

Charges for Care in Nursing Homes

United States - April - September 1968

Data on the lowest, most frequent (modal), and highest nursing home charges, by type of nursing service, type of ownership, bed size, region, medical services available, number of employees, and Medicare recipients. Comparison of charges for care in 1963 and 1968.

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SYMBOLS

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CHARGES FOR CARE IN NURSING HOMES

Joan Renée Fedell, *Division of Health Resources Statistics*

INTRODUCTION

This report presents data on the lowest, most frequent, and highest monthly charges for care in nursing homes in the United States for 1968. These charges are compared with charge data collected in 1963. In addition, the 1968 charges are presented according to type of nursing service, ownership, bed size, and geographic location of the nursing home. Data on the most frequent monthly charge (the modal charge) are compared according to the medical services available and whether or not homes had Medicare recipients. The extent of the Medicare and public assistance programs in these homes is indicated by data on the percentage of residents who received such benefits. Data on homes which make no charge for care are also presented.

Little information was available on charges in nursing homes for the last 5 years. Those statistics available in the past were limited because they were based on synthetic national estimates,¹ small area sample surveys,² or surveys of particular types of nursing homes.³ Statistics presented in this report are not limited by these factors because they are based on data from "all" nursing homes in the United States regardless of type of home. (See appendix II for information on completeness of the universe.)

Data presented in this report were collected in the 1968 Nursing Home Survey. This survey, conducted by mail during April-September 1968, was a census of "all" 18,185 nursing homes in the United States. (Nursing homes were defined

as resident institutions which provided nursing care and maintained three beds or more.) The survey collected information on nursing homes and their residents, charges, employees, admissions, and services. This report is the first of a series on data collected in the 1968 Nursing Home Survey. Future reports will present data on employees, admissions and discharges, and services.

In order to interpret the data in this report the reader should review the background material presented in the appendixes—information on survey design and procedure in appendix I; general qualifications of the data and imputation procedures in appendix II; definitions of terms, appendix III; classification of institution by type of nursing service, appendix IV; and forms used in the survey, appendix V.

The 1968 Nursing Home Survey was the third in a series of *ad hoc* surveys of institutional health facilities. The first of these surveys, Resident Places Survey I, was conducted during April-June 1963. The survey collected data on nursing homes, chronic disease and geriatric hospitals, nursing home units and chronic disease wards of general hospitals, and mental hospitals. The findings of that survey, as well as its design and methodology, have been published in several reports.⁴⁻⁸ The second *ad hoc* survey, Resident Places Survey II, was conducted a year later, during May-June 1964. This survey concentrated mainly on nursing homes and geriatric hospitals. More detailed information was collected about the institutions, their residents, and their employees.⁹⁻¹⁷ These three surveys of institutional health

facilities are part of the National Health Survey program to provide current health statistics on the Nation.¹⁸

SELECTED FINDINGS

The analysis which follows presents the highlights of the survey findings on charges for care and points out important relationships revealed by the data. Detailed information about charges for care is given in the detailed tables 1-10.

The data on charges for care are based on answers to the question "What is your most frequent, your highest, and your lowest charge per month for lodging, meals, nursing care, and other personal services?" Such answers do not provide *precise* facts about charges being made for the care of residents. However, by measuring the mode (most frequent charge) and the range of charges (i.e., lowest and highest charges), an accurate description of the distribution of charges can be made.

Charges for Care in 1968 and 1963

In 1968 the charges for care of 743,293 nursing home residents ranged from no charge to over \$500 per month. (See top of figure 1.) These extreme charges were the exception, however, since only 5 percent of the homes had no charge, initial payment-life care plans, or other non-charge arrangements and only 3 percent charged \$500 or more. More typically a home charged about \$253 per resident per month; this was the average most frequent charge (average modal charge) made by all homes. The average lowest charge was \$220, and the average highest charge was \$310 (table 1).

A more detailed description of the distribution of charges can be obtained by studying the average and standard deviation of the charges (table A). In 68 percent of all homes (i.e., one standard deviation above and below the mean) the most frequent charge ranged from \$139 to \$367. The lowest charge, which ranged from \$116 to \$324, had the least variability. The highest charge, which ranged from \$150 to \$470, had the greatest variability.

The universe, definitions, and questions for the 1968 Nursing Home Survey were similar to

Table A. Average and standard deviation of lowest, most frequent (modal), and highest monthly charges per resident in nursing homes charging for care: United States, April-September 1968

Monthly charge	Average	Standard deviation
Lowest charge-----	\$220	\$104
Most frequent (modal) charge-----	253	114
Highest charge-----	310	160

those for Resident Places Survey I, conducted in 1963, as mentioned above. Because of the similarities in the surveys, data on charges can be compared in order to measure any changes that occurred in the 5-year period.¹⁹ Generally charges for care in nursing homes increased from 1963 to 1968, as did service charges in other areas of the economy. The most frequent monthly charge per resident increased, on the average, by 49 percent—from \$170 in 1963 to \$253 in 1968.⁵

A comparison of the cumulative percent distributions of the lowest, most frequent, and highest monthly charges for 1963 and 1968 identifies the overall changes in range and interrelationship of charges (figure 1). Although the percent of homes with no charge or other noncharge arrangements remained stable at 5 percent, the lowest, most frequent, and highest charges increased during this period.

While 50 percent of all nursing homes had no charge higher than \$211 in 1963, by 1968 this figure had increased to \$287—an increase of \$76. There were comparable increases in the lowest and most frequent charges during the 5-year period. (See figure 1.)

The interrelationship of the lowest, most frequent, and highest charges also changed from 1963 to 1968. In 1963 the most frequent charge was closer to the lowest charge than to the highest charge. By 1968, however, the most frequent charge had moved away from the lowest

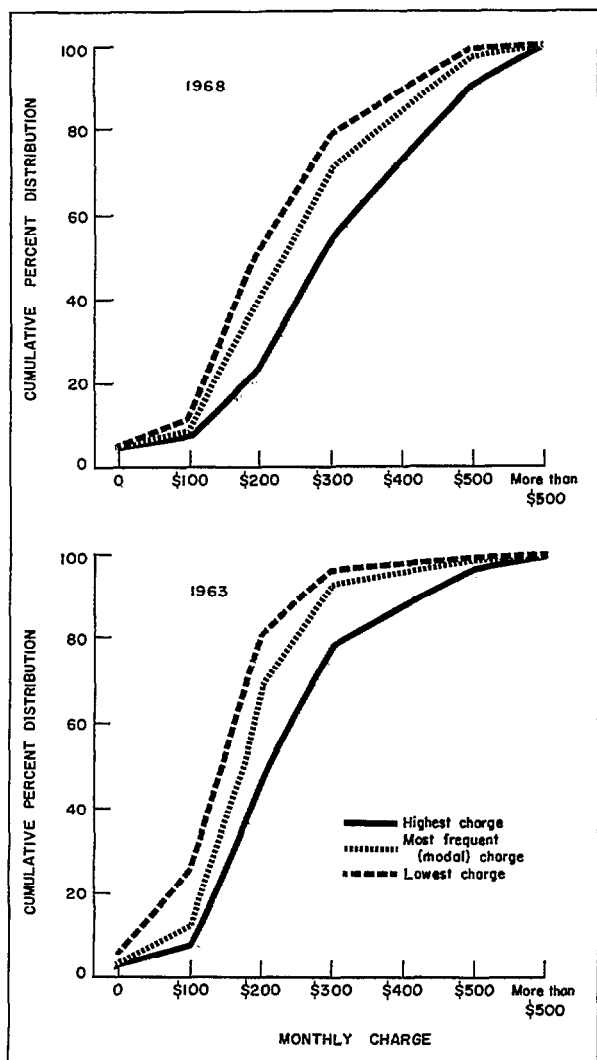


Figure 1. Cumulative percent distributions of nursing homes by lowest, most frequent (modal), and highest monthly charges per resident: United States, 1963 and 1968.

charge until it was almost equidistant from the lowest and highest charges.

Type of Nursing Service

Charges for care were directly related to the level of nursing service. As the level of nursing service increased, the average most frequent

charge increased. The average charge in personal care homes (lowest level of nursing service) was \$181 per month. In contrast, the average charge in nursing care homes (highest level of nursing service) was \$114 higher—\$295 per month (table B). Charges were highest in homes providing nursing care because such homes usually maintain more equipment and a larger nursing staff.

Generally this relationship between level of nursing service and average most frequent charge existed throughout the United States. Nursing care homes charged the highest amount in all States except West Virginia. In 43 States and the District of Columbia, personal care with nursing homes (intermediate level of nursing service) charged more than personal care homes (lowest level of nursing service). The situation was reversed in seven States (Louisiana, Mississippi, Nevada, New Hampshire, Utah, West Virginia, Wyoming), where personal care with nursing homes charged less than personal care homes (table 6). A possible explanation of this reversal is that the average charge for personal care homes in these seven States was based on a small number of homes and affected by several extremely high values.

Type of Ownership

Proprietary homes charged the highest amounts, nonprofit homes, the next highest, and government-owned homes, the lowest. This order was the same for lowest, most frequent, and highest charges (tables 1 and B). Charges were often less in nonprofit and government-owned homes because part of the cost was absorbed by the group operating the home and was not passed on to the resident.

Bed Size

As the size of homes increased, the average most frequent charge increased. It rose from a low of \$203 in homes with less than 25 beds to a high of \$315 in homes with 100 beds or more (table 2). One explanation for this increase is that 79 percent of the large homes (50 beds or more) that charged for care were nursing care

Table B. Average most frequent (modal) monthly charge per resident in nursing homes charging for care, by type of service and type of ownership of nursing home: United States, April-September 1968

Type of service	Type of ownership			
	All types	Proprietary	Church and other nonprofit	Government
All types of service-----	\$253	\$258	\$248	\$207
Nursing care-----	295	298	286	259
Personal care with nursing-----	210	207	225	184
Personal care-----	181	183	185	171

homes, which had the highest charges. Therefore, charges for large homes were highest because most of them were nursing care homes.

Region

Charges were highest in the Northeast and West Regions, lowest in the North Central and South Regions. The average most frequent charges were \$274 in the Northeast, \$257 in the West, \$243 in the North Central, and \$240 in the South. (See figure 2.) The main reason that average charges were highest in the Northeast and West Regions is that homes providing the highest level of nursing service (nursing care homes) charged more there than in the North Central and South Regions. (See figure 3.) This regional difference and the effect of charges in nursing care homes on regional charges existed in 1963.⁵ The higher charges for nursing care homes affected the overall regional charges because they comprised 57 percent of all nursing institutions and provided care for 72 percent of all residents. Comparison of figures 2 and 3 shows the influence of higher charges in nursing care homes on overall regional charges.

