

VITAL and HEALTH STATISTICS
DATA FROM THE NATIONAL HEALTH SURVEY

Institutions for the Aged and chronically ill

United States - April - June 1963

Statistics on number and types of institutions for the aged according to whether round-the-clock nursing service is provided, type of nurse in charge of nursing care, admission policies, and charges for care of residents. Based on data collected from institutions during the period April-June 1963.

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IN THIS REPORT institutions for the aged in the United States are described in terms of their admission policies, type of nurse in charge of nursing care, whether or not round-the-clock nursing service is provided, and the amount charged for care of residents. The data are based on a sample survey conducted during the spring of 1963 of nursing homes and related facilities, including chronic disease and geriatric hospitals and all types of homes for the aged.

An estimated 17,100 institutions were classified according to the primary and predominant type of service provided. On this basis about 46 percent were classified as nursing care homes and 29 percent as personal-care-with-nursing homes (personal care was the primary service, but some nursing care was provided). Only 4 percent were long-stay hospitals or hospital units for the care of the aged and chronically ill. The remaining 21 percent were homes which routinely provided personal care but not nursing care.

About two-thirds of the institutions reported that their policy was to admit bedfast patients. Almost all of the nursing care homes and "hospitals" had such a policy. This is consistent with the findings that the vast majority of the nursing care homes and "hospitals" employed a nurse of some type to supervise nursing care and provided nursing service 24 hours a day.

The average charge most frequently made by institutions for the aged (excluding hospitals) was \$170 per resident per month. This was the charge made directly by the institution for lodging, meals, nursing care, and other personal services. The average most frequent charge ranged from \$117 per month for personal care homes to \$206 per month for nursing care homes.

SYMBOLS

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05-----	0.0
Figure does not meet standards of reliability or precision-----	*

INSTITUTIONS FOR THE AGED AND CHRONICALLY ILL

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INTRODUCTION

Background

The data presented in this report are based on the first of the institutional population surveys being conducted by the Division of Health Records Statistics of the National Center for Health Statistics. The Institutional Population Survey is part of the National Health Survey program to provide current health statistics on the Nation's population. In other parts of the program, statistics are collected about the noninstitutional population from personal interviews, physical examinations, and hospital records. A detailed description of the National Health Survey program has been published.¹

The term "institution," as used in the Institutional Population Survey, refers to all group quarters in which residents, patients, or inmates are domiciled for the purpose of medical, psychiatric, nursing, personal, or custodial care. Included, for example, are long-term hospitals, nursing homes, homes for the aged, homes for incurables, homes for the blind or deaf, homes for crippled or dependent children, detention homes for juvenile delinquents, reformatories, and penitentiaries.

The list illustrates the heterogeneity of the institutional population. One would expect residents of certain types of institutions to be well, in general, having health characteristics not unlike those of the noninstitutional

population. Contrastingly, many of the residents of other types of institutions are very ill, immobile, senile, etc. In some types of institutions the best source of health data is the sample person; in other types it is a proxy respondent, such as a nurse or an administrator; still in others the best data source is records. Because of this diversity among the population groups, the Institutional Population Survey is being conducted in a series of *ad hoc* surveys covering different types of institutions or classes of the population. This procedure makes it feasible to collect statistics which have a special meaning for a particular segment of the population; it also enables the collection of information which has a similar meaning for all classes of the population.

The survey on which this report is based was conducted during April-June 1963. Included in the survey were all types of resident places which provide nursing, personal, or domiciliary care to the aged or chronically and mentally ill. For convenience the survey is referred to as the "Resident Places Survey-1," or RPS-1.

This report, which presents statistics on such characteristics of institutions for the aged as admission policy, type of service, size of institution, type of ownership, and geographic region, is the first of a series to be published on the findings of the RPS-1. A second report deals with the characteristics of residents in these institutions.²

¹National Center for Health Statistics: Origin, program, and operation of the U.S. National Health Survey. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 1-No. 1. Public Health Service. Washington. U.S. Government Printing Office, Aug. 1963.

²National Center for Health Statistics: Characteristics of residents in institutions for the aged and chronically ill. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 12-No. 2. Public Health Service. Washington. U.S. Government Printing Office.

General Survey Design and Qualifications

The scope of the RPS-1 included all resident institutions in the United States which provide care to the aged or chronically and mentally ill. This includes nursing homes, convalescent homes, rest homes, and other similar types of places with 3 or more beds; nursing home units and chronic disease wards of general hospitals; chronic disease and geriatric hospitals; and psychiatric hospitals. Homes for the aged which did not routinely provide some level of personal care, i.e., provided only room and board, were not within the scope of the survey. The chronic disease wards and possibly some of the nursing home units are usually not considered as institutions but as integral parts of short-stay hospitals. They were included in this survey because of the type of care provided.

The sampling frame for the survey was the Master Facility Inventory (MFI), which is discussed in Appendix I. A detailed description of its development and content as well as a procedure for evaluating its coverage has been published.³ It should be emphasized that the data in this report can be no more representative of the establishments in the United States than the universe from which the sample was selected. According to preliminary research to evaluate the coverage of the MFI, the sampling frame for the RPS-1 may have been no more than 85-90 percent complete. This should be remembered when interpreting the data.

The survey was based on a probability sample of 172 mental hospitals and 3,176 non-mental facilities which were found to be in business and in-scope at the time of the survey. With the exception of establishments with 300 or more beds the survey was conducted by mail. Personal visits were made to the larger homes and "hospitals" to select a sam-

ple of patients or residents and to aid in the completion of the questionnaires. Health and related information about residents in the sample as well as certain information about the institutions was collected. The data presented in this report are based on that collected about nonmental institutions. Details about the sample design and survey procedures are described in Appendix I of this report. A facsimile of the questionnaire used in the survey is shown in Appendix III.

Since the estimates derived from the survey are based on a sample rather than on all establishments in the United States, the estimates are subject to sampling variability. The sampling errors for most of the estimates shown in the report are relatively small; however, caution should be taken in interpretation when estimates are based on small numbers. Tables of approximate sampling errors and illustrations on the use of the tables are given in Appendix I.

Definitions of certain terms used in this report may be found in Appendix II-A. To properly interpret the data, the reader should become familiar with the definitions. Special attention is called to the procedure for classifying institutions, which is described in Appendix II-B. The classification of homes for the aged, i.e., nursing homes, rest homes, and related types of places, is based on the type of service provided in the home rather than on state licensure laws or what the home may be called.

The data used for classifying homes for the aged in this report were collected primarily during April-June 1962 in a survey of all establishments listed in the Master Facility Inventory. Thus, there was a time interval of about a year between the MFI Survey and the RPS-1. During this 1-year interval the type of service probably changed for some of the establishments: a nursing home may have converted to personal care only and vice versa. However, because of the relatively short time period between the two surveys any changes which may have occurred should not have a large effect on the statistics presented in this report.

³National Center for Health Statistics: Development and maintenance of a national inventory of hospitals and institutions. *Vital and Health Statistics*. PHS Pub. No. 1000-Series 1-No. 3. Public Health Service. Washington. U.S. Government Printing Office, Feb. 1965.

CHARACTERISTICS OF INSTITUTIONS

This report describes characteristics of an estimated 17,098 institutions in the United States which provide nursing or personal care to the aged and chronically ill in terms of their admission policies, type of nurse in charge of nursing care, whether or not round-the-clock nursing service is provided, and the amount charged for the care of residents. The institutions are classified according to the primary type of service provided as well as by size of institution, type of ownership, and the geographic region in which they are located. In this analysis the major findings of the survey and the more important relationships which seem apparent from the data are discussed. More detailed information about the establishments is given in tables 1-13, which follow the text of the report.

Type of Service, Ownership, Region, and Size

Table 1 shows how the institutions are distributed by type of service, geographic region, and type of ownership. Table 4 shows how they are distributed by size. The 17,098 institutions are classified in four type-of-service categories; 728 are hospitals or hospital units consisting of geriatric and chronic disease hospitals and chronic disease wards

and nursing home units of general hospitals. For convenience these facilities will be referred to as "hospitals." The remaining 16,370 establishments, often referred to in this report as "homes for the aged," include 7,834 nursing care homes (the primary and predominant service is nursing care), 4,968 personal-care-with-nursing homes (the primary and predominant service is personal care, but some nursing care is provided), and 3,568 personal care homes. The procedure for classifying institutions is described in Appendix II-B.

Most of the institutions were privately owned (table A). This was true for each type of institution except "hospitals," where only 16 percent were under proprietary control. The most frequent operator of "hospitals" was government (Federal, State, city, or county), which controlled 38 percent of the "hospitals." The remaining 62 percent was about equally divided among proprietary, church, and other nonprofit organizations.

As shown in table 4, most of the institutions were quite small. Almost two-thirds of them maintained less than 30 beds. Only about 6 percent of the places had 100 or more beds.

The estimated average size for all types of institutions for the aged was about 39 beds. As shown in table B, the average size varied considerably by type of service and type of ownership. Privately owned institutions were much smaller than nonprofit institutions for

Table A. Percent distribution of institutions for the aged, by primary type of service and type of ownership: United States, April-June 1963

Primary type of service	Type of ownership					
	Number	All types	Proprietary	Church	Other nonprofit	Government
All types-----	17,098	100	79	8	6	7
Nursing care-----	7,834	100	87	5	3	5
Personal care with nursing-----	4,968	100	73	13	6	8
Personal care-----	3,568	100	83	5	8	4
Hospital care-----	728	100	16	23	24	38

each type of service, and nonprofit were consistently smaller than the government-owned institutions.

A larger proportion of the Nation's institutions for the aged were located in the North Central Region (36 percent) than in any other region (table 1). The next largest proportion was observed for the Northeast (28 percent), followed by the South (22 percent) and the West (15 percent). In general, this pattern exists for each type-of-service, ownership group.

Relative to the population 65 years of age and over, by region, there were as many institutions for the aged in the West as the Northeast (1.0 per 1,000 population 65 years and over). The lowest proportion was observed for the South (0.8 per 1,000 population 65 years and over); the highest, for the North Central Region (1.2 per 1,000 population 65 years and over). In terms of beds maintained in the institutions, the South had only 29 beds per 1,000 population 65 years and over compared with ratios of 42, 44, and 46 per 1,000 population 65 years and over for the West, Northeast, and North Central Regions, respectively.

The distributions of institutions within regions by type of service are somewhat different for the various regions. For example, the proportion of all institutions in a region that are nursing care homes ranges from 42 percent for the North Central Region to 52

percent for the Northeast. The pattern is reversed for personal-care-with-nursing homes: the highest proportion was observed for the North Central Region; the lowest, for the Northeast. When nursing care and personal-care-with-nursing homes are combined, however, the ratio of homes providing nursing care to total institutions is about the same for each region. Nearly half of all church-operated institutions were located in the North Central Region; by type of service the proportion ranged from 45 percent for personal-care-with-nursing homes to 60 percent for "hospitals."

Type of Nurse in Charge of Nursing Care

In the RPS-1 the respondent was asked, "Do you provide nursing care to the residents in your establishment?" If the answer was "yes," he was asked, "Who is in charge of nursing care?" and was instructed to indicate the type of nurse in charge and whether or not she worked full- or part-time. He was also asked, "Is there at least one nurse or nurse's aide on duty 24 hours a day?" (This question is discussed in the next section of this report.) If the respondent's answer to the question regarding nursing care was "no," he was instructed to skip the questions concerning 24 hours' nursing service and the supervision of nursing care.

Table B. Average size of institutions for the aged (number of beds), by primary type of service and type of ownership: United States, April-June 1963

Primary type of service	Type of ownership			
	All types	Proprietary	Nonprofit (including church)	Government
	Average number of beds			
All types-----	39	26	66	126
Nursing care-----	40	32	78	125
Personal care with nursing-----	39	24	75	92
Personal care-----	16	14	27	37
Hospital care-----	126	44	71	227

It should be realized that the question concerning the provision of nursing care was asked as a screening question only and was not used to classify institutions. As in other parts of the report the classification of institutions by type of service is based on detailed information collected in surveys of all establishments in the Master Facility Inventory. The classification procedure is described in Appendix II-B. Tables 2-4 show how the institutions are distributed according to the type of nurse in charge of nursing care, by primary type of service, type of ownership, size of institution, and geographic region.

About two-fifths of all establishments employed a full-time registered professional nurse (RN) to supervise nursing care (table 2). Part-time RN's were the supervisors in a tenth of the institutions, while the supervisor was a full-time licensed practical nurse (LPN) in a fifth of the places. Approximately 30 percent of the homes for the aged and 3 percent of the "hospitals" did not have a nurse of any type in charge of nursing care. The majority of the homes without a nurse in charge of nursing care were personal care homes which did not provide nursing care.

Almost all of the nursing care homes had a nurse of some level of skill in charge of nursing care. In 55 percent of the homes the person was a full-time RN, and in 28 percent she was a full-time LPN. About two-thirds of the personal-care-with-nursing homes employed a nurse of some type to supervise nursing care. Of such places having nurse supervisors, about 40 percent of them employed full-time RN's, and 35 percent employed full-time LPN's. The remaining 25 percent used part-time RN's and LPN's.

Full-time RN's were in charge of nursing care in a third of proprietary nursing and personal care homes compared with about half of the homes operated by government and nonprofit organizations. The proportions differ substantially between the various type-of-service classes. About half of the proprietary nursing care homes, compared with two-thirds of those operated by nonprofit organizations and

85 percent of government nursing care homes, employed full-time RN supervisors. Proprietary nursing care homes, however, utilized part-time RN's and full-time LPN's more frequently than did homes of other types of ownership. Nonprofit homes used full-time LPN's more frequently than did government homes. If all levels of nursing skill are combined, there is not much difference by type of ownership in the proportion of nursing care homes with a nurse in charge of nursing care.

For personal-care-with-nursing homes about half of those under nonprofit ownership had a full-time RN supervisor; this is nearly twice the proportion for the other types of ownership. Only 22 percent of these nonprofit homes were without a nurse supervisor of some type; this is about half the proportion for other ownership types.

Considering the proportion of establishments with a nurse of some type to supervise nursing care, there are no differences in the proportions for personal care homes by ownership and very little for "hospitals." About 25 percent of the personal care homes for each type of ownership employed a nurse, either full- or part-time, to supervise nursing care. Almost all of the "hospitals," regardless of type of ownership, had a nurse in charge of nursing care, the vast majority of which were full-time RN's.

As shown in table 4, RN's were more often in charge of nursing care in large than in small homes. This is illustrated in figure 1, which shows that the proportion of homes employing full-time RN supervisors increases consistently as the size of the home increases for both nursing care homes and personal-care-with-nursing homes. This pattern does not prevail for "hospitals," however; the proportion is approximately the same for all "hospitals" regardless of size.

The low proportion of full-time RN's in small homes is partially compensated by relatively high proportions of LPN's and part-time RN's. This is especially noticeable for nursing care homes: about half of those with less than 30 beds, compared with only 8 per-

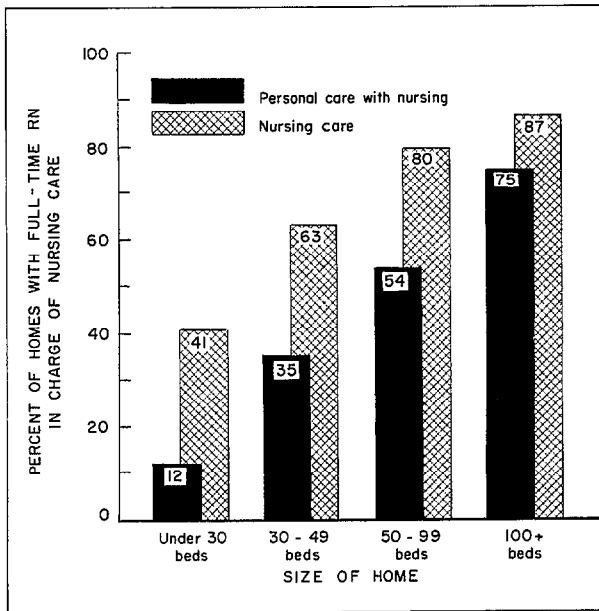


Figure 1. Percent of homes with a full-time RN in charge of nursing care, by primary type of service and size of home.

cent of those with 100 or more beds, employed either a part-time RN or a full-time LPN.

