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Successful Strategies for Financial Sustainability in Nursing Homes

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This is to certify that the doctoral study by

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2018

Abstract

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by

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MBA, Point Park University, 2004

BS, Indiana University of Pennsylvania, 1997

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

From 2014 to 2015, deficiency fines cost Pennsylvania nursing homes more than $2.5

million. Costs associated with adhering to increased health care regulations can reduce

profit and affect the financial sustainability of the nursing home industry. Some nursing

home administrators (NHAs) lack successful strategies to improve state and federal

regulation compliance and promote financial sustainability. Drucker's management by

objectives theory was the conceptual framework for this study. The purpose of this

qualitative multiple case study was to explore successful strategies NHAs use to improve

state and federal regulation compliance to mitigate deficiencies and derivative fines to

promote financial sustainability of nursing homes. NHAs who manage 5-star rated

nursing homes within a 100-mile radius of Pittsburgh, Pennsylvania use effective

management strategies to mitigate deficiencies and derivative fines to earn a 5-star rating

which, helps promote financial sustainability. Data were collected from semistructured

face-to-face and telephone interviews with 4 NHAs and from Medicare's Nursing Home

Compare website. The data on the website provided information on the 3 domains of

health inspections, staffing, and quality measures, that made up the overall star rating of

nursing homes. Data were analyzed using Yin's 5-phase cycle. The findings revealed 3

major themes: develop knowledgeable staff, enhance communication with staff and

residents, and promote innovation for continuous quality improvement. The implications

for positive social change could include increased quality of patients' health care,

creation of employment opportunities to promote prosperity in communities, and

financial sustainability in the United States nursing home industry.

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Section 1: Foundation of the Study

Background of the Problem

The financial sustainability of the nursing home industry is a matter of public concern (Weech-Maldonado et al., 2012). The course of U.S. health care spending is unsustainable owing to a decrease in younger taxpayers and an increase in the baby boomer population (Chernew, 2013). From 2015 to 2025, health care spending is expected to grow 5.8% per year (The Centers for Medicare and Medicaid Services [CMS], 2015b). Baby boomers are more demanding due to expectations of patient-centered health care where they determine the types of medical treatments received (Garcia, Harrison, & Goodwin, 2016). Furthermore, the increase in longevity of the aging population creates a greater need for nursing home care (Howard, 2014).

An increase of care compliance regulations and baby boomers with high expectations for quality care have resulted in drastic changes within the nursing home industry. Regulation of nursing homes helps to assure that residents receive a minimum level of quality care (Bowblis, 2015). Facilities failing to meet regulatory standards face financial penalties, up to and including loss of licensure. Facilities providing substandard quality care may lack successful strategies for ensuring regulatory compliance and reducing deficiencies and derivative fines, which may affect their financial sustainability. The purpose of this study was to explore successful strategies nursing home administrators (NHAs) use to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability of nursing homes. The findings of the study may identify successful strategies that could provide

valuable information that NHAs may be able to implement to improve state and federal regulation compliance to promote financial sustainability in the homes they manage.

Problem Statement

CMS can impose daily fines of $50 to $10,000 on nursing homes violating federal requirements (CMS, 2014a). From 2014 to 2015, deficiency fines cost Pennsylvania nursing homes more than $2.5 million (CMS, 2017d). Inspection fines, Medicaid cuts, and insufficient reimbursement cause most nursing home closures (Fisher & Castle, 2012). The general business problem was that some nursing home leaders do not comply with state and federal requirements, which resulted in financial losses for the facilities. The specific business problem was that some NHAs lack strategies to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability.

Purpose Statement

The purpose of this qualitative multiple case study was to explore successful strategies NHAs use to improve state and federal regulation compliance to mitigate deficiencies and derivative fines to promote financial sustainability of nursing homes. The targeted population was NHAs who managed 5-star rated nursing homes within a 100-mile radius of Pittsburgh who implemented successful strategies to promote financial sustainability of nursing homes. CMS's Five-Star Quality Rating System allows consumers to choose a nursing home based on care quality information. There were 54 nursing homes with a 5-star rating within a 100-mile radius of Pittsburgh at the time of the study. NHAs who manage nursing homes with a 5-star rating use successful

strategies to ensure state and federal regulation compliance. The findings of the study could provide successful strategies NHAs use to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability of nursing homes. Also, this study could benefit residents, families, communities, and the U.S. health care industry. Residents benefit with improvement in care quality. Families benefit by no longer bearing the burden of providing care. Communities benefit from increased employment. Finally, the results of this study identify recurrent themes of successful strategies that could increase the potential for financial sustainability of any U.S. health care facility.

Nature of the Study

Researchers need to understand the intended goals of their research to select the most appropriate research method. Multiple sources of evidence are used in qualitative research studies to gain insight into participants' views and perspectives of their real-world experiences (Yin, 2016). Qualitative researchers explore and understand a problem or concept instead of quantifying data (Zikmund, Babin, Carr, & Griffin, 2013). Qualitative research was the best method for my study because I explored successful strategies NHAs use to improve regulation compliance to promote financial sustainability in the nursing homes they manage. Quantitative researchers test theories of an event, situation, behavior, or characteristic through collection and analysis of data using a statistical instrument to test hypotheses (Cozby & Bates, 2015). Quantitative research was not an appropriate method for my study because I did not test a hypothesis relevant to the strategies NHAs use to improve regulation compliance to promote financial

sustainability in the nursing homes they manage. Researchers can address a research question using quantitative and qualitative methods of research through the mixed-method approach (Yin, 2016). Because the quantitative method was not appropriate for this study, I excluded using mixed-method. A qualitative method was most appropriate for this research to obtain an understanding of respondents' experiences.

I used qualitative multiple case studies to explore the successful management strategies used by some NHAs to facilitate financial sustainability of nursing homes. Multiple case study research involves selection of individuals, events, or entities to analyze similar or contrasting patterns of theoretical replication (Yin, 2014). Researchers prefer multiple case studies over single case studies because the analytic benefit of two or more cases provides the possibility of direct replication making analytic conclusions more significant (Yin, 2014). I considered using other qualitative research designs for this study. Researchers use grounded theory to examine a concept and form a theoretical framework derived for developing a possible explanation of how and why an event occurred (Patton, 2015). Grounded theory and phenomenography require researchers to formulate an understanding based on a subject's perceptions and interpretations of their surrounding world (Mojtahed, Nunes, Martins, & Peng, 2014). These designs were not appropriate because I did not explore subjects' perceptions or lived experiences. Ethnographic studies require researchers to gather and analyze data to learn about cultural groups (Patton, 2015). This design was not appropriate because I did not explore a group's culture. Case study research requires researchers to explore and interpret interview responses as well as how participants respond to real-world events (Yin, 2016).

A case study design was the most appropriate research design for my study because I explored a phenomenon that occurred in real life. I used face-to-face interviews with the interview protocol and documentation from Medicare's Nursing Home Compare (NHC) website to gather data and explore the successful strategies used by NHAs to promote state and federal regulation compliance to promote financial sustainability of nursing homes.

Research Question

What strategies do NHAs use to improve regulation compliance, mitigating potential deficiencies and derivative fines to promote financial sustainability?

Interview Questions

Qualitative researchers use questions to elicit facts and knowledge about the phenomenon under investigation (Mojtahed et al., 2014). Researchers craft interview questions to provide data to answer the research question (Doody & Noonan, 2013). Interview questions for this study were as follows:

1. What strategies do you use to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability?

2. What is the most successful strategy you implemented to improve state and federal regulation compliance?

3. What policies, procedures, and strategies did you implement to assure continuing regulatory compliance?

4. What barriers did you encounter to implementing your strategies to improve regulation compliance?

5. How did you address the barriers you encountered when implementing your strategies to improve regulation compliance?

6. How do you assess the effectiveness of strategies to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines?

7. What strategies do you use to address a star rating less than five stars in any of the three domains (health inspections, staffing, and quality measures) that make up the overall star rating of the nursing home that you manage?

8. What additional information would you like to share related to the purpose of this study?

Conceptual Framework

I chose Drucker's (1954) management by objectives (MBO) theory, which aligns with the research question of this study. Drucker's MBO is a system of management where managers and employees agree on organizational objectives to promote the process of working together. MBO consists of systematic procedures to elicit employee participation in the planning process to improve efficiency, promote motivation and commitment, and make a plan to achieve results. Implementing MBO involves managers and subordinates determining objectives, conducting periodic reviews of the progress toward the objectives, evaluation of end results, and allocating rewards based on progress. Objectives must be (a) arranged in order of importance, (b) expressed quantitatively (when possible), (c) realistic, (d) in alignment with the organization's

policies, and (e) compatible with other objectives (Drucker, 1954). Drucker's MBO theory provided a lens through which I explored successful strategies that NHAs use to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability.

Operational Definitions

It is important for researchers to describe terms and procedures when conducting qualitative research so readers understand intended meanings and do not assume or assign meanings (Yin, 2016). The following are important terms in this study:

Certification of compliance: A requirement of skilled nursing facilities and nursing facilities paid by Medicare or Medicaid to prove that the facility is compliant with federal participation requirements (CMS, 2016c).

Deficiencies: Areas of noncompliance with state or federal regulations identified during a nursing home inspection (State of Wisconsin Department of Health Services, 2015).

Five-star quality rating system: A system created by CMS that calculates and assigns nursing homes an overall star rating based on state health inspections, staffing, and quality measures (Boccuti et al., 2015; CMS, 2016b).

Nursing facility: An organization providing skilled nursing care to people in need of nursing care or medical care due to mental or physical condition or who need rehabilitation due to illness, injury, or disability beyond the level of room and board (CMS, 2016f).

Quality care: Providing care that supplies the best possible results and improves or maintains the quality and duration of life (CMS, 2015a).

Skilled nursing facility: An organization providing skilled nursing care to people in need of nursing care or medical care, or rehabilitation due to illness, injury, or disability (CMS, 2016f).

Sustainability: A plan involving steps that strengthen organizational attributes necessary to sustain ongoing operations (Johnson, Hays, Center, & Daley, 2004).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are what researchers take for granted or accept as true without having factual proof (Ellis & Levy, 2009). In this study, I made a few assumptions. The first assumption was that volunteer participants would answer questions honestly. The second assumption was that the findings of the study could be used to make improvements to current strategies to promote financial sustainability in nursing homes. The third assumption was that the strategies of NHAs who manage 5-star rated nursing homes within a 100-mile radius of Pittsburgh reflect the larger whole when it comes to determining successful strategies used to promote financial sustainability.

Limitations

Limitations are weaknesses or uncontrollable threats to the validity of a study (Ellis & Levy, 2009). Using only participants who agree to participate within nursing homes may be viewed as a limitation of the study because managers working in other types of health care organizations may know different successful strategies to promote

financial sustainability. The study included participants who use strategies to improve state and federal regulation compliance to promote financial sustainability in the nursing homes that they manage. Another potential limitation was that I used only two data collection techniques for this study.

Delimitations

Delimitations are the factors, constructs, or variables that researchers intentionally leave out to reduce the scope and increase the manageability of the study (Ellis & Levy, 2009). The study consisted of NHAs employed within a 100-mile radius of Pittsburgh. The small and specific location sample of participants may be a delimitation of the study because sampling homes throughout the United States may provide additional successful strategies to promote financial sustainability.

Significance of the Study

In this qualitative multiple case study research, I explored successful strategies that NHAs who manage 5-star rated nursing homes within a 100-mile radius of Pittsburgh use to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability. NHAs can improve financial performance and promote financial sustainability by implementing strategies that increase efficiency and diversify their revenue stream (Weech-Maldonado et al., 2012). Achieving high-quality scores or improving star rating on the NHC website using successful strategies may help NHAs to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability of the nursing homes they manage. This study is potentially significant because the

findings could identify successful strategies to promote financial sustainability of nursing homes and possibly other health care organizations. The findings of the study could identify recurrent themes of successful strategies that could provide valuable information for positive social change concerning financial sustainability of the U.S. health care industry. The findings of this research could contribute to positive social change by determining successful strategies NHAs can implement to improve state and federal regulation compliance and assist with the remediation of deficiencies and derivative fines to promote financial sustainability of the homes they manage.

Contribution to Business Practice

In this qualitative multiple case study research, I explored successful which strategies of NHAs who manage 5-star rated nursing homes within a 100-mile radius of Pittsburgh use to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability. Reduction of nursing home deficiencies results in improvement of the quality of care provided to nursing home residents. This study is significant for nursing homes and the entire health care industry because the findings identified successful strategies to promote financial sustainability of nursing homes and other health care facilities. The findings of the study could contribute to business practice through identification of recurrent themes of successful strategies providing valuable information concerning promotion of financial sustainability of the U.S. health care industry.

