned a survey	25%
The rating on satisfaction with staff and administration of the nursing home	3.1
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	2.8
The rating on autonomy of the residents and respect for resident rights.	2.8
The rating of physical and environmental aspects of the nursing home	2.5
The rating of activities offered to residents of the nursing home	2.7

The rating of the security of the facility and the safety of the resident	2.6
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	5.4
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	44%
COPPER RIDGE	
Response Rate - the percentage of family members that returned a survey	45%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3.3
The rating on autonomy of the residents and respect for resident rights.	3.5
The rating of physical and environmental aspects of the nursing home	3.3
The rating of activities offered to residents of the nursing home	2.9
The rating of the security of the facility and the safety of the resident	3.6
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.6
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	95%
COURTLAND GARDENS NURSING & REHAB CTR	
Response Rate - the percentage of family members that returned a survey	67%
The rating on satisfaction with staff and administration of the nursing home	3.7
The rating on the care provided to residents in the nursing home	3.8
The rating on quality of food and meal served to residents	3.4
The rating on autonomy of the residents and respect for resident rights.	3.7
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3.7
The rating of the security of the facility and the safety of the resident	3.7
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.2
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%
CRESCENT CITIES NURSING AND REHABILITATION CENTER	
Response Rate - the percentage of family members that returned a survey	34%
The rating on satisfaction with staff and administration of the nursing home	3.2
The rating on the care provided to residents in the nursing home	3.2

The rating on quality of food and meal served to residents	2.9
The rating on autonomy of the residents and respect for resident rights.	3.1
The rating of physical and environmental aspects of the nursing home	3.2
The rating of activities offered to residents of the nursing home	2.8
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.2
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	72%
FAIRLAND CTR	
Response Rate - the percentage of family members that returned a survey	38%
The rating on satisfaction with staff and administration of the nursing home	3.4
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	2.6
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	2.9
The rating of activities offered to residents of the nursing home	3.1
The rating of the security of the facility and the safety of the resident	3.1
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.3
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	75%
FAYETTE HEALTH AND REHABILITATION CTR	
Response Rate - the percentage of family members that returned a survey	44%
The rating on satisfaction with staff and administration of the nursing home	3.4
The rating on the care provided to residents in the nursing home	3
The rating on quality of food and meal served to residents	3.1
The rating on autonomy of the residents and respect for resident rights.	2.9
The rating of physical and environmental aspects of the nursing home	3.2
The rating of activities offered to residents of the nursing home	2.9
The rating of the security of the facility and the safety of the resident	2.8
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	6.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	50%
FORT WASHINGTON HEALTH & REHABILITATION CENTER	

Response Rate - the percentage of family members that returned a survey	26%
The rating on satisfaction with staff and administration of the nursing home	3.4
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	2.9
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3.2
The rating of activities offered to residents of the nursing home	2.8
The rating of the security of the facility and the safety of the resident	3.1
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.9
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	90%
FORESTVILLE HEALTH & REHABILITATION CENTER	
Response Rate - the percentage of family members that returned a survey	49%
The rating on satisfaction with staff and administration of the nursing home	3.2
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	2.7
The rating on autonomy of the residents and respect for resident rights.	3.1
The rating of physical and environmental aspects of the nursing home	2.9
The rating of activities offered to residents of the nursing home	2.7
The rating of the security of the facility and the safety of the resident	2.8
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	6.5
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	74%
FUTURECARE CHARLES VILLAGE	
Response Rate - the percentage of family members that returned a survey	33%
The rating on satisfaction with staff and administration of the nursing home	3.3
The rating on the care provided to residents in the nursing home	3.3
The rating on quality of food and meal served to residents	2.9
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3.1
The rating of activities offered to residents of the nursing home	2.9
The rating of the security of the facility and the safety of the resident	3.3
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7

The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	82%
FUTURE CARE IRVINGTON	
Response Rate - the percentage of family members that returned a survey	34%
The rating on satisfaction with staff and administration of the nursing home	3.3
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	2.7
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3.3
The rating of activities offered to residents of the nursing home	2.9
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.4
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	79%
FUTURE CARE OLD COURT	
Response Rate - the percentage of family members that returned a survey	33%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	3.3
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3.3
The rating of activities offered to residents of the nursing home	3.1
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	89%
FUTURECARE PINEVIEW	
Response Rate - the percentage of family members that returned a survey	30%
The rating on satisfaction with staff and administration of the nursing home	3.2
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	3
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	2.9
The rating of activities offered to residents of the nursing home	2.4

The rating of the security of the facility and the safety of the resident	2.7
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.9
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	90%
FUTURECARE SANDTOWN-WINCHESTER	
Response Rate - the percentage of family members that returned a survey	56%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3.3
The rating on autonomy of the residents and respect for resident rights.	3.4
The rating of physical and environmental aspects of the nursing home	3.4
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.6
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	92%
HARFORD GARDENS CARE & REHABILITATION	
Response Rate - the percentage of family members that returned a survey	32%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.3
The rating on quality of food and meal served to residents	2.7
The rating on autonomy of the residents and respect for resident rights.	3
The rating of physical and environmental aspects of the nursing home	3
The rating of activities offered to residents of the nursing home	2.4
The rating of the security of the facility and the safety of the resident	3.1
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.4
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	71%
HEARTLAND HEALTH CARE CENTER - ADELPHI	
Response Rate - the percentage of family members that returned a survey	54%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	2.9