Table 3 shows how the institutions are distributed by type of nurse in charge of nursing care according to primary type of service and region. There is a noticeable difference between the proportion of nursing care homes in the West and those of other regions which employed full-time RN's to supervise nursing care. About three-fourths of the nursing care homes in the West had a full-time RN in charge of nursing care; this compares with less than half of the homes in the South and North Central Regions and two-thirds of the homes in the Northeast (fig. 2). Nursing care homes in the other regions used part-time RN's as well as full- and part-time LPN's more often than did homes in the West. Consequently, there is not much difference by region in the proportion of homes which did not have a nurse supervisor of some type.

The only notable difference for "hospitals" by region was observed for the North Central Region, where only 83 percent had a full-time RN supervisor. This compares with 94 percent or greater for "hospitals" in other regions. About 16 percent of the "hospitals" in the North Central Region, compared with less than 2 percent in the other regions, used part-time RN supervisors.

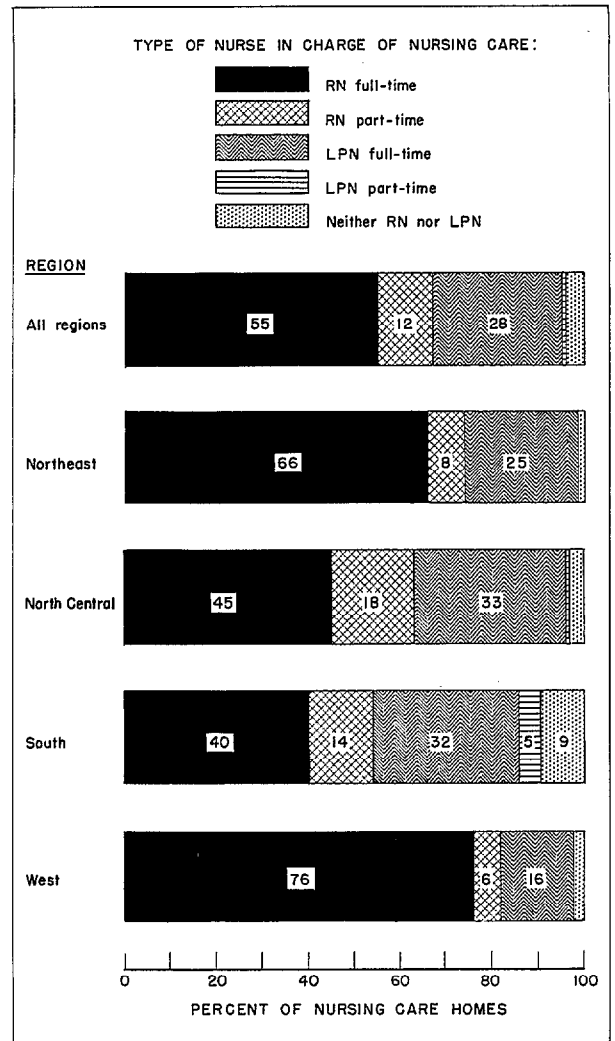


Figure 2. Percent distribution of Nursing Care Homes, by type of nurse in charge of nursing care according to region.

Round-the-Clock Nursing Service

The respondents in the survey were asked, "Are there one or more nurses or nurse's aides ON DUTY 24 hours a day?" On the basis of answers to this question it is estimated that about 78 percent of the institutions had a nurse or nurse's aide on duty 24 hours a day (tables 2-4).

The proportion varies up or down depending on the type of service provided in the institutions. Almost all of the places classified as "hospitals" and nursing care homes provided round-the-clock nursing service. About four-fifths of the personal-care-with-nursing homes and a third of the personal care homes had a nurse or nurse's aide on duty at all times.

As shown in table 2, within a type-of-service class there is little, if any, variation in the proportion of institutions providing round-the-clock nursing service, by type of ownership. The only exception was observed for personal-care-with-nursing homes. Only two-thirds of the government homes had a nurse or nurse's aide on duty at all times, while three-fourths of the proprietary homes and almost 90 percent of the nonprofit homes provided round-the-clock care. The reason for this difference is not clear. Possibly the level of nursing care required in the government homes is lower than in the homes of other ownerships. The government personal-care-with-nursing homes are almost entirely city-county operated; this may or may not be a clue.

Except for "hospitals" and nursing care homes the provision of round-the-clock nursing service is related to the size of the homes (table 4). For personal-care-with-nursing homes, for example, the proportion increases with each size group, ranging from 73 percent for homes with less than 30 beds to 98 percent for homes with 100 or more beds. This same pattern was observed for personal care homes, but the proportion is lower for each size group than for corresponding sizes of personal-care-with-nursing homes.

There is almost no variation between regions in the proportion of institutions providing round-the-clock nursing service (table 3).

The only difference for any type of institution was observed for personal care homes. In the Northeast Region only 19 percent of the homes had a nurse on duty 24 hours a day; this is in comparison with proportions ranging from 34 to 45 percent for the other regions.

Admission Policy

Tables 5-10 show how the institutions are distributed according to certain admission policies. The findings of their stated policies regarding admission of men and women, bed-fast patients, mentally ill patients, recipients of public assistance or welfare, age limitations, and requirement of a physical examination before (or soon after) admission are discussed in this section.

Sex.—Most institutions accepted both men and women. However, when there was a limitation because of sex, it was usually to accept only women. Ninety-seven percent of the "hospitals" and 89 percent of the nursing care homes accepted both sexes compared with 82 percent of the personal-care-with-nursing homes and 66 percent of the personal care homes. Of the places accepting only one sex, the ratio was at least 4 to 1 in favor of homes for women for each type of institution except "hospitals." Three percent of the "hospitals" admitted only males, while less than one percent admitted only females.

The admission policy regarding sex is apparently more related to the size of the homes than to other factors in this analysis. As shown in table 9, except for "hospitals" the proportion of places accepting both sexes for each type of service is lowest for institutions with less than 30 beds. For places with 30 or more beds the proportions are of similar size for each type of institution. The lowest proportion was observed for personal care homes with less than 30 beds: only 63 percent of these homes accepted residents of both sexes.

Admission policy regarding the sex of residents appears to be influenced by type of ownership also. For each of the three types of nursing and personal care homes the lowest proportion of homes accepting both sexes was

observed for nonprofit homes, followed by proprietary and government homes (table 7). Nearly half of the nonprofit personal care homes and a third of the proprietary homes were restricted to one sex; this compares with only 2 percent of the government homes.

In general, the patterns for each region are similar to those for the United States as a whole (table 5). One exception is interesting, however: there are as many personal care homes in the West Region for men as there are for women—about 16 percent of the total homes for either sex. The proportion of personal care homes restricting admissions by sex is about the same for each region, but the vast majority of these homes in the other three regions are for women.

Bedfast patients.—Bedfast patients were accepted by about two-thirds of the institutions. The proportion varies appreciably depending on the type of institution. Over 90 percent of the "hospitals" and nursing care homes accepted bedfast patients. This compares with 63 percent of the personal-care-with-nursing homes and 18 percent of the personal care homes (table C).

One might question why bedfast patients are not accepted by all "hospitals" and nursing care homes or why they are accepted by personal care homes which do not routinely provide nursing care. There are several pos-

sible explanations. Probably the best one is based on the procedure for classifying establishments. The criteria for classifying institutions for the aged (except "hospitals") are based on the type of service provided, as reported by the institutions themselves, rather than on the availability of facilities to provide service. According to information collected in this survey, about a third of the places classified as personal care homes had a nurse or nurse's aide on duty 24 hours a day. Thus, some of these homes would probably accept bedfast patients. Another explanation also relates to the classification of establishments. The data used in classifying places were collected in a Master Facility Inventory survey about a year prior to the RPS-1. Consequently, it is likely that the primary type of service provided by a few of the places had changed during the 1-year interval between the two surveys.

Except for "hospitals" institutions operated by nonprofit organizations (church and other nonprofit) were less likely to admit bedfast patients than those operated under government or proprietary auspices (table 8). For example, 77 percent of the nonprofit nursing care homes, as compared with 96 percent for both proprietary and government homes, accepted bedfast patients. The contrast is even greater for personal-care-with-nursing homes. The pro-

Table C. Percent of institutions for the aged which admit bedfast patients, by primary type of service and type of ownership: United States, April-June 1963

Primary type of service	Type of ownership			
	All types	Proprietary	Church and other nonprofit	Government
	Percent of institutions			
All types-----	69	73	47	73
Nursing care-----	94	96	77	96
Personal care with nursing-----	63	72	29	61
Personal care-----	18	20	6	12
Hospital care-----	96	100	97	94

portions were of similar size for proprietary and government nursing care homes and "hospitals." For other types of places, however, the percent of homes accepting bedfast patients was slightly higher for proprietary ownerships than for government.

Whether or not an institution accepts bedfast patients is also related to the size of the institution. Two patterns shown in table 10 seem worth noting. For personal care homes the proportion of homes accepting bedfast patients increases with the size of the home. This is consistent with the findings shown in table 4: the proportion of personal care homes providing round-the-clock nursing service and the proportion of the homes with nurse supervisors increases with the size of the home. For other types of institutions a reverse pattern is seen, as shown in table 10; the pattern is most marked for personal-care-with-nursing homes, but it is also evident for "hospitals" and nursing care homes.

Except for personal care homes there is very little geographical variation in the proportion of institutions accepting bedfast patients (table 6). About 10 percent of the personal care homes in the West and Northeast accepted bedfast patients compared with 20 percent of the homes in the North Central Region and 30 percent of the homes in the South. The reason for these differences is not known. However, it is clear that a larger proportion of the residents of personal care homes are disabled in the South and North Central Regions than in the Northeast and West. Data collected in this survey indicate that about 10 percent of the residents in personal care homes in the South were in bed most of the time. This compares with 7 percent for the North Central Region, 5 percent for the West, and 1 percent for the Northeast.

Mentally ill patients.—The data presented in this report concerning the acceptance of mentally ill patients refer to mental illness as diagnosed by a physician. As indicated in table 6, about a fourth of all institutions accepted mentally ill patients. There is some variation in the proportion by type of institution, but the differences are not large; the pro-

portions range from 19 percent for personal care homes to 31 percent for personal-care-with-nursing homes.

Institutions operated by church and other nonprofit organizations accepted mentally ill patients much less often than did institutions of other ownerships (table 8). As shown in figure 3, this was especially true for personal care homes, with or without nursing, where the percent of government and proprietary homes admitting the mentally ill was over five times the percent for nonprofit homes.

There also appears to be a relationship between the acceptance of mentally ill patients and the size of the institutions (table 10). In general, the proportion decreases as the size of the institution increases. The pattern is more distinct, however, for personal-care-with-nursing homes than for other types of places.

According to geographic location, the smallest proportion of institutions accepting mentally ill patients was observed for the Northeast Region, where only 13 percent of the institutions accepted the mentally ill (table 6). The proportion is about twice as high for institutions in other regions.

Public assistance or welfare patients.—The respondents in the survey were asked, "Do you accept persons who are recipients of public assistance or welfare?" They were told to include Old-Age Assistance, Aid to Permanently and Totally Disabled, Aid to the Blind, Medical Assistance for the Aged, and general welfare. On the basis of answers to this question an estimated 91 percent of the institutions for the aged accepted welfare patients (tables D and 6).

The proportion does not vary much by type of institution: it ranges from 85 percent for "hospitals" to 92 percent for nursing care homes.

Probably the most important factor as to whether or not an institution accepts welfare patients is type of ownership. As shown in table D, 93 percent of the proprietary institutions, compared with 82 and 85 percent of the nonprofit and government establishments, respectively, accepted welfare patients. Within a type-of-ownership class there was some

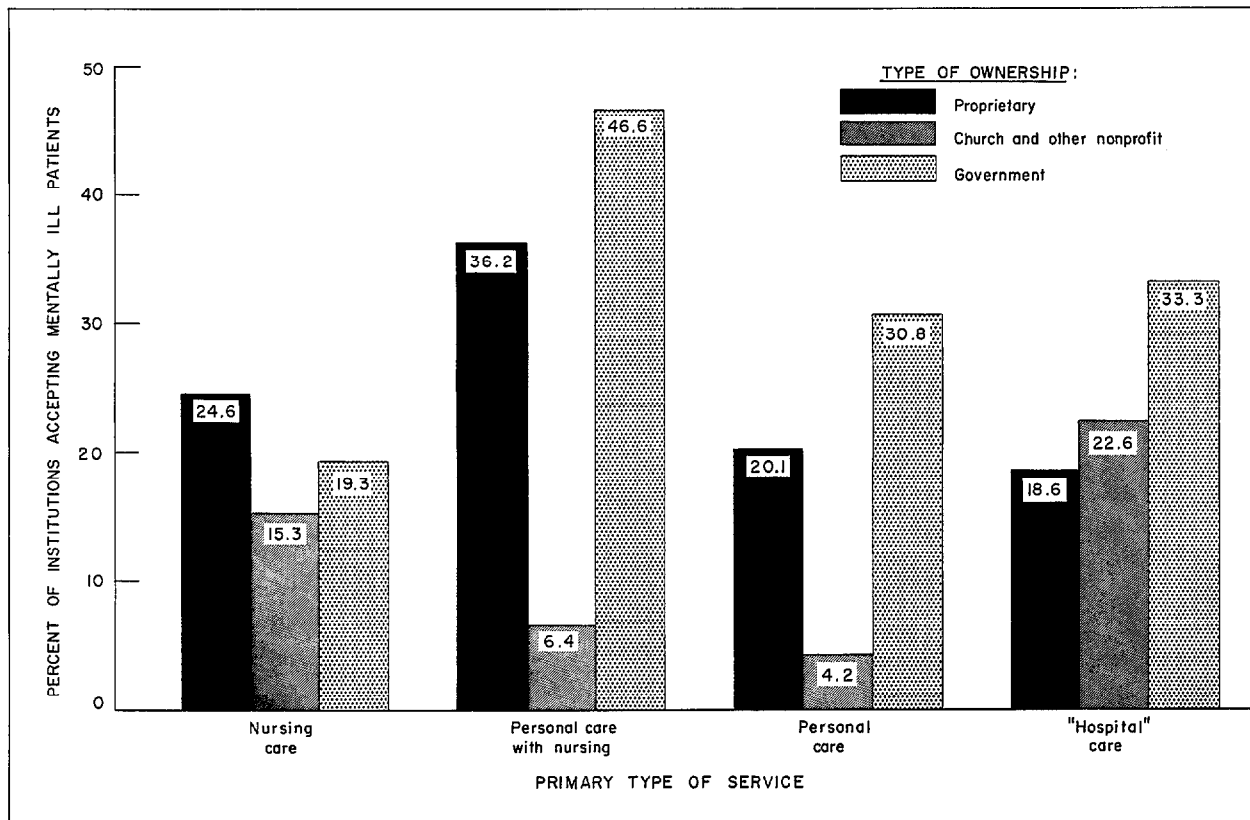


Figure 3. Percent of institutions for the aged accepting mentally ill patients, by primary type of service and type of ownership.