Medical Services

Nursing homes in which medical services were available generally had most frequent

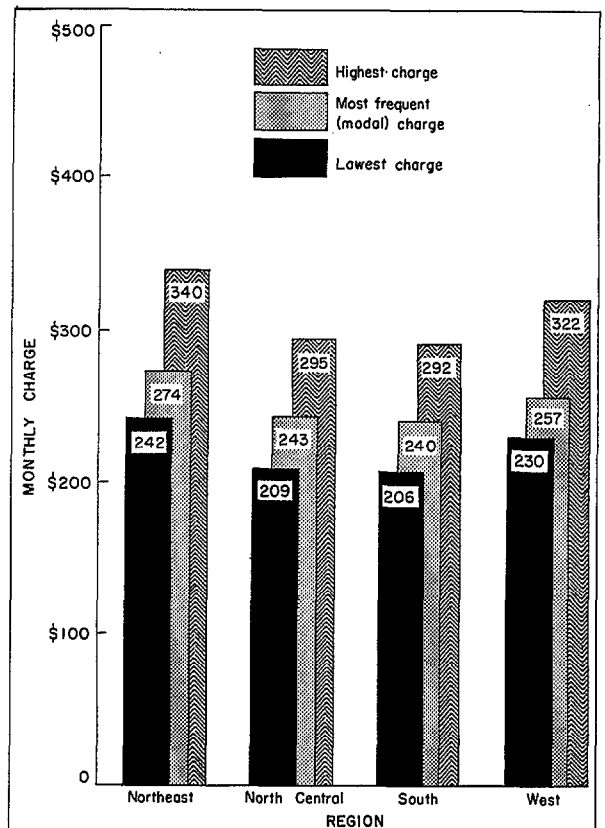


Figure 2. Average lowest, most frequent (modal), and highest monthly charges per resident in all nursing homes, by geographic region: United States, April-September 1968.

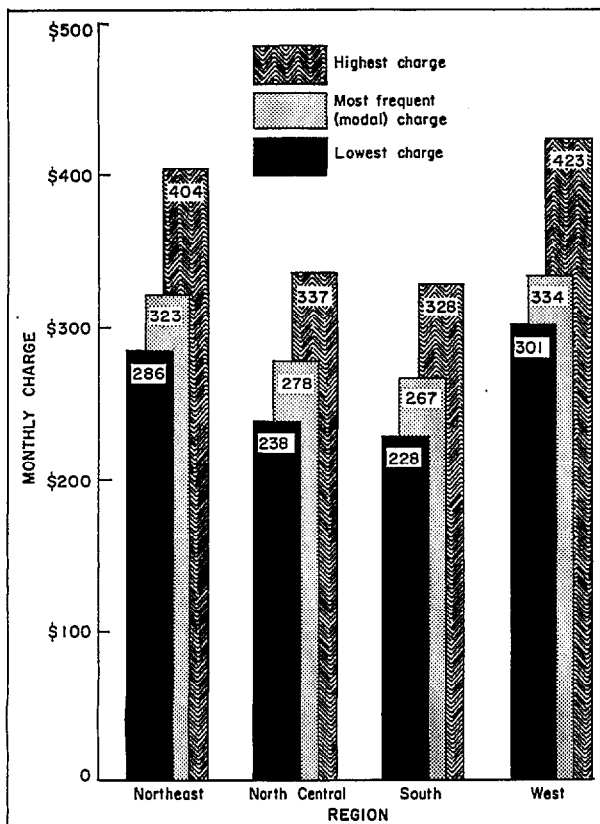


Figure 3. Average lowest, most frequent (modal), and highest monthly charges per resident in nursing care homes (homes providing the highest level of nursing service), by geographic region: United States, April-September 1968.

charges that were higher than the national average charge of \$253. Medical services included any of the following:

- Arrangements with physicians to provide care for the residents
- Physical examination at admission and annually thereafter
- Availability of physical, occupational, or speech and hearing therapy
- Availability of physical therapy in the home or in an outpatient clinic

Although the following discussion considers each service separately, this is not to suggest that each service affects charges independently.

Rather, it is the combination of services available in the home plus other factors which influence charges for care.

Charges were higher for homes with a full-time staff physician (\$263) or physician visits at regular intervals (\$279) than they were for homes with physician visits when needed (\$236) or medical care in the physician's office (\$196). (See table C.) The higher charges in the first two arrangements may be related to the additional cost the homes pay to provide these arrangements for their patients. The most common arrangements were physician visits when needed (56 percent of all homes) and physician visits at regular intervals (35 percent). Medical care in the physician's office was the least common arrangement (2 percent), possibly because of the difficulties involved in transporting nonambulatory patients.

Charges were highest (\$267) for homes in which physical examinations were provided at admission and annually thereafter. This was the most common arrangement, occurring in 75 percent of all nursing homes (table C). Charges were lowest (\$194) for homes in which examinations were not provided either at admission or annually. Fifteen percent of the homes followed this policy. This does *not* mean that examinations were never provided in these homes. Rather, some may have followed a policy of examinations when needed depending on the health of the resident. Thus provision of examinations in these homes varied from resident to resident. This is further exemplified by the fact that the most common arrangement for physician services was visits when needed.

Thirty-one percent of all nursing homes provided physical, occupational, or speech and hearing therapy inside the home. Charges were highest (\$385) in homes providing all three types of therapy and lowest (\$219) in homes providing none of them. (See table D.) This difference suggests that the higher charges of homes providing all three types of therapy were related to the additional cost for specialized personnel, therapy equipment, and therapy facilities. For homes providing only one of the three types of therapy, charges were higher for physical therapy (\$304) than for speech and hearing therapy (\$254) or occupational therapy (\$247). Physical therapy was available inside more nursing homes (28 percent) than was oc-

Table C. Average most frequent (modal) monthly charge per resident and number and percent distribution of nursing homes by arrangement for physician services and provision of physical examination: United States, April-September 1968

[Due to rounding to nearest tenth, figures may not add to 100 percent]

Arrangement for physician services and provision of physical examination	Average most frequent (modal) monthly charge	Total homes ¹	
		Number	Percent
<u>Arrangement for physician services</u>			
Physician visits by full-time staff doctor--	\$263	1,344	7.6
Physician visits at regular intervals-----	279	6,139	34.7
Physician visits when needed-----	236	9,830	55.6
Medical care received in physician's office-	196	364	2.1
<u>Provision of physical examination</u>			
At admission and annually-----	\$267	13,635	75.0
At admission only-----	234	1,465	8.1
Annually only-----	210	415	2.3
Neither at admission nor annually-----	194	2,670	14.7

¹Includes homes with noncharge arrangements.

Table D. Average most frequent (modal) monthly charge per resident in rank order and number and percent distribution of nursing homes by type of therapy available inside the home: United States, April-September 1968

[Due to rounding to nearest tenth, figures may not add to 100 percent]

Type of therapy available inside the home	Average most frequent (modal) monthly charge	Total homes ¹	
		Number	Percent
Physical, occupational, and speech/hearing--	\$385	1,213	6.7
Physical and speech/hearing-----	360	442	2.4
Physical and occupational-----	324	1,457	8.0
Physical only-----	304	1,978	10.9
Occupational and speech/hearing-----	269	25	0.1
Speech/hearing only-----	254	45	0.2
Occupational only-----	247	472	2.6
None-----	219	12,553	69.0

¹Includes homes with noncharge arrangements.

cupational therapy (17 percent) or speech and hearing therapy (9 percent).

The 28 percent of homes providing physical therapy on the premises were further differentiated into those where patients received physical therapy inside the home exclusively (nearly 24 percent) and those where patients received physical therapy both inside the home *and* in an outpatient clinic (nearly 5 percent). (See table E.) In an additional 10 percent of the homes, patients received physical therapy in outpatient clinics exclusively. Altogether, physical therapy was received inside the home, in an outpatient clinic, or in both places in 38 percent of all nursing homes. Charges were higher (\$339) for homes where physical therapy was received inside the home only than for homes where it was received both inside the home and in an outpatient clinic (\$307). This may be because use of an outpatient clinic to supplement services available inside the home decreases the expense of providing some therapy equipment and facilities inside the home. Charges were lowest (\$215) in the 62 percent of homes where no physical therapy was received either inside the home or in an outpatient clinic.

Employees

As the number of full-time and part-time employees per 100 residents increased, the average most frequent charge increased—from \$188 for less than 20 employees per 100 residents to \$296 for 80 employees or more per 100 residents. (See table F.) Charges for homes with less than 20 employees per 100 residents were within a dollar of the charges for homes with 20-39 employees (\$189). It was not until homes employed at least 60 employees per 100 residents that the average most frequent charge of \$275 exceeded the national average of \$253. Slightly over half (56 percent) of all nursing homes had at least 60 employees per 100 residents.

The lowest and highest charges followed patterns similar to that of the average most frequent charge. Each charge increased as the employee-resident ratio increased, and each was nearly equal in the less than 20 and 20-39 ratio categories.

According to a study conducted on 400 nursing homes assisted by the Federal Housing Administration, the number of employees had a marked effect on the increase in charges from

Table E. Average most frequent (modal) monthly charge per resident and number and percent distribution of nursing homes by where physical therapy was received: United States, April-September 1968

[Due to rounding to nearest tenth, figures may not add to 100 percent]

Where physical therapy was received	Average most frequent (modal) monthly charge	Total homes ¹	
		Number	Percent
Inside the home and in an outpatient clinic-	\$307	816	4.5
Inside the home only-----	339	4,274	23.5
In an outpatient clinic only-----	258	1,774	9.8
No physical therapy received-----	215	11,321	62.3

¹Includes homes with noncharge arrangements.

Table F. Average lowest, most frequent (modal), and highest monthly charges per resident and number and percent distribution of nursing homes charging for care by number of employees per 100 residents: United States, April-September 1968

[Due to rounding to nearest tenth, figures may not add to 100 percent]

Number of full-time and part-time employees per 100 residents	Average monthly charge			Homes charging for care	
	Lowest	Most frequent (modal)	Highest	Number	Percent
Less than 20 employees-----	\$162	\$188	\$228	849	5
20-39 employees-----	167	189	230	2,755	16
40-59 employees-----	198	230	280	4,103	24
60-79 employees-----	239	275	340	4,415	26
80 employees or more-----	260	296	366	5,154	30

1967 to 1969. When administrators of these homes were asked to choose the leading cause for monthly charge increases, 90 percent indicated that rising wages and salaries were the major reasons.³

Homes With and Without Medicare Recipients

Of the 17,276 homes charging for care, 16 percent had patients who were Medicare recipients. Charges for services rendered in homes with Medicare recipients were \$135 higher per month on the average than charges for services rendered in homes without Medicare recipients (table G). This difference probably reflects the kinds of services required for skilled nursing care covered under Medicare as well as the nature of the extended care facilities themselves. (See note to table G concerning the difference between counts of homes with Medicare recipients and of homes certified for Medicare as reported by the Social Security Administration.)