The rating on autonomy of the residents and respect for resident rights.	3.4
The rating of physical and environmental aspects of the nursing home	3.3
The rating of activities offered to residents of the nursing home	3.2
The rating of the security of the facility and the safety of the resident	3.3
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	86%
HEARTLAND HEALTH CARE CENTER - HYATTSVILLE	
Response Rate - the percentage of family members that returned a survey	30%
The rating on satisfaction with staff and administration of the nursing home	3.1
The rating on the care provided to residents in the nursing home	2.8
The rating on quality of food and meal served to residents	2.9
The rating on autonomy of the residents and respect for resident rights.	3.1
The rating of physical and environmental aspects of the nursing home	2.7
The rating of activities offered to residents of the nursing home	2.5
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	6.9
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	69%
KENSINGTON NURSING & REHABILITATION CTR	
Response Rate - the percentage of family members that returned a survey	33%
The rating on satisfaction with staff and administration of the nursing home	3.1
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	2.8
The rating on autonomy of the residents and respect for resident rights.	3
The rating of physical and environmental aspects of the nursing home	2.6
The rating of activities offered to residents of the nursing home	2.6
The rating of the security of the facility and the safety of the resident	3
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	5.9
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	33%
KESWICK MULTI-CARE CTR	
Response Rate - the percentage of family members that returned a survey	47%
The rating on satisfaction with staff and administration of the nursing home	3.4

The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	3
The rating on autonomy of the residents and respect for resident rights.	3.4
The rating of physical and environmental aspects of the nursing home	3.2
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	3.6
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	87%
LAURELWOOD HEALTHCARE CENTER	
Response Rate - the percentage of family members that returned a survey	28%
The rating on satisfaction with staff and administration of the nursing home	3.1
The rating on the care provided to residents in the nursing home	3.2
The rating on quality of food and meal served to residents	3.4
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	3.3
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	6.3
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	60%
LOCHEARN NURSING HOME LLC	
Response Rate - the percentage of family members that returned a survey	47%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	3.2
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3.1
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.4
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.4
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	84%
MAGNOLIA CTR	

Response Rate - the percentage of family members that returned a survey	39%
The rating on satisfaction with staff and administration of the nursing home	2.8
The rating on the care provided to residents in the nursing home	2.9
The rating on quality of food and meal served to residents	2.4
The rating on autonomy of the residents and respect for resident rights.	2.8
The rating of physical and environmental aspects of the nursing home	2.5
The rating of activities offered to residents of the nursing home	2.6
The rating of the security of the facility and the safety of the resident	2.3
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	5.5
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	47%
MANOR CARE HEALTH SERVICES - LARGO	
Response Rate - the percentage of family members that returned a survey	46%
The rating on satisfaction with staff and administration of the nursing home	3.3
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	2.9
The rating on autonomy of the residents and respect for resident rights.	3.1
The rating of physical and environmental aspects of the nursing home	3.4
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	3.4
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.9
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	91%
MANOR CARE ROLAND PARK	
Response Rate - the percentage of family members that returned a survey	37%
The rating on satisfaction with staff and administration of the nursing home	3.3
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	2.9
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3
The rating of activities offered to residents of the nursing home	2.7
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7

The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	72%
MANORCARE HEALTH SERVICES -SILVER SPR	
Response Rate - the percentage of family members that returned a survey	46%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.3
The rating on quality of food and meal served to residents	2.8
The rating on autonomy of the residents and respect for resident rights.	3.4
The rating of physical and environmental aspects of the nursing home	3.3
The rating of activities offered to residents of the nursing home	2.9
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.9
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	81%
MANOR CARE HEALTH SERVICES - WOODBRIDGE	
Response Rate - the percentage of family members that returned a survey	39%
The rating on satisfaction with staff and administration of the nursing home	3.4
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	3.2
The rating on autonomy of the residents and respect for resident rights.	3.5
The rating of physical and environmental aspects of the nursing home	3.3
The rating of activities offered to residents of the nursing home	2.9
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.8
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	77%
OVERLEA HEALTH AND REHABILITATION CTR	
Response Rate - the percentage of family members that returned a survey	31%
The rating on satisfaction with staff and administration of the nursing home	3.3
The rating on the care provided to residents in the nursing home	3.2
The rating on quality of food and meal served to residents	3
The rating on autonomy of the residents and respect for resident rights.	2.8
The rating of physical and environmental aspects of the nursing home	2.7
The rating of activities offered to residents of the nursing home	2.8