Table D. Percent of institutions for the aged which admit recipients of public assistance or welfare, by primary type of service and type of ownership: United States, April-June 1963

Primary type of service	Type of ownership			
	All types	Proprietary	Church and other nonprofit	Government
	Percent of institutions			
All types-----	91	93	82	85
Nursing care-----	92	93	87	93
Personal care with nursing-----	90	93	82	86
Personal care-----	88	92	71	62
Hospital care-----	85	75	88	85

variation by type of service. For proprietary institutions the lowest proportion observed was for "hospitals," where only 75 percent accepted welfare patients. This compares with a proportion of more than 90 percent for other types of proprietary institutions.

One explanation why welfare patients are not accepted by some institutions is related to finances. In some States welfare payments must be accepted as full payment for a person's care. Thus, if a nursing home, for example, has a charge which exceeds the welfare allotment, the home would not be likely to accept the recipient of welfare or public assistance. Some government and nonprofit institutions reported that they do not accept recipients of welfare or public assistance because they do not charge their patients. In this survey about 12 percent of the nonprofit homes and 11 percent of the government homes indicated that residents were not charged for care. It is believed that the substantial proportion of government and nonprofit homes, particularly those that do not charge for care, reporting that they do not accept recipients of welfare is possibly due to a misunderstanding of the question that was asked. In a number of instances their negative reply was qualified with a statement that they do not accept such persons because this factor is irrelevant to the question of whether they accept them or not, since no charge is made for care: patients are accepted on some other basis, such as whether they are veterans, members of a religious group, and so forth.

The proportion of institutions accepting welfare patients also varies by size for some types of institutions (table 10). Although the pattern is not marked, there is some evidence that smaller institutions are more likely to accept welfare patients than are larger ones. This may not be so much a function of size, however, as it is of ownership. Proprietary homes, which tend to be smaller than those of other types of ownership, also more often accept recipients of welfare or public assistance.

There is little variation between regions in the proportion of institutions accepting welfare patients. The major differences were ob-

served for nursing care homes and personal-care-with-nursing homes in the Northeast Region, where the proportions ranged from 5 to 13 percentage points less than for these types of homes in the other regions. For "hospitals" the proportion accepting welfare patients ranged from 76 percent for the South to 96 percent for the West. The difference in the proportions for "hospitals" may be partially explained by the way the "hospitals" are distributed by ownership. About 15 percent of the "hospitals" in the West, compared with 28 percent in the South, were proprietary. As previously mentioned, proprietary "hospitals" less often accepted welfare patients than did those of other types of ownership. However, the reason for the lower percentage of nursing care homes and personal-care-with-nursing homes in the Northeast Region accepting welfare patients is not clear. There are relatively fewer proprietary personal-care-with-nursing homes in the Northeast than in other regions, and the proportion of the nursing care homes in the Northeast that are proprietary is about the same as it is for other regions. Therefore, the reason given for "hospitals" is not supported for these types of homes.

Age.—As indicated on the questionnaire reproduced in Appendix III, the respondent was asked, "To provide a general picture of your admission policy: do you accept—persons of all ages, including children?" If the answer was "yes," he was told to go to the next question; if the answer was "no," he was asked, "What ages do you accept?," with an instruction to mark one of several boxes provided for different age groups. Tables 5, 7, and 9 show how the establishments are distributed according to their stated admission policy concerning the age of residents.

There was a wide variation in the admission policy regarding age of residents for the various type-of-service, ownership groups. Fewer nursing care homes limited their admissions to older people (65+ years) than did other types of homes. The lowest proportion limiting admissions to older people, however, was observed for "hospitals," where the majority either had no age restriction or admissions were limited to adults. Only about

a fourth of the nursing care homes, as compared with 37 percent of the personal-care-with-nursing homes and 47 percent of the personal care homes, indicated that they accept only patients 65 years of age and over (tables E and 7). This should be expected, since nursing homes often provide care to younger people who are suffering from accidents or chronic conditions such as strokes, cancer, etc. The personal care homes are usually domiciles for the aged. As shown in table E, for each type of home those operated by nonprofit organizations limited their admissions to older people more often than did proprietary homes and much more often than did homes operated by government agencies.

About 91 percent of the institutions accepted adults only; 9 percent accepted people of all ages. It may be noted in table 7 that the proportion of government-operated institutions with no age restriction was about twice as high as that of proprietary places and 1½ times as high as that of nonprofit facilities. None of the establishments admitted children only, since children's homes were not within the scope of the survey.

The category "home accepts other ages only" in tables 5, 7, and 9 is composed of such responses as "accept 75 years and over," "accept 40 years and over," "accept 25 years and over," etc. About 58 percent of all in-

stitutions for the aged classified in this group indicated that the people had to be at least 50 years of age to be admitted. The minimum age accepted by about 90 percent of the homes accepting "other ages only" was between 30 and 50 years. Probably for many of these institutions there was no set policy regarding age. When faced with the question, the respondent possibly decided on a lower age limit according to what seemed logical to him, or the decision may have been made on the basis of the youngest person admitted in recent months.

The proportion of nursing care homes accepting only persons 65 years of age and over was about twice as high for homes with less than 30 beds than for homes in larger size groups (table 9). A similar pattern was observed for personal care homes, but the trend was reversed for personal-care-with-nursing homes. In the latter class the proportion was not as big for the smaller homes as for the larger ones.

By region there are interesting contrasts in admission policy by age. Only 4 percent of all institutions for the aged in the Northeast accepted all ages compared with 7 percent in the North Central, 11 percent in the South, and 18 percent in the West (table 5). Many of the "hospitals" did not restrict admissions on the basis of age. However, even

Table E. Percent of institutions for the aged which admit only residents 65 years of age and over, by primary type of service and type of ownership: United States, April-June 1963

Primary type of service	Type of ownership			
	All types	Proprietary	Church and other nonprofit	Government
	Percent of institutions			
All types-----	32	32	49	10
Nursing care-----	25	24	41	6
Personal care with nursing-----	37	33	63	8
Personal care-----	47	47	58	11
Hospital care-----	13	11	10	17

for "hospitals" the proportion for the South and the West was larger than for the other two regions. A fourth of the nursing care homes in the West accepted people of all ages. This is 2½ to 5 times the proportion observed for the other regions. Nursing care homes in the other three regions more often admitted only adults than did homes in the West.

Physical examination before admission.—In the survey respondents were asked, "Are all persons admitted to this establishment required to be examined by a physician before or soon after admission?" As shown in tables 6, 8, and 10, the vast majority of all institutions, regardless of type, stated that an examination was required. The lowest proportion for any type of place was observed for personal care homes (87 percent). Nearly all institutions of other types required an examination for admission.

There is very little, if any, variation in the proportion of institutions requiring a physical examination, by either region, size of institution, or type of ownership.

Charges for Care of Residents

The data discussed in this section are based on answers to the question, "What are your most frequent, your highest, and your lowest charges per month for lodging, meals, nursing care, and other personal services?" It is recognized that such measures do not provide precise facts about charges being made for the care of residents. However, by knowing the mode (most frequent charge) and the range of charges (i.e., the minimum and the maximum), one has a crude description of the distribution of charges. For the present analysis the mode and range are thought to provide a useful picture of the distribution, since there is a tendency for a particular institution to have the same charge for most of its residents.

"Hospitals" are not included in this part of the report, since the question about charges was framed primarily for nursing and personal care homes and thus was not appropriate for "hospitals" in many instances.

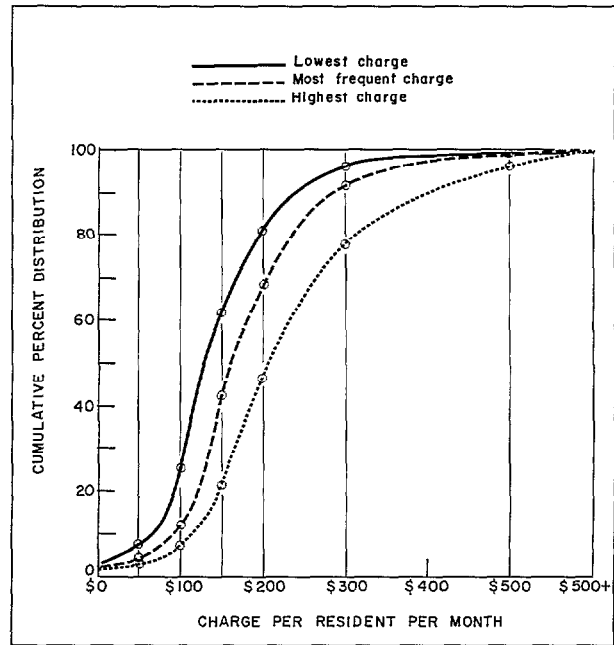


Figure 4. Cumulative percent distribution of Homes for the Aged (all types of service), according to the lowest, most frequent, and highest charges per month for care of residents.

As shown in figure 4, the charges for care of residents ranged from "no charge" to more than \$500 per month.

These amounts were the exception, however, since only about 2 percent of the homes had "no charge" and only a negligible number (about 25 homes) charged at least \$500. More typically a home charged about \$170 per resident per month; this was the average most frequent charge made by all homes. The average lowest and highest charges were \$138 and \$220, respectively (table F). The most frequent charge was closer to the minimum than to the maximum charge probably because a large proportion (about 50 percent) of the residents of these homes were recipients of public assistance or welfare. Thus, in homes whose residents were largely on public assistance, the lowest charge was often the same as the most frequent charge.

Charges for care vary considerably depending on the type of service provided by a

Table F. Average lowest, most frequent, and highest charges per resident per month, by geographic region and primary type of service: United States, April-June 1963

Region and primary type of service	Lowest	Most frequent	Highest
<u>All regions</u>			
Average charge per resident per month in dollars			
All types-----	138	170	220
Nursing care-----	169	206	271
Personal care with nursing-----	116	147	189
Personal care-----	99	117	146
<u>Northeast</u>			
All types-----	160	196	252
Nursing care-----	200	238	314
Personal care with nursing-----	131	169	204
Personal care-----	90	116	145
<u>North Central</u>			
All types-----	121	151	195
Nursing care-----	142	180	231
Personal care with nursing-----	106	134	182
Personal care-----	102	113	140
<u>South</u>			
All types-----	115	143	186
Nursing care-----	134	167	220
Personal care with nursing-----	101	127	159
Personal care-----	96	115	154
<u>West</u>			
All types-----	175	208	273
Nursing care-----	213	252	339
Personal care with nursing-----	152	187	243
Personal care-----	116	131	151

home. As shown in table F, the average most frequent charge ranged from \$117 per month in personal care homes to \$206 in nursing care homes. The lowest and highest charges vary in a similar way.

A comparison of figure 5 with figure 4 also illustrates this fact. For example, figure 4 shows that about 70 percent of all types of homes had a most frequent charge of \$200 or less; correspondingly figure 5 shows that only 50 percent of the nursing care homes had charges of \$200 or less.

Another factor which relates to charges for care, one which is correlated with the level of care provided in a home, is the type of nurse in charge of nursing care, i.e., full-time RN, part-time RN, full-time LPN, or part-time LPN. Table 11 shows how the homes are distributed according to their most frequent charge, by primary type of service and type of nurse in charge of nursing care. The higher the skill of the nurse, the higher the charge for care. Among nursing care homes, for example, 62 percent of those with a full-time RN super-

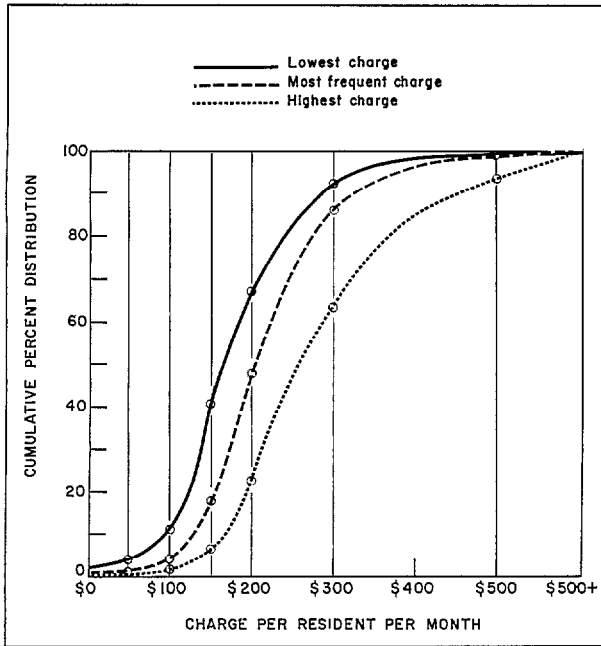


Figure 5. Cumulative percent distribution of Nursing Care Homes according to the lowest, most frequent, and highest charges per month for care of residents.

visor charged \$200 or more per month per resident; this is in comparison with 34 percent of the homes with a part-time RN supervisor and 38 percent with a full-time LPN supervisor. This relationship was also observed

for both personal-care-with-nursing and personal care homes.

Charges also vary by type of ownership within each type-of-service class (tables G and 12). The average most frequent charge for proprietary homes of all types was \$179; this compares with \$128 and \$121 for nonprofit and government homes, respectively. The differences between charges for proprietary and other types of ownership are of similar size for each type-of-service class. The data suggest that nonprofit homes charge slightly more than do government homes, since the observed difference is in the same direction for each type-of-service class. The evidence is not definitive, however, since the estimates have relatively large sampling errors; thus, the differences are not statistically significant.

A relationship between charges and type of ownership is reasonable, since proprietary homes are in business for profit. It should be pointed out, however, that the differences between these estimated charges do not necessarily indicate either the amount of profit being made by homes under different types of ownership or the cost of providing care. Possibly the charges made by nonprofit and government homes are lower than those made by proprietary homes because they have sources of income other than the individuals being served.

The highest charges were observed for the West and Northeast Regions; the lowest,

Table G. Average most frequent charge per month for care of residents, by primary type of service and type of ownership: United States, April-June 1963

Primary type of service	Type of ownership			
	All types	Proprietary	Nonprofit	Government
Average most frequent charge in dollars				
All types-----	170	179	128	121
Nursing care-----	206	211	176	165
Personal care with nursing-----	147	159	113	104
Personal care-----	117	124	86	66

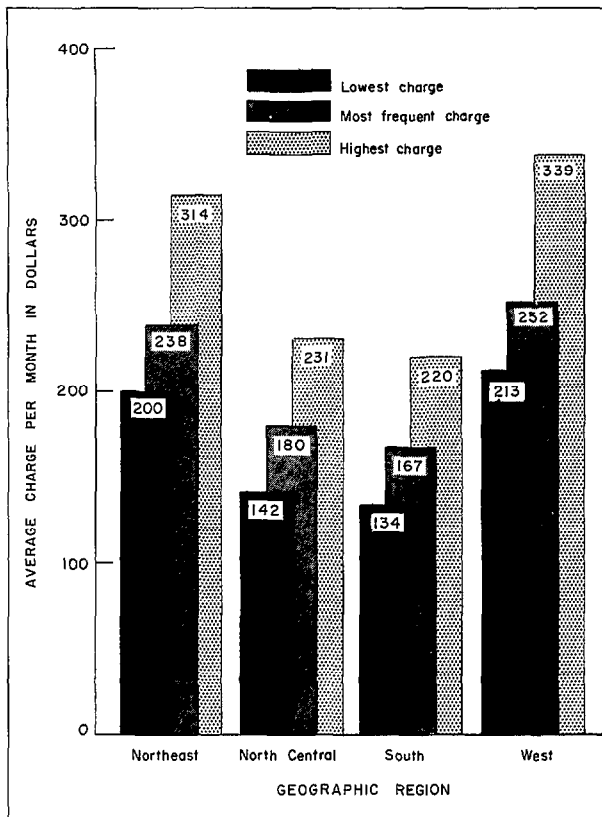


Figure 6. Average lowest, most frequent, and highest charges per month for care of resident in Nursing Care Home, by region.

for the South and North Central Regions (tables F and 13). As shown in table 13, nearly half of all homes in both the West and Northeast had a most frequent charge of over \$200 per month. This compares with 15-20 percent of the homes in the other regions with a charge of over \$200 per month. The estimated average most frequent charge per month, as shown in table F, was \$208 for the West, \$196 for the Northeast, \$151 for the North Central, and \$143 for the South.