By type of nursing service, more nursing care homes (26 percent) had Medicare recipients than did personal care with nursing homes (5 percent) or personal care homes (0.3 percent). Only 10 of the 3,995 personal care homes had Medicare recipients. (Because the type of nursing service classification used by the National Center for

Health Statistics (NCHS) differs from that used by the Social Security Administration, homes certified for Medicare can fall in any of the NCHS service classifications. See appendix IV for classification details.)

Within each type of service classification, charges in homes with Medicare recipients were higher than charges in homes without Medicare recipients. Of all homes without Medicare recipients, nursing care homes charged the highest amounts (\$269); personal care with nursing homes, the next highest (\$204); and personal care homes, the lowest (\$181). (See table G.) For the 16 percent of all homes with Medicare recipients, charges in nursing care homes were higher (\$369) than charges in personal care homes with nursing (\$317). Charges for personal care homes are not presented because the number of homes in this category (10) was too small to make the data reliable.

The higher charges of homes with Medicare recipients is further illustrated by comparing the cumulative percent distributions of charges for homes with and without such recipients (figure 4). Twenty-two percent of the homes without Medicare recipients charged \$300 or more. In contrast, 74 percent of homes with Medicare recipients charged \$300 or more. Higher charges in homes

Table G. Number and percent distribution of nursing homes charging for care and average most frequent (modal) monthly charge per resident for homes with and without Medicare recipients, according to type of service: United States, April-September 1968

Type of service	Homes charging for care		Homes with Medicare recipients ¹		Homes without Medicare recipients	
	Number	Percent	Percent of homes	Average most frequent (modal) monthly charge	Percent of homes	Average most frequent (modal) monthly charge
All types of service-----	17,276	100.0	16.0	\$366	84.0	\$231
Nursing care-----	10,036	100.0	25.6	369	74.4	269
Personal care with nursing-----	3,245	100.0	5.4	317	94.6	204
Personal care-----	3,995	100.0	0.3	*	99.7	181

¹According to the Social Security Administration (SSA), there were approximately 3,400 nursing homes certified for Medicare January 1, 1967, when the universe for this survey was established. (See appendix II for details.) This figure is larger than that which can be calculated from the above table because:

- 121 homes certified for Medicare but making no charge for care were excluded from the table.
- 500 hospital-based extended care facilities were not included in the survey universe.
- Homes certified for Medicare but having no Medicare patients were not identified in this survey (see phrasing of question 16 in appendix V). However, such homes were included in the SSA figure.

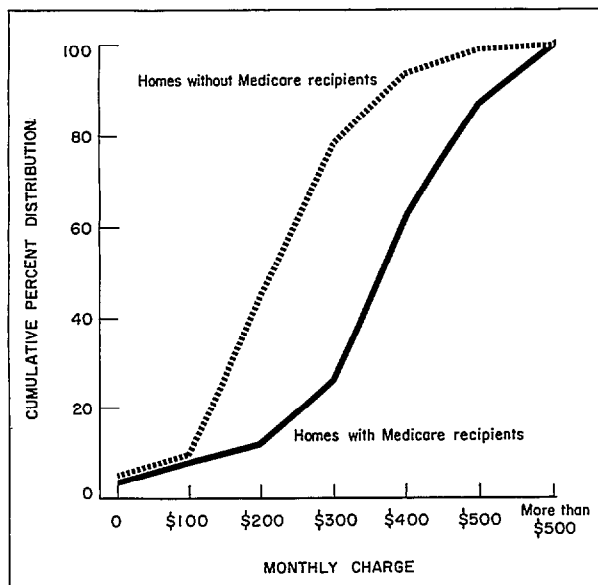


Figure 4. Cumulative percent distribution of nursing homes by most frequent (modal) monthly charge per resident for homes with and without Medicare recipients: United States, April-September 1968.

with Medicare recipients may be due to the increased costs of large nursing staff, specialized health personnel, special equipment, and special nursing and therapy services that homes must provide to be certified for Medicare.

Medical Assistance Benefits

Seventy-nine percent of all nursing homes participated in at least one Federal or State public assistance or medical assistance program. These programs include Old Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, Aid to Families with Dependent Children, Medicare, and Medicaid.

Of the 743,293 residents in nursing homes, 45 percent received benefits from public or medical assistance programs, including all those listed in the preceding paragraph except Medicare. Five percent of all residents were receiving Medicare benefits, and 7 percent had exhausted their Medicare benefits (table H). Both residents who were receiving Medicare benefits *and* residents who had

Table H. Number and percent of residents of nursing homes with public or medical assistance benefits, Medicare benefits, or exhausted Medicare benefits, by type of service: United States, April-September 1968

Type of service	Number of residents	Percent of residents		
		With public or medical assistance benefits	With Medicare benefits ¹	With exhausted Medicare benefits ¹
All types of service----	743,293	44.9	5.3	7.3
Nursing care-----	535,743	47.3	7.0	8.9
Personal care with nursing----	150,291	36.8	1.3	2.7
Personal care-----	57,259	44.5	0.2	3.5

¹Residents in this category may have been receiving public or medical assistance benefits also.

exhausted their Medicare benefits may have been receiving benefits from other medical programs. If so, they were counted twice—once for receiving medical assistance benefits and once for receiving Medicare benefits or for having exhausted

them. Thus the categories in tables H and J are not additive.

For nursing care homes, which provided care for 72 percent of all residents in nursing institutions, the percent of residents receiving public

Table J. Number and percent of residents of nursing homes with public or medical assistance benefits, Medicare benefits, or exhausted Medicare benefits, by type of ownership: United States, April-September 1968

Type of ownership	Number of residents	Percent of residents		
		With public or medical assistance benefits	With Medicare benefits ¹	With exhausted Medicare benefits ¹
All types of ownership--	743,293	44.9	5.3	7.3
Proprietary-----	492,535	47.8	6.8	8.5
Church and other nonprofit----	177,421	33.6	2.9	5.1
Government-----	73,337	53.2	1.6	4.4

¹Residents in this category may have been receiving public or medical assistance benefits also.

or medical assistance benefits (47 percent) was similar to the percent for all homes (45 percent). Seven percent of residents in nursing care homes were receiving Medicare benefits and 9 percent had exhausted them (table H).

Government-owned homes had the highest percentage of residents receiving public or medical assistance benefits (53 percent), the lowest percentage receiving Medicare benefits (2 percent), and the lowest percentage who had exhausted their Medicare benefits (4 percent). (See table J.) Proprietary homes, which provided care for 66 percent of all residents, had the highest percentage of residents receiving Medicare benefits (7 percent) and the highest percentage with exhausted Medicare benefits (almost 9 percent). These percentages are similar to those for nursing care homes (see table H) because 81 percent

of the 492,535 residents in proprietary homes were in homes providing nursing care.

Homes With Noncharge Arrangements

Five percent of all nursing homes had either no charge, initial payment-life care plans, or other noncharge arrangements (table 3). These arrangements were more common in personal care with nursing homes (13 percent) than in personal care (4 percent) or nursing care homes (3 percent). By ownership, 15 percent of homes owned by non-profit groups had noncharge arrangements. In contrast, only 6 percent of government-owned homes and 3 percent of proprietary-owned homes had such arrangements. Possibly the percent of noncharging homes was highest for homes owned by nonprofit groups because they had sources of income other than from their residents.

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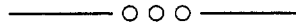
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Table 1. Number of nursing homes charging for care and average and standard deviation of lowest, most frequent (modal), and highest monthly charges per resident, according to region, type of ownership, and bed size: United States, April-September 1968

Region, type of ownership, and bed size	Number of homes charging for care	Average monthly charge					
		Lowest		Most frequent (modal)		Highest	
		Average	Standard deviation	Average	Standard deviation	Average	Standard deviation
<u>United States</u>							
All types of ownership-----	17,276	\$220	\$104	\$253	\$114	\$310	\$160
Less than 25 beds-----	7,537	181	74	203	83	240	107
25-49 beds-----	4,351	232	103	265	108	326	150
50-99 beds-----	3,774	267	113	309	118	390	171
100 beds or more-----	1,614	265	134	315	144	414	206
Proprietary-----	13,644	226	104	258	115	317	165
Less than 25 beds-----	6,437	183	74	206	83	244	107
25-49 beds-----	3,569	237	102	271	107	334	152
50-99 beds-----	2,786	287	110	330	116	417	175
100 beds or more-----	852	304	136	352	150	473	228
Church and other nonprofit-----	2,335	207	104	248	112	313	143
Less than 25 beds-----	452	173	93	195	101	227	124
25-49 beds-----	556	210	105	244	109	300	135
50-99 beds-----	765	214	100	259	101	330	125
100 beds or more-----	562	222	112	280	119	370	155
Government-----	1,297	185	93	207	98	238	114
Less than 25 beds-----	648	163	52	180	60	210	84
25-49 beds-----	226	200	112	224	114	257	129
50-99 beds-----	223	200	104	224	109	258	129
100 beds or more-----	200	220	131	255	133	285	136
<u>Northeast</u>							
All types of ownership-----	3,840	242	131	274	145	340	197
Less than 25 beds-----	1,702	194	97	218	110	258	139
25-49 beds-----	1,041	257	120	290	132	360	165
50-99 beds-----	681	297	147	341	161	442	226
100 beds or more-----	416	310	167	354	177	459	258

Table 1. Number of nursing homes charging for care and average and standard deviation of lowest, most frequent (modal), and highest monthly charges per resident, according to region, type of ownership, and bed size: United States, April-September 1968—Con.

Region, type of ownership and bed size	Number of homes charging for care	Average monthly charge					
		Lowest		Most frequent (modal)		Highest	
		Average	Standard deviation	Average	Standard deviation	Average	Standard deviation
<u>Northeast—Con.</u>							
Proprietary-----	3,023	\$249	\$130	\$281	\$146	\$350	\$202
Less than 25 beds-----	1,470	198	96	223	110	265	139
25-49 beds-----	880	264	117	297	131	369	163
50-99 beds-----	464	328	141	374	159	491	234
100 beds or more-----	209	373	165	417	182	558	284
Church and other nonprofit-----	593	213	130	251	138	315	174
Less than 25 beds-----	154	174	111	194	112	227	132
25-49 beds-----	130	216	126	252	133	315	154
50-99 beds-----	176	222	133	266	139	340	166
100 beds or more-----	133	245	139	297	148	383	192
Government-----	224	213	134	239	137	270	150
Less than 25 beds-----	78	153	75	173	90	204	129
25-49 beds-----	31	208	127	238	134	269	153
50-99 beds-----	41	264	147	286	146	314	148
100 beds or more-----	74	250	151	283	146	315	144
<u>North Central</u>							
All types of ownership-----	5,621	209	88	243	100	295	129
Less than 25 beds-----	2,194	179	66	203	74	234	90
25-49 beds-----	1,567	212	84	245	90	298	106
50-99 beds-----	1,268	244	95	287	105	356	141
100 beds or more-----	592	239	114	294	127	380	165
Proprietary-----	4,211	216	87	248	99	299	130
Less than 25 beds-----	1,973	180	63	204	70	236	84
25-49 beds-----	1,222	220	81	253	86	309	101
50-99 beds-----	777	275	91	320	102	395	143
100 beds or more-----	239	294	112	354	128	458	180

Table 1. Number of nursing homes charging for care and average and standard deviation of lowest, most frequent (modal), and highest monthly charges per resident, according to region, type of ownership, and bed size: United States, April-September 1968— Con.