The rating of the security of the facility and the safety of the resident	3.1
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	6.5
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	44%
PATUXENT RIVER HEALTH AND REHABILITATION	
Response Rate - the percentage of family members that returned a survey	29%
The rating on satisfaction with staff and administration of the nursing home	2.9
The rating on the care provided to residents in the nursing home	3
The rating on quality of food and meal served to residents	2.6
The rating on autonomy of the residents and respect for resident rights.	3
The rating of physical and environmental aspects of the nursing home	2.7
The rating of activities offered to residents of the nursing home	2.7
The rating of the security of the facility and the safety of the resident	3.1
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	5.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	41%
RANDALLSTOWN CENTER AKA CHAPEL HILL NURSING CTR	
Response Rate - the percentage of family members that returned a survey	41%
The rating on satisfaction with staff and administration of the nursing home	3.2
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	3.2
The rating on autonomy of the residents and respect for resident rights.	2.6
The rating of physical and environmental aspects of the nursing home	3
The rating of activities offered to residents of the nursing home	2.4
The rating of the security of the facility and the safety of the resident	3
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	71%
RIDERWOOD VILLAGE-ARBOR RIDGE	
Response Rate - the percentage of family members that returned a survey	53%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.6
The rating on quality of food and meal served to residents	3.3

The rating on autonomy of the residents and respect for resident rights.	3.5
The rating of physical and environmental aspects of the nursing home	3.5
The rating of activities offered to residents of the nursing home	3.2
The rating of the security of the facility and the safety of the resident	3.6
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.5
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	94%
REGENCY CARE OF SILVER SPRING	
Response Rate - the percentage of family members that returned a survey	32%
The rating on satisfaction with staff and administration of the nursing home	3.4
The rating on the care provided to residents in the nursing home	3.2
The rating on quality of food and meal served to residents	2.8
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3.3
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	3.1
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.3
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	83%
ROCK GLEN NSG & REHAB CTR (WESTGATE HILLS)	
Response Rate - the percentage of family members that returned a survey	37%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.6
The rating on quality of food and meal served to residents	3.4
The rating on autonomy of the residents and respect for resident rights.	3.7
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3.1
The rating of the security of the facility and the safety of the resident	3.8
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.2
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	94%
SLIGO CREEK CTR	
Response Rate - the percentage of family members that returned a survey	24%

The rating on satisfaction with staff and administration of the nursing home	3
The rating on the care provided to residents in the nursing home	2.9
The rating on quality of food and meal served to residents	2.4
The rating on autonomy of the residents and respect for resident rights.	2.6
The rating of physical and environmental aspects of the nursing home	3.1
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	3.1
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	6.1
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	67%
SPRINGBROOK CTR	
Response Rate - the percentage of family members that returned a survey	48%
The rating on satisfaction with staff and administration of the nursing home	3.3
The rating on the care provided to residents in the nursing home	3.3
The rating on quality of food and meal served to residents	3
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3.3
The rating of activities offered to residents of the nursing home	2.8
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.9
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	91%
STELLA MARIS INC.	
Response Rate - the percentage of family members that returned a survey	53%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3.2
The rating on autonomy of the residents and respect for resident rights.	3.6
The rating of physical and environmental aspects of the nursing home	3.4
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.5

The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	95%
SUMMIT PARK HEALTH AND REHABILITATION	
Response Rate - the percentage of family members that returned a survey	22%
The rating on satisfaction with staff and administration of the nursing home	3.1
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	3
The rating on autonomy of the residents and respect for resident rights.	2.6
The rating of physical and environmental aspects of the nursing home	2.9
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	2.8
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	6.4
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	73%
VILLA ROSA NURSING & REHABILITATION CENTER	
Response Rate - the percentage of family members that returned a survey	41%
The rating on satisfaction with staff and administration of the nursing home	3.3
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	2.9
The rating on autonomy of the residents and respect for resident rights.	3
The rating of physical and environmental aspects of the nursing home	3
The rating of activities offered to residents of the nursing home	2.6
The rating of the security of the facility and the safety of the resident	3
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.2
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	83%
WOODSIDE CTR	
Response Rate - the percentage of family members that returned a survey	59%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.6
The rating on quality of food and meal served to residents	3.6
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3

The rating of the security of the facility and the safety of the resident	3.7
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.6
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	75%

(The Maryland Health Care Commission, 2019)

Appendix B: Nursing Home Satisfaction Survey Results (predominately white)

Provider Name	
Survey Category	**Scores**
BERLIN NURSING AND REHABILITATION CENTER	
Response Rate - the percentage of family members that returned a survey	49%
The rating on satisfaction with staff and administration of the nursing home	3.3
The rating on the care provided to residents in the nursing home	3.3
The rating on quality of food and meal served to residents	3.1
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3.2
The rating of activities offered to residents of the nursing home	3.1
The rating of the security of the facility and the safety of the resident	3.4
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	80%
BRIGHTON GARDEN TUCKERMAN LANE	
Response Rate - the percentage of family members that returned a survey	57%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3
The rating of activities offered to residents of the nursing home	3.1
The rating of the security of the facility and the safety of the resident	3.6
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%
BROOKE GROVE REHAB. & NSG CTR	
Response Rate - the percentage of family members that returned a survey	48%
The rating on satisfaction with staff and administration of the nursing home	3.4
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	3.2
The rating on autonomy of the residents and respect for resident rights.	3.4
The rating of physical and environmental aspects of the nursing home	3.5
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.4
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	89%