The main reason for this difference between the West-Northeast Regions and the South-North Central Regions is the larger amount charged by nursing care homes in the Northeast and West. For personal-care-with-nursing homes the differences are not statistically significant even though they appear to be large. Figure 6 illustrates the differences between regions in the charges made by nursing care homes.

One possible explanation for the higher charges in the Northeast and West Regions may be related to the level of care provided or to the facilities available for providing care. As previously mentioned, figure 2 shows that the percent of nursing care homes under the supervision of a full-time RN was highest in the West and Northeast Regions and lowest in the North Central and South.

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Table 1. Number of institutions for the aged, by type of ownership, geographic region, and primary type of service: United States, April-June 1963

Region and primary type of service	Type of ownership					
	All types	Proprietary	Church	Other nonprofit	State and local government	Federal Government
Number of institutions						
<u>All regions</u>						
All types-----	17,098	13,541	1,373	978	1,112	94
Nursing care-----	7,834	6,845	387	229	360	13
Personal care with nursing-----	4,968	3,628	638	301	356	45
Personal care-----	3,568	2,955	181	276	150	6
Hospital care-----	728	113	167	172	246	30
<u>Northeast</u>						
All types-----	4,697	3,729	326	389	238	15
Nursing care-----	2,451	2,171	91	77	106	6
Personal care with nursing-----	1,052	642	198	129	81	2
Personal care-----	1,076	904	27	132	13	-
Hospital care-----	118	12	10	51	38	7
<u>North Central</u>						
All types-----	6,097	4,624	667	267	525	14
Nursing care-----	2,530	2,109	179	69	171	2
Personal care with nursing-----	2,133	1,546	288	95	198	6
Personal care-----	1,163	940	100	37	86	-
Hospital care-----	271	29	100	66	70	6
<u>South</u>						
All types-----	3,833	3,180	238	183	193	39
Nursing care-----	1,693	1,526	59	54	49	5
Personal care with nursing-----	1,140	910	106	48	56	20
Personal care-----	839	698	46	45	47	3
Hospital care-----	161	46	27	36	41	11
<u>West</u>						
All types-----	2,471	2,008	142	139	156	26
Nursing care-----	1,159	1,038	58	29	34	-
Personal care with nursing-----	642	530	46	29	20	17
Personal care-----	492	414	8	62	5	3
Hospital care-----	178	26	30	19	97	6

Table 2. Number and percent distribution of institutions for the aged, by type of nurse in charge of nursing care and whether a nurse or nurse's aide is on duty 24 hours per day according to primary type of service and type of ownership: United States, April-June 1963

Primary type of service and type of ownership	Total		Type of nurse in charge of nursing care					Nurse or nurse's aide on duty 24 hours per day	
	Number	Percent	RN full-time	RN part-time	LPN full-time	LPN part-time	Neither RN nor LPN or nursing care not provided	Yes	No
<u>All types</u>									
Total-----	17,098	100.0	37.6	9.3	21.9	2.8	28.4	78.3	21.7
Proprietary-----	13,541	100.0	33.3	10.1	24.5	3.3	28.9	77.9	22.1
Church and other nonprofit--	2,351	100.0	51.9	6.6	14.7	1.2	25.7	80.5	19.6
Government-----	1,206	100.0	58.5	6.8	7.2	-	27.5	79.4	20.6
<u>Nursing care</u>									
Total-----	7,834	100.0	55.1	11.8	27.6	1.6	4.0	96.1	3.9
Proprietary-----	6,845	100.0	52.3	12.7	29.6	1.8	3.6	96.0	4.0
Church and other nonprofit--	616	100.0	68.0	5.4	18.2	-	8.4	95.8	4.2
Government-----	373	100.0	84.5	6.7	4.8	-	3.8	98.7	1.3
<u>Personal care with nursing</u>									
Total-----	4,968	100.0	26.0	9.0	22.3	5.5	37.2	79.3	20.7
Proprietary-----	3,628	100.0	19.5	9.4	23.7	7.3	40.1	78.2	21.8
Church and other nonprofit--	939	100.0	50.7	5.7	20.6	1.0	21.9	88.2	11.7
Government-----	401	100.0	26.9	12.2	14.0	-	47.1	68.3	31.7
<u>Personal care</u>									
Total-----	3,568	100.0	4.6	5.1	13.4	2.2	74.7	33.8	66.2
Proprietary-----	2,955	100.0	3.7	5.0	14.5	2.0	74.8	34.7	65.3
Church and other nonprofit--	457	100.0	5.9	7.0	8.5	4.2	74.6	30.2	70.0
Government-----	156	100.0	18.6	-	6.4	-	75.0	28.2	71.8
<u>Hospital care</u>									
Total-----	728	100.0	90.7	6.3	0.4	-	2.6	98.8	1.2
Proprietary-----	113	100.0	96.5	2.7	-	-	-	100.0	-
Church and other nonprofit--	339	100.0	87.6	10.3	-	-	1.8	98.5	1.5
Government-----	276	100.0	91.7	2.9	1.1	-	4.3	98.6	1.4

Table 3. Number and percent distribution of institutions for the aged, by type of nurse in charge of nursing care and whether a nurse or nurse's aide is on duty 24 hours per day according to geographic region and primary type of service: United States, April-June 1963

Region and primary type of service	Total		Type of nurse in charge of nursing care					Nurse or nurse's aide on duty 24 hours per day	
	Number	Percent	RN full-time	RN part-time	LPN full-time	LPN part-time	Neither RN nor LPN or nursing care not provided	Yes	No
<u>All regions</u>			Percent distribution						
All types-----	17,098	100.0	37.6	9.3	21.9	2.8	28.4	78.3	21.7
Nursing care-----	7,834	100.0	55.1	11.8	27.6	1.6	4.0	96.1	3.9
Personal care with nursing--	4,968	100.0	26.0	9.0	22.3	5.5	37.2	79.3	20.7
Personal care-----	3,568	100.0	4.6	5.1	13.4	2.2	74.7	33.8	66.2
Hospital care-----	728	100.0	90.7	6.3	0.4	-	2.6	98.8	1.2
<u>Northeast</u>									
All types-----	4,697	100.0	47.5	6.5	20.8	0.4	24.8	75.3	24.7
Nursing care-----	2,541	100.0	65.7	7.6	24.7	0.0	2.0	96.4	3.6
Personal care with nursing--	1,052	100.0	44.0	8.6	19.3	1.5	26.6	80.5	19.4
Personal care-----	1,076	100.0	4.3	2.5	15.7	0.3	77.3	19.3	80.7
Hospital care-----	118	100.0	94.9	-	-	-	5.1	100.0	-
<u>North Central</u>									
All types-----	6,097	100.0	30.2	12.6	22.3	3.7	31.2	79.0	21.0
Nursing care-----	2,530	100.0	45.2	17.5	32.7	1.6	3.0	95.6	4.4
Personal care with nursing--	2,133	100.0	19.0	9.9	20.0	7.8	43.2	78.5	21.5
Personal care-----	1,163	100.0	5.3	6.3	9.1	1.6	77.6	39.1	60.9
Hospital care-----	271	100.0	83.0	15.5	0.0	0.0	1.5	98.9	1.1
<u>South</u>									
All types-----	3,833	100.0	27.6	10.3	26.3	5.1	30.7	79.3	20.7
Nursing care-----	1,693	100.0	40.3	13.5	32.0	4.9	9.2	96.8	3.3
Personal care with nursing--	1,140	100.0	18.2	9.0	26.9	8.1	37.8	76.3	23.7
Personal care-----	839	100.0	2.3	7.3	18.6	2.3	69.7	44.9	55.2
Hospital care-----	161	100.0	93.8	1.2	1.9	0.0	3.7	96.9	3.1
<u>West</u>									
All types-----	2,471	100.0	52.6	5.3	16.3	1.5	24.3	80.9	19.0
Nursing care-----	1,159	100.0	75.7	5.8	16.0	0.0	2.7	95.6	4.4
Personal care with nursing--	642	100.0	33.3	6.1	26.6	0.0	33.9	85.2	14.8
Personal care-----	492	100.0	7.5	4.3	9.6	7.7	71.1	34.4	65.8
Hospital care-----	178	100.0	96.6	1.7	0.0	0.0	1.7	99.4	0.6

Table 4. Number and percent distribution of institutions for the aged, by type of nurse in charge of nursing care and whether a nurse or nurse's aide is on duty 24 hours per day according to primary type of service and size of institution: United States, April-June, 1963

Primary type of service and size of institution	Total		Type of nurse in charge of nursing care					Nurse or nurse's aide on duty 24 hours per day	
	Number	Percent	RN full-time	RN part-time	LPN full-time	LPN part-time	Neither RN nor LPN or nursing care not provided	Yes	No
<u>All types</u>									
Total-----	17,098	100.0	37.6	9.3	21.9	2.8	28.4	78.3	21.7
Under 30 beds-----	10,763	100.0	22.4	10.4	24.9	4.0	38.3	69.7	30.3
30-49 beds-----	3,225	100.0	53.1	9.6	22.1	1.2	14.0	90.4	9.6
50-99 beds-----	2,053	100.0	70.4	6.1	13.4	0.5	9.5	94.9	5.1
100+ beds-----	1,057	100.0	81.7	3.7	7.1	-	7.7	97.1	2.9
<u>Nursing care</u>									
Total-----	7,834	100.0	55.1	11.8	27.6	1.6	4.0	96.1	3.9
Under 30 beds-----	4,205	100.0	40.6	15.3	37.2	2.6	4.3	94.6	5.4
30-49 beds-----	1,964	100.0	63.0	10.2	22.0	0.8	4.0	97.7	2.3
50-99 beds-----	1,188	100.0	80.4	5.9	11.1	-	2.6	97.8	2.2
100+ beds-----	477	100.0	87.2	2.3	5.9	-	4.6	97.7	2.1
<u>Personal care with nursing</u>									
Total-----	4,968	100.0	26.0	9.0	22.3	5.5	37.2	79.3	20.7
Under 30 beds-----	3,120	100.0	12.1	9.8	22.2	7.8	48.0	73.1	26.9
30-49 beds-----	853	100.0	34.5	8.9	29.1	2.7	24.9	82.5	17.5
50-99 beds-----	619	100.0	54.4	6.3	20.2	1.6	17.4	94.7	5.3
100+ beds-----	376	100.0	74.5	6.1	10.9	-	8.8	97.9	2.1
<u>Personal care</u>									
Total-----	3,568	100.0	4.6	5.1	13.4	2.2	74.7	33.8	66.2
Under 30 beds-----	3,177	100.0	3.0	4.4	13.3	2.5	76.8	30.9	69.2
30-49 beds-----	242	100.0	12.8	9.9	11.6	-	65.7	54.1	45.9
50-99 beds-----	114	100.0	21.9	11.4	16.7	-	50.0	59.6	40.4
100+ beds-----	35	100.0	40.0	14.3	17.1	-	28.6	80.0	20.0
<u>Hospital care</u>									
Total-----	728	100.0	90.7	6.3	0.4	-	2.6	98.8	1.2
Under 30 beds-----	261	100.0	87.8	12.2	-	-	-	100.0	-
30-49 beds-----	166	100.0	89.8	6.6	1.8	-	1.8	98.2	1.8
50-99 beds-----	132	100.0	97.7	2.3	-	-	-	98.1	1.9
100+ beds-----	169	100.0	90.5	-	-	-	9.5	96.4	3.6

Table 5. Number and percent distribution of institutions for the aged, by admission policy regarding sex and age of residents according to geographic region and primary type of service: United States, April-June 1963

Region and primary type of service	Total		Policy to admit						
	Number	Percent	Both sexes	Males only	Females only	Any ages	18+ years only	65+ years only	Other ages only
<u>All regions</u>			Percent distribution						
All types-----	17,098	100.0	82.6	3.0	14.4	8.5	35.8	32.3	23.4
Nursing care-----	7,834	100.0	89.2	1.2	9.6	10.1	40.4	24.5	24.9
Personal care with nursing-	4,968	100.0	82.0	3.3	14.7	5.6	36.3	36.8	21.4
Personal care-----	3,568	100.0	66.2	6.4	27.4	3.0	25.7	47.1	24.2
Hospital care-----	728	100.0	96.7	3.0	0.3	39.1	32.2	12.6	16.1
<u>Northeast</u>									
All types-----	4,697	100.0	83.3	3.0	13.8	4.0	34.6	36.6	24.8
Nursing care-----	2,451	100.0	91.9	0.3	7.8	4.6	42.0	26.3	27.0
Personal care with nursing-	1,052	100.0	75.7	5.5	18.8	1.5	28.5	46.4	23.6
Personal care-----	1,076	100.0	70.0	6.0	24.0	1.8	22.6	53.5	22.1
Hospital care-----	118	100.0	92.4	7.6	-	34.7	42.4	7.6	16.1
<u>North Central</u>									
All types-----	6,097	100.0	79.4	4.0	16.6	6.8	36.0	32.0	25.2
Nursing care-----	2,530	100.0	81.9	3.0	15.1	8.5	40.0	24.6	27.0
Personal care with nursing-	2,133	100.0	82.9	3.9	13.1	5.0	35.7	34.1	25.1
Personal care-----	1,163	100.0	63.1	7.0	29.9	1.4	27.2	47.9	23.6
Hospital care-----	271	100.0	98.2	1.1	0.7	28.4	39.1	16.6	15.9
<u>South</u>									
All types-----	3,833	100.0	84.9	0.3	14.8	10.5	42.1	26.3	21.2
Nursing care-----	1,693	100.0	92.3	0.2	7.6	10.1	45.2	19.7	25.1
Personal care with nursing-	1,140	100.0	86.7	0.6	12.7	8.6	49.3	29.0	13.1
Personal care-----	839	100.0	65.2	-	34.9	5.6	30.2	39.7	24.7
Hospital care-----	161	100.0	98.1	1.9	-	55.3	20.5	6.2	18.6
<u>West</u>									
All types-----	2,471	100.0	85.7	4.6	9.8	18.4	28.0	34.2	19.4
Nursing care-----	1,159	100.0	94.7	0.9	4.6	25.2	31.1	27.9	15.7
Personal care with nursing-	642	100.0	80.9	2.2	16.8	8.9	27.8	43.2	19.9
Personal care-----	492	100.0	67.2	16.5	16.3	5.3	21.6	44.0	29.3
Hospital care-----	178	100.0	95.5	4.5	-	44.4	26.4	15.7	14.0

Table 6. Percent of institutions for the aged which have a policy to admit patients who are bedfast, mentally ill, or recipients of public assistance or welfare; or to require residents to be examined by a physician before admission, by geographic region and primary type of service: United States, April-June 1963