Region, type of ownership, and bed size	Number of homes charging for care	Average monthly charge					
		Lowest		Most frequent (modal)		Highest	
		Average	Standard deviation	Average	Standard deviation	Average	Standard deviation
<u>North Central—Con.</u>							
Church and other nonprofit-----	997	\$196	\$85	.\$239	\$94	\$305	\$122
Less than 25 beds-----	128	179	96	207	112	236	147
25-49 beds-----	243	188	82	222	85	274	105
50-99 beds-----	372	203	77	247	81	316	105
100 beds or more-----	254	203	92	260	101	353	122
Government-----	413	173	97	202	106	228	118
Less than 25 beds-----	93	153	68	173	74	196	89
25-49 beds-----	102	172	107	198	111	226	131
50-99 beds-----	119	171	85	196	96	228	112
100 beds or more-----	99	197	115	239	125	261	125
<u>South</u>							
All types of ownership-----	3,972	206	84	240	91	292	128
Less than 25 beds-----	1,394	167	61	187	67	214	80
25-49 beds-----	1,121	211	81	248	82	300	104
50-99 beds-----	1,086	239	82	283	79	349	120
100 beds or more-----	371	244	105	293	117	393	182
Proprietary-----	3,199	209	82	243	89	297	129
Less than 25 beds-----	1,121	169	63	190	68	219	81
25-49 beds-----	925	209	76	248	77	300	101
50-99 beds-----	908	244	79	288	75	357	122
100 beds or more-----	245	257	105	301	120	414	195
Church and other nonprofit-----	488	206	95	247	103	302	128
Less than 25 beds-----	115	157	58	177	72	205	86
25-49 beds-----	130	224	102	256	105	312	125
50-99 beds-----	137	219	95	267	89	324	99
100 beds or more-----	106	218	98	286	108	365	143

Table 1. Number of nursing homes charging for care and average and standard deviation of lowest, most frequent (modal), and highest monthly charges per resident, according to region, type of ownership, and bed size: United States, April-September 1968—Con.

Region, type of ownership, and bed size	Number of homes charging for care	Average monthly charge					
		Lowest		Most frequent (modal)		Highest	
		Average	Standard deviation	Average	Standard deviation	Average	Standard deviation
<u>South—Con.</u>							
Government-----	285	\$182	\$76	\$197	\$78	\$226	\$96
Less than 25 beds-----	158	157	47	168	49	188	61
25-49 beds-----	66	217	95	238	90	281	101
50-99 beds-----	41	205	82	223	86	258	101
100 beds or more-----	20	219	97	237	98	289	138
<u>West</u>							
All types of ownership-----	3,843	230	110	257	118	322	184
Less than 25 beds-----	2,247	182	66	203	73	246	106
25-49 beds-----	622	276	127	305	129	386	236
50-99 beds-----	739	319	117	358	117	460	187
100 beds or more-----	235	284	131	331	138	450	213
Proprietary-----	3,211	235	113	262	121	329	191
Less than 25 beds-----	1,873	184	68	205	76	250	110
25-49 beds-----	542	279	127	307	129	393	245
50-99 beds-----	637	332	115	370	116	474	190
100 beds or more-----	159	300	131	342	143	472	221
Church and other nonprofit-----	257	235	114	280	115	358	162
Less than 25 beds-----	55	185	84	212	88	252	106
25-49 beds-----	53	256	125	295	129	354	168
50-99 beds-----	80	241	108	290	97	385	127
100 beds or more-----	69	252	120	312	120	415	187
Government-----	375	182	61	201	66	238	92
Less than 25 beds-----	319	172	39	190	48	226	74
25-49 beds-----	27	257	122	274	121	304	121
50-99 beds-----	22	230	69	256	67	316	162
100 beds or more-----	7	226	143	246	141	291	130

Table 2. Average and standard deviation of most frequent (modal) monthly charge per resident in nursing homes and number of homes by most frequent (modal) monthly charge, by type of service, type of ownership, and bed size; United States, April-September 1968

Type of service, type of ownership, and bed size	Average most frequent (modal) monthly charge	Standard deviation of most frequent (modal) monthly charge	Total homes	Most frequent (modal) monthly charge						
				\$1-99	\$100- 199	\$200- 299	\$300- 399	\$400- 499	\$500 or more	Non- charge arrange- ments ¹
<u>All types of service</u>				Number of homes						
All types of ownership----	\$253	\$114	18,185	677	5,719	5,466	3,429	1,416	569	909
Less than 25 beds-----	203	83	7,778	279	4,271	1,974	745	200	68	241
25-49 beds-----	265	108	4,719	165	893	1,765	1,027	378	123	368
50-99 beds-----	309	118	3,935	130	355	1,312	1,189	560	228	161
100 beds or more-----	315	144	1,753	103	200	415	468	278	150	139
Proprietary-----	258	115	14,048	457	4,372	4,311	2,783	1,236	485	404
Less than 25 beds-----	206	83	6,549	210	3,538	1,775	675	183	56	112
25-49 beds-----	271	107	3,773	113	659	1,493	861	339	104	204
50-99 beds-----	330	116	2,845	68	138	884	987	497	212	59
100 beds or more-----	352	150	881	66	37	159	260	217	113	29
Church and other nonprofit--	248	112	2,761	101	743	791	496	139	65	426
Less than 25 beds-----	195	101	557	34	277	80	41	10	10	105
25-49 beds-----	244	109	698	21	178	190	120	32	15	142
50-99 beds-----	259	101	856	30	161	341	170	50	13	91
100 beds or more-----	280	119	650	16	127	180	165	47	27	88
Government-----	207	98	1,376	119	604	364	150	41	19	79
Less than 25 beds-----	180	60	672	35	456	119	29	7	2	24
25-49 beds-----	224	114	248	31	56	82	46	7	4	22
50-99 beds-----	224	109	234	32	56	87	32	13	3	11
100 beds or more-----	255	133	222	21	36	76	43	14	10	22
<u>Nursing care</u>										
All types of ownership----	295	118	10,330	342	1,281	3,772	2,816	1,296	529	294
Less than 25 beds-----	253	102	2,497	100	569	1,031	522	158	52	65
25-49 beds-----	278	108	3,397	98	489	1,445	821	354	116	74
50-99 beds-----	330	113	3,177	57	148	998	1,128	532	222	92
100 beds or more-----	335	148	1,259	87	75	298	345	252	139	63
Proprietary-----	298	119	8,613	292	1,016	3,110	2,387	1,163	461	184
Less than 25 beds-----	254	99	2,273	90	491	971	482	146	44	49
25-49 beds-----	280	108	2,956	91	422	1,249	717	326	99	52
50-99 beds-----	339	114	2,573	46	81	748	953	481	208	56
100 beds or more-----	357	152	811	65	22	142	235	210	110	27
Church and other nonprofit--	286	116	1,199	34	156	449	323	101	51	85
Less than 25 beds-----	253	133	146	8	43	39	27	9	6	14
25-49 beds-----	275	111	312	6	45	131	76	24	14	16
50-99 beds-----	294	99	460	8	36	188	146	40	11	31
100 beds or more-----	303	131	281	12	32	91	74	28	20	24
Government-----	259	109	518	16	109	213	106	32	17	25
Less than 25 beds-----	223	97	78	2	35	21	13	3	2	2
25-49 beds-----	257	96	129	1	22	65	28	4	3	6
50-99 beds-----	261	99	144	3	31	62	29	11	3	5
100 beds or more-----	275	127	167	10	21	65	36	14	9	12
<u>Personal care with nursing</u>										
All types of ownership----	210	82	3,712	96	1,658	1,062	318	80	31	467
Less than 25 beds-----	188	62	1,762	36	1,168	391	86	18	8	55
25-49 beds-----	216	84	859	23	227	255	63	14	7	270
50-99 beds-----	236	85	633	23	155	303	56	24	5	67
100 beds or more-----	260	111	458	14	108	113	113	24	11	75
Proprietary-----	207	76	2,292	37	1,158	683	182	42	19	171
Less than 25 beds-----	190	64	1,479	23	993	338	80	17	8	20
25-49 beds-----	226	81	539	12	119	201	50	6	5	146
50-99 beds-----	262	78	216	1	38	128	30	13	3	3
100 beds or more-----	307	107	58	1	8	16	22	6	3	2

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 2. Average and standard deviation of most frequent (modal) monthly charge per resident in nursing homes and number of homes by most frequent (modal) monthly charge, by type of service, type of ownership, and bed size: United States, April-September 1968--Con.

Type of service, type of ownership, and bed size	Average most frequent (modal) monthly charge	Standard deviation of most frequent (modal) monthly charge	Total homes	Most frequent (modal) monthly charge						
				\$1-99	\$100- 199	\$200- 299	\$300- 399	\$400- 499	\$500 or more	Non- charge arrange- ments ¹
<u>Personal care with nursing--Con.</u>				Number of homes						
Church and other nonprofit--	\$225	\$91	1,123	22	363	304	122	34	10	268
Less than 25 beds-----	174	53	152	7	84	25	3	-	-	33
25-49 beds-----	196	79	263	4	89	42	10	6	1	111
50-99 beds-----	228	81	354	7	101	150	24	10	2	60
100 beds or more-----	260	104	354	4	89	87	85	18	7	64
Government-----	184	86	297	37	137	75	14	4	2	28
Less than 25 beds-----	179	51	131	6	91	28	3	1	-	2
25-49 beds-----	195	104	57	7	19	12	3	2	1	13
50-99 beds-----	181	93	63	15	16	25	2	1	-	4
100 beds or more-----	192	135	46	9	11	10	6	-	1	9
<u>Personal care</u>										
All types of ownership----	181	70	4,143	239	2,780	632	295	40	9	148
Less than 25 beds-----	176	57	3,519	143	2,534	552	137	24	8	121
25-49 beds-----	230	115	463	44	177	65	143	10	-	24
50-99 beds-----	144	90	125	50	52	11	5	4	1	2
100 beds or more-----	231	120	36	2	17	4	10	2	-	1
Proprietary-----	183	66	3,143	128	2,198	518	214	31	5	49
Less than 25 beds-----	177	55	2,797	97	2,054	466	113	20	4	43
25-49 beds-----	244	108	278	10	118	43	94	7	-	6
50-99 beds-----	171	108	56	21	19	8	4	3	1	-
100 beds or more-----	236	117	12	-	7	1	3	1	-	-
Church and other nonprofit--	185	97	439	45	224	38	51	4	4	73
Less than 25 beds-----	170	81	259	19	150	16	11	1	4	58
25-49 beds-----	225	112	123	11	44	17	34	2	-	15
50-99 beds-----	124	44	42	15	24	3	-	-	-	-
100 beds or more-----	266	114	15	-	6	2	6	1	-	-
Government-----	171	68	561	66	358	76	30	5	-	26
Less than 25 beds-----	173	50	463	27	330	70	13	3	-	20
25-49 beds-----	178	131	62	23	15	5	15	1	-	3
50-99 beds-----	117	87	27	14	9	-	1	1	-	2
100 beds or more-----	157	102	9	2	4	1	1	-	-	1

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 3. Average and standard deviation of most frequent (modal) monthly charge per resident in nursing homes, number and percent distribution of homes by most frequent (modal) monthly charge, according to type of service, type of ownership, and bed size: United States, April-September 1968

[Due to rounding to nearest tenth, figures may not add to 100 percent.]