Implications for Social Change

The implications for positive social change from this research are identifying successful strategies that could improve nursing home staff compliance with state and federal regulations and assist with the prevention or remediation of deficiencies and derivative fines to promote and maintain financial sustainability of nursing homes. Nursing homes that are compliant with state and federal regulations provide better care quality to nursing home residents. Provision of higher quality care improves the quality of life of nursing home residents.

Furthermore, this study could provide several benefits to residents and their families, people living in communities with nursing homes, and the U.S. health care industry. The findings of this study could benefit residents by improving the quality of the health care they receive. CMS's Five-Star Quality Rating System allows people to select a nursing facility on the basis of care quality information available on Medicare's NHC website. Public reporting of quality of care information increases competition for residents, which decreases private pay costs and improves care quality. Families receive the benefit of no longer bearing the burden of providing care or worrying about nursing home care quality.

Communities benefit from increased employment opportunities because improving nursing home care requires an increase in staffing, which creates employment opportunities. Furthermore, communities where 5-star rated nursing homes are located are more desirable places to reside. Five-star rated nursing homes may attract new residents to the communities. The findings of the study identified recurrent themes of

successful strategies that could increase the potential for financial sustainability of any U.S. health care facility. This information can encourage positive social change that promotes financial sustainability of the U.S. health care industry and increases the associated quality of patients' health care.

A Review of the Professional and Academic Literature

The purpose of this literature review was to provide a synthesis of the academic literature as a foundation for this study to acquire a comprehensive understanding of issues that may affect the financial sustainability of nursing homes. I reviewed the professional and academic literature and found that areas involving nursing home operation and care quality concerns can affect financial outcomes and thus the financial sustainability of nursing homes. The literature review section contains eight categories: (a) Drucker's (1954) MBO, (b) quality of nursing home care, (c) nursing home regulation and compliance, (d) CMS's Five-Star Quality Rating System, (e) nursing home closure, (f) strategies of profit versus nonprofit nursing homes, (g) strategies of chain versus nonchain nursing homes, and (h) strategies to promote financial sustainability of U.S. nursing homes.

My research was primarily conducted using Walden University Library's health sciences and nursing databases. The academic research databases I used included Business Source Complete, ABI/INFORM Complete, CINAHL, ProQuest, ScholarWorks, and MEDLINE. I performed an advanced search within each health sciences and nursing database category. The following options were selected: all database searching, full-text articles, peer-reviewed scholarly journals, articles within the

United States, and publication dates from 2014 to 2018. There were 103 total references. Eighty-four (82%) of my references were published from 2014 to 2018. Eighteen (18%) of my references were published from 1954 to 2013. One reference had no publication date. Eighty-five percent of the 84 articles in my literature review were from peer-reviewed journals. Examples of Boolean search phrases included the following: *nursing home* AND *financial*, *nursing home* AND *closures, nursing home* AND *longevity, nursing home* AND *profitability,* and *nursing home* AND *regulation.* The words *nursing facilities, long-term care,* and *nursing homes* were included in most searches. Additional reviews of the Pennsylvania Department of Health, the Pennsylvania Department of Human Services, and U.S. government and CMS websites and documents were performed to gain an in-depth understanding of topics affecting financial sustainability of nursing home.

Aligning the research question to the conceptual framework requires a researcher to use a theory or conceptual model that most supports the research question (Fusch & Ness, 2015). In the following section, I discuss a conceptual model that may help to promote financial sustainability of nursing homes.

Management by Objectives

In 1954, Drucker wrote MBO, which is a system of management where managers and employees agree on organizational objectives to promote the process of working together. In this system, managers do not dictate objectives to employees. Employees have a significant role in determining their personal objectives. Allowing employees to determine their objectives empowers and encourages them to achieve their greatest

potential. The manager assures that the individual's objectives align with the objectives of the department and the organization (Drucker, 1954).

MBO consists of systematic procedures to improve efficiency, and it elicits employee participation in the planning process to promote motivation and commitment to achieve desired results. The process of MBO involves managers and subordinates determining objectives, periodic review of the progress toward the objectives, evaluation of end results, and allocating rewards based on the progress made (Drucker, 1954). MBO requires managers on all levels to meet for 1 to 2 days every 6 months and openly communicate any concerns facing the company.

MBO is a useful means of allowing all employees within an organization to cocreate and shape the future of the company by setting individual and team objectives based on honest discussions of diverse perspectives on the needs of the business. Voicing a difference of opinion is encouraged to help identify deficiencies and means of improvement, which contributes to professional development and the success and survival of the organization (Joullié & Spillane, 2015). MBO necessitates direct, honest communication between employees. It requires managers to evaluate themselves, their peers, and their subordinates to help the organization reach its objectives (Drucker, 1954).

Drucker's (1954) book, *The Practice of Management*, contains a chapter titled "Management by Objective and Self Control," which explains what is involved in determining the objectives of managers. Managers derive objectives from business goals. Managers can take into account how their unit's objectives assist other units to meet their

objectives and how anticipated contributions from other units will help to meet their

unit's objectives. Managers must promote teamwork to help meet goals and objectives.

It is important to determine what each member of the team is capable and agreeable to

contribute to further the achievement of business and personal objectives. Drucker

stressed the importance of manager directed team building, which ensures that individual

efforts and performance maximally contribute to the success of the organization by

meeting short-term and long-term goals and objectives.

Drucker (1954) proposed that managers must focus on determining objectives by

answering three questions: (a) What is our business?, (b) Who is our customer?, and (c)

What does our customer consider valuable? The purpose of business is to create a

customer and serve the needs of the customer. What the customer believes he or she is

buying and what he or she values creates the need for the business, products, and

determines if the business will achieve success and remain in existence. Managing is a

practice that revolves around setting and achieving objectives. Managers must set

objectives based on what the business is and what it should be and could be. It is

necessary to arrange objectives in order of importance, to be expressed quantitatively

(when possible), to be realistic, to be in alignment with the organization's policies, and to

be compatible with other objectives (Drucker, 1954). Objectives are the foundation of an

organization, and without them, it is impossible to plan, organize, set expectations,

measure performance, lead, or make meaningful decisions (Joullié & Spillane, 2015).

It is important that managers avoid dictating objectives to be met, taking

employees for granted, or viewing them as a replaceable commodity. Drucker (1954)

believed the role of managers was to help employees achieve productivity by appraising and building on their strengths and overcoming weaknesses using their strengths. Employees must see their jobs as more than just a source of income; they must feel that their work provides a sense of belonging, respect status, independence, security, and dignity (Joullié & Spillane, 2015). Employees assist in setting objectives, and their evaluations are dependent on their ability to meet them (Drucker, 1954). Accountability at all levels is critical. Employees need to understand management expectations, how to meet expectations, and the consequences of not meeting expectations (Joullié & Spillane, 2015).

To achieve organizational objectives and promote financial sustainability, it is essential that all team members focus their efforts on increasing customer satisfaction, improving quality and productivity, and promoting positive change. Organizations can survive change only if they continuously evolve and innovate (Drucker, 1954). Maintaining the financial sustainability of any business depends on this. Promotion of sustainability involves the use of procedures that strengthen organizational attributes necessary to sustain continuous operations and benefit diverse stakeholders (Johnson et al., 2004). Objectives begin as good intentions that managers can use as a tool to strengthen organizational performance. Managers achieve results by examining problems, setting priorities, and establishing goals that use successful strategies (Drucker, 1954). Leaders use innovative purposeful plans to create successful strategies that guide employees to achieve the performance goals that help ensure organizational sustainability (Drucker, 2001).

Managers can achieve desired outcomes by examining problems, setting priorities, and establishing goals and objectives that use successful strategies (Drucker, 1954). Achieving goals and objectives helps improve the financial sustainability of an organization. Drucker (2001) shared four strategies to help achieve organizational objectives: "Being fustest with the mostest" means that the product must always be a step ahead of the competition and provide a product or service that is better than what others offer. This strategy requires managers to elevate their organization to a position of success before the competition does. "Hitting them where they ain't" is the ability to supply customers with something that the competition does not offer. "Finding and occupying a specialized ecological niche" is the ability of an organization to position itself to offer a specialized service that competitors do not provide. "Changing the economic characteristics of a product, a market, or an industry" requires the organization to examine how to meet customer needs and improve products or services.

Influence of Management by Objectives on Research and Business Sustainability

NHAs face challenges including an increase in provider competition, more high acuity residents, greater regulation, and decreased levels of reimbursement (Castle et al. 2015). Nursing care facility industry growth may be hindered by lower Medicare and Medicaid reimbursement rates (IBIS World, 2016). The strategies NHAs use to overcome these challenges affects the financial sustainability of the nursing homes they manage. The research question of my study is: What strategies do NHAs use to improve regulation compliance, mitigating potential deficiencies and derivative fines to promote financial sustainability? Drucker's MBO theory provides a foundation supporting an

understanding of successful strategies NHAs may use to elicit employee participation to promote working together to facilitate changes in nursing home procedures to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability. To demonstrate that Drucker's MBO applies to other business issues, I used the ProQuest and ScholarWorks databases to locate and review the work of several other scholars who used MBO theory to complete doctoral dissertations.

Sibanda (2016) conducted a qualitative multiple case study and interviewed five small business leaders in Zimbabwe to explore strategies that may contribute to small business sustainability. Two themes emerged: developing leadership skills and planning for positive performance. Sibanda used the theoretical framework MBO because it contains a strategy for managing employees through objective setting, which helps to promote sustainability of small businesses. Specifically, the study discussed how MBO's SMART objectives help to set employee job performance standards.

SMART is an acronym conveying that employee objectives must be specific, measurable, achievable, realistic, and time-based. Changing employee work habits requires managers to educate on what the changes are and involve the entire team in making changes (Drucker, 1954). Managers can promote business sustainability by motivating employees and implementing change by ensuring that the right people receive the right training and education (Sibanda, 2016). I chose this study because it relates to the focus of my research, which sought to determine successful strategies that will change

employee behavior to ensure that nursing home staff are in compliance with state and federal regulations to promote financial sustainability.

Emery (2016) examined if a correlation existed between leadership and decision-making and ethical behavior. The study used two surveys (the Authentic Leadership Questionnaire and the Moral Potency Questionnaire) on 98 retail business leaders in the southwestern United States. The researcher chose Drucker's theory of management as the theoretical framework because it complemented the effect of managerial actions on ethical behavior, leadership, and decision making variables as measured by the study survey tools. The model predicted ethical behavior. Business ethics are rules, codes of morality, or organizational expectations of ethical behavior that steer an organization toward doing what's right (Adelstein & Clegg, 2016; McKay, Nitsch, & Peters, 2015).

Emery's (2016) findings support Drucker's theory that successful management practices (leadership, decision making, and ethical behavior) should function as principal objectives in decision making. Successful managers realize that the key to success is to use influential leadership practices and set objectives in every area of business where performance and results affect sustainability (Drucker, 2001). This study applies to my research because I wanted to determine successful strategies that NHAs use to make changes that promote compliance with state and federal regulations to promote financial sustainability of the nursing homes they manage.

Gallman (2016) interviewed five senior small business leaders, used a multiple case study approach, and used the conceptual framework MBO to explore strategies the leaders use to institute provisions of the employer responsibility of the Affordable Care

Act (ACA). MBO aligned with expectations of managers and helped them manage

challenges within their organizations and adapt to change. Study finding showed that

leaders were able to adapt to the implementation of ACA strategies and business

processes to improve the financial security of small businesses. Rising business costs

from health care reforms presents a challenge to business processes. MBO is a

management tool that assists with planning and problem solving (Drucker, 1954). MBO

helps organizations cope with challenges and adapt by making required changes by

setting objectives and using strategies to assist business processes (Gallman, 2016). This

study applies to my research because I explored strategies that may assist NHAs in

overcoming challenges of maintaining federal and state regulation compliance to promote

financial sustainability.

Nelson (2013) conducted a mixed methods inquiry of 60 participants for

quantitative data and 30 participants for qualitative data to examine how poverty level

and efficiency of management can address mismanagement of funds in Guyana. The

researcher determined that institutional practices can improve with increased use of

ethical standards, successful management, and elimination of corruption and poverty that

hinder Guyana's economic growth. Levels of poverty in Guyana had an impact on fund

mismanagement and there was variation in management efficiency. Successful managers

understand the complexity of a problem and decide how best to overcome challenges

using strategies (Drucker, 1954). Drucker's management theory was used to guide the

management framework for economic development in Guyana. MBO can help manage

government organizations using clearly set goals to achieve desired results (Nelson,

2013). I chose this study because it relates to my research on how Drucker's MBO theory can increase understanding of successful strategies used by NHAs to promote behavioral changes in nursing home staff to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability.