Region and primary type of service	Policy to admit			
	Bedfast patients	Mentally ill patients	Recipients of public assistance or welfare	Patients after examination by physician
<u>All regions</u>	Percent of institutions			
All types-----	69.3	24.9	90.5	95.7
Nursing care-----	94.2	23.6	92.2	99.2
Personal care with nursing-----	63.2	31.4	90.2	96.0
Personal care-----	17.7	18.5	88.3	86.7
Hospital care-----	96.4	26.1	84.9	100.0
<u>Northeast</u>				
All types-----	63.7	12.5	85.5	97.4
Nursing care-----	94.0	14.0	86.2	100.0
Personal care with nursing-----	45.6	12.4	82.1	97.4
Personal care-----	9.7	8.4	87.7	91.0
Hospital care-----	88.1	18.6	81.4	100.0
<u>North Central</u>				
All types-----	71.5	31.3	92.7	94.8
Nursing care-----	94.6	30.8	97.0	99.7
Personal care with nursing-----	68.8	37.2	90.9	95.5
Personal care-----	20.1	23.6	88.7	81.8
Hospital care-----	96.7	23.6	84.5	100.0
<u>South</u>				
All types-----	73.7	30.1	92.0	95.0
Nursing care-----	95.9	30.5	94.9	98.7
Personal care with nursing-----	69.9	38.6	93.5	95.9
Personal care-----	29.8	17.6	87.4	85.5
Hospital care-----	96.9	31.7	76.4	100.0
<u>West</u>				
All types-----	67.7	24.7	91.9	95.6
Nursing care-----	91.0	18.3	90.6	97.2
Personal care with nursing-----	61.9	30.8	94.9	95.2
Personal care-----	8.8	30.1	90.0	90.8
Hospital care-----	100.0	29.8	95.5	100.0

Table 7. Number and percent distribution of institutions for the aged, by admission policy regarding sex and age of residents according to primary type of service and type of ownership: United States, April-June 1963

Primary type of service and type of ownership	Total		Policy to admit						
	Number	Percent	Both sexes	Males only	Females only	Any ages	18+ years only	65+ years only	Other ages only
<u>All types</u>			Percent distribution						
Total-----	17,098	100.0	82.6	3.0	14.4	8.5	35.8	32.3	23.4
Proprietary-----	13,541	100.0	82.5	2.9	14.6	7.6	37.6	31.5	23.2
Church and other nonprofit--	2,351	100.0	76.9	2.7	20.4	10.3	19.9	48.5	21.4
Government-----	1,206	100.0	95.5	3.7	0.7	15.4	46.3	10.0	28.1
<u>Nursing care</u>									
Total-----	7,834	100.0	89.2	1.2	9.6	10.1	40.4	24.5	24.9
Proprietary-----	6,845	100.0	89.4	1.2	9.3	10.6	40.7	24.1	24.6
Church and other nonprofit--	616	100.0	79.9	1.6	18.7	5.5	30.4	40.7	23.4
Government-----	373	100.0	99.7	0.3	-	9.4	51.5	6.4	32.4
<u>Personal care with nursing</u>									
Total-----	4,968	100.0	82.0	3.3	14.7	5.6	36.3	36.8	21.4
Proprietary-----	3,628	100.0	82.2	3.2	14.7	4.6	41.2	33.2	20.9
Church and other nonprofit--	939	100.0	77.3	2.4	20.1	6.7	9.4	62.8	21.3
Government-----	401	100.0	91.5	6.2	2.2	11.5	54.6	8.0	25.7
<u>Personal care</u>									
Total-----	3,568	100.0	66.2	6.4	27.4	3.0	25.7	47.1	24.2
Proprietary-----	2,955	100.0	66.1	6.8	27.2	2.8	26.9	47.3	23.0
Church and other nonprofit--	457	100.0	56.5	5.5	38.3	0.4	11.4	58.2	30.2
Government-----	156	100.0	98.1	1.9	-	15.4	44.9	10.9	28.8
<u>Hospital care</u>									
Total-----	728	100.0	96.7	3.0	0.3	39.1	32.2	12.6	16.1
Proprietary-----	113	100.0	100.0	-	-	54.0	13.3	10.6	22.1
Church and other nonprofit--	339	100.0	97.6	1.8	0.6	42.1	41.8	9.7	6.5
Government-----	276	100.0	93.8	5.8	-	29.3	27.9	17.0	25.4

Table 8. Percent of institutions for the aged which have a policy to admit patients who are bedfast, mentally ill, or recipients of public assistance or welfare; or to require residents to be examined by a physician before admission, by primary type of service and type of ownership: United States, April-June 1963

Primary type of service and type of ownership	Policy to admit			
	Bedfast patients	Mentally ill patients	Recipients of public assistance or welfare	Patients after examination by physician
<u>All types</u>	Percent of institutions			
Total-----	69.3	24.9	90.5	95.7
Proprietary-----	72.8	26.7	92.5	95.5
Church and other nonprofit-----	47.1	10.6	81.8	96.6
Government-----	73.1	33.1	84.9	95.9
<u>Nursing care</u>				
Total-----	94.2	23.6	92.2	99.2
Proprietary-----	95.6	24.6	92.6	99.2
Church and other nonprofit-----	77.4	15.3	86.9	99.5
Government-----	96.2	19.3	93.3	99.2
<u>Personal care with nursing</u>				
Total-----	63.2	31.4	90.2	96.0
Proprietary-----	72.3	36.2	92.8	95.6
Church and other nonprofit-----	29.4	6.4	81.5	96.9
Government-----	61.1	46.6	86.0	97.0
<u>Personal care</u>				
Total-----	17.7	18.5	88.3	86.7
Proprietary-----	19.9	20.1	92.4	86.6
Church and other nonprofit-----	5.7	4.2	70.7	90.2
Government-----	11.5	30.8	62.2	77.6
<u>Hospital care</u>				
Total-----	96.4	26.1	84.9	100.0
Proprietary-----	100.0	18.6	75.2	100.0
Church and other nonprofit-----	96.8	22.6	87.6	100.0
Government-----	94.2	33.3	84.8	100.0

Table 9. Number and percent distribution of institutions for the aged, by admission policy regarding sex and age of residents according to primary type of service and size of institution: United States, April-June 1963

Primary type of service and size of institution	Total		Policy to admit						
	Number	Percent	Both sexes	Males only	Females only	Any ages	18+ years only	65+ years only	Other ages only
<u>All types</u>			Percent distribution						
Total-----	17,098	100.0	82.6	3.0	14.4	8.5	35.8	32.3	23.4
Under 30 beds-----	10,763	100.0	76.1	3.9	20.1	6.3	33.4	37.8	22.5
30-49 beds-----	3,225	100.0	93.6	1.0	5.4	12.0	42.4	22.6	23.0
50-99 beds-----	2,053	100.0	93.3	1.6	5.1	13.0	39.4	22.6	25.1
100+ beds-----	1,057	100.0	95.0	2.6	2.5	10.9	33.4	24.9	30.7
<u>Nursing care</u>									
Total-----	7,834	100.0	89.2	1.2	9.6	10.1	40.4	24.5	24.9
Under 30 beds-----	4,205	100.0	83.4	1.7	14.9	8.0	35.4	32.1	24.4
30-49 beds-----	1,964	100.0	95.8	0.5	3.7	11.6	47.4	16.8	24.2
50-99 beds-----	1,188	100.0	94.9	1.1	4.0	15.8	44.9	13.7	26.2
100+ beds-----	477	100.0	97.9	0.4	1.7	8.4	45.0	16.8	29.8
<u>Personal care with nursing</u>									
Total-----	4,968	100.0	82.0	3.3	14.7	5.6	36.3	36.8	21.4
Under 30 beds-----	3,120	100.0	77.3	4.2	18.5	4.6	39.5	35.6	20.2
30-49 beds-----	853	100.0	88.3	1.2	10.6	7.7	37.7	34.8	19.6
50-99 beds-----	619	100.0	90.3	1.8	7.9	6.9	29.7	41.5	22.0
100+ beds-----	376	100.0	93.1	2.7	4.2	6.4	17.0	42.7	34.5
<u>Personal care</u>									
Total-----	3,568	100.0	66.2	6.4	27.4	3.0	25.7	47.1	24.2
Under 30 beds-----	3,177	100.0	63.1	6.7	30.2	2.6	25.2	49.2	23.0
30-49 beds-----	242	100.0	92.1	4.1	4.1	9.1	33.1	30.6	27.3
50-99 beds-----	114	100.0	89.5	2.6	7.9	-	23.7	31.6	45.6
100+ beds-----	35	100.0	94.3	5.7	-	8.6	25.7	20.0	42.9
<u>Hospital care</u>									
Total-----	728	100.0	96.7	3.0	0.3	39.1	32.2	12.6	16.1
Under 30 beds-----	261	100.0	100.0	-	-	45.0	26.7	16.0	12.2
30-49 beds-----	166	100.0	98.2	1.8	-	44.6	19.9	17.5	18.1
50-99 beds-----	132	100.0	95.5	4.5	-	32.6	49.2	5.3	12.9
100+ beds-----	169	100.0	91.1	8.3	1.2	29.6	39.1	8.9	22.5

Table 10. Percent of institutions for the aged which have a policy to admit patients who are bedfast, mentally ill, or recipients of public assistance or welfare; or to require residents to be examined by a physician before admission, by primary type of service and size of institution: United States, April-June 1963

Primary type of service and size of institution	Policy to admit			
	Bedfast patients	Mentally ill patients	Recipients of public assistance or welfare	Patients after examination by physician
<u>All types</u>	Percent of institutions			
All sizes-----	69.3	24.9	90.5	95.7
Under 30 beds-----	62.9	25.4	90.9	94.0
30-49 beds-----	82.7	27.5	91.3	98.7
50-99 beds-----	80.8	21.5	89.9	98.3
100+ beds-----	71.5	18.9	85.1	99.0
<u>Nursing care</u>				
All sizes-----	94.2	23.6	92.2	99.2
Under 30 beds-----	93.1	23.4	91.2	99.0
30-49 beds-----	97.0	26.5	94.5	99.1
50-99 beds-----	95.0	21.8	92.8	99.7
100+ beds-----	89.5	18.3	90.5	99.6
<u>Personal care with nursing</u>				
All sizes-----	63.2	31.4	90.2	96.0
Under 30 beds-----	66.3	34.3	93.0	94.9
30-49 beds-----	63.3	34.0	88.4	98.5
50-99 beds-----	59.5	22.9	85.6	96.6
100+ beds-----	44.3	15.9	77.7	98.4
<u>Personal care</u>				
All sizes-----	17.7	18.5	88.3	86.7
Under 30 beds-----	16.5	18.8	88.2	85.8
30-49 beds-----	25.6	16.5	87.6	95.5
50-99 beds-----	28.1	10.5	92.1	91.2
100+ beds-----	31.4	25.7	91.4	91.4
<u>Hospital care</u>				
All sizes-----	96.4	26.1	84.9	100.0
Under 30 beds-----	100.0	31.3	93.9	100.0
30-49 beds-----	96.4	21.7	74.1	100.0
50-99 beds-----	97.7	21.2	81.1	100.0
100+ beds-----	89.9	26.0	84.6	100.0

Table 11. Number and percent distribution of homes for the aged, by most frequent charge per resident per month according to primary type of service and type of nurse in charge of nursing care: United States, April-June 1963

Primary type of service and type of nurse in charge of nursing care	Total		Most frequent charge per resident per month							
	Number	Percent	No charge	\$1-\$99	\$100-\$149	\$150-\$199	\$200-\$299	\$300+	Initial payment only	Unknown
<u>All types</u>		Percent distribution								
Total-----	16,370	100.0	2.3	8.9	28.5	24.8	23.0	6.9	1.1	4.5
RN full-time-----	5,770	100.0	2.6	3.6	11.4	24.2	38.0	15.9	1.3	3.1
RN part-time-----	1,551	100.0	0.6	5.2	34.6	32.2	21.0	3.2	0.6	2.7
LPN full-time-----	3,742	100.0	1.5	5.2	28.7	32.3	23.9	3.7	0.7	3.9
LPN part-time-----	476	100.0	4.6	13.2	46.0	24.2	4.0	-	-	7.6
Neither RN nor LPN-----	4,830	100.0	2.9	18.8	45.3	17.4	6.9	0.5	1.4	6.8
<u>Nursing care</u>										
Total-----	7,834	100.0	0.8	2.6	15.0	28.7	37.6	12.5	0.2	2.6
RN full-time-----	4,314	100.0	1.3	1.8	9.3	22.7	42.5	19.4	0.3	2.8
RN part-time-----	925	100.0	-	3.4	24.0	36.3	28.6	5.3	-	2.3
LPN full-time-----	2,158	100.0	0.1	3.9	15.2	40.1	34.2	3.6	0.2	2.8
LPN part-time-----	123	100.0	-	2.4	73.2	21.1	2.4	-	-	-
Neither RN nor LPN-----	312	100.0	1.0	2.6	41.0	14.1	33.3	5.1	-	2.9
<u>Personal care with nursing</u>										
Total-----	4,968	100.0	3.6	11.3	36.4	24.8	12.8	2.8	2.0	6.3
RN full-time-----	1,291	100.0	7.4	8.2	15.0	29.3	25.6	5.7	4.5	4.3
RN part-time-----	445	100.0	2.0	8.3	50.6	19.8	13.5	-	1.3	4.7
LPN full-time-----	1,107	100.0	4.5	4.3	45.9	23.6	8.7	5.2	2.0	5.6
LPN part-time-----	274	100.0	1.1	8.0	47.1	24.5	5.8	-	-	13.1
Neither RN nor LPN-----	1,851	100.0	1.1	18.8	40.7	23.6	7.2	0.3	0.6	7.6
<u>Personal care</u>										
Total-----	3,568	100.0	4.0	19.3	47.3	16.2	5.3	0.3	1.8	5.8
RN full-time-----	165	100.0	-	14.5	35.2	23.0	18.8	3.6	1.8	1.8
RN part-time-----	181	100.0	-	7.2	49.2	42.0	-	-	1.7	-
LPN full-time-----	477	100.0	1.3	13.0	49.7	17.6	12.6	0.6	-	4.8
LPN part-time-----	79	100.0	24.1	48.1	-	27.8	-	-	-	-
Neither RN nor LPN-----	2,667	100.0	4.4	20.7	48.9	13.5	3.6	-	2.2	6.8

Table 12. Number and percent distribution of homes for the aged, by most frequent charge per resident per month according to primary type of service and type of ownership: United States, April-June 1963

Primary type of service and type of ownership	Total		Most frequent charge per resident per month							
	Number	Percent	No charge	\$1-\$99	\$100-\$149	\$150-\$199	\$200-\$299	\$300+	Initial payment only	Unknown
<u>All types</u>			Percent distribution							
Total-----	16,370	100.0	2.3	8.9	28.5	24.8	23.0	6.9	1.1	4.5
Proprietary-----	13,428	100.0	0.2	6.3	30.3	25.8	25.2	7.7	0.3	4.2
Church and other nonprofit--	2,013	100.0	12.3	16.2	22.2	20.7	13.9	3.3	7.2	4.1
Government-----	930	100.0	11.3	29.8	17.1	19.9	11.7	2.4	-	8.0
<u>Nursing care</u>										
Total-----	7,834	100.0	0.8	2.6	15.0	28.7	37.6	12.5	0.2	2.6
Proprietary-----	6,845	100.0	0.1	1.8	14.5	28.9	39.1	13.2	0.0	2.4
Church and other nonprofit--	616	100.0	5.4	5.2	17.7	27.6	30.4	9.6	2.6	1.8
Government-----	373	100.0	5.4	1.37	18.8	28.4	21.4	3.8	-	9.1
<u>Personal care with nursing</u>										
Total-----	4,968	100.0	3.6	11.3	36.4	24.8	12.8	2.8	2.0	6.3
Proprietary-----	3,628	100.0	0.5	6.5	41.1	26.8	15.0	3.5	0.7	5.8
Church and other nonprofit--	939	100.0	13.3	17.1	25.0	21.9	7.1	0.7	7.6	7.0
Government-----	401	100.0	8.5	40.4	20.4	13.5	6.5	1.2	-	9.2
<u>Personal care</u>										
Total-----	3,568	100.0	4.0	19.3	47.3	16.2	5.3	0.3	1.8	5.8
Proprietary-----	2,955	100.0	0.1	16.6	53.4	17.4	5.4	0.2	0.2	6.7
Church and other nonprofit--	458	100.0	19.7	29.3	22.3	8.7	5.7	-	12.7	1.3
Government-----	156	100.0	32.7	41.0	4.5	16.0	1.9	1.9	-	1.9