Type of service, type of ownership, and bed size	Average most frequent (modal) monthly charge	Standard deviation of most frequent (modal) monthly charge	Number of homes	Total	Most frequent (modal) monthly charge						
					\$1-99	\$100- 199	\$200- 299	\$300- 399	\$400- 499	\$500 or more	Non- charge arrange- ments ¹
All types of service					Percent distribution						
All types of owner- ship-----	\$253	\$114	18,185	100.0	3.7	31.4	30.1	18.9	7.8	3.1	5.0
Less than 25 beds-----	203	83	7,778	100.0	3.6	54.9	25.4	9.6	2.6	0.9	3.1
25-49 beds-----	265	108	4,719	100.0	3.5	18.9	37.4	21.8	8.0	2.6	7.8
50-99 beds-----	309	118	3,935	100.0	3.3	9.0	33.3	30.2	14.2	5.8	4.1
100 beds or more-----	315	144	1,753	100.0	5.9	11.4	23.7	26.7	15.9	8.6	7.9
Proprietary-----	258	115	14,048	100.0	3.3	31.1	30.7	19.8	8.8	3.5	2.9
Less than 25 beds-----	206	83	6,549	100.0	3.2	54.0	27.1	10.3	2.8	0.9	1.7
25-49 beds-----	271	107	3,773	100.0	3.0	17.5	39.6	22.8	9.0	2.8	5.4
50-99 beds-----	330	116	2,845	100.0	2.4	4.9	31.1	34.7	17.5	7.5	2.1
100 beds or more-----	352	150	881	100.0	7.5	4.2	18.0	29.5	24.6	12.8	3.3
Church and other nonprofit-----	248	112	2,761	100.0	3.7	26.9	28.6	18.0	5.0	2.4	15.4
Less than 25 beds-----	195	101	557	100.0	6.1	49.7	14.4	7.4	1.8	1.8	18.9
25-49 beds-----	244	109	698	100.0	3.0	25.5	27.2	17.2	4.6	2.1	20.3
50-99 beds-----	259	101	856	100.0	3.5	18.8	39.8	19.9	5.8	1.5	10.6
100 beds or more-----	280	119	650	100.0	2.5	19.5	27.7	25.4	7.2	4.2	13.5
Government-----	207	98	1,376	100.0	8.6	43.9	26.5	10.9	3.0	1.4	5.7
Less than 25 beds-----	180	60	672	100.0	5.2	67.9	17.7	4.3	1.0	0.3	3.6
25-49 beds-----	224	114	248	100.0	12.5	22.6	33.1	18.5	2.8	1.6	8.9
50-99 beds-----	224	109	234	100.0	13.7	23.9	37.2	13.7	5.6	1.3	4.7
100 beds or more-----	255	133	222	100.0	9.5	16.2	34.2	19.4	6.3	4.5	9.9
Nursing care											
All types of owner- ship-----	295	118	10,330	100.0	3.3	12.4	36.5	27.3	12.5	5.1	2.8
Less than 25 beds-----	253	102	2,497	100.0	4.0	22.8	41.3	20.9	6.3	2.1	2.6
25-49 beds-----	278	108	3,397	100.0	2.9	14.4	42.5	24.2	10.4	3.4	2.2
50-99 beds-----	330	113	3,177	100.0	1.8	4.7	31.4	35.5	16.7	7.0	2.9
100 beds or more-----	335	148	1,259	100.0	6.9	6.0	23.7	27.4	20.0	11.0	5.0
Proprietary-----	298	119	8,613	100.0	3.4	11.8	36.1	27.7	13.5	5.4	2.1
Less than 25 beds-----	254	99	2,273	100.0	4.0	21.6	42.7	21.2	6.4	1.9	2.2
25-49 beds-----	280	108	2,956	100.0	3.1	14.3	42.3	24.3	11.0	3.3	1.8
50-99 beds-----	339	114	2,573	100.0	1.8	3.1	29.1	37.0	18.7	8.1	2.2
100 beds or more-----	357	152	811	100.0	8.0	2.7	17.5	29.0	25.9	13.6	3.3
Church and other nonprofit-----	286	116	1,199	100.0	2.8	13.0	37.4	26.9	8.4	4.3	7.1
Less than 25 beds-----	253	133	146	100.0	5.5	29.5	26.7	18.5	6.2	4.1	9.6
25-49 beds-----	275	111	312	100.0	1.9	14.4	42.0	24.4	7.7	4.5	5.1
50-99 beds-----	294	99	460	100.0	1.7	7.8	40.9	31.7	8.7	2.4	6.7
100 beds or more-----	303	131	281	100.0	4.3	11.4	32.4	26.3	10.0	7.1	8.5
Government-----	259	109	518	100.0	3.1	21.0	41.1	20.5	6.2	3.3	4.8
Less than 25 beds-----	223	97	78	100.0	2.6	44.9	26.9	16.7	3.8	2.6	2.6
25-49 beds-----	257	96	129	100.0	0.8	17.1	50.4	21.7	3.1	2.3	4.7
50-99 beds-----	261	99	144	100.0	2.1	21.5	43.1	20.1	7.6	2.1	3.5
100 beds or more-----	275	127	167	100.0	6.0	12.6	38.9	21.6	8.4	5.4	7.2
Personal care with nursing											
All types of owner- ship-----	210	82	3,712	100.0	2.6	44.7	28.6	8.6	2.2	0.8	12.6
Less than 25 beds-----	188	62	1,762	100.0	2.0	66.3	22.2	4.9	1.0	0.5	3.1
25-49 beds-----	216	84	859	100.0	2.7	26.4	29.7	7.3	1.6	0.8	31.4
50-99 beds-----	236	85	633	100.0	3.6	24.5	47.9	8.8	3.8	0.8	10.6
100 beds or more-----	260	111	458	100.0	3.1	23.6	24.7	24.7	5.2	2.4	16.4

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 3. Average and standard deviation of most frequent (modal) monthly charge per resident in nursing homes, number and percent distribution of homes by most frequent (modal) monthly charge, according to type of service, type of ownership, and bed size: United States, April-September 1968—Con.

[Due to rounding to nearest tenth, figures may not add to 100 percent]

Type of service, type of ownership, and bed size	Average most frequent (modal) monthly charge	Standard deviation of most frequent (modal) monthly charge	Number of homes	Total	Most frequent (modal) monthly charge						
					\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500 or more	Non-charge arrangements ¹
Percent distribution											
Proprietary-----	\$207	\$76	2,292	100.0	1.6	50.5	29.8	7.9	1.8	0.8	7.5
Less than 25 beds-----	190	64	1,479	100.0	1.6	67.1	22.9	5.4	1.1	0.5	1.4
25-49 beds-----	226	81	539	100.0	2.2	22.1	37.3	9.3	1.1	0.9	27.1
50-99 beds-----	262	78	216	100.0	0.5	17.6	59.3	13.9	6.0	1.4	1.4
100 beds or more-----	307	107	58	100.0	1.7	13.8	27.6	37.9	10.3	5.2	3.4
Church and other nonprofit-----	225	91	1,123	100.0	2.0	32.3	27.1	10.9	3.0	0.9	23.9
Less than 25 beds-----	174	53	152	100.0	4.6	55.3	16.4	2.0	-	-	21.7
25-49 beds-----	196	79	263	100.0	1.5	33.8	16.0	3.8	2.3	0.4	42.2
50-99 beds-----	228	81	354	100.0	2.0	28.5	42.4	6.8	2.8	0.6	16.9
100 beds or more-----	260	104	354	100.0	1.1	25.1	24.6	24.0	5.1	2.0	18.1
Government-----	184	86	297	100.0	12.5	46.1	25.3	4.7	1.3	0.7	9.4
Less than 25 beds-----	179	51	131	100.0	4.6	69.5	21.4	2.3	0.8	-	1.5
25-49 beds-----	195	104	57	100.0	12.3	33.3	21.1	5.3	3.5	1.8	22.8
50-99 beds-----	181	93	63	100.0	23.8	25.4	39.7	3.2	1.6	-	6.3
100 beds or more-----	192	135	46	100.0	19.6	23.9	21.7	13.0	-	2.2	19.6
<u>Personal care</u>											
All types of ownership-----	181	70	4,143	100.0	5.8	67.1	15.3	7.1	1.0	0.2	3.6
Less than 25 beds-----	176	57	3,519	100.0	4.1	72.0	15.7	3.9	0.7	0.2	3.4
25-49 beds-----	230	115	463	100.0	9.5	38.2	14.0	30.9	2.2	-	5.2
50-99 beds-----	144	90	125	100.0	40.0	41.6	8.8	4.0	3.2	0.8	1.6
100 beds or more-----	231	120	36	100.0	5.6	47.2	11.1	27.8	5.6	-	2.8
Proprietary-----	183	66	3,143	100.0	4.1	69.9	16.5	6.8	1.0	0.2	1.6
Less than 25 beds-----	177	55	2,797	100.0	3.5	73.4	16.7	4.0	0.7	0.1	1.5
25-49 beds-----	244	108	278	100.0	3.6	42.4	15.5	33.8	2.5	-	2.2
50-99 beds-----	171	108	56	100.0	37.5	33.9	14.3	7.1	5.4	1.8	-
100 beds or more-----	236	117	12	100.0	-	58.3	8.3	25.0	8.3	-	-
Church and other nonprofit-----	185	97	439	100.0	10.3	51.0	8.7	11.6	0.9	0.9	16.6
Less than 25 beds-----	170	81	259	100.0	7.3	57.9	6.2	4.2	0.4	1.5	22.4
25-49 beds-----	225	112	123	100.0	8.9	35.8	13.8	27.6	1.6	-	12.2
50-99 beds-----	124	44	42	100.0	35.7	57.1	7.1	-	-	-	-
100 beds or more-----	266	114	15	100.0	-	40.0	13.3	40.0	6.7	-	-
Government-----	171	68	561	100.0	11.8	63.8	13.5	5.3	0.9	-	4.6
Less than 25 beds-----	173	50	463	100.0	5.8	71.3	15.1	2.8	0.6	-	4.3
25-49 beds-----	178	131	62	100.0	37.1	24.2	8.1	24.2	1.6	-	4.8
50-99 beds-----	117	87	27	100.0	51.9	33.3	-	3.7	3.7	-	7.4
100 beds or more-----	157	102	9	100.0	22.2	44.4	11.1	11.1	-	-	11.1