Quality of Nursing Home Care

Nursing facilities serve one of the most vulnerable populations (Weech-Maldonado et al., 2012). Vulnerable people have decreased ability to protect themselves due to advanced age, illness, or mental or physical disability (Green, 2015). Many elderly people have multiple comorbidities and are physically or cognitively impaired (Murad et al., 2015). All seniors are vulnerable. The most vulnerable of this population requires placement in a nursing facility to recover and rehabilitate from an acute illness or live out the remainder of their lives receiving individualized high-quality services and nursing care.

A nursing facility provides skilled nursing care to people in need of rehabilitation, nursing care, or medical care due to mental or physical condition due to disability, injury, or illness, beyond the level of room and board. A skilled nursing facility provides rehabilitation, nursing care, or medical care due to illness, injury, or disability (CMS, 2016f). Nursing home placement is required when a significant decline in functioning has occurred (Castora-Binkley, Meng, & Hyer, 2014).

Nursing homes typically provide care to two populations, long-term residents who need assistance with nonskilled care to complete activities daily living and post-acute

care residents who need care and rehabilitation after hospitalization for acute-care (Werner, Konetzka, & Polsky, 2013). In 2014, according to the Centers for Disease Control and Prevention (CDC), 15,600 U.S. nursing homes contained 1.7 million licensed beds and housed 1.4 million people (CDC, 2016). The average nursing home has 106 beds, 19% have less than 60 beds, and nearly 30% have more than 120 beds (Boccuti, Casillas, & Neuman, 2015).

The increase in longevity of the aging population creates a greater need for nursing home care (Howard, 2014). Baby boomers expect patient-centered health care where they determine the types of medical treatments received (Garcia, Harrison, & Goodwin, 2016). Baby boomers desire individualized options related to choices, comfort, and decision-making to enhance their quality of life and meet their high expectations for quality care and demand for services (Siberski & Siberski, 2015). Residents living in nursing homes perceive quality care as having their needs and expectations met with interpersonal care provided in a home-like atmosphere (Nakrem, 2015a). Nursing homes are highly regulated by state and federal laws which require care providers to balance resident preference with safety and care quality standards (Sollins, 2014). The increased care compliance regulations and an increased need for services for very demanding baby boomer clientele have created the need for care providers to be highly trained on how to meet regulatory requirements and meet the quality care needs and increased expectations of residents.

Quality care means doing the right thing at the right time to achieve the best possible results (CMS, 2015a). Nursing home staff provide quality care to residents by

ensuring that all treatment and care, utilizes acceptable standards of professional practice, abides by residents' choices, and adheres to the all-inclusive and resident-centered plan of care (CMS, 2017e).

Providing consistent and high-quality care should be the goal of every person employed in a nursing facility. CMS requires residents receive the care and services needed to achieve or maintain their highest level of physical, mental, and psychosocial functioning and well-being (U.S. Government Publishing Office, 2017). Quality care is dependent on a nursing home's ability to meet the care and service needs and expectations of residents (Nakrem, 2015a). Attaining consistent and high-quality care has been a chronic issue and concern for residents living in U.S. nursing homes (U.S. Government Accountability Office, 2015).

The 1987 Omnibus Budget Reconciliation Act (OBRA) provided regulatory reform to improve care quality provided in the nursing home industry. However, care quality remains insufficient (Gaugler, 2016). The ACA expanded the care quality requirements established by OBRA. The ACA incorporated the Nursing Home Transparency and Improvement Act of 2009 to eliminate the complexity of ownership, management, and financial structures that inhibited surveyors' capability of ensuring provider compliance with federal nursing home regulations (Harrington, Carrillo, & Garfield, 2015).   Additional efforts established new policies promoting nursing home regulation compliance and quality improvement. Medicare and Medicaid participation is contingent on implementation of a Quality Assurance Performance Improvement (QAPI) program. QAPI blends two quality improvement approaches, Quality Assurance (QA)

and Performance Improvement (PI). QA is a reactive method used by nursing home managers to examine unmet quality standards and to develop a plan to assure acceptable care and compliance with regulations. PI is a continuous proactive processes improvement method used by nursing home managers to prevent or decrease noncompliance using approaches that address the cause of concerns to improve the care and quality of life of residents (CMS, 2016d).

In 2016, CMS released the 2016/2017 Nursing Home Action Plan which is designed to improve nursing home resident's quality of life, health, and safety using five actionable strategies. The first strategy enhances consumer awareness and assistance by providing availability of relevant and timely information on the NHC website to help consumers manage their care and ensure the health care system takes responsibility for the services and level of care they provide. The second strategy strengthens survey processes, standards, and enforcement by improving the annual nursing home survey process and promptly investigating consumer or family complaints. The third strategy improves enforcement activities by focusing on quality resident-centered health using an enforcement system which maintains safety and federal compliance. The fourth strategy promotes improved quality using culture change and individualized care and uses quality improvement programs focusing on critical areas such as physical restraint reduction, reduction of pressure ulcers which are preventable, and antipsychotic medication reduction. The fifth strategy applies a partnership method to create strategic approaches that combine, coordinate, and mobilize people and techniques (CMS, 2016a).

In 2017, CMS partnered with Quality Innovation Network-Quality Improvement Organizations and questioned nursing homes leaders and direct care staff in high performing nursing homes across the U.S were questioned and observed to learn their approaches to quality and successful practices to improve care quality. Emergent themes and successful practices became strategies, change concepts, and actionable items NHAs can implement to improve systems that impact care quality and quality of life by establishing practices that enhance performance to eliminate acquisition conditions from health care setting and increase the satisfaction of nursing home residents.

Strategies NHAs can implement to improve systems include the following: (a) Managers must lead with purpose and excellence, have a mission and values with strength, and maintain a culture that fosters acceptance over punitive actions to shape the organization, (b) recruiting and retaining qualified and caring staff that provide quality care and meet the mission, values, and culture of the organization, (c) putting residents first, honor their preferences, and connecting with residents to celebrate their lives, (d) encouraging teamwork, respect, communication, and relationship building among staff and residents by providing complete, consistent and timely information that allows team members to work toward common goals, (e) be a continuous learning organization with staff that understands how to change, how to use data to drive performance, and work with available resources within an interdependent organization, (f) provide exceptional, compassionate, and holistic clinical care by knowing the residents, anticipating their needs, managing their changing health conditions, and avoiding health care acquired conditions, and (g) constructing solid business practices in support of the organizational

purpose of running a successful business by effectively managing the bottom line, operating efficiently with integrity and resident focus, and investing in the supplies and equipment need for provision of a high level of quality care, and ensuring a comfortable and inviting home-like environment (CMS, 2017c).

Despite numerous federal and state initiatives, laws, and regulations, quality of care remains a concern (U.S. Government Accountability Office, 2015). In 2014, the U.S. Office of the Inspector General ascertained that substandard care, delayed treatment or failure to treat, and inadequate monitoring caused 33% of residents in nursing facilities to experience events that caused harm or death within the first 35 days after acute care hospitalization, which cost Medicare $2.8 billion.

The regulatory term substandard quality of care means that the care provided is below acceptable requirements under federal regulations for facility practices and resident behavior, care quality, or quality of life. The Department of Health (DoH) can determine the severity of substandard care is immediate jeopardy to resident's safety or health, is a widespread or pattern of actual harm, or has potential for greater than minimal harm and is widespread (Pennsylvania Department of Health, n.d.). Facilities deemed to provide substandard quality care may have NHAs lacking successful strategies to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability.

Nursing Home Regulation and Compliance

Nursing homes are subject to extensive regulation, inspections, and potential fines by CMS if they choose to accept Medicare or Medicaid recipients (Hui-chuan & Taylor,

2016). Nursing facilities receiving payment from Medicare or Medicaid must obtain a "certification of compliance", which means the facility is compliant with federal participation requirements (CMS, 2016c).

Ensuring nursing homes provide quality care is a joint responsibility of CMS and state survey agencies. During the onsite facility survey, DoH surveyors directly observe staff providing resident care and the effect or potential effects of care to determine if the individualized needs of residents are met (CMS, 2016c). The Online Survey Certification and Recording (OSCAR) system consists of data surveyors gather during nursing home inspections and is used to provide Medicare and Medicaid certification. The OSCAR contains all-inclusive information on nursing home operational characteristics and combined patient characteristics, which helps ensure residents receive quality care and services to which adhere to federal requirements and meet resident's needs (American Health Care Association, 2016).

Nursing homes are bound by state and federal regulation enforcement of safety and quality standards (CMS, 2016c). Government regulations require that long-term care facilities meet government-mandated quality standards to receive reimbursements (Hui-chuan & Taylor, 2016). The DoH provides licensure and regulates a variety of health facilities (i.e., nursing homes, hospitals, and other inpatient and outpatient facilities) (Pennsylvania Department of Human Services, 2014). State health departments oversee health care facilities on behalf of CMS and determine if they are in compliance with state and federal regulations (CMS, 2016c). State survey teams are responsible for certifying nursing facilities and investigating complaints to determine if the nursing home is

adhering to federal health and safety requirements. Facilities must submit to a mandatory unannounced annual standard survey, a life safety code survey, and complaint surveys (CMS, 2015a). Health inspectors determine nursing facility compliance with 180 CMS mandated federal regulatory standards that cover area such as: development of comprehensive care plans, infection control programs, safe handling, sanitation, and storage of food, and appropriate medication regimen (Pennsylvania Department of Health, 2016).

Regulations help improve the care quality provided in nursing homes (Baldwin, Chenoweth, Rama, & Liu, 2015). CMS and state departments of health use "survey" or "inspection" teams to visit nursing homes and ensure they meet regulation requirements and are providing the quality of care required by Medicare and Medicaid. These teams identify deficiencies in care quality and CMS safety violations (CMS, 2016e). These violations are known as deficiencies.

Deficiencies are areas of noncompliance with state or federal regulations identified during a nursing home inspection (State of Wisconsin Department of Health Services, 2015). The average nursing home inspection results in six to seven deficiencies (CMS, 2016e). When a survey team finds substandard care or noncompliance with a regulation, they may issue a deficiency with an assigned level of severity and scope (CMS, 2016g). Correction of deficiencies identified by surveyors is critical, or the nursing home's ability to participate in Medicare and Medicaid may be in jeopardy (CMS, 2015a).

Nursing homes must develop a written plan of correction (POC) to address deficiencies identified by the survey team. The POC specifies how the facility staff will correct deficiencies, when corrective actions will occur, and how staff will ensure no similar future occurrence of deficient practices. State Medicaid agencies and CMS use surveys to determine if they want to recertify a facility, initiate a new provider agreement, deny a provider to participate in their programs, or terminate a facility participation (CMS, 2016c). State survey agencies can recommend CMS' regional offices impose civil money penalties (CMPs) on nursing homes with federal certification violations (Edelman, 2015). In 2013, U.S. nursing homes experienced over 120,000 deficiencies, 2,466 CMPs, and 524 denials of payments for serious quality violations (CMS, 2014b).

It is critical that NHAs employ successful strategies to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability. NHAs may increase the potential for financial sustainability by guaranteeing that their facility staff provide high-quality care and by informing and attracting potential consumers with the high-quality care and services they provide.

CMS's Five-Star Quality Rating System

Providing nursing home quality of care information is no longer optional. In 1998, CMS introduced the NHC website, which publicly reports quality of care by sharing nursing facility characteristics, staffing, quality measures, and survey results for every Medicare and Medicaid certified nursing home. CMS created the Five-Star Quality Rating System in 2008 and launched it on NHC to help people compare and choose a nursing home in their area (Boccuti et al., 2015; CMS, 2016b). CMS assigns a 1 to 5-star

rating to Medicare and Medicaid certified nursing homes. Nursing homes with one or two stars have an assigned rating that is below average, and homes with four or five stars have an assigned rating that is above average (CMS, 2016b). The system calculates a composite rating of facility performance for each domain that makes up overall star rating: health inspections, staffing, and quality measures. Each domain has an individual 5-star rating. The overall 5-star rating calculation starts with the star rating for health inspection. One star is added for a staffing rating of 4 or 5 stars if the rating is greater than the health inspection rating. One star is subtracted if the staffing rating is one star. One star is added for a quality measure rating of 5 stars. One star is subtracted for a quality measure rating of 1 star. The overall star rating cannot be less than one star or more than five stars (CMS, 2017a).