Table 13. Number and percent distribution of homes for the aged, by most frequent charge per resident per month according to geographic region and primary type of service: United States, April-June 1963

Region and primary type of service	Total		Most frequent charge per resident per month							
	Number	Percent	No charge	\$1-\$99	\$100-\$149	\$150-\$199	\$200-\$299	\$300+	Initial payment only	Unknown
<u>All regions</u>			Percent distribution							
All types---	16,370	100.0	2.3	8.9	28.5	24.8	23.0	6.9	1.1	4.5
Nursing care-----	7,834	100.0	0.8	2.6	15.0	28.7	37.6	12.5	0.2	2.6
Personal care with nursing-----	4,968	100.0	3.6	11.3	36.4	24.8	12.8	2.8	2.0	6.3
Personal care-----	3,568	100.0	4.0	19.3	47.3	16.2	5.3	0.3	1.8	5.8
<u>Northeast</u>										
All types---	4,579	100.0	3.4	8.7	18.8	15.5	33.2	13.8	2.2	4.5
Nursing care-----	2,451	100.0	1.4	2.7	5.1	16.7	49.1	22.6	0.2	2.2
Personal care with nursing-----	1,052	100.0	6.9	11.1	19.0	19.5	23.0	6.5	5.2	8.7
Personal care-----	1,076	100.0	4.6	20.2	49.8	8.7	6.6	0.9	3.6	5.8
<u>North Central</u>										
All types---	5,826	100.0	1.5	10.6	32.3	30.6	17.3	1.8	0.9	5.0
Nursing care-----	2,530	100.0	0.3	3.4	16.8	39.5	34.3	3.1	0.1	2.4
Personal care with nursing-----	2,133	100.0	2.5	13.0	41.0	28.3	5.6	1.1	1.3	7.2
Personal care-----	1,163	100.0	2.3	21.7	49.8	15.5	1.9	-	2.0	6.9
<u>South</u>										
All types---	3,672	100.0	2.8	9.5	41.3	26.3	13.3	1.8	0.4	4.5
Nursing care-----	1,693	100.0	0.9	2.5	31.8	35.9	21.1	3.5	0.4	3.8
Personal care with nursing-----	1,140	100.0	3.5	14.2	48.2	19.8	7.9	0.5	0.8	5.1
Personal care-----	839	100.0	5.6	17.1	51.1	15.8	4.9	-	-	5.4
<u>West</u>										
All types---	2,293	100.0	1.6	3.9	17.9	26.4	32.7	14.3	0.5	2.7
Nursing care-----	1,159	100.0	0.3	0.6	7.1	20.4	44.2	24.9	0.2	2.5
Personal care with nursing-----	642	100.0	1.9	1.1	28.5	30.6	28.8	6.2	0.9	2.2
Personal care-----	492	100.0	4.3	15.2	29.7	35.0	10.8	-	0.6	4.1

APPENDIX I

TECHNICAL NOTES ON THE SURVEY DESIGN AND PROCEDURES

General

The Resident Places Survey-1 was a survey of resident institutions in the United States which provide psychiatric, medical, nursing, and personal care to the aged, infirm, or chronically ill. The survey was directed toward the aged, institutional population; however, all people who were residents of facilities within the scope of the survey were included regardless of age. The survey was conducted during April-June 1963 in a probability sample of the following types of establishments: nursing homes, convalescent homes, homes for the aged and other related facilities, chronic disease and geriatric hospitals, chronic disease wards and nursing home units of general hospitals, and psychiatric hospitals, both private and public.

The U.S. Bureau of the Census collected and edited the data according to specifications of the National Center for Health Statistics. The data collection procedure was primarily by self-enumeration; the survey was conducted by mail in establishments with less than 300 beds. For the larger homes and hospitals personal visits were made to select the sample of residents and to aid in the completion of questionnaires. Health and related information about residents in the sample as well as certain information about the institutions was collected. Some types of information requested, especially the health information, were provided on the basis of a nurse's or other responsible employee's memory or personal knowledge. However, maximum use of records was encouraged.

In several respects the survey of mental hospitals was different from that of nursing homes and related facilities. Both the establishment part of the questionnaire and the sample design were different. Since mental hospitals are not included in this report, the procedures described in this appendix refer only to the survey of nonmental facilities.

Sampling Frame

The Master Facility Inventory (MFI) was the sampling frame for the survey. A detailed description of how the MFI was developed, its content, maintenance plans, and a procedure for assessing the completeness of its coverage has been published.³ The MFI includes the names, addresses, and certain descriptive informa-

tion about "all" hospitals and resident institutions in the United States. It was developed by collating a large number of published and unpublished lists of establishments and by obtaining information by mail inquiries for each of the establishments to classify them by their nature and status of business. Among the lists used in assembling the MFI were (1) a list of nursing homes, convalescent homes, homes for the aged, etc. that were in the files of state licensing agencies in 1961, (2) skilled nursing homes listed in "State Plans" submitted by the States to the Public Health Service under the provisions of the Hill-Burton Hospital Construction Act, and (3) a list of hospitals and institutions in which people were born or died during January and February 1958 as shown on birth and death certificates on file in the Division of Vital Statistics, PHS.

It is estimated on the basis of preliminary results of research to evaluate coverage of the MFI that the sampling frame for the RPS-1 was at least 85 percent complete. The indications are that the places not on the MFI are relatively small, possibly no more than half as large, on the average, as those listed.

The scope of the MFI excluded all nursing homes and related facilities which maintained less than 3 beds or did not routinely provide some personal care to residents. On this basis about 1,400 homes which were confirmed to be in business were excluded from the MFI.

Sample Design

The sample was a stratified, multistage design. The sampling frame was divided into two groups on the basis of whether or not current information was available about the establishment. Group I was composed of establishments which returned a questionnaire in the previous MFI Survey. Group II contained places which were possibly within the scope of the RPS-1 but were not confirmed in the MFI, i.e., nonresponses, questionnaires not delivered by the Post Office because of insufficient addresses, etc. Group I was then sorted into 16 type-of-service, bed-size groups. Further stratification within each of these basic strata was accomplished by sorting by geographic division, type of ownership, and county within each State. Group II was stratified in a similar manner except that the specific type of institution was not known. The information that was available for Group II establishments was that recorded on source lists used

Table I. Distribution of institutions for the aged in the Master Facility Inventory and in the RPS-1 sample by strata (type of service and size of institution), by whether or not the sample institutions were in business, and within the scope of the survey: United States

Type of service and size of institution	Number of institutions in the MFI		Number of institutions in the sample						
			Total	In-scope and in business			Out of scope, out of business, or duplicate		
	Group I	Group II ¹		Total	Group I	Group II	Total	Group I	Group II
<u>Total</u>									
All types--	16,962	2,516	3,486	3,178	3,056	122	308	154	154
<u>Nursing care</u> ²									
Under 30 beds (and unknown)-	4,690	2,144	455	331	290	41	124	22	102
30-99 beds-----	3,389	351	1,243	1,160	1,085	75	83	41	42
100-299 beds---	526	16	362	336	331	5	26	20	6
300+ beds-----	96	5	101	91	90	1	10	6	4
<u>Personal care with nursing</u>									
Under 30 beds (and unknown)-	3,129	-	209	196	196	-	13	13	-
30-99 beds-----	1,479	-	494	478	478	-	16	16	-
100-299 beds---	357	-	236	228	228	-	8	8	-
300+ beds-----	41	-	41	39	39	-	2	2	-
<u>Personal care</u>									
Under 30 beds (and unknown)-	2,279	-	146	132	132	-	14	14	-
30-99 beds-----	313	-	104	100	100	-	4	4	-
100-299 beds---	23	-	18	17	17	-	1	1	-
300+ beds-----	5	-	5	4	4	-	1	1	-
<u>Domiciliary care</u>									
Under 30 beds (and unknown)-	551	-	42	36	36	-	6	6	-
30-99 beds-----	77	-	27	27	27	-	-	-	-
100-299 beds---	7	-	3	3	3	-	-	-	-
300+ beds-----	-	-	-	-	-	-	-	-	-

¹The institutions in Group II are classified on the basis of old information obtained from establishment source lists that were used in assembling the sampling frame (MFI). They are shown under the nursing care category in this table for convenience.

²Included are long-stay geriatric and chronic disease hospitals and chronic disease wards of general hospitals. The nursing home units are spread through the various type-of-service strata depending on the primary type of service provided in the units.

in assembling the MFI. After stratification the Group II places were listed at the end of those in Group I for corresponding size groups. The sample of establishments was then selected systematically after a random start within each of the 16 basic strata.

The second-stage sample was a systematic selection of residents or patients who were domiciled in the sample establishments. The sampling rate for the selection of establishments was variable depending on the number of beds maintained by an establishment. However, the product of this first-stage sampling rate and the second-stage rate was a constant (1/15). Further discussion of the procedure for sampling residents appears in the report which deals with the characteristics of residents of nursing and personal care homes.²

Table I shows the distribution of nonmental institutions in the RPS-1 sampling frame and the number in the sample by strata. The initial sample contained 3,486 places. Of these, 3,178 were found to be in business and within the scope of the survey. As shown in table I, less than half of the places in the Group II sample and about 95 percent of those in the Group I sample were part of the final sample, i.e., within scope and in business. A large proportion of the deletions from the Group I sample was due to duplications in the MFI.

Survey Procedure and Response

For places with less than 300 beds a questionnaire was sent by first-class mail. Using certified mail and an interval of 3 weeks after each preceding letter, two reminder letters were sent to nonrespondents. Telephone calls were made to establishments which had not responded to the mail inquiries; appointments for personal visits were routinely requested during the telephone call for all places with 100 or more beds. A personal visit was offered for smaller places if the respondent indicated that help was needed. After all waves

of solicitations 203 establishments, or about 6 percent of the total in-scope sample, failed to cooperate in the survey. Forty-nine of these were in Group II of the sampling frame. (Group II consists of establishments not responding in the MFI Survey.) In Group I the nonrespondents were somewhat smaller than were the respondents; this is indicated in table II.

Imputation of Missing Data

The missing information due to establishment non-response has been imputed to be the same as that reported by respondents in the survey. A nonresponse adjustment consisting of three type-of-ownership groups within each of the 16 type-of-service, bed-size strata was made for each of 48 subdivisions of the sample. The assumption was that nonrespondents in a group had the same characteristics as did respondents.

Any bias in estimates that may have resulted from this procedure should be small, since a high proportion of the establishments in the sample returned a questionnaire. The nonresponse rate was smaller for about three-fourths of the 48 groups than the 6 percent that was experienced for the total sample. The highest rate for any group was 17 percent; for about 95 percent of the groups the nonresponse rate did not exceed 10 percent.

Also, certain of the individual items were imputed when left blank by responding establishments. The proportion of the sample establishments with particular items unknown ranged from "zero" for question 2a of the questionnaire ("Do you accept males?") to 8.7 percent for question 4 ("Who is in charge of nursing care?"). Other items on the questionnaire for which item nonresponse was relatively high included question 2d, "Do you accept mentally ill patients?" (5.7 percent); question 5, "Is there a nurse or nurse's aide on duty 24 hours a day?" (6.8 percent); question 8b, "Do you have residents in hospital?" (7.5 percent); and question 8c, "Do you have

Table II. Distribution of institutions in the Group I sample, by response status and size of institution: United States, April-June 1963

Size of institution	Response status			
	Questionnaire returned		Questionnaire not returned	
	Number	Percent	Number	Percent
All sizes-----	2,902	100.0	154	100.0
Under 30 beds-----	617	21.3	37	24.0
30-99 beds-----	1,587	54.7	103	66.9
100-299 beds-----	565	19.5	14	9.1
300+ beds-----	133	4.6	-	-

residents away in some place other than a hospital?" (7.6 percent). Less than 3 percent of the establishments failed to report other items for which data are presented in this report.

For items that were imputed, the following procedures were used (The numbers in the parentheses are the number of unknowns.):

- A. Accept female patients? (2 establishments)—imputed "yes."
- B. Accept persons of any ages? (7 establishments)—imputed "yes."
- C. Accept public welfare patients? (4 establishments)—imputed "no."
- D. Number of residents on public assistance? (78 establishments)—The number of such residents for an establishment was estimated by multiplying the number of residents in the establishment by the ratio "number of people on public assistance as reported by all establishments divided by the total number of residents in homes accepting people on public assistance or welfare."
- E. Accept mentally ill patients? (170 establishments)—All sample establishments were sorted into the four type-of-service strata used in the sample design. Then within each of these strata the establishments were sorted by bed size. In each of these groups the unknowns were assigned the answer that had been given for the preceding establishment in the listing.
- F. Accept bedfast patients? (26 establishments)—The answers were imputed in the same way as for "accept mentally ill patients."

Estimation and Reliability of Estimates

The statistics presented in this report are essentially the product of a ratio estimation technique. An adjustment factor $R = B_i/B'_i$ was determined for each noncertainty stratum of the sample design. B_i is the total number of beds for establishments in the i th stratum according to the MFI. B'_i is the estimated number of beds for establishments in the i th stratum; it is obtained through a simple inflation of the MFI data for sample establishments in the i th stratum. The purpose of ratio estimation is to take into account all relevant information in the estimation process, thereby reducing the variability of the estimate.

Since the statistics presented in this report are based on a sample, they will differ somewhat from figures that would have been obtained if a complete census had been taken using the same schedules, instructions, procedures, etc. As in any survey the results are also subject to reporting and processing errors and errors due to nonresponse.

The standard error is primarily a measure of sampling variability. It does not include estimates of any biases which may be reflected in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference would be less than twice the standard error and about 99 out of 100 that it would be less than $2\frac{1}{2}$ times as large.

In general, the standard error of one statistic is different from that of another even when the two come from the same survey. In order to derive standard errors that would be applicable to a wide variety of statistics and could be prepared at a moderate cost, a number of approximations were required. As a result, the relative standard errors shown in figure A and the standard errors shown in tables III and IV should be interpreted as approximate rather than precise for any specific estimate. (The relative standard error of an estimate is obtained by dividing the standard error of an estimate by the estimate itself and is expressed as a percentage of the estimate.)

The standard errors (and relative standard errors) shown in this appendix are not directly applicable to differences between two sample estimates. The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. Although it is only a rough approximation in most other cases, this formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics.

The reliability of an estimated rate or percentage, computed by using sample data for both numerator and denominator, depends on both the size of the rate and the size of the total upon which the rate is based, i.e., the denominator. Generally, estimated rates are relatively more reliable than the corresponding absolute estimates of the numerator of the rate, particularly if the rate is high. Table III shows approximate standard errors of estimated percentages when the characteristic used to form the numerator of the percentage is a subclass of the denominator.