CALVERT COUNTY NURSING CTR	
Response Rate - the percentage of family members that returned a survey	60%
The rating on satisfaction with staff and administration of the nursing home	3.1
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	2.6
The rating on autonomy of the residents and respect for resident rights.	2.9
The rating of physical and environmental aspects of the nursing home	2.9
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	2.9
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	6.1
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	53%

CARROLL LUTHERAN VILLAGE	
Response Rate - the percentage of family members that returned a survey	57%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3.3
The rating on autonomy of the residents and respect for resident rights.	3.6
The rating of physical and environmental aspects of the nursing home	3.5
The rating of activities offered to residents of the nursing home	3.2
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.8
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	89%

CHARLESTOWN CARE CTR	
Response Rate - the percentage of family members that returned a survey	54%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3.2
The rating on autonomy of the residents and respect for resident rights.	3.6
The rating of physical and environmental aspects of the nursing home	3.5
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.4
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.4
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	86%

CHARLOTTE HALL VETERANS HOME	
Response Rate - the percentage of family members that returned a survey	41%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.5

The rating on quality of food and meal served to residents	3.1
The rating on autonomy of the residents and respect for resident rights.	3.5
The rating of physical and environmental aspects of the nursing home	3.3
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.5
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	96%

CHESAPEAKE SHORES	
Response Rate - the percentage of family members that returned a survey	41%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	3.2
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3.1
The rating of activities offered to residents of the nursing home	2.9
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	79%

CHESAPEAKE WOODS CTR	
Response Rate - the percentage of family members that returned a survey	41%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	3.2
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3.1
The rating of activities offered to residents of the nursing home	2.9
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	79%

CHESTNUT GREEN AT BLAKEHURST	
Response Rate - the percentage of family members that returned a survey	50%
The rating on satisfaction with staff and administration of the nursing home	3.8
The rating on the care provided to residents in the nursing home	3.8
The rating on quality of food and meal served to residents	3.8
The rating on autonomy of the residents and respect for resident rights.	3.9
The rating of physical and environmental aspects of the nursing home	3.8
The rating of activities offered to residents of the nursing home	4
The rating of the security of the facility and the safety of the resident	3.9

The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.5
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%
COLLINGTON EPISCOPAL LIFE CARE	
Response Rate - the percentage of family members that returned a survey	39%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.6
The rating on quality of food and meal served to residents	3.1
The rating on autonomy of the residents and respect for resident rights.	3.5
The rating of physical and environmental aspects of the nursing home	3.4
The rating of activities offered to residents of the nursing home	3.1
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.6
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	88%
CROFTON CONVALESCENT CTR	
Response Rate - the percentage of family members that returned a survey	46%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	3.2
The rating on autonomy of the residents and respect for resident rights.	3.5
The rating of physical and environmental aspects of the nursing home	3.4
The rating of activities offered to residents of the nursing home	3.2
The rating of the security of the facility and the safety of the resident	3.4
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.8
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%
DEER'S HEAD CTR	
Response Rate - the percentage of family members that returned a survey	45%
The rating on satisfaction with staff and administration of the nursing home	3.7
The rating on the care provided to residents in the nursing home	3.6
The rating on quality of food and meal served to residents	3.7
The rating on autonomy of the residents and respect for resident rights.	3.8
The rating of physical and environmental aspects of the nursing home	3.5
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.6
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.1
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%
DENNETT ROAD MANOR	

Response Rate - the percentage of family members that returned a survey	67%
The rating on satisfaction with staff and administration of the nursing home	3.7
The rating on the care provided to residents in the nursing home	3.6
The rating on quality of food and meal served to residents	3.3
The rating on autonomy of the residents and respect for resident rights.	3.6
The rating of physical and environmental aspects of the nursing home	3.5
The rating of activities offered to residents of the nursing home	3.1
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.5
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	91%
EGLE NURSING	
Response Rate - the percentage of family members that returned a survey	74%
The rating on satisfaction with staff and administration of the nursing home	3.8
The rating on the care provided to residents in the nursing home	3.8
The rating on quality of food and meal served to residents	3.6
The rating on autonomy of the residents and respect for resident rights.	3.7
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3.5
The rating of the security of the facility and the safety of the resident	3.9
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.3
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%
FAHRNEY-KEEDY HOME AND VILLAGE	
Response Rate - the percentage of family members that returned a survey	62%
The rating on satisfaction with staff and administration of the nursing home	3.7
The rating on the care provided to residents in the nursing home	3.7
The rating on quality of food and meal served to residents	3.4
The rating on autonomy of the residents and respect for resident rights.	3.7
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.7
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.1
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%
FAIRFIELD NURSING AND REHABILITATION CENTER	
Response Rate - the percentage of family members that returned a survey	57%
The rating on satisfaction with staff and administration of the nursing home	3.4
The rating on the care provided to residents in the nursing home	3.3
The rating on quality of food and meal served to residents	2.7

The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3
The rating of activities offered to residents of the nursing home	2.7
The rating of the security of the facility and the safety of the resident	3.4
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	83%