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 4. Average and standard deviation of most frequent (modal) monthly charge per resident in nursing homes, and number of homes by most frequent (modal) monthly charge, according to region, type of ownership, and bed size: United States, April-September 1968

Region, type of ownership, and bed size	Average most frequent (modal) monthly charge	Standard deviation of most frequent (modal) monthly charge	Total homes	Most frequent (modal) monthly charge						
				\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500 or more	Non-charge arrangements ¹
<u>United States</u>				Number of homes						
All types of ownership----	\$253	\$114	18,185	677	5,719	5,466	3,429	1,416	569	909
Less than 25 beds-----	203	83	7,778	279	4,271	1,974	745	200	68	241
25-49 beds-----	265	108	4,719	165	893	1,765	1,027	378	123	368
50-99 beds-----	309	118	3,935	130	355	1,312	1,189	560	228	161
100 beds or more-----	315	144	1,753	103	200	415	468	278	150	139
Proprietary-----	258	115	14,048	457	4,372	4,311	2,783	1,236	485	404
Less than 25 beds-----	206	83	6,549	210	3,538	1,775	675	183	56	112
25-49 beds-----	271	107	3,773	113	659	1,493	861	339	104	204
50-99 beds-----	330	116	2,845	68	138	884	987	497	212	59
100 beds or more-----	352	150	881	66	37	159	260	217	113	29
Church and other nonprofit--	248	112	2,761	101	743	791	496	139	65	426
Less than 25 beds-----	195	101	557	34	277	80	41	10	10	105
25-49 beds-----	244	109	698	21	178	190	120	32	15	142
50-99 beds-----	259	101	856	30	161	341	170	50	13	91
100 beds or more-----	280	119	650	16	127	180	165	47	27	88
Government-----	207	98	1,376	119	604	364	150	41	19	79
Less than 25 beds-----	180	60	672	35	456	119	29	7	2	24
25-49 beds-----	224	114	248	31	56	82	46	7	4	22
50-99 beds-----	224	109	234	32	56	87	32	13	3	11
100 beds or more-----	255	133	222	21	36	76	43	14	10	22
<u>Northeast</u>										
All types of ownership----	274	145	4,172	328	1,023	908	876	430	275	332
Less than 25 beds-----	218	110	1,819	151	754	422	260	75	40	117
25-49 beds-----	290	132	1,146	92	159	273	320	135	62	105
50-99 beds-----	341	161	745	55	62	134	200	135	95	64
100 beds or more-----	354	177	462	30	48	79	96	85	78	46
Proprietary-----	281	146	3,135	255	740	714	705	375	234	112
Less than 25 beds-----	223	110	1,514	128	604	392	241	70	35	44
25-49 beds-----	297	131	921	78	108	239	278	121	56	41
50-99 beds-----	374	159	483	31	17	71	147	114	84	19
100 beds or more-----	417	182	217	18	11	12	39	70	59	8
Church and other nonprofit--	251	138	790	48	203	150	122	42	28	197
Less than 25 beds-----	194	112	220	14	97	22	14	4	3	66
25-49 beds-----	252	133	194	9	42	31	30	13	5	64
50-99 beds-----	266	139	216	18	37	57	42	14	8	40
100 beds or more-----	297	148	160	7	27	40	36	11	12	27
Government-----	239	137	247	25	80	44	49	13	13	23
Less than 25 beds-----	173	90	85	9	53	8	5	1	2	7
25-49 beds-----	238	134	31	5	9	3	12	1	1	-
50-99 beds-----	286	146	46	6	8	6	11	7	3	5
100 beds or more-----	283	146	85	5	10	27	21	4	7	11
<u>North Central</u>										
All types of ownership----	243	100	5,898	177	1,755	2,151	1,108	348	82	277
Less than 25 beds-----	203	74	2,248	57	1,141	721	235	33	7	54
25-49 beds-----	245	90	1,693	46	368	738	328	76	11	126
50-99 beds-----	287	105	1,316	39	156	520	375	141	37	48
100 beds or more-----	294	127	641	35	90	172	170	98	27	49
Proprietary-----	248	99	4,350	70	1,316	1,604	865	292	64	139
Less than 25 beds-----	204	70	2,006	33	1,018	677	214	29	2	33
25-49 beds-----	253	86	1,302	13	254	607	273	66	9	80
50-99 beds-----	320	102	793	9	41	272	298	123	34	16
100 beds or more-----	354	128	249	15	3	48	80	74	19	10

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 4. Average and standard deviation of most frequent (modal) monthly charge per resident in nursing homes, and number of homes by most frequent (modal) monthly charge, according to region, type of ownership, and bed size: United States, April-September 1968--Con.

Region, type of ownership, and bed size	Average most frequent (modal) monthly charge	Standard deviation of most frequent (modal) monthly charge	Total homes	Most frequent (modal) monthly charge						
				\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500 or more	Non-charge arrangements ¹
North Central--Con.				Number of homes						
Church and other nonprofit--	\$239	\$94	1,107	32	311	405	192	43	14	110
Less than 25 beds-----	207	112	144	9	73	23	15	3	5	16
25-49 beds-----	222	85	276	8	90	98	38	8	1	33
50-99 beds-----	247	81	400	8	83	198	65	15	3	28
100 beds or more-----	260	101	287	7	65	86	74	17	5	33
Government-----	202	106	441	75	128	142	51	13	4	28
Less than 25 beds-----	173	74	98	15	50	21	6	1	-	5
25-49 beds-----	198	111	115	25	24	33	17	2	1	13
50-99 beds-----	196	96	123	22	32	50	12	3	-	4
100 beds or more-----	239	125	105	13	22	38	16	7	3	6
South										
All types of ownership----	240	91	4,141	104	1,287	1,538	845	154	44	169
Less than 25 beds-----	187	67	1,435	47	912	334	81	17	3	41
25-49 beds-----	248	82	1,212	16	235	590	245	26	9	91
50-99 beds-----	283	79	1,108	18	102	497	386	68	15	22
100 beds or more-----	293	117	386	23	38	117	133	43	17	15
Proprietary-----	243	89	3,278	74	966	1,299	703	124	33	79
Less than 25 beds-----	190	68	1,140	32	700	302	71	14	2	19
25-49 beds-----	248	77	978	11	187	509	194	20	4	53
50-99 beds-----	288	75	913	12	63	419	343	57	14	5
100 beds or more-----	301	120	247	19	16	69	95	33	13	2
Church and other nonprofit--	247	103	564	18	152	167	119	22	10	76
Less than 25 beds-----	177	72	130	9	77	20	7	1	1	15
25-49 beds-----	256	105	163	4	30	49	40	3	4	33
50-99 beds-----	267	89	152	3	26	59	39	9	1	15
100 beds or more-----	286	108	119	2	19	39	33	9	4	13
Government-----	197	78	299	12	169	72	23	8	1	14
Less than 25 beds-----	168	49	165	6	135	12	3	2	-	7
25-49 beds-----	238	90	71	1	18	32	11	3	1	5
50-99 beds-----	223	86	43	3	13	19	4	2	-	2
100 beds or more-----	237	98	20	2	3	9	5	1	-	-
West										
All types of ownership----	257	118	3,974	68	1,654	869	600	484	168	131
Less than 25 beds-----	203	73	2,276	24	1,464	497	169	75	18	29
25-49 beds-----	305	129	668	11	131	164	134	141	41	46
50-99 beds-----	358	117	766	18	35	161	228	216	81	27
100 beds or more-----	331	138	264	15	24	47	69	52	28	29
Proprietary-----	262	121	3,285	58	1,350	694	510	445	154	74
Less than 25 beds-----	205	76	1,889	17	1,216	404	149	70	17	16
25-49 beds-----	307	129	572	11	110	138	116	132	35	30
50-99 beds-----	370	116	656	16	17	122	199	203	80	19
100 beds or more-----	342	143	168	14	7	30	46	40	22	9
Church and other nonprofit--	280	115	300	3	77	69	63	32	13	43
Less than 25 beds-----	212	88	63	2	30	15	5	2	1	8
25-49 beds-----	295	129	65	-	16	12	12	8	5	12
50-99 beds-----	290	97	88	1	15	27	24	12	1	8
100 beds or more-----	312	120	84	-	16	15	22	10	6	15
Government-----	201	66	389	7	227	106	27	7	1	14
Less than 25 beds-----	190	48	324	5	218	78	15	3	-	5
25-49 beds-----	274	121	31	-	5	14	6	1	1	4
50-99 beds-----	256	67	22	1	3	12	5	1	-	-
100 beds or more-----	246	141	12	1	1	2	1	2	-	5

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 5. Average and standard deviation of most frequent (modal) monthly charge per resident in nursing homes, number and percent distribution of homes by most frequent (modal) monthly charge, according to region, type of ownership, and bed size: United States, April-September 1968

[Due to rounding to nearest tenth, figures may not add to 100 percent]