Figure A. Approximate relative standard errors of estimated number of institutions shown in this report

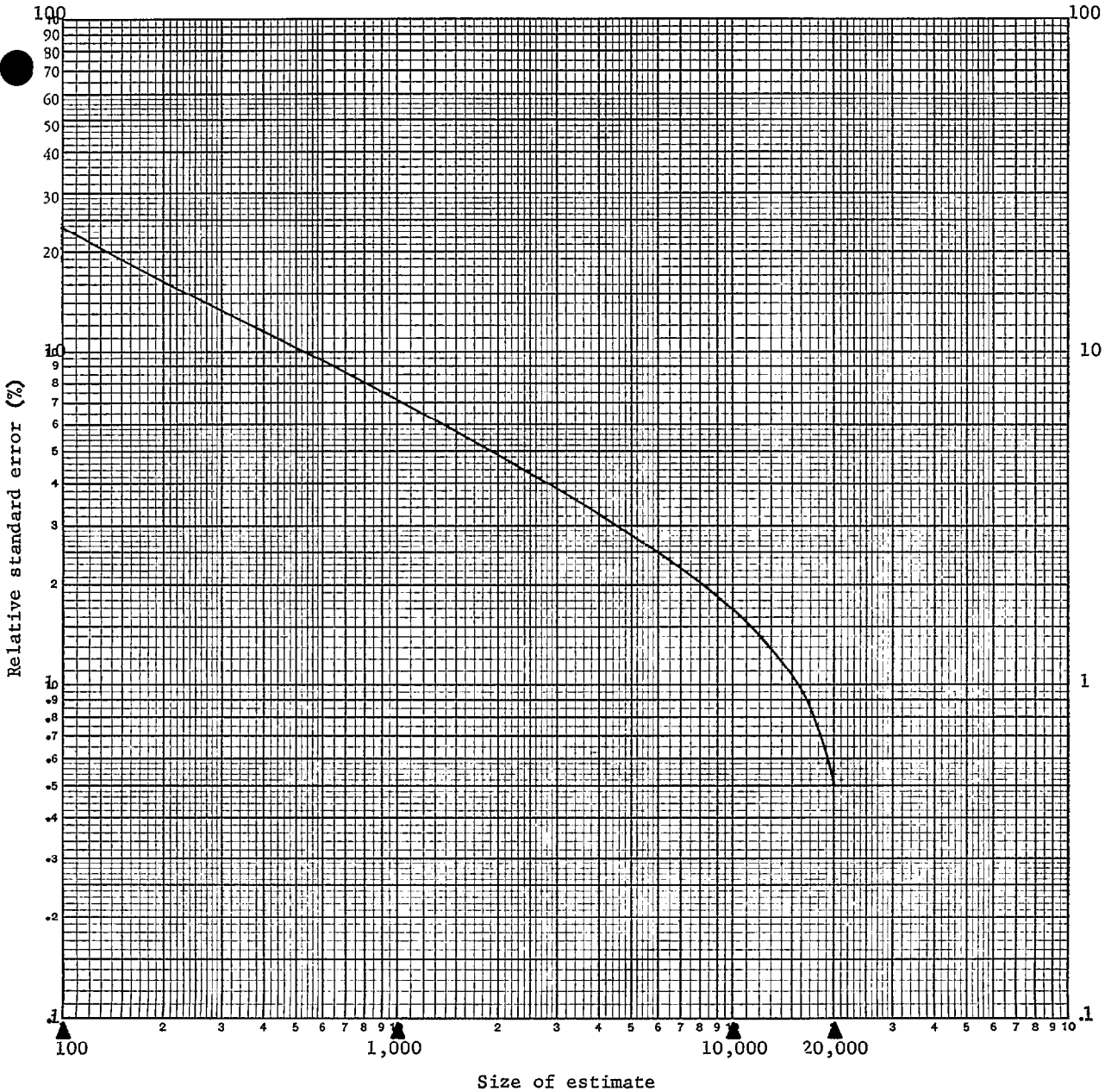


Illustration on use of chart: As shown in table 2, there are estimated to be 7,834 nursing care homes in the United States. The relative standard error of 7,834 is approximately 2.1 percent (read from scale at left side of chart); the standard error of 7,834 is 165 (2.1 percent of 7,834).

Table III. Approximate standard errors of percentages shown in this report

Base of estimated percent (number of institutions)	Estimated percent					
	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error expressed in percentage points					
200-----	3.6	4.9	6.5	7.5	8.0	8.2
500-----	2.3	3.1	4.1	4.7	5.1	5.2
1,000-----	1.6	2.2	2.9	3.4	3.6	3.7
2,000-----	1.1	1.6	2.1	2.4	2.5	2.6
3,000-----	0.9	1.3	1.7	1.9	2.1	2.1
4,000-----	0.8	1.1	1.5	1.7	1.8	1.8
5,000-----	0.7	1.0	1.3	1.5	1.6	1.6
7,500-----	0.6	0.8	1.1	1.2	1.3	1.3
10,000-----	0.5	0.7	0.9	1.1	1.1	1.2
15,000-----	0.4	0.6	0.8	0.9	0.9	0.9

Illustration of the use of table III. Table 2 shows that 52 percent of the 6,845 nursing care homes in the United States had a registered nurse in charge of nursing care. As shown in this table, the standard error of 50 percent based on 6,845 homes lies between 1.3 and 1.6 percentage points. Thus, by interpolation the desired standard error is approximately 1.4 percentage points.

Table IV. Approximate standard errors of average charges for care shown in this report.

Size of denominator (number of institutions)	Average monthly charge in dollars				
	100	150	200	250	300
	Standard error in dollars				
500-----	18	24	29	35	40
1,000-----	13	17	20	24	28
2,000-----	9	12	14	17	19
3,000-----	7	9	11	13	16
4,000-----	6	8	10	11	13
5,000-----	5	7	9	10	11
10,000-----	4	5	5	6	7
15,000-----	3	3	4	4	5

Illustration of the use of table IV. The average most frequent charge by nursing care homes in the United States is \$206 per month. Table 10 shows that there are 7,834 nursing care homes in the United States. From table IV it is seen that the standard error of a \$200 average charge based on 5,000 homes is \$9.00; it is \$5.00 based on 10,000 homes. Therefore, the standard error of \$206 based on 7,834 homes is between \$5.00 and \$9.00. By interpolation the desired standard error is approximately \$7.00.

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APPENDIX II

A. DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Terms Relating to Establishments or Residents

Institution for the aged.—This term refers to all places, except psychiatric hospitals, that were within the scope of the RPS-1. Included are long-term hospitals, nursing and personal care homes, and general hospital units which specialize in the care of the aged and chronically ill.

Home for the aged.—This term refers to nursing and personal care homes only. It does not include the hospitals or hospital units.

Nursing care.—Nursing care is defined as the provision of one or more of the following:

- Hypodermic injection
- Intravenous injection
- Taking of temperature-pulse-respiration or blood pressure
- Application of dressings or bandages
- Bowel and bladder retraining
- Nasal feeding
- Catheterization
- Irrigation
- Oxygen therapy
- Full bed bath
- Enema

Bed.—For homes providing nursing or personal care, a bed is defined as one set up and regularly maintained for patients or residents. Beds maintained for staff and beds used exclusively for emergency services are excluded. Hospital beds are those regularly maintained (set up and staffed for use) for in-patients. Beds used exclusively for emergency services and bassinets for newborn infants are not included.

Resident.—A resident is defined for the purpose of the RPS-1 as a person who has been formally admitted to but not discharged from an establishment. All such persons were included in the survey even though they were not physically present at the time.

Employee.—An employee is defined as a person paid by the establishment or as a working member of a religious order who usually works 15 or more hours a week in the establishment. An owner is an employee if he usually works in the establishment at least 15 hours a week.

"Past 7 days."—The term "past 7 days" refers to the 7 days prior to the day that the questionnaire was completed for the MFI Survey.

Mentally ill patient.—For the purposes of this survey a patient is defined to be mentally ill if he has been diagnosed as mentally ill by a physician.

Public assistance or welfare.—This term includes the following Federal assistance programs: Old-Age Assistance, Aid to Permanently and Totally Disabled, Aid to the Blind, and Medical Assistance for the Aged. It also includes general welfare programs of local or State governments.

Full-time.—A full-time registered nurse or licensed practical nurse is one who works 40 or more hours per week.

Part-time.—A part-time RN or LPN is one who works less than 40 hours per week.

Demographic Terms

Regions and States included in each region.—For the purpose of classifying homes and hospitals by geographic area, the States are grouped into regions. They correspond to those used by the Bureau of the Census and are as follows:

<i>Region</i>	<i>States Included</i>
Northeast-----	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, and Pennsylvania
North Central -----	Michigan, Ohio, Illinois, Indiana, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, and Kansas
South-----	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, and Texas
West-----	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California, Hawaii, and Alaska

B. CLASSIFICATION OF ESTABLISHMENTS BY TYPE OF SERVICE AND OWNERSHIP

1. Source of Data for Classifying Establishments

The establishments in the RPS-1 were classified by type of service and type of ownership on the basis of information collected for the MFI.³ (A brief description of the MFI is given in Appendix I; pertinent parts of the MFI questionnaire are reproduced in Appendix III.) The MFI survey of establishments, which composed the sampling frame for the RPS-1, was conducted during April-October 1962. A survey during April-June 1962 included about 85 percent of the establishments. The remainder was surveyed during September and October 1962. Thus, the time interval between the MFI Survey and the RPS-1 was approximately 1 year. During this 1-year interval the type of ownership or type of service probably changed for some of the establishments. However, because of the short time period between the two surveys any changes which may have occurred should have only negligible effect on the distribution of establishments by either type of service or type of ownership.

2. Criteria for Classifying Establishments by Type of Service

The different types of homes for the aged have been classified according to the primary and predominant type of service provided to their residents. The criteria for classifying these homes are based on the following factors:

The number of persons receiving nursing care during the "past 7 days" (term defined in Appendix II-A).

Whether or not medications and treatments are administered in accordance with physicians' orders.

Whether or not supervision over medications which may be self-administered is provided.

The number of specified personal services routinely provided. These personal services, referred to as criterion personal services, include rub and massage; help with tub bath or shower; help with dressing, correspondence, or shopping; help with walking or getting about; and help with feeding.

The presence or absence of nurses on the staff.

On the basis of these factors three types of establishments are distinguished and defined as follows:

Nursing care home.—An establishment is a nursing care home if nursing care is its primary and pre-

dominant function. Those meeting the following criteria are classified as nursing care homes in this report: One or more RN's or LPN's were employed 15 or more hours per week, and 50 percent or more of the residents received nursing care during the "past 7 days."

Personal-care-with-nursing home.—An establishment is a personal-care-with-nursing home if personal care is the primary and predominant function of the facility but some nursing care is also provided. The following criteria were used in classifying personal-care-with-nursing homes in this report:

- a. Some of the residents (less than 50 percent) received nursing care during the "past 7 days," and one or more RN's or LPN's were employed 15 or more hours per week; or
- b. Some of the residents received nursing care during the "past 7 days," but no RN's or LPN's were on the staff; however, one or more of the following conditions were met:
 - (1) Medications and treatments were administered in accordance with physicians' orders.
 - (2) Supervision over self-administered medications was provided.
 - (3) Three or more of the criterion personal services were provided.

Personal care home.—An establishment is a personal care home if it has a function to provide personal care but ordinarily not nursing care. Places in which any one of the following criteria are met are classified as personal care homes in this report:

- a. Medications and treatments were administered in accordance with physicians' orders; or supervision over medications which may be self-administered was provided, *and* no residents received nursing care during the week prior to the survey in the establishment.
- b. Three or more of the criterion personal services were routinely provided, and no residents received nursing care during the week prior to the survey in the establishment.
- c. Only one or two of the criterion personal services were routinely provided, there were no RN's or LPN's on the staff, and the conditions in the preceding paragraph were not met *except* that nursing care may have been provided.
- d. Nursing care was provided to one or more residents during the week prior to the survey in the establishment, *but, otherwise*, the only service

provided was room and board. Either of the last two criteria (paragraphs c and d) defines a "domiciliary care home," which was one of the variables for stratification of the sampling frame for this survey. These domiciliary care homes are classed with personal care homes in this report.

In the classification process a criterion was considered as not having been met if the necessary information for the criterion was unknown. For instance, if the type of nursing staff was unknown for a particular place, it was considered as not having met the criterion of having one or more RN's or LPN's on the staff. Establishments indicating that some nursing care was provided (but not the number of persons to whom this care was provided) were considered as institutions providing nursing care to some, but less than 50 percent, of their residents.

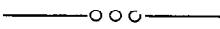
Table V shows in detail the scheme for classifying establishments.

Hospitals.—Included in this category are chronic disease and geriatric hospitals and chronic disease wards and nursing home units of general hospitals. In the MFI the term "hospitals" is not formally defined. For the purpose of the inventory and this survey an establishment is a "hospital" if the respondent in the MFI Survey said his facility was a hospital (see MFI questionnaire in Appendix III). Specialty hospitals were asked to indicate the specialty as geriatric, chronic disease, etc. General hospitals were asked the following questions: (1) Does this hospital maintain a special ward(s) set aside for the long-term treatment of patients with chronic disease? (Exclude tuberculosis, mental illness, alcoholism, or drug addiction), and (2) Does this hospital maintain a nursing home unit for patients requiring nursing care but not the full range of hospital services? The chronic disease wards and nursing home units included in this report are those maintained by hospitals which answered "yes" to these questions; consequently, they were determined to be long-stay facilities at the time of the RPS-1.

Table V. Criteria for classification of establishments

Classification variables	Classification criteria																								
	50 percent or more					Some but less than 50 percent					None														
Percent of total residents who received nursing care during the week prior to day of study																									
Number of registered or licensed practical nurses	1+	None				1+	None				1+					None									
Are medications or treatments administered in accordance with physician orders?	...	Yes	No			...	Yes	No			Yes	No				Yes	No								
Is supervision over self-administered medications provided?	Yes	No			Yes	No			...	Yes	No				...	Yes	No				
Are three or more services offered?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Are one or two services offered?	Yes	No	Yes	No	Yes	No	Yes	No	
Is room and/or board the only service offered?	Yes	Yes	No	Yes	Yes	
Classification	N	Pn	Pn	Pn	P	D	Pn	Pn	Pn	Pn	D	D	P	P	P	D	B	P	P	P	D	D	B		

Legend: Nursing care home-----N
 Personal-care-with-nursing home-----Pn
 Personal care home-----P
 Domiciliary care home-----D
 Boarding or rooming house(out of scope)-B




APPENDIX III

A. QUESTIONNAIRE FOR THE RESIDENT PLACES SURVEY-1

The following items show the exact content and wording of the questionnaire used in the RPS-1. The actual questionnaire was designed for an establishment as a unit and includes additional space for reports on all residents of an establishment. Such repetitive spaces are omitted in this illustration.

Budget Bureau No. 68-R620-R1; Approval Expires December 31, 1963

<p>CONFIDENTIAL - This information is collected under authority of Public Law 652 of the 84th Congress (70 Stat. 489; 42 U.S.C. 305). All information which would permit identification of an individual or of an establishment will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to other persons or used for any other purpose (22 FR 1687).</p>	
<p>FORM HRS-2c (1-2-63)</p> <p>U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE</p> <p>U. S. NATIONAL HEALTH SURVEY</p>	<p>(If necessary, please change to show correct name and address)</p>
<p>Gentlemen:</p> <p>The U.S. National Health Survey of the Public Health Service, authorized by Public Law 652, 84th Congress, is conducting a survey of nursing homes, convalescent or rest homes, homes for the aged, chronic disease hospitals, and other establishments in the United States whose primary function is to provide medical, nursing, personal or domiciliary care to the aged, infirm, or chronically ill. This is one of a series of surveys mentioned in a recent inquiry to your establishment by the Bureau of the Census which is acting as the collecting agent for the U.S. National Health Survey.</p> <p>The purpose of the survey is to obtain much needed information on the health of residents in these establishments and facts related to their care. Please answer the questions on the inside of this form and return it as soon as possible — preferably within the week. A self-addressed envelope which requires no postage has been provided for your convenience.</p> <p>The information will be given confidential treatment by the U.S. National Health Survey and the Bureau of the Census, and will be used for statistical purposes only. It will not be used for any regulatory, licensing or accreditation purposes; any published summary will be presented in such a manner that no individual establishment or person can be identified.</p> <p>Thank you for your cooperation.</p> <p>Sincerely yours,</p> <p></p> <p>Richard M. Scammon Director Bureau of the Census</p>	

GENERAL INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Base your answers on records, as appropriate, when records are available.