CMS collects data on an ongoing basis for the Five-Star Quality Rating System. Inspection data is updated monthly, on the NHC website and the data on quality measures and staffing is updated quarterly (CMS, 2017a). Star rating takes into account health inspections from the previous three years of standard and complaint surveys, which assess Medicaid and Medicare's minimum quality requirements. Staff calculations show the average number of care hours nurse staff provide to residents on a daily basis. Quality measures examine clinical and physical criteria to reveal how well staff care for nursing home residents (CMS, 2016b). Quality measures are calculated using the past four quarters of data (CMS, 2017a). Total quality scores are calculated based on equally weighted quality measures, adjusted for differences in prevalence (Boccuti et al., 2015). The MDS assessment instrument calculates quality measures by capturing functional and

health status data on residents in nursing facilities. Quality measures include percentages

of residents who have newly acquired or worsening pressure sores, moderate to severe

pain, or who fell and had significant injury (CMS, 2016b). Surveyors utilize the MDS to

monitor care and ensure nursing homes meet the quality of care expectations of CMSs

Five-Star Quality Rating System.

Greater than one-third of U.S. nursing homes have overall star ratings of one or

two-stars (Boccuti et al., 2015). Forty-five percent of U.S. nursing homes have a high

overall star rating of 4 or 5 stars. The top 10% of nursing homes in the U.S. with the

highest scores on state health inspection quality measures earn 5-star ratings.

Approximately 40% of Pennsylvania nursing homes have a one or two-star rating while

19% of all nursing homes in Pennsylvania have an overall 5-star rating (Boccuti et al.,

2015). Publicly reporting quality of care information may financially impact providers

and increase competition in the marketplace if consumers choose homes that provide the

highest quality care.

In 2015, Medicare spent 29.8 billion on SNF services providing 2.4 million

Medicare-covered stays to 1.7 million beneficiaries (Medicare Payment Advisory

Commission, 2017). Achieving high-quality scores or improving quality scores on NHC

may potentially increase future income by attracting more desirable residents in the form

of private payers and Medicare admissions. Providing consumers with nursing home

quality information allows them to recognize and choose high-quality providers.

The public may perceive homes not performing well on quality measures as unable to

meet resident needs and care quality standards. This perception may damage the nursing

home's public image and put them at a greater potential risk for closure. Nursing homes that have a poor public image due to lack of quality care need to work hard to repair their image. Homes that are not able to recover may become financially unsustainable. If NHAs lacks successful strategies to resolve recurrent issues related to care quality and reduce the potential for deficiencies and derivative fines, they may unwittingly promote unsustainability.

Nursing Home Closure

There are many factors associated with decreased sustainability, which increase the probability for nursing home closure. Nursing homes with more deficiencies, small homes and homes with fewer beds, low occupancy, high Medicaid rates, and increased competition are factors that may cause nursing home closure. Main reasons for nursing home closure are: decreased Medicaid reimbursement, inspections/fines, poor quality issues, litigation, and poor management practices (Fisher & Castle, 2012).

Poor quality of care is another factor that can cause instability and is a major determinant of nursing home closures. Legal actions imposed on nursing homes is a way to deter poor quality and address regulation compliance with state standards (Harrington, Stockton, & Hooper, 2014). Nursing homes not meeting resident needs and care quality standards may incur deficiency citations and derivative fines, which may cause nursing home closure (Fisher & Castle, 2012). Providing poor quality care may cause nursing homes to experience financial adversity when certification terminates because they can no longer receive Medicare or Medicaid reimbursement (Grabowski, Hirth, Intrator, Yue, Richardson, Stevenson, & Banaszak-Holl, 2016).

Nursing homes providing poor quality care close more than others due to stricter enforcement of rules and regulations, which may lead to state or federal survey inspectors issuing deficiency citations and fines. Residents may be less likely to choose facilities that are known to provide poor quality care, which may lead to the closure of these nursing homes. When a nursing home closes, there are less nursing home beds available within the community.

When nursing homes are in limited supply within a community, there is an increased need for facilities to compete for residents by improving care quality. Nursing home competition leads to lower prices for services offered and an increase in costs used to attract private pay residents. Increased competition negatively affects the financial stability of nursing homes, which may cause homes to close (Weech-Maldonado et al., 2012).

Competition causes nursing homes to decrease the amount of money charged to residents who pay privately to attract additional private payers, increase staffing levels, and offer increased amenities (Weech-Maldonado et al., 2012). Consumers select nursing facilities based on aspects of quality they can easily observe such as amenities offered (Pesis-Katz et al., 2013). Increased competition results in the provision of higher quality care and improves the quality of life of people who reside in nursing homes.

Poor care quality correlates with deficiency citations for staffing in nursing homes (McDonald, Wagner, & Castle, 2013). Efforts to improve care within the nursing home industry have caused federal and state government regulators to set minimum staffing

standards (Bowblis, 2015). Adequate nurse staffing helps ensure nursing home residents receive quality care (CMS, 2017f).

Minimum direct care staffing requirements (MDCS) are set and regulated by each state. MDCS requires that nurses provide care directly to residents based on research findings that higher quality care corresponds with higher nurse staffing levels (Lin, 2014). The nursing home industry has a low degree of profitability (Bowblis, 2015). Nursing wages make up the largest portion of the cost of providing nursing home care (Lin, 2014). When states change nurse staffing regulations, nursing homes must hire additional staff, which negatively impacts financial performance and may force more nursing homes into negative profitability (Bowblis, 2015).

To keep financial performance stable, nursing homes can decrease costs or increase revenues (Bowblis, 2015). Cost reduction is achievable by decreasing the number of staff other than nursing staff, such as food service staff or change nurse staffing composition by hiring more certified nursing assistances as opposed to more expensive licensed staff (Bowblis & Hyer, 2013). Nursing homes may sacrifice care quality if they place too much emphasis on cost control (Weech-Maldonado et al., 2012). Burns, Hyde, and Killett (2016) found a decrease in care quality to nursing homes residents when financial cutbacks took priority over individualized care.

Nursing homes not meeting regulatory requirements and found to provide substandard care may not be able to meet the quality care needs of the progressively aging and vulnerable population. Facilities cited for providing poor quality care are at risk for deficiencies and derivative fines and have the potential to lose Medicare and

Medicaid certification. Loss of certification puts great financial stress on a nursing home and puts the facility at an increased risk for closure. The problem is that some NHAs may not know what strategies are most successful for improving state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability.

Strategies of For-Profit Versus Nonprofit Nursing Homes

Nonprofit and for-profit nursing homes use strategic planning to overcome the challenge of adhering to quality care regulations while generating profits (Hui-chuan & Taylor, 2016). Multiple researchers looked at the profit status of nursing homes to determine if there is a difference in financial performance based on ownership structure. Nearly two-thirds of nursing homes in the U.S. are for-profit (CDC, 2016). Twenty-four percent of nursing homes are nonprofit, and 6% are government owned (Boccuti et al., 2015).

In 2008, $1 to $4 billion in Medicare revenues went to 10 of the largest for-profit companies who owned 13% to 14% of the beds within U.S. nursing homes (Harrington, Hauser, Olney, & Rosenau, 2011). For-profits are more financially successful than nonprofit nursing homes for operating margin and total margin. For-profit nursing homes more aggressively pursuit and admit more Medicare residents than nonprofit homes, which can account for enhanced financial performance. However, care quality may be affected by for-profit homes that emphasize cost control (Weech-Maldonado et al., 2012).

Publicly traded companies have the goal of increasing stakeholder value by increasing profits (Harrington et al., 2014). Management strategies that increase

Medicare post-hospital services can increase profitability (Harrington et al., 2011).

Strategies that increase revenue include upcoding by providing residents with additional

services and cream-skimming by admitting residents with more profitable case mixes

(Bowblis & Brunt, 2014).

Strategies of Chain Versus Nonchain Nursing Homes

According to the CDC (2016), 55.7% of nursing homes are chain-affiliated.

When looking at the profit status of chain versus nonchain nursing homes, a large

percentage of Medicare residents in chain operated facilities were found to be in the

highest paying rehabilitation and extensive care categories. Most chains try to ensure

profitability by using profitability enhancing strategies such as maintaining high

occupancy rates and attracting Medicare residents by establishing an enticing state of the

art rehabilitation unit to provide more intensive rehabilitation services (Harrington et al.,

2011). Potential nursing home residents view high occupancy rate as a sign of high

quality of care (Pesis-Katz et al., 2013).

Nursing home occupancy rates are an indicator of a facility's financial health.

The national average rate of nursing home occupancy is 87.6% with 64.8% of residents

being Medicaid participants (Bowblis, 2015). Higher NH occupancy rates are financially

beneficial because they spread fixed costs over more residents (Bowblis, 2015). Nursing

home facilities must use adaptation techniques and progressive adjustment strategies to

reduce costs and increase occupancy rates to remain profitable (IBIS World, 2016).

Harrington et al. (2011) examined 10 years of data on ownership, financing and

management strategies (payer mix, occupancy, ownership, and corporate structures) from

the 10 largest owners of U.S. nursing homes. This study found that all chains used horizontal growth and vertical diversification strategies. They established corporate ownership layers, developed real estate trusts, and created LLCs to maximize profits and decrease tax and liability risk (Harrington et al., 2011). Chain nursing homes can share resources and knowledge across facilities (Hui-chuan & Taylor, 2016). Availability of resources allow organizations to achieve goals and objectives (Bjerke & Renger, 2017). Chain-affiliated facilities were found to have a high operating margin. However, for-profit independents were found to have greater total margin and were the top performing group regarding overall finance over chain-affiliated facilities. Strategies that diversify the revenue stream such as increasing the provision of rehabilitation services to attract more Medicare post-acute care residents can improve financial sustainability of nursing homes (Weech-Maldonado et al., 2012).

Strategies to Promote Financial Sustainability in U.S. Nursing Homes

Leading sustainability requires managers to set goals, make strategic decisions, and guide ethical conduct to promote the long-term success of an organization (Waite, 2014). Health care leaders act ethically and responsibly when they make decisions and take actions that promote quality, safety, and enhance the well-being of stakeholders while minimizing risk to them (Longest, 2017). Sustainability in business requires managers to rethink strategic direction and determine and implement strategies that drive sustainability within primary business processes (Klettner, Clarke, & Boersma, 2014). Innovation is a strategy that organizations use to remain competitive and increase profitability. Interest in innovation and sustainability has caused companies to improve

innovation and efficiency efforts to gain a competitive edge and increase the potential for profitable growth and sustainability within an industry (Waite, 2014).

Operational efficiency in long-term care involves the economic concepts allocative efficiency and technical efficiency. Allocative efficiency includes distributing the facility's total resources of services to achieve adequate care with minimal costs. Technical efficiency involves using the facility's available institutional and clinical resources, such as staffing and scheduling, to provide adequate resident care (Hui-chuan & Taylor, 2016). Delegating nursing tasks to nurse aides helps to improve quality of care by supplementing care typically provided by nurses (Young, Farnham, & Reinhard, 2016).

Improving operational and allocative efficiency and cutting expenses is a strategy used by leaders in skilled nursing facilities to increase revenue. Strategic planning helps organizations achieve goals and improve operational performance (Hui-chuan & Taylor, 2016). Effective leaders take action and use their expertise to create strategies for success ("What makes leaders more effective?: It's all down to strategy", 2016). It is important for NHAs to ensure staff adhere to strategies to promote financial sustainability. Nursing homes must recruit and retain well-trained and stable staff to provide adequate high-quality care as the population ages (Shield et al., 2014). It is important for managers to reeducate and redirect staff on the spot when an undesired behavior occurs. When nursing home leaders connect and interact with staff, they increase the likelihood that CMS quality care standards will be met (McKinney,

Corazzini, Anderson, Sloane, & Castle, 2016). NHAs must use leadership practices to ensure staff adhere to quality of care practices (Castle et al., 2015).

Tailoring strategies for change helps to meet the individual needs of each nursing home (Shield et al., 2014). The entire management team must be successful at leadership and support change. The strategies and leadership skills NHAs and other management staff use are vital to improving care quality (Shield et al., 2014). It is important for managers to be viewed by staff as members of the team available to assist with improving care quality (Ericson-Lidman & Strandberg, 2015). An organization using strategies to adapt, change, and innovate will increase its potential for profitability and improve the likelihood of sustainability (Waite, 2014).

NHAs can help ensure financial sustainability of nursing homes by requiring staff compliance with regulatory requirements and by meeting the quality of care standards and expectations of the aging baby boomer population. The conceptual framework of MBO applied to this academic literature review. Exploring the multiple challenges of managing nursing homes, it is evident that the MBO theory can promote understanding of how the strategies used by NHAs improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability.