Region, type of ownership, and bed size	Average most frequent (modal) monthly charge	Standard deviation of most frequent (modal) monthly charge	Number of homes	Total	Most frequent (modal) monthly charge						
					\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500 or more	Non-charge arrangements ¹
<u>United States</u>											
Percent distribution											
All types of ownership-----	\$253	\$114	18,185	100.0	3.7	31.4	30.1	18.9	7.8	3.1	5.0
Less than 25 beds-----	203	83	7,778	100.0	3.6	54.9	25.4	9.6	2.6	0.9	3.1
25-49 beds-----	265	108	4,719	100.0	3.5	18.9	37.4	21.8	8.0	2.6	7.8
50-99 beds-----	309	118	3,935	100.0	3.3	9.0	33.3	30.2	14.2	5.8	4.1
100 beds or more-----	315	144	1,753	100.0	5.9	11.4	23.7	26.7	15.9	8.6	7.9
Proprietary-----	258	115	14,048	100.0	3.3	31.1	30.7	19.8	8.8	3.5	2.9
Less than 25 beds-----	206	83	6,549	100.0	3.2	54.0	27.1	10.3	2.8	0.9	1.7
25-49 beds-----	271	107	3,773	100.0	3.0	17.5	39.6	22.8	9.0	2.8	5.4
50-99 beds-----	330	116	2,845	100.0	2.4	4.9	31.1	34.7	17.5	7.5	2.1
100 beds or more-----	352	150	881	100.0	7.5	4.2	18.0	29.5	24.6	12.8	3.3
Church and other nonprofit-----	248	112	2,761	100.0	3.7	26.9	28.6	18.0	5.0	2.4	15.4
Less than 25 beds-----	195	101	557	100.0	6.1	49.7	14.4	7.4	1.8	1.8	18.9
25-49 beds-----	244	109	698	100.0	3.0	25.5	27.2	17.2	4.6	2.1	20.3
50-99 beds-----	259	101	856	100.0	3.5	18.8	39.8	19.9	5.8	1.5	10.6
100 beds or more-----	280	119	650	100.0	2.5	19.5	27.7	25.4	7.2	4.2	13.5
Government-----	207	98	1,376	100.0	8.6	43.9	26.5	10.9	3.0	1.4	5.7
Less than 25 beds-----	180	60	672	100.0	5.2	67.9	17.7	4.3	1.0	0.3	3.6
25-49 beds-----	224	114	248	100.0	12.5	22.6	33.1	18.5	2.8	1.6	8.9
50-99 beds-----	224	109	234	100.0	13.7	23.9	37.2	13.7	5.6	1.3	4.7
100 beds or more-----	255	133	222	100.0	9.5	16.2	34.2	19.4	6.3	4.5	9.9
<u>Northeast</u>											
All types of ownership-----	274	145	4,172	100.0	7.9	24.5	21.8	21.0	10.3	6.6	8.0
Less than 25 beds-----	218	110	1,819	100.0	8.3	41.5	23.2	14.3	4.1	2.2	6.4
25-49 beds-----	290	132	1,146	100.0	8.0	13.9	23.8	27.9	11.8	5.4	9.2
50-99 beds-----	341	161	745	100.0	7.4	8.3	18.0	26.8	18.1	12.8	8.6
100 beds or more-----	354	177	462	100.0	6.5	10.4	17.1	20.8	18.4	16.9	10.0
Proprietary-----	281	146	3,135	100.0	8.1	23.6	22.8	22.5	12.0	7.5	3.6
Less than 25 beds-----	223	110	1,514	100.0	8.5	39.9	25.9	15.9	4.6	2.3	2.9
25-49 beds-----	297	131	921	100.0	8.5	11.7	26.0	30.2	13.1	6.1	4.5
50-99 beds-----	374	159	483	100.0	6.4	3.5	14.7	30.4	23.6	17.4	3.9
100 beds or more-----	417	182	217	100.0	8.3	5.1	5.5	18.0	32.3	27.2	3.7
Church and other nonprofit-----	251	138	790	100.0	6.1	25.7	19.0	15.4	5.3	3.5	24.9
Less than 25 beds-----	194	112	220	100.0	6.4	44.1	10.0	6.4	1.8	1.4	30.0
25-49 beds-----	252	133	194	100.0	4.6	21.6	16.0	15.5	6.7	2.6	33.0
50-99 beds-----	266	139	216	100.0	8.3	17.1	26.4	19.4	6.5	3.7	18.5
100 beds or more-----	297	148	160	100.0	4.4	16.9	25.0	22.5	6.9	7.5	16.9
Government-----	239	137	247	100.0	10.1	32.4	17.8	19.8	5.3	5.3	9.3
Less than 25 beds-----	173	90	85	100.0	10.6	62.4	9.4	5.9	1.2	2.4	8.2
25-49 beds-----	238	134	31	100.0	16.1	29.0	9.7	38.7	3.2	3.2	-
50-99 beds-----	286	146	46	100.0	13.0	17.4	13.0	23.9	15.2	6.5	10.9
100 beds or more-----	283	146	85	100.0	5.9	11.8	31.8	24.7	4.7	8.2	12.9
<u>North Central</u>											
All types of ownership-----	243	100	5,898	100.0	3.0	29.8	36.5	18.8	5.9	1.4	4.7
Less than 25 beds-----	203	74	2,248	100.0	2.5	50.8	32.1	10.5	1.5	0.3	2.4
25-49 beds-----	245	90	1,693	100.0	2.7	21.7	43.6	19.4	4.5	0.6	7.4
50-99 beds-----	287	105	1,316	100.0	3.0	11.9	39.5	28.5	10.7	2.8	3.6
100 beds or more-----	294	127	641	100.0	5.5	14.0	26.8	26.5	15.3	4.2	7.6

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 5. Average and standard deviation of most frequent (modal) monthly charge per resident in nursing homes, number and percent distribution of homes by most frequent (modal) monthly charge, according to region, type of ownership, and bed size: United States, April-September 1968—Con.

[Due to rounding to nearest tenth, figures may not add to 100 percent]

Region, type of ownership, and bed size	Average most frequent (modal) monthly charge	Standard deviation of most frequent (modal) monthly charge	Number of homes	Total	Most frequent (modal) monthly charge						
					\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500 or more	Non-charge arrangements ¹
<u>North Central—Con.</u>					Percent distribution						
Proprietary-----	\$ 248	\$ 99	4,350	100.0	1.6	30.3	36.9	19.9	6.7	1.5	3.2
Less than 25 beds-----	204	70	2,006	100.0	1.6	50.7	33.7	10.7	1.4	0.1	1.6
25-49 beds-----	253	86	1,302	100.0	1.0	19.5	46.6	21.0	5.1	0.7	6.1
50-99 beds-----	320	102	793	100.0	1.1	5.2	34.3	37.6	15.5	4.3	2.0
100 beds or more-----	354	128	249	100.0	6.0	1.2	19.3	32.1	29.7	7.6	4.0
Church and other nonprofit-----	239	94	1,107	100.0	2.9	28.1	36.6	17.3	3.9	1.3	9.9
Less than 25 beds-----	207	112	144	100.0	6.3	50.7	16.0	10.4	2.1	3.5	11.1
25-49 beds-----	222	85	276	100.0	2.9	32.6	35.5	13.8	2.9	0.4	12.0
50-99 beds-----	247	81	400	100.0	2.0	20.8	49.5	16.3	3.8	0.8	7.0
100 beds or more-----	260	101	287	100.0	2.4	22.6	30.0	25.8	5.9	1.7	11.5
Government-----	202	106	441	100.0	17.0	29.0	32.2	11.6	2.9	0.9	6.3
Less than 25 beds-----	173	74	98	100.0	15.3	51.0	21.4	6.1	1.0	-	5.1
25-49 beds-----	198	111	115	100.0	21.7	20.9	28.7	14.8	1.7	0.9	11.3
50-99 beds-----	196	96	123	100.0	17.9	26.0	40.7	9.8	2.4	-	3.3
100 beds or more-----	239	125	105	100.0	12.4	21.0	36.2	15.2	6.7	2.9	5.7
<u>South</u>											
All types of ownership-----	240	91	4,141	100.0	2.5	31.1	37.1	20.4	3.7	1.1	4.1
Less than 25 beds-----	187	67	1,435	100.0	3.3	63.6	23.3	5.6	1.2	0.2	2.9
25-49 beds-----	248	82	1,212	100.0	1.3	19.4	48.7	20.2	2.1	0.7	7.5
50-99 beds-----	283	79	1,108	100.0	1.6	9.2	44.9	34.8	6.1	1.4	2.0
100 beds or more-----	293	117	386	100.0	6.0	9.8	30.3	34.5	11.1	4.4	3.9
Proprietary-----	243	89	3,278	100.0	2.3	29.5	39.6	21.4	3.8	1.0	2.4
Less than 25 beds-----	190	68	1,140	100.0	2.8	61.4	26.5	6.2	1.2	0.2	1.7
25-49 beds-----	248	77	978	100.0	1.1	19.1	52.0	19.8	2.0	0.4	5.4
50-99 beds-----	288	75	913	100.0	1.3	6.9	45.9	37.6	6.2	1.5	0.5
100 beds or more-----	301	120	247	100.0	7.7	6.5	27.9	38.5	13.4	5.3	0.8
Church and other nonprofit-----	247	103	564	100.0	3.2	27.0	29.6	21.1	3.9	1.8	13.5
Less than 25 beds-----	177	72	130	100.0	6.9	59.2	15.4	5.4	0.8	0.8	11.5
25-49 beds-----	256	105	163	100.0	2.5	18.4	30.1	24.5	1.8	2.5	20.2
50-99 beds-----	267	89	152	100.0	2.0	17.1	38.8	25.7	5.9	0.7	9.9
100 beds or more-----	286	108	119	100.0	1.7	16.0	32.8	27.7	7.6	3.4	10.9
Government-----	197	78	299	100.0	4.0	56.5	24.1	7.7	2.7	0.3	4.7
Less than 25 beds-----	168	49	165	100.0	3.6	81.8	7.3	1.8	1.2	-	4.2
25-49 beds-----	238	90	71	100.0	1.4	25.4	45.1	15.5	4.2	1.4	7.0
50-99 beds-----	223	86	43	100.0	7.0	30.2	44.2	9.3	4.7	-	4.7
100 beds or more-----	237	98	20	100.0	10.0	15.0	45.0	25.0	5.0	-	-
<u>West</u>											
All types of ownership-----	257	118	3,974	100.0	1.7	41.6	21.9	15.1	12.2	4.2	3.3
Less than 25 beds-----	203	73	2,276	100.0	1.1	64.3	21.8	7.4	3.3	0.8	1.3
25-49 beds-----	305	129	668	100.0	1.6	19.6	24.6	20.1	21.1	6.1	6.9
50-99 beds-----	358	117	766	100.0	2.3	4.6	21.0	29.8	28.2	10.6	3.5
100 beds or more-----	331	138	264	100.0	5.7	9.1	17.8	26.1	19.7	10.6	11.0
Proprietary-----	262	121	3,285	100.0	1.8	41.1	21.1	15.5	13.5	4.7	2.3
Less than 25 beds-----	205	76	1,889	100.0	0.9	64.4	21.4	7.9	3.7	0.9	0.8
25-49 beds-----	307	129	572	100.0	1.9	19.2	24.1	20.3	23.1	6.1	5.2
50-99 beds-----	370	116	656	100.0	2.4	2.6	18.6	30.3	30.9	12.2	2.9
100 beds or more-----	342	143	168	100.0	8.3	4.2	17.9	27.4	23.8	13.1	5.4

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 5. Average and standard deviation of most frequent (modal) monthly charge per resident in nursing homes, number and percent distribution of homes by most frequent (modal) monthly charge, according to region, type of ownership, and bed size: United States, April-September 1968—Con.