GARRETT COUNTY SUBACUTE UNIT	
Response Rate - the percentage of family members that returned a survey	36%
The rating on satisfaction with staff and administration of the nursing home	3.2
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	2.5
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3
The rating of activities offered to residents of the nursing home	2.7
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.2
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	68%

GINGER COVE	
Response Rate - the percentage of family members that returned a survey	65%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.6
The rating on quality of food and meal served to residents	3.4
The rating on autonomy of the residents and respect for resident rights.	3.7
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3.4
The rating of the security of the facility and the safety of the resident	3.6
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	93%

GLEN BURNIE HEALTH AND REHABILITATION	
Response Rate - the percentage of family members that returned a survey	25%
The rating on satisfaction with staff and administration of the nursing home	3
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	2.6
The rating on autonomy of the residents and respect for resident rights.	2.8
The rating of physical and environmental aspects of the nursing home	2.7
The rating of activities offered to residents of the nursing home	2.7

The rating of the security of the facility and the safety of the resident	2.7
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	6.1
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	71%
GLEN MEADOWS RETIREMENT COM.	
Response Rate - the percentage of family members that returned a survey	59%
The rating on satisfaction with staff and administration of the nursing home	3.7
The rating on the care provided to residents in the nursing home	3.6
The rating on quality of food and meal served to residents	3.6
The rating on autonomy of the residents and respect for resident rights.	3.8
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	4
The rating of the security of the facility and the safety of the resident	3.8
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	89%
HAMMONDS LANE CENTER	
Response Rate - the percentage of family members that returned a survey	51%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3.3
The rating on autonomy of the residents and respect for resident rights.	3.5
The rating of physical and environmental aspects of the nursing home	3.4
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	3.6
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.3
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	86%
HARTLEY HALL NURSING HOME INC.	
Response Rate - the percentage of family members that returned a survey	44%
The rating on satisfaction with staff and administration of the nursing home	2.9
The rating on the care provided to residents in the nursing home	2.8
The rating on quality of food and meal served to residents	2.8
The rating on autonomy of the residents and respect for resident rights.	2.6
The rating of physical and environmental aspects of the nursing home	2.6
The rating of activities offered to residents of the nursing home	2
The rating of the security of the facility and the safety of the resident	2.6

The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	5.4
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	33%
HEBREW HOME OF GREATER WASHINGTON	
Response Rate - the percentage of family members that returned a survey	40%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3.3
The rating on autonomy of the residents and respect for resident rights.	3.5
The rating of physical and environmental aspects of the nursing home	3.4
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.5
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	96%
HERITAGE HARBOUR HEALTH AND REHABILITATION	
Response Rate - the percentage of family members that returned a survey	39%
The rating on satisfaction with staff and administration of the nursing home	3.4
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	2.9
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3.1
The rating of activities offered to residents of the nursing home	2.9
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.1
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	61%
HERON POINT OF CHESTERTOWN	
Response Rate - the percentage of family members that returned a survey	58%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.7
The rating on quality of food and meal served to residents	3.7
The rating on autonomy of the residents and respect for resident rights.	3.7
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3.5
The rating of the security of the facility and the safety of the resident	3.7
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.2
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%

HOMEWOOD AT CRUMLAND FARMS	
Response Rate - the percentage of family members that returned a survey	65%
The rating on satisfaction with staff and administration of the nursing home	3.7
The rating on the care provided to residents in the nursing home	3.6
The rating on quality of food and meal served to residents	3.5
The rating on autonomy of the residents and respect for resident rights.	3.7
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3.5
The rating of the security of the facility and the safety of the resident	3.6
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.1
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	98%
HOMEWOOD AT WILLIAMSPORT	
Response Rate - the percentage of family members that returned a survey	72%
The rating on satisfaction with staff and administration of the nursing home	3.8
The rating on the care provided to residents in the nursing home	3.7
The rating on quality of food and meal served to residents	3.5
The rating on autonomy of the residents and respect for resident rights.	3.6
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3.6
The rating of the security of the facility and the safety of the resident	3.7
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.2
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	97%
INGLESIDE AT KING FARM	
Response Rate - the percentage of family members that returned a survey	33%
The rating on satisfaction with staff and administration of the nursing home	3.9
The rating on the care provided to residents in the nursing home	3.7
The rating on quality of food and meal served to residents	3.6
The rating on autonomy of the residents and respect for resident rights.	3.7
The rating of physical and environmental aspects of the nursing home	3.8
The rating of activities offered to residents of the nursing home	3.7
The rating of the security of the facility and the safety of the resident	3.9
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.5
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%
JULIA MANOR NURSING & REHABILITATION CENTER	
Response Rate - the percentage of family members that returned a survey	52%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	3.1