The purpose of this literature review was to provide a synthesis of the academic literature as a foundation for this study to gain a comprehensive understanding of strategies used to improve financial sustainability of nursing homes. NHAs are responsible for ensuring that the facilities they manage are financially sustainable. Deficiency citations indicate that poor management practices are in place. Overall

nursing home star-rating encompasses three domains: health inspections, staffing, and quality measures. Deficient management practices increase the likelihood that nursing homes will receive deficiency citations, which negatively affects star-rating. Regulation compliance helps improve operational efficiency and reduces the risk of deficiencies and derivative fines, which promotes the financial performance of nursing homes. Review of the academic literature yielded two strategies that NHAs can apply to their professional practice. The first strategy NHAs can use is to implement staff education and adherence to practices to ensure regulation compliance and meeting the care quality expectations of the Five-Star Quality Rating System. The second strategy NHAs can use is to adapt, innovate, and implement change to promote sustainability. NHAs must determine how to improve care quality and thrive financially within the nursing home industry through adaptation and innovation. A sustainable nursing home management team is willing to learn, open to change, and provides interpersonal quality care to residents (Nakrem, 2015b). NHAs can help ensure sustainability by using successful strategies to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines. Drucker's MBO theory can increase understanding of successful strategies used by NHAs to promote behavioral changes in nursing home staff to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability.

Transition

The purpose of Section 1 was to provide a background of the problem and the problem of my study. A qualitative multiple case study was chosen as the best research

method and design to explore successful strategies used by NHAs to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability.

In the literature review I explained how the MBO theory provides a foundation to support an understanding of successful strategies NHAs may use to elicit employee participation to promote working together to facilitate changes in nursing home procedures to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability. I explained how the MBO conceptual framework model compares and aligns with the work of other scholars.

In Section 2, I provide information on the research process, the role of the researcher, participants, qualitative method, research design, population and sampling, ethical research, data collection instruments and techniques, data analysis, and reliability and validity. In Section 3, I provide a presentation of the findings of this study and what successful strategies are used by NHAs to promote financial sustainability of nursing homes. Additionally, this section includes implications for social change, recommendations for action, and recommendations for future research concerning financial sustainability of nursing homes.

Section 2: The Project

Purpose Statement

The purpose of this qualitative multiple case study was to explore successful strategies NHAs use to improve state and federal regulation compliance to mitigate deficiencies and derivative fines to promote financial sustainability of nursing homes. The targeted population comprised NHAs who manage 5-star rated nursing homes within a 100-mile radius of Pittsburgh who implemented successful strategies to promote financial sustainability of nursing homes. CMS's Five-Star Quality Rating System allows consumers to choose a nursing home based on the care quality information. There were 54 nursing homes with a 5-star rating within a 100-mile radius of Pittsburgh at the time of the study. NHAs who manage nursing homes with a 5-star rating use successful strategies to ensure state and federal regulations compliance. The findings of this study could provide successful strategies NHAs can use to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability of nursing homes. Also, this study could benefit residents, families, communities, and the U.S. health care industry. Residents benefit with improvement in care quality. Families benefit by no longer bearing the burden of providing care. Communities benefit from increased employment. Finally, the results of this study could identify recurrent themes of successful strategies that could increase the potential for financial sustainability of any U.S. health care facility.

Role of the Researcher

Researchers have a complex role, which challenges them to be ethical, unbiased, socially competent, and receptive to exploring process-driven research (Postholm & Skrovset, 2013). My relationship with the study topic is having worked in nursing homes since 2001 as part of an interdisciplinary team, as a regional management team member, or as a consultant. I chose to interview NHAs within a 100-mile radius of Pittsburgh because my background involves working in nursing homes in the Pittsburgh area. I did not work as a direct subordinate or manager of the participants in this study at any time.

The role I assumed as the researcher was to be involved in the entire data collection process, which includes developing interview questions and an interview protocol, soliciting participation, and collecting data through documentation. I developed and used semistructured open-ended interview questions to elicit responses from NHAs on successful strategies they use to assure financial sustainability within the nursing homes they manage. Andrades, Bhanji, Kausar, Majeed, and Pinjani (2014) used semistructured interviews to select the best candidates for a university residency. Likewise, Pucher, Aggarwal, Singh, Tahir, and Darzi (2015) used semistructured interviews to assess the best methods of conducting hospital rounds. Similarly, I used an interview protocol to conduct semistructured interviews to explore successful strategies NHAs use to improve state and federal regulation compliance to mitigate deficiencies and derivative fines to promote financial sustainability of nursing homes. The reason for an interview protocol is to guide the interview conversation to elicit responses to satisfy the inquiry (Yin, 2014). To eliminate the potential for bias, I used an interview protocol to

conduct my interviews and refrained from providing personal opinions on the subject of financial sustainability of nursing homes during the interview process and in any written or oral communications I had with participants. To assure reliability and reduce bias, I adhered to consistent use of the interview protocol throughout the interview process.

I made certain that my research followed basic ethical principles by adhering to the Belmont Report's guidelines for conducting research (Bromley, Mikesell, Jones, & Khodyakov, 2015). I followed Walden Institutional Review Board (IRB) research guidelines. I conveyed the purpose of the study to all participants to ensure they understood the intent of the study, the benefits and potential risk of participating, and their voluntary role in data collection.

Participants

Case study participants provide researchers with data from observations and interviews of real-world events (Yin, 2014). Participants in this study were NHAs who managed nursing homes with an overall 5-star rating within a 100-mile radius of Pittsburgh. The eligibility criteria for participants in my study were that they use successful strategies to improve state and federal regulation compliance to mitigate deficiencies and derivative fines to promote financial sustainability of nursing homes. My strategy to gain access to participants started with doing a website search for nursing homes with an overall 5-star rating within a 100-mile radius of Pittsburgh. This information is located on Medicare's NHC website. The website provides nursing home addresses and telephone numbers.

Protocol implementation required me to gain approval by the Walden IRB before commencing data collection. Once I gained IRB approval, I mailed a certified letter to potential participants to introduce myself, explain the purpose of my doctoral research study, and invite them to participate. I stated in my letter that they could text or call me to schedule an interview date. The administrators who did not call or text me within 1 week to schedule an interview of the date the letter was sent received a follow up reminder to participate letter.

The participants' characteristics in my study aligned to the research question and met the eligibility criteria, which was that they used successful strategies to improve state and federal regulation compliance to mitigate deficiencies and derivative fines to promote financial sustainability of nursing homes. Regardless of the research method used, it is important for researchers to collect data from participants using the practices of being a good listener, being inquisitive, being sensitive to other's time, distinguishing between firsthand, secondhand, and thirdhand evidence, and triangulating evidence (Yin, 2016). Once I gained access to participants, I began developing a relationship by informing potential participants of the study purpose and procedures, the risks and benefits of participating, and the confidential and voluntary nature of the study with an informed consent form. Researchers can build trusting relationships with participants by thoroughly explaining the procedures that will occur throughout the study (Olsen, Lehto, & Chan, 2016).

Research Method and Design

This section expands on information found within the Nature of the Study heading from Section 1. It is important for researchers to clearly explain their choice of method and design to strengthen the credibility of case study research (Hyett, Kenny, & Dickson-Swift, 2014). The following sections provide a description of the research method and design selected for this study and justification of the relevance of the research method and design to the business problem.

Research Method

According to Fusch and Ness (2015), the research question determines the research method. A research question that needs exploration, description, or understanding requires a qualitative method. A research question that needs an experiment, cause and effect, or correlation between variables requires a quantitative method (Fusch & Ness, 2015). Researchers can address a research question using quantitative and qualitative methods of research with a mixed-method approach (Yin, 2016). Researchers choose the research method that will most likely provide data to answer the research question (Doody & Noonan, 2013). Quantitative research requires researchers to examine quantifiable results based upon statistical analysis of data (Cozby & Bates, 2015). I ruled out a quantitative method and mixed method because I did not intend to statistically analyze my data. Qualitative research allows researchers to understand what participants believe about their life events and how they cope with those events (Yin, 2016). I conducted research using a qualitative method and interpreted data to understand and explore strategies NHAs use to promote financial sustainability.

Research Design

Researchers can determine the research design for their study by reviewing existing case studies or conducting a review of the academic literature to review topics of interest (Yin, 2014). A case study is a research design that a researcher uses to investigate phenomenon in-depth within its real-world context (Yin, 2014). When conducting qualitative case study research, researchers must know the case study potential, what a quality case study consists of, what type of data to collect, and when to stop data analysis (Harland, 2014). I explained in the Nature of the Study subsection that grounded theory and phenomenography require researchers to formulate an understanding based on a subject's perceptions and interpretations of their surrounding world, and ethnographic studies require researchers to gather and analyze data to learn about cultural groups (Mojtahed et al., 2014; Patton, 2015). These designs were not appropriate because I did not explore a subject's perceptions, lived experiences, or a group's culture.

I reviewed the work of several scholars who completed doctoral dissertations at Walden University to help me determine the best research design for my study. Multiple case study research involves the selection of individuals, events, or entities to analyze similar or contrasting patterns of theoretical replication (Yin, 2014). I conducted qualitative multiple case studies and interpreted data to understand strategies NHAs use to promote financial sustainability.

Population and Sampling

Researchers justify the sample size of participants by ensuring the data collected is sufficient to answer the research question (Marshall, Cardon, Poddar, & Fontenot, 2013). Marshall et al. (2013) found that the majority of multiple case studies only contain two or three cases. Criterion sampling is used by qualitative researchers to select research participants based on criteria met such as an individual's role in the research project or in an agency (Palinkas et al., 2015). I used criterion sampling because I only wanted to interview NHAs who met the criteria of managing a 5-star rated nursing homes within a 100-mile radius of Pittsburgh. I used the filter feature on the NHC website to determine nursing homes with an overall 5-star rating within the geographic location selected (a 100-mile radius of Pittsburgh). Filter results showed 328 nursing homes within a 100-mile radius of Pittsburgh and 54 of these homes had an overall 5-star rating at the time of the study. I only invited NHAs from 5-star rated nursing homes to participate in this study.

Interviews took place in a quiet and comfortable location selected by the NHA with the goal to minimize interruptions. I repeatedly reviewed documentation from Medicare's NHC website and interviewed NHAs and used member checking with my NHA sample until no new information emerged. Member checking allows participants to correct the researcher's interpretations and add information to ensure data saturation occurs and no new information can be added (Fusch & Ness, 2015). Member checking interviews ensured the data collected from the population sampled was sufficient to answer the research question, which justified the sample size.

Ethical Research

It is necessary to use ethical standards and principles when conducting research with human participants (Cozby & Bates, 2015). Researchers who do not consider ethical implications of their research risk harming participants (Patton, 2015). When working with human subjects, researchers must gain consent to participate, adhere to confidentiality standards, and inform participants of their role in the research and requirements to participate (Cozby & Bates, 2015). I conducted research for this study using ethical standards as prescribed by my doctoral committee and Walden University's Institutional Review Board. The IRB required completion of the National Institutes of Health training course: Protecting Human Research Participants.

Participants consented to participate in my study by signing the informed consent form. I sent an invitation letter (see Appendix A) via registered mail to introduce potential participants to me and to provide an overview of the study. In the invitation letter, I explained the purpose and the confidential nature of the study. I knew it was highly unlikely that all 54 NHAs would agree to participate in my study. To protect confidentiality of participants, names and other personal identifiable information of NHAs will not be used within the published study. I assigned each participant a unique code starting with NHA1. I maintained a Microsoft Word document that lists the participants' names and codes.

The informed consent form contained Walden University's IRB approval number for this study (10-05-17-0533179) and an explanation of the risks and benefits of participating in the study. Both the invitation letter and the informed consent form stated

that study participation is voluntary. The information provided in both documents

allowed NHAs to make an informed decision on whether or not to participate in the

study. I ensured that ethical research procedures were followed by using the following

safeguards: (a) participants were made aware that they can withdraw from the study as a

participant at any time, (b) no incentives were provided to encourage study participation,

(c) data safeguards were in place during the entire study to ensure participant

confidentiality, (d) I kept electronic data on my personal password protected laptop. I

kept digital voice recordings and written data in my locked home office, and (e) removed

personally identifiable information in the study. I will delete all electronic data files from

my laptop, destroy digital voice recordings containing data, and shred all paper

documents that contain data collected for this study 5 years after the study publication

date.

Data Collection Instruments

Researchers use an interview protocol as a mental framework to guide their line

of inquiry (Yin, 2016). As the primary data collection instrument, the interview protocol

guided my line of questioning during the interviews. Qualitative researchers collect data

using nonleading questions and direct data sources to strengthen conclusions drawn from

the study (Watts et al., 2016). The primary means I used to collect data was interviews.

The secondary source I used to collect data was documentation from Medicare's NHC

website which, contains information on the three domains making up the overall star

rating of nursing homes (health inspections, staffing, and quality measures). I recorded

documentation data on star ratings for each of the three domains of the overall 5-star

rated nursing homes within a 100-mile radius of Pittsburgh. I explored how individual domain ratings impact the overall star ratings of 5-star nursing homes and gained an understanding of strategies NHAs use to improve the care quality provided to nursing home residents by improving star ratings.