Step 1 -- Complete Part I, ESTABLISHMENT INFORMATION.

These questions should be self-explanatory. The word "establishment" refers to the facility providing service to residents or patients, such as a hospital, nursing home, home for the aged, and so forth. The words "resident or patient" are used interchangeably in this questionnaire. The people being cared for are usually referred to as "residents." However, they are referred to as "patients" when this term seems more appropriate.

Step 2 -- Complete Part II, CENSUS OF RESIDENTS OR PATIENTS.

List in Column (b) the name of each person (resident or patient) who is currently on your register as a formal admission. (The number listed should be the same as shown for Part I, Question 7.) (If this is a general hospital, or some specialty hospital, except chronic disease and/or convalescent, geriatric, and rehabilitation, list only the patients or residents in your chronic disease ward and/or nursing home unit. All other establishments should list all of their patients or residents.) List the names in any order that is most convenient to you. If the names are not listed in alphabetical order or in sequence by some assigned number, such as admission number, please explain the order of the listing in the "Comments" section on Page 4.

For each person listed, record the date he was last admitted to your establishment, his date of birth, sex, and race. You may wish to make these entries as you record the persons' names in Column (b). If date of last admission or date of birth is not known, record your best estimate of the date.

Normally, the date of last admission refers to the date of admission to the nursing home, convalescent home, hospital, etc. However, if this is a general hospital with a chronic disease ward or a nursing home unit, the date of last admission refers to the date of admission to the ward or nursing unit. If this is a chronic disease and/or convalescent, geriatric, or rehabilitation hospital and you maintain a nursing home unit, the date of last admission refers to the date of admission to the nursing home unit or the hospital, whichever ever was first.

Step 3 -- Complete Part III, HEALTH OF RESIDENTS OR PATIENTS.

Some of the lines in Part III are blocked out, while others are not. For the lines not blocked out (identified by a circled line number), make the appropriate entries in the columns in Part III for the person whose name appears on that line in Part II, Column (b). This information should be provided by the person best acquainted with the health of the residents in this establishment.

Step 4 -- The names of persons entered on Part II are needed only as a means of identification in case there should be a question about an entry on the questionnaire when it is reviewed. If you prefer, you may tear off the strip on Part II which contains the names of patients. If you do tear off this part of the form, please keep it in your files for at least 6 months.

Step 5 -- For convenience of contact in the event that questions concerning an entry do arise, the person completing the questionnaire should enter his name and give his title or position, telephone number, and the date the form is completed on the bottom of Part I.

Step 6 -- After you have completed the questionnaire, return it in the enclosed postage-free envelope. If the self-addressed envelope gets misplaced before the questionnaire can be completed, return the completed questionnaire to the Bureau of the Census, Jeffersonville, Indiana.

Record any comments about the establishment or about individuals on Page 4.

Part I - ESTABLISHMENT INFORMATION

(NOTE: When the term "RESIDENT" is used in the questionnaire, it refers to resident or patient.)

1. When did this establishment begin accepting residents at its present address? (Give the date it first opened AT THIS ADDRESS as a nursing home, convalescent home, chronic disease hospital, etc., even though the ownership or control has since changed hands.)	(Month, year)
2. To provide a general picture of your admission policy: Do you accept the following types of residents? (Mark (X) "Yes" or "No" for each item.)	
a. Males	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Females	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Bedfast patients	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Mentally ill patients (that is, diagnosed by a physician as mentally ill).	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Do you accept persons of all ages, including children?	1 <input type="checkbox"/> Yes <input type="checkbox"/> No (Skip to 2f) (Complete 2e(1))
(1) If "No" -- What ages do you accept? (Mark (X) ONE box only)	2 <input type="checkbox"/> 65 and over 3 <input type="checkbox"/> 18 and over 4 <input type="checkbox"/> Under 18 5 <input type="checkbox"/> Other (Specify age) _____
f. Do you accept persons who are recipients of Public Assistance or Welfare? (This includes Old Age Assistance, Aid to Permanently and Totally Disabled, Aid to the Blind, Medical Assistance for the Aged, and general welfare.)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Complete 2f(1)) (Skip to Question 3)
(1) How many residents do you have who are on Public Assistance or Welfare?	Number
3. Do you provide nursing care to residents in your establishment?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Go to Question 4) (Skip to Question 6)
4. Who is in charge of nursing care? (Mark (X) ONE box only) (NOTE: "Full-time," as used below, means 40 hours or more per week.)	
1 <input type="checkbox"/> Registered Nurse, full time 3 <input type="checkbox"/> Licensed Practical Nurse, full time	
2 <input type="checkbox"/> Registered Nurse, part time 4 <input type="checkbox"/> Licensed Practical Nurse, part time	
5 <input type="checkbox"/> Neither Registered Nurse nor Licensed Practical Nurse	
5. Are there one or more nurses or nurse's aides ON DUTY 24 hours a day?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6. How many beds are regularly maintained for residents? (Include any beds set up for use whether or not they are in use at the present time. Exclude beds used by staff or any beds used exclusively for emergency service.)	Number
7. How many residents are currently on your register as formal admissions, who have not been discharged? (Do not include employees or proprietors.)	Number
8. Of the residents in this establishment (Question 7, above) -	Number
a. How many slept here last night?	Number
b. How many were temporarily away last night in a hospital? (If this establishment is a hospital, how many residents were temporarily away last night in some other hospital?)	Number
c. How many were temporarily away last night in some place other than a hospital?	Number
9. How many admissions did you have during 1962?	Number
10. How many discharges did you have during 1962, excluding deaths?	Number
11. How many persons died during 1962 while residents of this establishment? (Include all who died while on your register even though temporarily away in a hospital or some other place).	Number
12. Are all persons admitted to this establishment required to be examined by a physician before or soon after admission?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
13. What is your most frequent, your highest, and your lowest charge PER MONTH for lodging, meals, nursing care, and other personal services?	(Per month) \$ _____ (Most frequent) \$ _____ (Highest) \$ _____ (Lowest)
14. How many persons are employed in this establishment? (Include all paid employees, members of religious orders, and owners who usually work 15 hours or more a week in this establishment.)	Number
Name of person completing this form	Telephone No. and Ext.
Date completed	
Title or position	COMPLETE PARTS II AND III OF THE QUESTIONNAIRE
	Establishment Number

Part II - CENSUS OF RESIDENTS OR PATIENTS		Part II - CENSUS OF RESIDENTS OR PATIENTS				
If you wish you may detach and keep this stub of Part II for your records. IF YOU DO TEAR OFF THIS STRIP, PLEASE RETAIN IT IN YOUR FILES FOR AT LEAST 6 MONTHS.		Resident's Line Number	Enter Date of Last Admission (month, day, year) for each resident	Enter resident's Date of Birth (month, day, year) for each resident	Enter resident's Sex	Enter resident's Race
			(If not known, enter best estimate)	(If not known, enter best estimate)	M = Male F = Female	W = White NW = Non-white
Resident's Line Number	List the names of all residents in this establishment (See footnote below)	(c)	(d)	(e)	(f)	(g)
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1		1				
2		2				
3		3				
4		4				
5		5				

Part III - HEALTH OF RESIDENTS OR PATIENTS																		
IMPORTANT: Complete one line of Part III for each person listed on those lines of Part II that are identified by a CIRCLED NUMBER.																		
BED STATUS (Except in bed for ordinary rest or sleep)			WALKING STATUS			HEARING STATUS		VISION STATUS			CONTINENCE				MENTAL STATUS (Awareness of surroundings)			
<i>(Mark (X) ONLY ONE of these three categories for each resident)</i>			<i>(Mark (X) ONLY ONE of these three categories for each resident)</i>			<i>(Mark (X) ONLY ONE of these two categories for each resident)</i>		<i>(Mark (X) ONLY ONE of these three categories for each resident)</i>			<i>(Mark (X) ONLY ONE of these four categories for each resident)</i>				<i>(Mark (X) ONLY ONE of these three categories for each resident)</i>			
In bed hardly ever	In bed part of the time	In bed all or most of the time	Walks unassisted or with cane or crutch	Gets about only with walker, attendant's help or by own efforts in wheel chair	Never walks or is completely dependent on others to get about	No serious problem with hearing	Either has serious problem with hearing or is deaf	No serious problem with seeing	Serious problem with seeing even with glasses but not blind	Blind	Normally can control feces and urine	Normally cannot control either feces or urine	Normally can control feces but not urine	Normally can control urine but not feces	Always aware (Not confused)	Confused part of the time	Confused all or most of time	
(h-1)	(h-2)	(h-3)	(i-1)	(i-2)	(i-3)	(j-1)	(j-2)	(k-1)	(k-2)	(k-3)	(l-1)	(l-2)	(l-3)	(l-4)	(m-1)	(m-2)	(m-3)	
1	2	3	1	2	3	1	2	1	2	3	1	2	3	4	1	2	3	

B. QUESTIONNAIRE FOR THE MASTER FACILITY INVENTORY SURVEY

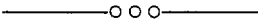
The following items show the exact content and wording of that part of the MFI questionnaire which pertains to the classification of establishments within the scope of the RPS-1.

Section A - FOR ALL ESTABLISHMENTS	
<p>1. OWNERSHIP OR CONTROL OF THIS ESTABLISHMENT - Please indicate the control of this establishment by placing an "X" in one of the boxes below. (If ownership and control are divided, as when a county-owned home is leased to a church, place an "X" in the box opposite the term which indicates the greater degree of control in operating this establishment.)</p>	
1	<input type="checkbox"/> Proprietary
2	<input type="checkbox"/> Church
3	<input type="checkbox"/> City or county government
4	<input type="checkbox"/> State government
5	<input type="checkbox"/> Federal government (Specify agency) _____
6	<input type="checkbox"/> Other (Please describe) _____
<p>2. DESCRIPTION OF ESTABLISHMENT - Please read all of the classes listed below, then place an "X" in the box opposite the class which best describes this establishment.</p>	
<p>a. HOSPITALS</p>	
1	<input type="checkbox"/> General hospital COMPLETE Section B on Page 2
2	<input type="checkbox"/> Specialty hospital (Includes institutions or homes for the mentally retarded) COMPLETE Section C on Page 2
<p>Note: If this is a hospital system composed of a general hospital and a specialty hospital, complete both Section B and Section C. If it is composed of more than one specialty hospital, complete Section C for one of them and furnish the same information for each of the others on a separate sheet of paper.</p>	
<p>b. ESTABLISHMENTS WHICH PROVIDE NURSING, PERSONAL, OR DOMICILIARY CARE</p>	
3	<input type="checkbox"/> Nursing Home
4	<input type="checkbox"/> Convalescent Home
5	<input type="checkbox"/> Rest Home
6	<input type="checkbox"/> Home for the Aged
7	<input type="checkbox"/> Boarding Home for the Aged
8	<input type="checkbox"/> Home for Crippled Children
9	<input type="checkbox"/> Home for Incurables
10	<input type="checkbox"/> Home for the Needy (Includes County Homes, Almshouses, Poor Farms)
11	<input type="checkbox"/> Boarding House
12	<input type="checkbox"/> Other (Please describe) _____
<p>c. OTHER ESTABLISHMENTS</p>	
13	<input type="checkbox"/> Home or School for the Deaf
14	<input type="checkbox"/> Home or School for the Blind
15	<input type="checkbox"/> Home for Unwed Mothers
16	<input type="checkbox"/> Orphan Asylum or Home for Dependent Children
17	<input type="checkbox"/> School or Detention Home for Juvenile Delinquents
18	<input type="checkbox"/> Prison, Reformatory, Penitentiary, or Jail
19	<input type="checkbox"/> Other (Please describe) _____
<p style="text-align: right;">COMPLETE Section D on Page 3</p> <p style="text-align: right;">COMPLETE Section E on Page 3</p>	
<p style="text-align: center;">(Record on Page 4 any comments you may have about the correct classification of this establishment)</p>	

Section D - ESTABLISHMENT WHICH PROVIDES NURSING, PERSONAL, OR DOMICILIARY CARE

NOTE: If the reporting establishment is a hospital which has a nursing home unit ("Yes" box checked in Question 9, Section B or in Question 8, Section C), the items in this section refer to that nursing home unit only.

1. Total number of beds regularly maintained for patients or residents. (Include any beds set up for use whether or not they are in use at the present time. Exclude beds used by staff or any beds used exclusively for emergency services.)																
2. Total number of persons (patients or residents) who slept in this establishment last night (excluding employees and proprietors)																
3. For the purpose of this survey, the following list of services define "Nursing Care": <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Nasal feedings</td> <td style="width: 33%;">Enemas</td> <td style="width: 33%;">Application of dressings or bandages</td> </tr> <tr> <td>Catheterizations</td> <td>Hypodermic injections</td> <td></td> </tr> <tr> <td>Irigations.</td> <td>Intravenous injections</td> <td>Bowel and bladder retraining</td> </tr> <tr> <td>Oxygen therapy</td> <td>Temperature - pulse - respiration</td> <td></td> </tr> <tr> <td>Full bed baths</td> <td>Blood pressure</td> <td></td> </tr> </table>	Nasal feedings	Enemas	Application of dressings or bandages	Catheterizations	Hypodermic injections		Irigations.	Intravenous injections	Bowel and bladder retraining	Oxygen therapy	Temperature - pulse - respiration		Full bed baths	Blood pressure		
Nasal feedings	Enemas	Application of dressings or bandages														
Catheterizations	Hypodermic injections															
Irigations.	Intravenous injections	Bowel and bladder retraining														
Oxygen therapy	Temperature - pulse - respiration															
Full bed baths	Blood pressure															
During the past seven days, how many of the PERSONS in Question 2 received "Nursing Care?"																
4. Which of the following services are ROUTINELY provided? ("X" all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 1 <input type="checkbox"/> Supervision is provided over medications which may be self-administered 2 <input type="checkbox"/> Medications and treatments are administered in accordance with physicians' orders 3 <input type="checkbox"/> Rub and massage 9 <input type="checkbox"/> Not responsible for providing any services except room and board </td> <td style="width: 50%; vertical-align: top;"> 4 <input type="checkbox"/> Help with tub bath or shower 5 <input type="checkbox"/> Help with dressing 6 <input type="checkbox"/> Help with correspondence or shopping 7 <input type="checkbox"/> Help with walking or getting about 8 <input type="checkbox"/> Help with feeding </td> </tr> </table>	1 <input type="checkbox"/> Supervision is provided over medications which may be self-administered 2 <input type="checkbox"/> Medications and treatments are administered in accordance with physicians' orders 3 <input type="checkbox"/> Rub and massage 9 <input type="checkbox"/> Not responsible for providing any services except room and board	4 <input type="checkbox"/> Help with tub bath or shower 5 <input type="checkbox"/> Help with dressing 6 <input type="checkbox"/> Help with correspondence or shopping 7 <input type="checkbox"/> Help with walking or getting about 8 <input type="checkbox"/> Help with feeding														
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5. Number of paid employees. (Include proprietors, managers, and all paid employees who usually work 15 hours or more a week in this establishment.) (The figure shown in Item 5d. should be the sum of the figures shown in Items 5a., 5b., and 5c.)																
a. Number of registered professional nurses.																
b. Number of licensed practical nurses.	+															
c. Number of all other paid employees including physicians, proprietors, managers, nurse's aides, orderlies, clerical and office workers, attendants, and custodial workers.	+															
d. Total number of employees.	=															



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Public Health Service Publication No. 1000

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