The rating on autonomy of the residents and respect for resident rights.	3.5
The rating of physical and environmental aspects of the nursing home	3.4
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.1
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	86%
LOCH RAVEN CENTER	
Response Rate - the percentage of family members that returned a survey	41%
The rating on satisfaction with staff and administration of the nursing home	3.2
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	3
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3.2
The rating of activities offered to residents of the nursing home	2.9
The rating of the security of the facility and the safety of the resident	3.3
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.8
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	87%
LONGVIEW NSG. HOME	
Response Rate - the percentage of family members that returned a survey	56%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	3
The rating on autonomy of the residents and respect for resident rights.	3.4
The rating of physical and environmental aspects of the nursing home	3.1
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.3
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.9
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	84%
LORIEN HEALTH SYSTEMS - MT. AIRY	
Response Rate - the percentage of family members that returned a survey	50%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.6
The rating on quality of food and meal served to residents	3.2
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3.5
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.5

The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.9
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%
MANOKIN MANOR	
Response Rate - the percentage of family members that returned a survey	47%
The rating on satisfaction with staff and administration of the nursing home	3.5
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	3.2
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3.1
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.4
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.4
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	84%
MANOR CARE HEALTH SERVICES - POTOMAC	
Response Rate - the percentage of family members that returned a survey	36%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3.2
The rating on autonomy of the residents and respect for resident rights.	3.5
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3.1
The rating of the security of the facility and the safety of the resident	3.7
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.1
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%
MANOR CARE HEALTH SERVICES - ROSSVILLE	
Response Rate - the percentage of family members that returned a survey	38%
The rating on satisfaction with staff and administration of the nursing home	3
The rating on the care provided to residents in the nursing home	2.9
The rating on quality of food and meal served to residents	2.6
The rating on autonomy of the residents and respect for resident rights.	2.8
The rating of physical and environmental aspects of the nursing home	2.7
The rating of activities offered to residents of the nursing home	2.3
The rating of the security of the facility and the safety of the resident	3
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	6
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	50%

MANOR CARE HEALTH SERVICES - RUXTON	
Response Rate - the percentage of family members that returned a survey	40%
The rating on satisfaction with staff and administration of the nursing home	3.2
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	2.9
The rating on autonomy of the residents and respect for resident rights.	3
The rating of physical and environmental aspects of the nursing home	2.7
The rating of activities offered to residents of the nursing home	2.6
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	6.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	73%
MANOR CARE HEALTH SERVICES - TOWSON	
Response Rate - the percentage of family members that returned a survey	34%
The rating on satisfaction with staff and administration of the nursing home	3.3
The rating on the care provided to residents in the nursing home	3.3
The rating on quality of food and meal served to residents	2.5
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3.1
The rating of activities offered to residents of the nursing home	2.7
The rating of the security of the facility and the safety of the resident	3.3
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.4
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	68%
MARIA HEALTH CARE CENTER INC.	
Response Rate - the percentage of family members that returned a survey	100%
The rating on satisfaction with staff and administration of the nursing home	4
The rating on the care provided to residents in the nursing home	4
The rating on quality of food and meal served to residents	3.7
The rating on autonomy of the residents and respect for resident rights.	4
The rating of physical and environmental aspects of the nursing home	3.9
The rating of activities offered to residents of the nursing home	3.4
The rating of the security of the facility and the safety of the resident	4
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	10
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%
MARLEY NECK HEALTH & REHABILITATION CENTER	
Response Rate - the percentage of family members that returned a survey	33%
The rating on satisfaction with staff and administration of the nursing home	3.1
The rating on the care provided to residents in the nursing home	3.1

The rating on quality of food and meal served to residents	2.9
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3
The rating of activities offered to residents of the nursing home	3.1
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.2
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	75%
MONTGOMERY VILLAGE HEALTH CARE CTR	
Response Rate - the percentage of family members that returned a survey	34%
The rating on satisfaction with staff and administration of the nursing home	3.4
The rating on the care provided to residents in the nursing home	3.2
The rating on quality of food and meal served to residents	2.8
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	3.3
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.1
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	71%
NORTH ARUNDEL HEALTH AND REHABILITATION	
Response Rate - the percentage of family members that returned a survey	40%
The rating on satisfaction with staff and administration of the nursing home	3.3
The rating on the care provided to residents in the nursing home	3.2
The rating on quality of food and meal served to residents	2.9
The rating on autonomy of the residents and respect for resident rights.	2.9
The rating of physical and environmental aspects of the nursing home	2.9
The rating of activities offered to residents of the nursing home	2.9
The rating of the security of the facility and the safety of the resident	2.9
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	6.8
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	57%
NORTHAMPTON MANOR	
Response Rate - the percentage of family members that returned a survey	47%
The rating on satisfaction with staff and administration of the nursing home	3.3
The rating on the care provided to residents in the nursing home	3.2
The rating on quality of food and meal served to residents	2.9
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3
The rating of activities offered to residents of the nursing home	2.8
The rating of the security of the facility and the safety of the resident	3.2