My interview consisted of open-ended questions in individualized face-to-face semistructured interviews with NHAs who manage 5-star rated nursing homes within a 100-mile radius of Pittsburgh. I used an interview protocol (see Appendix B), a digital voice recorder, and a journal as data collection tools during the interview process. The interview protocol included eight open-ended interview questions to explore successful strategies NHAs use to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability of nursing homes. Probing interview questions promote discussion with participants, which encourages elaboration on the research topic (Yin, 2016). I used semistructured questions from the interview protocol (see Appendix B) to gather in-depth data to enhance my study. Initial interviews took approximately 45-60 minutes.

Member checking provides participants with the ability to correct researcher's interpretations and add information to achieve data saturation (Fusch & Ness, 2015). I reviewed interviews, transcribed them into a Microsoft Word document, interpreted them, and used member checking to enhance validity and reliability. I emailed each participant their transcribed interview and my interpretations of the data and requested they reply to gain their feedback and verify data accuracy within one week of receipt. Within the interview transcript and data interpretations email, I requested NHAs contact

me to schedule a day and time within 2 weeks for the second interview to conduct

member checking. The second interview was conducted via telephone and took

approximately 10-15 minutes.

Data Collection Technique

I began the data collection process with my interview by explaining to the

participant the purpose of the study, the withdraw process, and if he/she had any

questions before we began. I reviewed the informed consent form with each participant

and asked them to sign it before the interview. I collected data by conducting face-to-

face semistructured interviews using the interview protocol (see Appendix B) and from

Medicare's NHC website, which contains information on the three domains making up

the overall star rating of nursing homes (health inspections, staffing, and quality

measures). I recorded interviews with a digital voice recorder and took hand written

notes in a journal during the interview process.

The interview protocol (see Appendix B) contained eight open-ended questions.

In my follow-up interviews, I asked probing questions and confirm the interpretation of

interview responses are accurate using member checking. Member checking allowed the

NHA participants to correct my interpretations and add information to ensure data

saturation occurred.

My secondary method of data collection involved retrieving data from Medicare's

NHC website on the three domains making up the overall star rating of nursing homes

(health inspections, staffing, and quality measures). I reviewed and compiled star rating

documentation data for each of the three domains of the overall 5-star rated nursing

homes within a 100-mile radius of Pittsburgh. I explored how individual domain ratings impact the overall star ratings of 5-star nursing homes and I gained an understanding of strategies to improve the care quality provided to nursing home residents by improving star ratings. I performed methodological triangulation by comparing data collected from my two data collection techniques (interviews and documentation from Medicare's NHC website).

Collecting data using interviews is advantageous because it allows the researcher to ask additional probing questions to expand on participant responses (Fowler, 2014). It is important to collect data using semistructured open-ended questions to gain comprehensive responses of the participant's thoughts, beliefs, and world views (Patton, 2015). Semistructured open-ended questions encourage participants to provide an in-depth discussion of their beliefs and experiences (Yin, 2016).

During my interviews, I asked probing questions to gain additional insight into participant's thoughts on successful strategies that may improve state and federal regulation compliance. I applied this information to my study by reviewing NHA response data on successful strategies and grouping them into themes based on commonalities and differences. I collected data using semistructured open-ended questions in face-to-face interviews with NHAs who manage 5-star rated nursing homes within a 100-mile radius of Pittsburgh and from documentation data from Medicare's NHC website on the three domains making up the overall star rating of nursing homes (health inspections, staffing, and quality measures). Collecting data from Medicare's NHC website was advantageous because the data source is from a government website

which is continuously updated to reflect the current star ratings of nursing homes. I did not believe there was any disadvantages of using the data collection techniques I selected.

Data Organization Technique

Data organization is used by researchers to carefully and methodically sort and organize original data (Yin, 2016). I was responsible for all data collection and organization. Case study data organization requires the researcher to collect and organize raw data and the researcher's interpretation of the data (Yin, 2014). I tracked all of my interview data by organizing it in question-by-question format from audio recordings and notes taken during interviews. Data from the NHC website was organized in Microsoft Excel. To protect the confidentiality of participants, specific identifiers like names and addresses should be coded and placed in a separate document (Fowler, 2014). I assigned each participant a unique code starting with NHA1. I maintained a Microsoft Word document that lists participants' names and codes.

Researchers must have a plan for storing, maintaining security, and deleting data prior to beginning a study (Yin, 2016). I stored electronic data on my personal password protected laptop. I stored digital voice recorded and written data in my locked home office. Only I had access to raw data. Five years after the study publication date, I will delete all electronic data files from my laptop, destroy digital voice recordings containing data, and shred all paper documents that contain data collected for this study.

Data Analysis

Researchers use methodological triangulation to examine the consistency of data, integrate data collected from different methods, and perform a comparative analysis of

data (Patton, 2015). Methodological triangulation helps researchers strengthen the validity of their study by supporting study findings from sources of data (Yin, 2014). I performed methodological triangulation by collecting data using two data collection techniques: interviews and documentation from Medicare's NHC website.

Qualitative researchers must recognize and extrapolate significant and meaningful data and categorize that data into themes (Patton, 2015). Data analysis for qualitative research follows a 5-phase cycle that includes compiling, disassembling, reassembling (and arraying), interpreting, and concluding (Yin, 2016). According to Yin (2016) the 5-phase cycle includes: (a) compiling is the formal portion of analysis where field notes and other data are compiled, sorted, and arranged in a useful order, (b) disassembling involves breaking the compiled data into smaller fragments which may be assigned distinguishing labels, (c) reassembling consists of reorganizing and recombining the fragmented data into sequential groups and possibly arraying them in lists or a tabular form, (d) interpreting consists of the researcher using the reassembled data to produce an explanation of the assembled data, and (e) concluding requires the researcher to draw conclusions of the study based on interpretation of the data (Yin, 2016). I analyzed the data in my study using Yin's 5-phase cycle.

I reviewed NHA response data on successful strategies and grouped them into themes in Microsoft Word based on commonalities and differences and analyzed them. I reviewed documentation data from Medicare's NHC website which contains information on the three domains making up the overall star rating of nursing homes (health inspections, staffing, and quality measures) and grouped them into star ratings for each of

the domains in Microsoft Excel and analyzed them. My analysis identified themes and determined commonalities and differences in data. I analyzed the data to reveal emergent themes. I used these themes to assemble successful strategies that can be used to improve regulation compliance, mitigating potential deficiencies and derivative fines to promote financial sustainability.

I compared and correlated the key themes of NHA successful strategies I identify in the data to literature review findings on MBO and strategies used by NHAs to promote financial sustainability. I identified content in my literature review to support my findings, starting with my conceptual framework, MBO.

Reliability and Validity

Reliability

Reliability ensures research duplication is possible when using the same measuring instrument and data sources (Leedy & Ormrod, 2016). Reliability ensures a study can be repeated multiple times with consistent results using a similar judgment standard, unbiased measurements, and the assessment of recent and relevant phenomenon (Ruel et al., 2016). Reliability in research is verified when similar results can be consistently obtained (Zikmund et al., 2013). Researchers can ensure reliability by throughout the data collection and analysis process by remaining unbiased when handing data and by consistently performing the same data collection and analysis methods with each case (Ruel et al., 2016). I was mindful to remain unbiased when handling, collecting, and analyzing data. Member checking involves sharing research interpretations or data with interview participants to gain their feedback and allow them

to check or correct research interpretations (Yin, 2016). I reviewed interviews, transcribed them into a Microsoft Word document, interpreted them, and used member checking to enhance validity and reliability. I emailed each participant their transcribed interview and my interpretations of the data and requested they schedule a day and time to conduct a second interview within 2 weeks of receipt.

Validity

Validity seeks to determine if the measurement is representative of the study concept necessary to achieve the research goals and measures the appropriate topic and that the respondent sample is representative of the larger population as a whole (Ruel et al., 2016). Researchers should use the existing body of knowledge to help establish the validity of their study (Ellis & Levy, 2009). To ensure a study's credibility and validity, researchers must correctly collect, precisely interpret data, and provide accurate conclusions to represent participant's views of their life events (Yin, 2016). Researchers achieve data saturation as data builds and overlaps and the researcher gains a comprehensive understanding of characteristics which emerge through the process of comparing and contrasting data (Morse, 2015). Member checking occurs when researchers share interview data with participants and allow them to reply or correct information the researcher shares to improve the study accuracy and achieve data saturation (Yin, 2016). Transferability recognizes the uniqueness of a study which may prohibit study findings generalizability and application to other situations (Yin, 2016). I presented the key themes of NHA successful strategies I identified in the data to promote state and federal regulation compliance to promote financial sustainability to provide the

reader with information they may use to determine potential transferability and future research concerning financial sustainability of nursing homes.

Researchers ensure confirmability by providing an exhaustive audit trail, performing triangulation, and revealing personal biases and roles (Black, Palombaro, & Dole, 2013). I ensured confirmability by revealing personal biases and roles related to my study and by performing methodological triangulation by comparing data collected from my two data collection techniques (interviews and documentation from Medicare's NHC website). To ensure validity, I reviewed the collected data and used member checking until data saturation occurred and no new themes arose from the data and I performed methodological triangulation by comparing data collected from my two data collection techniques.

Transition and Summary

In Section 2, I justified why I choose to conduct research using a qualitative multiple case studies and how I interpreted data to understand successful strategies NHAs use to promote financial sustainability. I explained the data collection and data analysis process of my study and the role of the researcher and participants. I described the population, ethical research, data collection instruments and techniques, data organization, and data analysis. I stated how I ensured reliability and validity of the study. In Section 3, I provided a presentation of my findings. I provided findings from my two data sources (interviews and documentation from Medicare's NHC website) and presented the key themes of NHA successful strategies I identified in the data to promote state and federal regulation compliance to promote financial sustainability. In addition, I

provided applications to professional practice, implications for social change,

recommendations for action, recommendations for further research, reflections, and a

conclusion.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative multiple case study was to explore successful strategies NHAs use to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability. Study participants were four NHAs who manage nursing homes with an overall 5-star rating within a 100-mile radius of Pittsburgh. I conducted semistructured interviews with study participants using eight semistructured interview questions (see Appendix B) and gathered documentation from Medicare's NHC website to answer my research question. I analyzed the data in my study to reveal emergent themes using Yin's 5-phase cycle. I used these themes to assemble successful strategies that can be used to improve regulation compliance, mitigating potential deficiencies and derivative fines to promote financial sustainability in nursing homes. The successful strategies NHAs use are as follows (a) developing knowledgeable staff promotes regulatory compliance, (b) enhancing communication with residents and staff mitigates DoH complaint surveys, and (c) promoting innovation for continuous quality improvement ensures regulation compliance and promotes sustainability.

Presentation of the Findings

The overarching question of my research study was as follows: What strategies do NHAs use to improve regulation compliance, mitigating potential deficiencies and derivative fines to promote financial sustainability? This study revealed three emergent themes from the collected data: (a) develop knowledgeable staff, (b) enhance

communication with residents and staff, and (c) promote innovation for continuous quality improvement. Prior to presenting the emergent themes, an understanding of the individual domain ratings of CMS's Five-Star Quality Rating System is essential. Using these ratings, in concert with the emergent themes and successful strategies rendered from the themes of this study, when purposefully linked, can promote regulatory compliance and financial sustainability in nursing homes.

Individual Domain Ratings and 5-Star Rated Nursing Homes

CMS assigns a 1 to 5-star rating to Medicare and Medicaid certified nursing homes. A star rating of 5 is much above average; a star rating of 4 is above average; a star rating of 3 is average; a star rating of 2 is below average; and a star rating of 1 is much below average. The system calculates a composite rating of facility performance for each of the domains that make up overall star rating: health inspections, staffing, and quality measures. Each domain has an individual 5-star rating.

Table 1 shows that nursing homes with an overall 5-star rating are not required to have 5-star ratings in all three domains. In fact, of the 54 overall 5-star rated homes within a 100-mile radius of Pittsburgh at the time of the study, only 35% had a 5-star rating for health inspections, 21% had a 5-star rating for staffing, and 74% had a 5-star rating for quality measures. It is worth noting that 9% of nursing homes had a quality measure rating calculated as below average. In addition, 50% of overall 5-star rated nursing homes had a 2-star or 3-star rating for staffing, and one home had a 1-star rating for staffing.

Table 1

Individual Domain Star Ratings for Overall 5-Star Rated Nursing Homes (NHs) Within a 100-Mile Radius of Pittsburgh

Domain type	Number of responses	% of NHs with 5 stars	% of NHs with 4 stars	% of NHs with 3 stars	% of NHs with 2 stars	% of NHs with 1 star
Health inspections	54	35%	48%	17%	0%	0%
Staffing	53*	21%	28%	25%	25%	1%
Quality measures	54	74%	11%	6%	9%	0%

Note. * One facility with not enough staffing data available to calculate a star rating.

I explored strategies NHAs use to address a star rating of less than 5 stars in any of the three domains that make up the overall star rating of the nursing homes they manage. I questioned NHA study participants on the impact that individual domain ratings have on the quality of care provided to residents and on the financial sustainability of nursing homes. NHAs were shown the table of the individual domain star ratings for overall 5-star rated nursing homes within a 100-mile radius of Pittsburgh and were asked their opinion on the fact that 50% of the overall 5-star rated nursing homes within a 100-mile radius of Pittsburgh had an assigned star rating of 2 or 3 stars for staffing. Two of four NHAs stated that increasing staffing does not necessarily equate to providing high-quality care. NHA1 responded to the statistic with the following statement:

> More staffing doesn't always mean better care. Consistent assignments mean a lot, I feel for mitigating possible CMS fines. That means the resident gets to know the staff member better. The staff member gets to know the resident better,

and then they're also able to assess when there is something changing. There's

more opportunity for better care, through consistent assignments.

One of four NHAs believed that increasing staffing could help improve the star rating of

another domain. NHA3 stated, "If you get the additional staff you want, you might get to

do some of the things that might even drive your quality measures up."

My exploration of the individual domain ratings and overall star ratings of CMS's

Five-Star Quality Rating System and NHA participant responses to the interview

questions resulted in three emergent themes and answered my central research question.

Question 8 of the interview protocol focused on any additional information participants

would like to share related to the purpose of this study, and all participants repeated

information they previously shared. I reviewed data obtained from the NHC website and

completed follow-up member checking with NHA participants to ensure I achieved data

saturation and no new information emerged. Table 2, Table 3, and Table 4 provide

themes from my two data sources (interviews and documentation from Medicare's NHC

website) and present the emergent themes of successful strategies to promote state and

federal regulation compliance to promote financial sustainability.

Emergent Theme 1: Develop Knowledgeable Staff

The first emergent theme was develop knowledgeable staff. The successful

strategy rendered from this emergent theme was developing knowledgeable staff

promotes regulatory compliance. Table 2 depicts staffing themes expressed by NHA

participants.

Table 2

Staffing Themes

Theme	*n*	%
Develop knowledgeable staff	13	32.50
Competencies and expectations	9	22.50
Hold staff accountable	4	10.00
Be a coach	2	5.00
Ensure adequate staffing	12	30.00

Note. n = number of frequency a strategy was stated. % = percentage of frequency a strategy was stated.

A sustainable nursing home management team is willing to learn, open to change, and provides interpersonal quality care to residents (Nakrem, 2015b). NHAs' abilities to adapt to change and steer their team in a positive direction is necessary for survival. All four NHAs revealed a belief in the need to surround themselves with competent, trustworthy, and knowledgeable staff to ensure regulation compliance. NHAs expressed that they cannot know every aspect of all regulations and be in their facility 24 hours a day, 7 days a week. All four NHAs expressed the necessity of being able to rely on knowledgeable department managers to ensure direct care staff work together to comply with regulations.

NHA1 shared that as the administrator, it is necessary to know a little about everything and then know who to contact when expertise is needed. NHA1 stated,

> We lean on our own internal network of colleagues and their areas of expertise.
>
> It's not what you know, it's who you know. I try to align myself or at least know

people that know a lot about certain things and then tap into them. You don't

have to know all the information; you just have to know where to get it.

NHA3 supported this sentiment by stating,

I think it's important for any administrator to know you are not going to know

everything, ever. These new regulations that have come out are 696 pages, and

then you have emergency preparedness which is 79 pages. Having to meet all

those regulations is daunting on any given day.

NHA2's statements aligned with the daunting task of sharing new regulations with

management staff to promote compliance. NHA2 stated,

I can't explain all the regulations to my staff. I have a nuclear reactor, I'm not

sure how it works, but it is working. My director of nursing has better insight on

how certain parts work. My dietitian knows how other parts work and I manage

those people. As long as they have an understanding of how the specific areas

work, I'm okay with that.

All four NHAs stated that they hold staff accountable to ensure regulation

compliance. Employees need to understand management expectations, how to meet

expectations, and the consequences of not meeting expectations (Joullié & Spillane,

2015). Nursing home management cannot hold staff accountable for regulations they are

not aware of. It is critical to provide education to staff when new regulations are issued

and hold them accountable if they are not compliant with what they have been trained to

do. NHA3 expressed that holding staff accountable means "being fair and consistent is

another thing because it's not a punitive environment, but yet when you have to hold

someone accountable, there's accountability, and I think people like that as well." NHA4

shared that the leadership team is made aware of changes at morning meetings and "each

department head is accountable for their responsibility in the new change."

There are several ways NHAs can ensure their staff complies with state and

federal regulations. Sibanda (2016) found that managers can promote sustainability by

motivating employees and implementing change by ensuring the right people receive the

right training and education. NHA1 explained the strategy of educating managers to look

for process problems and for opportunities to improve compliance versus looking to

punish employees. NHA1 said,

> Maybe there's a system breakdown, a process breakdown versus an employee
>
> particular issue. Being Eden certified I learned, as you treat staff, they're going to
>
> treat the residents. Trying to work with people instead of just trying to punish or
>
> write them up. We're always looking for ways to coach, coach up, or counsel
>
> with them to see what's going on. Being able to have free exchanges with staff to
>
> find alternate solutions.

When problems arise, staff must be proactive and act quickly to determine how to

best to resolve the issue. It is critical for staff to work together find resolutions, adapt or

alter what was not working, and move forward. Do not allow staff to wallow in

negativity and continually waste time discussing what went wrong. Staff who do this

may spread "business malingering syndrome", which is a disordered way of thinking that

promotes exaggeration or dwelling on the existence of a business problem and prolongs

the time it takes to solve the problem. NHA3 explained how to be positive and

professional while encouraging staff solve problems as follows:

> During a survey, if a survey is going wrong and I'm flustered over something,
>
> staff should never see me upset. I have to show the team a positive part or aspect
>
> of things. I'll often say, if I'm not here, what would you do? And they answer
>
> and I say well, do it.

> All four participants discussed using staff education to ensure regulation

compliance. NHA4 stated that education promotes, "better quality outcomes in any given

nursing home, it could be the worst nursing home, but if you gave me the right amount of

staff, I could put every ace in its place after educating them."

Emergent Theme 2: Enhance Communication With Residents and Staff

The second emergent theme was enhance communication with residents and staff.

The successful strategy rendered from this emergent theme was enhancing

communication with residents and staff mitigates DoH complaint surveys. Table 3

depicts communication themes expressed by NHA participants.

Table 3

Communication Themes

Theme	*n*	%
Enhance communication with residents and staff	18	37.50
Solve problems	9	18.75
Ensure satisfaction	5	10.42
Staff meetings	16	33.33

Note. n = number of frequency a strategy was stated. % = percentage of frequency a strategy was stated.

There must be a sense of urgency to provide exceptional high-quality resident-centered care and customer service. When nursing home staff provide exceptional, customer driven, individualized high-quality care, complaints diminish. This equates to fewer complaint surveys, which may result in fewer deficiencies and derivative fines, from the DoH. All four NHA participants shared the most effective ways to avoid DoH complaint visits are opening the lines of communication with staff and residents and working to promote employee and resident satisfaction.

NHA3 shared that complaints can be avoided by, "Creating a dialogue so they feel that they can come to you with any issues versus going to the state. Because you'll mitigate a lot of issues and calls to the state if you can resolve their issues internally." NHA1 shared strategies to mitigate deficiencies and derivative fines as,

Having staff and department heads that are engaged with family and resident satisfaction. Have people that check on the residents on a daily basis. Often,

you'll get a lot of the complaints resolved that way, through starting a dialog from

moment one.

Effective communication between managers and their direct care staff and between staff

and residents helps ensure that everyone is on the same page and knows what is required

to meet resident needs and comply with regulations. NHAs should view issues and

concerns as opportunities for improvement. Open and honest communication is a great

way to determine what is needed and how to meet that need.

Emergent Theme 3: Promote Innovation for Continuous Quality Improvement

The third emergent theme was promote innovation for continuous quality

improvement. The successful strategy rendered from this emergent theme was promoting

innovation for continuous quality improvement ensures regulation compliance and

promotes sustainability. Table 4 depicts compliance themes expressed by NHA

participants.

Table 4

Compliance Themes

Theme	*n*	%
Innovative strategies	12	31.58
Quality improvement	16	42.10
Audit for compliance	4	10.53
Improve survey inspections	6	15.79

Note. n = number of frequency a strategy was stated. % = percentage of frequency a
strategy was stated.

NHAs can promote innovation for continuous quality improvement using innovative strategies to attract new customers and maintain and grow existing business. When nursing home residents are highly satisfied with the services and care they receive, they share their experiences with others in the community. Positive word of mouth is free advertising to bring in repeat business and attract new business, which improves nursing home sustainability. As the cost of nursing home care increases, NHs must seek additional revenues to maintain the same level of income and profitability (Bowblis, 2015). Managers can use innovative strategies to alter the business model of their organization to stretch limited resource and improve their competitive stance (Ammar & Chereau, 2018).

Three of four NHAs acknowledged increasing competition and decreasing reimbursement as a barrier to sustainability and shared innovative strategies to improve quality and create income to promote sustainability. NHA4 shared that creativity is key to promoting sustainability by stating, "We are very creative in the things that we're doing. We see how we can maintain all the regulation and cut down on the processes." All four NHAs discussed the effects of decreased length of stays, decreased reimbursement rates, and the desire to align their nursing homes with other health care providers to promote financial sustainability. An innovative strategy NHAs can use is to align with mutually beneficial provider organizations. NHAs shared what they do to establish and grow mutually beneficial provider relationships as a strategy to promote sustainability. NHA4 described a partnership with one post-acute care managers as,

We work together as a team. They're a partner. He talks to the patients. He hears the patient and rather than saying we're gonna hold you to day seven discharge, he says, I'm gonna give you three more days and see where you are.

NHA1 shared strategies to remain sustainable as follows:

Everyone's trying to broaden their horizons by getting diverse. Like getting into home health, personal care, or what have you. There are some different organizations going those different ways or just trying to get bigger. Other organizations are creating their own insurance, more or less like their own insurance companies, ISNIPs (Institutionalized Special Needs Insurance Plan). There are nursing homes that are creating their own ISNIPs to try to diversify if you will because it looks like we are not going to get paid more.

NHA3 shared innovative strategies that promote sustainability as:

To stay financially viable, you have to be on your toes and keep abreast and be ahead of the curve. I am always interested in trying to do a new process/procedure/technology. We have done so many things where we've been a part of various research projects. We're going to be piloting an EKG glove where you literally stick it on the resident and you are able to get a read in 30 minutes. I think any opportunity you have to get involved, where if you hear of something, that you think can be a benefit to the residents to reduce your hospitalizations and doing the right thing, then you need to do it. You have to use all of the tools that you have. I look at every tool that comes across my desk, every piece of information and analyze it to see where there's an area.

Applications to Professional Practice

A multiple case study design was a logical research choice to explore successful strategies NHAs use to promote financial sustainability in the homes they manage. The purpose of this study was to explore the successful strategies of NHAs who manage 5-star rated nursing homes within a 100-mile radius of Pittsburgh use to mitigate potential deficiencies and derivative fines to promote financial sustainability. The results of this study could offer NHAs options in the form of successful strategies they may implement to promote sustainability in the homes they manage. This study expands the existing body of knowledge regarding sustainability for U.S. nursing homes.

Due to longer life spans and the aging baby boomer population, by 2060, the number of Americans 65 years or older is expected to be greater than 98 million (Population Reference Bureau, 2016). Many of these people will require nursing care at some point in their lives. Lack of high-quality care has been a chronic issue and concern for residents living in U.S. nursing homes. Nursing home sustainability requires staff compliance with regulatory requirements to meet the quality of care standards and expectations of the aging baby boomer population. Nursing homes meeting regulatory requirements and excelling in the provision of high-quality care will attract the aging baby boomer population and create a greater need for nursing home services, which helps promote nursing home sustainability.

Costs associated with adhering to increased health care regulations can reduce profit and affect the financial sustainability of the nursing home industry. NHAs are responsible for ensuring the facilities they manage are financially sustainable. Nursing

homes not meeting the quality of care standards and needs of residents face the possibility of citations from health inspectors and financial penalties, which may lead to eventual nursing home closure (Fisher & Castle, 2012). Poor care quality correlates with deficiency citations for staffing in nursing homes (McDonald, Wagner, & Castle, 2013). Deficiency citations indicate that poor management practices are in place. If NHAs lack successful strategies to resolve recurrent issues related to care quality and reduce the potential for deficiencies and derivative fines, they may unwittingly promote unsustainability. NHAs can improve financial performance and promote financial sustainability by implementing strategies that increase efficiency and diversify their revenue stream (Weech-Maldonado et al., 2012). Achieving high-quality scores or improving quality scores on NHC using successful strategies may help NHAs to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability of nursing homes.