The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	67%
RAVENWOOD LUTHERAN VILLAGE NURSING CENTER	
Response Rate - the percentage of family members that returned a survey	53%
The rating on satisfaction with staff and administration of the nursing home	3.1
The rating on the care provided to residents in the nursing home	3.2
The rating on quality of food and meal served to residents	3.2
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3
The rating of activities offered to residents of the nursing home	3
The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	6.9
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	71%
REEDERS MEMORIAL HOME	
Response Rate - the percentage of family members that returned a survey	55%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.6
The rating on quality of food and meal served to residents	3.3
The rating on autonomy of the residents and respect for resident rights.	3.6
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.6
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.9
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	95%
ROCKVILLE NURSING HOME	
Response Rate - the percentage of family members that returned a survey	66%
The rating on satisfaction with staff and administration of the nursing home	3.9
The rating on the care provided to residents in the nursing home	3.7
The rating on quality of food and meal served to residents	3.6
The rating on autonomy of the residents and respect for resident rights.	3.8
The rating of physical and environmental aspects of the nursing home	3.8
The rating of activities offered to residents of the nursing home	3.7
The rating of the security of the facility and the safety of the resident	3.8
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%

SACRED HEART HOME INC	
Response Rate - the percentage of family members that returned a survey	59%
The rating on satisfaction with staff and administration of the nursing home	3.8
The rating on the care provided to residents in the nursing home	3.8
The rating on quality of food and meal served to residents	3.5
The rating on autonomy of the residents and respect for resident rights.	3.9
The rating of physical and environmental aspects of the nursing home	3.7
The rating of activities offered to residents of the nursing home	3.6
The rating of the security of the facility and the safety of the resident	3.8
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.1
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	98%
SALISBURY CENTER	
Response Rate - the percentage of family members that returned a survey	49%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3.5
The rating on autonomy of the residents and respect for resident rights.	3.5
The rating of physical and environmental aspects of the nursing home	3.3
The rating of activities offered to residents of the nursing home	3.1
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	87%
SEVERNA PARK CENTER	
Response Rate - the percentage of family members that returned a survey	42%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3.1
The rating on autonomy of the residents and respect for resident rights.	3.6
The rating of physical and environmental aspects of the nursing home	3.3
The rating of activities offered to residents of the nursing home	3.4
The rating of the security of the facility and the safety of the resident	3.4
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.3
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	85%
SIGNATURE HEALTHCARE AT MALLARD BAY	
Response Rate - the percentage of family members that returned a survey	44%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.3

The rating on quality of food and meal served to residents	3.3
The rating on autonomy of the residents and respect for resident rights.	3.4
The rating of physical and environmental aspects of the nursing home	3.2
The rating of activities offered to residents of the nursing home	3.1
The rating of the security of the facility and the safety of the resident	3.4
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	92%
SNOW HILL NURSING & REHAB CTR	
Response Rate - the percentage of family members that returned a survey	49%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3.5
The rating on autonomy of the residents and respect for resident rights.	3.5
The rating of physical and environmental aspects of the nursing home	3.3
The rating of activities offered to residents of the nursing home	3.1
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	87%
S.T. CATHERINES NURSING CENTER	
Response Rate - the percentage of family members that returned a survey	47%
The rating on satisfaction with staff and administration of the nursing home	3.8
The rating on the care provided to residents in the nursing home	3.6
The rating on quality of food and meal served to residents	3.5
The rating on autonomy of the residents and respect for resident rights.	3.7
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.7
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.2
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%
S.T. ELIZABETH REHAB. & NSG. CE	
Response Rate - the percentage of family members that returned a survey	36%
The rating on satisfaction with staff and administration of the nursing home	3.2
The rating on the care provided to residents in the nursing home	3.1
The rating on quality of food and meal served to residents	2.5
The rating on autonomy of the residents and respect for resident rights.	3.2
The rating of physical and environmental aspects of the nursing home	3
The rating of activities offered to residents of the nursing home	2.7

The rating of the security of the facility and the safety of the resident	3.2
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	7.2
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	68%
ST. JOSEPH NURSING HOME	
Response Rate - the percentage of family members that returned a survey	68%
The rating on satisfaction with staff and administration of the nursing home	3.8
The rating on the care provided to residents in the nursing home	3.7
The rating on quality of food and meal served to residents	3.8
The rating on autonomy of the residents and respect for resident rights.	3.9
The rating of physical and environmental aspects of the nursing home	3.9
The rating of activities offered to residents of the nursing home	3.6
The rating of the security of the facility and the safety of the resident	3.8
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.7
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%
THE ARBOR	**MD**
Response Rate - the percentage of family members that returned a survey	54%
The rating on satisfaction with staff and administration of the nursing home	3.7
The rating on the care provided to residents in the nursing home	3.6
The rating on quality of food and meal served to residents	3.3
The rating on autonomy of the residents and respect for resident rights.	3.4
The rating of physical and environmental aspects of the nursing home	3.4
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.6
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	97%
THE LIONS CENTER FOR REHAB AND EXTENDED CARE	
Response Rate - the percentage of family members that returned a survey	54%
The rating on satisfaction with staff and administration of the nursing home	3.7
The rating on the care provided to residents in the nursing home	3.7
The rating on quality of food and meal served to residents	3.2
The rating on autonomy of the residents and respect for resident rights.	3.5
The rating of physical and environmental aspects of the nursing home	3.4
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	9.1
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	100%