I used the existing academic literature as a foundation for this study to achieve a comprehensive understanding of issues that may affect the financial sustainability of nursing homes. A review of the professional and academic literature revealed areas involving nursing home operation and care quality concerns, which can affect financial outcomes and thus the financial sustainability of nursing homes. Summary of the literature review findings yielded two strategies that NHAs can apply to their professional practice. The first strategy NHAs can use is to implement staff education and adherence to practices to ensure regulation compliance and encourage meeting the care quality expectations of the Five-Star Quality Rating System. The second strategy NHAs can use

is to adapt, innovate, and implement change to promote sustainability. To promote

sustainability in a competitive market, organizations must use quality management

techniques to constantly adapt to their ever-changing environment (Gutierrez-Gutierrez,

Barrales-Molina, & Kaynak, 2018).

The study findings are relevant to improve business practice because the three

emergent themes rendered three successful strategies that NHAs who do not work in 5-

star rated homes can use to improve state and federal regulation compliance to mitigate

deficiencies and derivative fines to promote financial sustainability of the nursing homes

they manage. Findings from this study revealed emergent themes from the collected data

as follows: (a) developing knowledgeable staff promotes regulatory compliance, (b)

enhancing communication with residents and staff mitigates DoH complaint surveys, and

(c) promoting innovation for continuous quality improvement ensures regulation

compliance and promotes sustainability. The three emergent themes rendered three

successful strategies NHAs can use to improve state and federal regulation compliance to

mitigate deficiencies and derivative fines to promote financial sustainability of the

nursing homes they manage. Successful strategies are as follows: (a) developing

knowledgeable staff promotes regulatory compliance, (b) enhancing communication with

residents and staff mitigates DoH complaint surveys, and (c) promoting innovation for

continuous quality improvement ensures regulation compliance and promotes

sustainability. NHAs who manage NHs that are not 5-star rated can implement the

successful strategies that NHAs who manage 5-star NHs use to comply with state and

federal regulations. This improves the likelihood that NHAs who implement the

successful strategies will help the homes they manage remain financial sustainable. NHAs need to educate staff on and reinforce expectations of the necessity of providing impeccable, extraordinary, high-quality resident-centered care.

Implications for Social Change

The implications for positive social change from this research are identifying successful strategies that could improve nursing home's state and federal regulation compliance and assist with the prevention or remediation of deficiencies and derivative fines to promote and maintain financial sustainability of nursing homes. Nursing homes compliant with state and federal regulations provide better care quality to nursing home residents. Provision of higher quality care improves the quality of life of nursing home residents.

Furthermore, this study could provide several benefits to residents and their families, people living in communities with nursing homes, the U.S. health care industry, and leaders from organizations in other industries who could consider implementing these successful strategies. CMS's Five-Star Quality Rating System allows people to choose a nursing home based on the quality of care information available on Medicare's NHC website. Public reporting of quality of care information increases competition for residents, which decreases private pay costs and improves the quality of care provided. Families receive the benefit of no longer bearing the burden of providing care or worrying about nursing home care quality.

Communities benefit from increased employment opportunities because improving nursing home care requires an increase in staffing. Furthermore, communities

that contain 5-star rated nursing homes are more desirable places to reside. Five-star rated nursing homes may attract new residents to the communities. The findings of the study could identify recurrent themes of successful strategies that could increase the potential for financial sustainability of any U.S. health care facility. This information can encourage positive social change that promotes financial sustainability of the U.S. health care industry and increases the associated quality of patients' health care.

Recommendations for Action

My recommendations for further action is for NHAs who want to improve the overall star rating and quality of care provided in their nursing home to consider implementing the successful strategies found in this study. A second recommendation for further action is for nursing homes that are not meeting state and federal regulation requirements to mitigate deficiencies and derivative fines by considering implementing these successful strategies. State and federal regulation compliance impacts other organizations and industries, therefore another recommendation for further action may include having leaders from organizations in other industries consider implementing the successful strategies found in this study.

I will share a 1 to 2 page summary with the NHAs who participated in my study. I will share my study with other NHAs, leaders in the health care industry, and members of the academic community as needed. I may eventually share my findings by presenting at local and national sustainability conferences and by writing articles for publication in peer-reviewed journals. Finally, I plan to continue my research on state and federal regulatory compliance and dissemination of this research through a variety of means.

Recommendations for Further Research

Future research should examine the value of the star rating system to potential consumers of nursing home services and their family members. Individual star ratings could be studied further to determine the impact they have on the quality of care nursing home residents receive. A recommendation for further research is to determine if the 5-star rating system helps to improve care quality and if potential residents use it to choose a nursing facility. Theoretically, if the 5-star rating system is being used by consumers as it was intended, homes with four and five stars would have the highest census as opposed to homes with one or two stars. A recommendation for future research is to explore if the star rating has any impact on the quality of care nursing home residents receive.

Bowblis (2015) stated nursing home regulations help to assure provision of a minimum level of care quality, but research is limited on the cost of implementing regulations. Also, little research exists on the relationship of increasing state minimums for nurse staffing ratios and how this impacts care quality and financial sustainability. NHA participants in my study mentioned the cost prohibitive nature of implementing new regulations and increasing staffing while reimbursement to nursing homes continues to decrease. It would be beneficial to know if there are minimum and maximum numbers of nurse staffing to adhere to the ever increasing regulations while providing high-quality care. Therefore, a recommendation for future research is to examine how the cost of regulation implementation and increased staffing requirements impact the financial sustainability of nursing homes.

This research study included the limitation of participants who use successful strategies to improve state and federal regulation compliance to promote financial sustainability in nursing homes they manage. Recommendations for further research based off of this limitation may be to do this study within other healthcare organizations or industries. Another limitation in my study was that I used two data collection techniques, interviews and review of documentation from a website. Further recommendations for research include using other data collection methods, doing this study in another geographic location, and including managers working in health care organizations other than nursing homes. Additional recommendations for further study may include using a mixed method or quantitative method or different types of research designs.

Since writing my proposal, CMS has issued regulation reform and guidance for surveyors on the survey process, which took effect on November 28, 2017. Regulation reform includes pieces of legislation from the Affordable Care Act. It also includes pieces of legislation from the Improving Medicare Post-Acute Care Transformation (IMPACT) Act, and focuses on QAPI, reporting suspicion of crime, increased discharge planning requirements, and staff training. CMS changed the long-term care survey process to make a single nationwide survey process built on the traditional and Quality Indicator Survey processes, which identified slightly different care quality or quality of life issues (CMS, 2017b). A recommendation for future research is to examine the impact of the new survey process implementation on deficiency and derivative fines versus the former survey processes.

Reflections

The Doctor of Business Administration doctoral research study process required a vast expansion of my fortitude, belief in my ability to overcome any obstacle to achieve desired outcomes, and changed my views on my life and my purpose in it. This process has resulted in significant personal, professional, and academic growth. The process of researching nursing home sustainability allowed me to explore successful strategies that can be used to promote financial sustainability. This subject is very near and dear to me due to my experience over the past 16 years working in over 20 Pittsburgh area nursing homes as a facility employee, as a consultant, or as part of a regional nursing home management team. My career has allowed me to gain insight on nursing home leadership strategies which positively and negatively impact the future of the homes where I have worked.

Due to my background, I chose to interview NHAs within a 100-mile radius of Pittsburgh. Over the past several years, I have become increasingly interested in the sustainability of nursing homes due to the changes I witnessed in policies and procedures due to increasing numbers of regulation and decreasing budgets to meet those regulations. Exploring successful strategies NHAs use in nursing homes to promote sustainability was an enlightening experience.

To mitigate the potential for research bias, I did not extend invitations to participate to NHAs I worked for, and I utilized an interview protocol. After each interview, I used member checking to ensure reliability and allow participants to check the accuracy of my interview transcript and data interpretations to determine if they

agreed with my transcription and interpretations or want to add or change anything. I performed methodological triangulation by using data collected from two data collection techniques (interviews and documentation from Medicare's NHC website). Completing this doctoral process provided me with an understanding of research skills which I shared with other doctoral student colleagues. This research study enhanced my understanding of nursing home sustainability and stimulated my interest in becoming a more effective nursing home consultant, clinician, and educator.

Health care professionals with business degrees view the world differently than someone with a business degree and no clinical health care experience. Thinking as a business-minded clinician requires a shift of mindset and priorities to understand the significance of improved quality of care delivery and its impact on the fiscal sustainability of the organization. All health care professionals must think about how they can improve their role and make more significant and meaningful contributions to improve the quality of care residents receive and ensure job security within a financially viable health care organization.

Conclusion

Lack of state and federal regulations compliance can affect the financial sustainability of nursing homes. Since NHAs cannot be in their facilities every minute of every day, their managers and direct care staff must be trained to adhere to policies and procedures to ensure regulation compliance. The foundation of sustainability in the nursing home industry is the ability of nursing home staff to sustain ongoing operations and financial profitability by maintaining compliance with regulatory requirements.

NHAs must determine how to improve care quality and thrive financially within the nursing home industry through adaptation and innovation. NHAs can help to ensure sustainability by using successful strategies to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines. NHAs can help ensure financial sustainability of nursing homes by ensuring staff compliance with regulatory requirements and by meeting the quality of care standards and expectations of the aging baby boomer population. Nursing homes that meet regulatory requirements and excel in the provision of quality care will attract the aging baby boomer population and create a greater need for nursing home services, which helps promote financial sustainability of nursing homes.

NHAs must determine how to improve care quality, comply with state and federal regulations, and thrive financially within the nursing home industry to remain financially sustainable. Findings from this study indicated that NHAs could use the following successful strategies to promote sustainability: (a) developing knowledgeable staff promotes regulatory compliance, (b) enhancing communication with residents and staff mitigates DoH complaint surveys, and (c) promoting innovation for continuous quality improvement ensures regulation compliance and promotes sustainability. NHAs can use these strategies to ensure their staff complies with state and federal regulations. All team members must work together to provide exceptional high-quality resident centered care while being cognizant of the organization's bottom line. Nursing home staff must commit to evolving themselves and altering the way they achieve organization objectives

to meet the ever-changing needs of the clientele and the challenges of remaining

financially sustainable.

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Appendix A: Invitation Letter

Dear Potential Research Participant:

Congratulations on your facility earning a 5-star rating!

My name is Renée A. Walthour and I am a doctoral student at Walden University. I am conducting a research study titled, "Successful Strategies for Financial Sustainability of Nursing Homes". The purpose of this study is to determine what nursing home administrators who manage 5-star rated nursing homes within a 100-mile radius of Pittsburgh, Pennsylvania use as successful strategies to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability.

If you agree to participate in this study, you will complete a face-to-face interview (approximate interview time: 45-60 minutes) and complete a second interview via telephone (approximate interview time: 10-15 minutes) to review and verify my interview interpretations and to answer any additional questions.

This study may be published in the ProQuest Dissertation Database.

Your participation in my study is voluntary and your individual responses are confidential. Only I will have access to interview responses. I will provide you with a 1 to 2 page summary of the study results after the study is complete and I receive final approval for publication.

If you would like to participate or have questions, please call or text me at XXX or email me at XXX@waldenu.edu.

Thank you for your time and for potentially participating in my study.

Sincerely,

Renée A. Walthour

Appendix B: Interview Protocol

What to do:	**What to Say:**
Introduce the Interview:	Explain: Purpose, Consent Withdraw, and Questions - The purpose of my study is to determine successful strategies of NHAs who manage 5-star rated nursing homes within a 100-mile radius of Pittsburgh use to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability. - You may change your mind at any time and withdraw from the study. Please inform me if you decide to withdraw prior to publication. - Do you have any questions?
Interview Questions	1. What strategies do you use to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines to promote financial sustainability? 2. What is the most successful strategy you implemented to improve state and federal regulation compliance? 3. What policies, procedures, and strategies did you implement to assure continuing regulatory compliance? 4. What barriers did you encounter to implementing your strategies to improve regulation compliance? 5. How did you address the barriers you encountered when implementing your strategies to improve regulation compliance? 6. How do you assess the effectiveness of strategies to improve state and federal regulation compliance to mitigate potential deficiencies and derivative fines? 7. What strategies do you use to address a star rating less than five stars in any of the three domains (health inspections, staffing, and quality measures) that make up the overall star rating of the nursing home that you manage? 8. What additional information would you like to share related to the purpose of this study?
Thanks & Follow-up:	Thank you for participating. I will email your transcribed interview and my data interpretations within one week of completion of interviews. I request a follow-up telephone interview to ask additional questions and verify if you agree with my transcription and interpretations or want to add or change anything.