WEST MD HEALTH SYST FROSTBURG NRSG	
Response Rate - the percentage of family members that returned a survey	53%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.5
The rating on quality of food and meal served to residents	3.5
The rating on autonomy of the residents and respect for resident rights.	3.4
The rating of physical and environmental aspects of the nursing home	3.4
The rating of activities offered to residents of the nursing home	2.9
The rating of the security of the facility and the safety of the resident	3.5
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.4
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	87%
WICOMICO NURSING HOME	
Response Rate - the percentage of family members that returned a survey	61%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.4
The rating on quality of food and meal served to residents	3.1
The rating on autonomy of the residents and respect for resident rights.	3.3
The rating of physical and environmental aspects of the nursing home	3.3
The rating of activities offered to residents of the nursing home	3.3
The rating of the security of the facility and the safety of the resident	3.4
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.6
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	95%
WILLIAM HILL MANOR HEALTHCARE	
Response Rate - the percentage of family members that returned a survey	53%
The rating on satisfaction with staff and administration of the nursing home	3.6
The rating on the care provided to residents in the nursing home	3.7
The rating on quality of food and meal served to residents	3.4
The rating on autonomy of the residents and respect for resident rights.	3.5
The rating of physical and environmental aspects of the nursing home	3.6
The rating of activities offered to residents of the nursing home	3.5
The rating of the security of the facility and the safety of the resident	3.7
The rating of overall care provided in the nursing home. (Rating of 1-10 with 1 being worst care and 10 the best care.)	8.8
The percentage of those who responded "Yes" to "Would you recommend the Nursing Home?"	96%

(The Maryland Health Care Commission, 2019)

Appendix C: Nursing Home Satisfaction Survey Questions

Staff and Administration of the Nursing Home

In the last 6 months, how often did you receive timely notification of changes such as the resident's condition, medications, or emergencies?

In the last 6 months, if you asked for information about the resident, how often did you get the information within 48 hours?

In the last 6 months, how often did the nurses and nursing assistants treat you with courtesy and
respect?

In the last 6 months, how often did the nurses and nursing assistants treat the resident with courtesy and respect?

In the last 6 months, how often did staff members respect the resident's privacy?

In the last 6 months, how often did you feel confident the staff was knowledgeable about the
resident's medical condition(s) and treatment(s)?

In the last 6 months, how often were you able to find a nurse or aide when you wanted one?

In the last 6 months, did the nurses or nursing assistants ever discourage you from asking questions about the resident?

Care Provided to Residents

Were you invited to participate in a care conference in the last 6 months?

In the last 6 months, how often were you involved as much as you wanted in care decisions?

In the last 6 months, during any of your visits, did you help the resident with toileting?

In the last 6 months, how often, if at all, did you help with toileting because the nurses or nursing
assistants either were not available or made the resident wait too long?

In the last 6 months, did the resident look and smell clean?

In the last 6 months, did the resident use the nursing home’s laundry service for his or her clothes?

In the last 6 months, how often were you satisfied with the laundry services the resident received?

In the last 6 months, did you see any resident, including this resident, behave in a way that made
it hard for nurses or nursing assistants to provide care?

How often did nurses/nursing aides handle the situation in a way that was acceptable to you?

In the last 6 months, did you discuss any issues or concerns with the nursing home staff about the
care the resident received in the nursing home?

In the last 6 months, were you satisfied with the way the nursing home staff handled issues or
concerns that you brought to their attention?

In the last 6 months, did you ever stop yourself from talking to any nursing home staff about your concerns because you thought they might take it out on the resident?

How often did you help with eating or drinking because the nurses or nursing assistants were not
available to help or made him or her wait too long?

Food and Meals

In the last 6 months, how often was the resident served a variety of food (e.g., fresh vegetables
and fruits, lean meats, fish)?

In the last 6 months, how often was the food served to the resident high quality (i.e., attractive,
appetizing, and nutritious)?

Activities

In the last 6 months, how often were meaningful activities offered most days of the week?

In the last 6 months, how often were physical activities (i.e., activities that encourage some movement) offered most days of the week?

Autonomy and Resident Rights

If the resident desires private space for visits such as with clergy or family, how often is private space available?

In the last 6 months, how often did you observe that the resident's or other residents' privacy was protected when the resident was dressing, showering, bathing, or in a public area?

In the last 6 months, how often were them resident's preferences about daily routine carried out (e.g., time and place for meals and time and type of bath)?

Physical Aspects of the Nursing Home

In the last six months, how often was the resident's room bright and cheerful?

In the last 6 months, how often did the public areas of the nursing home look and smell clean?

In the last 6 months, how often did the resident's room look and smell clean?

In the last 6 months, how often was the noise level around the resident's room acceptable to you?

Security and Resident's Personal Rights

In the last 6 months, how often was there enough security for the facility (e.g., alarms, security
guard, locked doors)?

In the last 6 months, how often did the nursing home take sufficient steps to protect the resident's personal items?

In the last 6 months, how often did the nursing home take sufficient steps to protect the resident's personal safety?

Satisfaction with Overall Experience

Using any number from 1 to 10, where 10 is the best care possible and 1 is the worst care possible, what number would you use to rate the care at this nursing home?

If someone needed nursing home care, would you recommend this nursing home to them?

(The Maryland Health Care Commission, 2019)