[Due to rounding to nearest tenth, figures may not add to 100 percent]

Region, type of ownership, and bed size	Average most frequent (modal) monthly charge	Standard deviation of most frequent (modal) monthly charge	Number of homes	Total	Most frequent (modal) monthly charge						
					\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500 or more	Non-charge arrangements ¹
<u>West—Con.</u>					Percent distribution						
Church and other nonprofit-----	\$280	\$115	300	100.0	1.0	25.7	23.0	21.0	10.7	4.3	14.3
Less than 25 beds-----	212	88	63	100.0	3.2	47.6	23.8	7.9	3.2	1.6	12.7
25-49 beds-----	295	129	65	100.0	-	24.6	18.5	18.5	12.3	7.7	18.5
50-99 beds-----	290	97	88	100.0	1.1	17.0	30.7	27.3	13.6	1.1	9.1
100 beds or more-----	312	120	84	100.0	-	19.0	17.9	26.2	11.9	7.1	17.9
Government-----	201	66	389	100.0	1.8	58.4	27.2	6.9	1.8	0.3	3.6
Less than 25 beds-----	190	48	324	100.0	1.5	67.3	24.1	4.6	0.9	-	1.5
25-49 beds-----	274	121	31	100.0	-	16.1	45.2	19.4	3.2	3.2	12.9
50-99 beds-----	256	67	22	100.0	4.5	13.6	54.5	22.7	4.5	-	-
100 beds or more-----	246	141	12	100.0	8.3	8.3	16.7	8.3	16.7	-	41.7

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 6. Average most frequent (modal) monthly charge per resident, number of nursing homes, and percent distribution of homes by most frequent (modal) monthly charge, according to type of service and each State: United States, April-September 1968

[Due to rounding to nearest tenth, figures may not add to 100 percent]

State and type of service	Average most frequent (modal) monthly charge	Number of homes	Total	Most frequent (modal) monthly charge						
				\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500 or more	Noncharge arrangements ¹
United States-----	\$253	18,185	100.0	3.7	31.4	30.1	18.9	7.8	3.1	5.0
Nursing care-----	295	10,330	100.0	3.3	12.4	36.5	27.3	12.5	5.1	2.8
Personal care with nursing-----	210	3,712	100.0	2.6	44.7	28.6	8.6	2.2	0.8	12.6
Personal care-----	181	4,143	100.0	5.8	67.1	15.3	7.1	1.0	0.2	3.6
Alabama-----	277	147	100.0	0.7	9.5	32.7	55.1	-	-	2.0
Nursing care-----	286	127	100.0	0.8	3.9	33.1	62.2	-	-	-
Personal care with nursing-----	224	16	100.0	-	31.3	37.5	12.5	-	-	18.8
Personal care-----	163	4	100.0	-	100.0	-	-	-	-	-
Alaska-----	255	4	100.0	-	75.0	-	-	-	25.0	-
Nursing care-----	280	3	100.0	-	66.7	-	-	-	33.3	-
Personal care with nursing-----	-	-	-	-	-	-	-	-	-	-
Personal care-----	180	1	100.0	-	100.0	-	-	-	-	-
Arizona-----	292	76	100.0	3.9	10.5	31.6	31.6	10.5	1.3	10.5
Nursing care-----	316	52	100.0	1.9	5.8	30.8	40.4	15.4	1.9	3.8
Personal care with nursing-----	241	15	100.0	6.7	6.7	46.7	6.7	-	-	33.3
Personal care-----	208	9	100.0	11.1	44.4	11.1	22.2	-	-	11.1
Arkansas-----	218	169	100.0	2.4	26.0	58.0	11.2	-	-	2.4
Nursing care-----	219	159	100.0	1.9	26.4	59.7	11.9	-	-	-
Personal care with nursing-----	201	8	100.0	-	25.0	37.5	-	-	-	37.5
Personal care-----	75	2	100.0	50.0	-	-	-	-	-	50.0
California-----	265	2,775	100.0	1.4	46.4	14.6	13.3	16.1	5.5	2.8
Nursing care-----	388	949	100.0	2.5	10.0	2.0	23.6	42.3	15.1	4.5
Personal care with nursing-----	221	433	100.0	0.9	54.7	21.7	9.7	5.8	1.8	5.3
Personal care-----	197	1,393	100.0	0.7	68.6	21.0	7.3	1.4	0.1	0.8
Colorado-----	243	161	100.0	1.9	18.0	57.1	17.4	1.9	0.6	3.1
Nursing care-----	253	135	100.0	1.5	11.9	63.0	19.3	2.2	0.7	1.5
Personal care with nursing-----	209	18	100.0	-	38.9	38.9	11.1	-	-	11.1
Personal care-----	131	8	100.0	12.5	75.0	-	-	-	-	12.5
Connecticut-----	304	341	100.0	7.0	23.8	13.8	23.8	18.8	9.1	3.8
Nursing care-----	352	219	100.0	7.3	10.5	11.4	27.9	28.3	13.2	1.4
Personal care with nursing-----	243	56	100.0	3.6	33.9	23.2	19.6	3.6	3.6	12.5
Personal care-----	188	66	100.0	9.1	59.1	13.6	13.6	-	-	4.5
Delaware-----	285	31	100.0	3.2	25.8	16.1	22.6	12.9	3.2	16.1
Nursing care-----	298	23	100.0	4.3	26.1	13.0	26.1	17.4	4.3	8.7
Personal care with nursing-----	278	5	100.0	-	-	40.0	20.0	-	-	40.0
Personal care-----	163	3	100.0	-	66.7	-	-	-	-	33.3
District of Columbia-----	208	80	100.0	1.3	42.5	31.3	7.5	1.3	1.3	15.0
Nursing care-----	228	33	100.0	3.0	33.3	39.4	12.1	3.0	3.0	6.1
Personal care with nursing-----	207	28	100.0	-	35.7	32.1	7.1	-	-	25.0
Personal care-----	171	19	100.0	-	68.4	15.8	-	-	-	15.8
Florida-----	287	305	100.0	3.9	17.0	29.5	29.2	12.1	5.6	2.6
Nursing care-----	310	232	100.0	3.4	9.1	30.2	34.1	15.1	6.9	1.3
Personal care with nursing-----	242	41	100.0	2.4	31.7	31.7	22.0	4.9	-	7.3
Personal care-----	173	32	100.0	9.4	56.3	21.9	3.1	-	3.1	6.3
Georgia-----	267	193	100.0	3.1	13.0	37.3	39.9	3.6	1.0	2.1
Nursing care-----	281	150	100.0	1.3	8.7	36.7	46.7	4.7	1.3	0.7
Personal care with nursing-----	249	26	100.0	-	15.4	53.8	23.1	-	-	7.7
Personal care-----	164	17	100.0	23.5	47.1	17.6	5.9	-	-	5.9

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 6. Average most frequent (modal) monthly charge per resident, number of nursing homes, and percent distribution of homes by most frequent (modal) monthly charge, according to type of service and each State: United States, April-September 1968—Con.

[Due to rounding to nearest tenth, figures may not add to 100 percent]

State and type of service	Average most frequent (modal) monthly charge	Number of homes	Total	Most frequent (modal) monthly charge						
				\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500 or more	Noncharge arrangements ¹
Percent distribution										
Hawaii-----	\$241	86	100.0	1.2	24.4	61.6	2.3	3.5	4.7	2.3
Nursing care-----	334	18	100.0	5.6	5.6	44.4	11.1	16.7	16.7	-
Personal care with nursing-----	234	23	100.0	-	21.7	73.9	-	-	4.3	-
Personal care-----	205	45	100.0	-	33.3	62.2	-	-	-	4.4
Idaho-----	243	53	100.0	1.9	15.1	56.6	22.6	-	-	3.8
Nursing care-----	256	44	100.0	2.3	6.8	59.1	27.3	-	-	4.5
Personal care with nursing-----	212	3	100.0	-	33.3	66.7	-	-	-	-
Personal care-----	170	6	100.0	-	66.7	33.3	-	-	-	-
Illinois-----	248	887	100.0	2.0	25.9	38.7	18.5	6.0	1.8	7.1
Nursing care-----	281	516	100.0	2.7	8.3	46.7	25.8	9.1	2.9	4.5
Personal care with nursing-----	228	194	100.0	0.5	26.8	40.7	11.3	2.6	0.5	17.5
Personal care-----	174	177	100.0	1.7	76.3	13.0	5.1	0.6	-	3.4
Indiana-----	267	447	100.0	9.6	13.9	26.8	36.5	5.4	1.8	6.0
Nursing care-----	296	305	100.0	3.9	8.5	28.2	46.2	6.9	2.3	3.9
Personal care with nursing-----	229	76	100.0	14.5	19.7	27.6	21.1	1.3	1.3	14.5
Personal care-----	171	66	100.0	30.3	31.8	19.7	9.1	3.0	-	6.1
Iowa-----	212	704	100.0	3.6	40.3	40.6	9.9	1.3	1.3	3.0
Nursing care-----	246	358	100.0	0.8	16.5	61.7	14.5	2.0	2.2	2.2
Personal care with nursing-----	196	168	100.0	3.6	53.0	33.3	4.2	0.6	0.6	4.8
Personal care-----	159	178	100.0	9.0	76.4	5.1	6.2	0.6	-	2.8
Kansas-----	207	453	100.0	1.5	42.4	46.4	6.0	0.4	-	3.3
Nursing care-----	229	167	100.0	1.2	22.2	64.7	10.2	0.6	-	1.2
Personal care with nursing-----	199	210	100.0	0.5	49.0	41.4	2.9	0.5	-	5.7
Personal care-----	182	76	100.0	5.3	68.4	19.7	5.3	-	-	1.3
Kentucky-----	214	282	100.0	1.4	54.3	14.9	14.9	5.0	-	9.6
Nursing care-----	283	106	100.0	0.9	23.6	25.5	33.0	12.3	-	4.7
Personal care with nursing-----	173	124	100.0	-	70.2	11.3	2.4	0.8	-	15.3
Personal care-----	161	52	100.0	5.8	78.8	1.9	7.7	-	-	5.8
Louisiana-----	259	186	100.0	1.6	16.7	39.8	39.8	1.1	-	1.1
Nursing care-----	264	171	100.0	1.8	13.5	40.4	42.7	1.2	-	0.6
Personal care with nursing-----	189	12	100.0	-	58.3	41.7	-	-	-	-
Personal care-----	225	3	100.0	-	33.3	-	33.3	-	-	33.3
Maine-----	217	268	100.0	6.7	39.6	30.2	10.8	5.6	0.7	6.3
Nursing care-----	278	121	100.0	5.8	11.6	46.3	21.5	12.4	1.7	0.8
Personal care with nursing-----	190	57	100.0	7.0	40.4	33.3	3.5	-	-	15.8
Personal care-----	145	90	100.0	7.8	76.7	6.7	1.1	-	-	7.8
Maryland-----	300	187	100.0	6.4	15.0	14.4	36.9	13.9	4.8	8.6
Nursing care-----	312	141	100.0	7.8	10.6	14.2	42.6	17.0	5.7	2.1
Personal care with nursing-----	281	33	100.0	3.0	15.2	12.1	24.2	6.1	3.0	36.4
Personal care-----	190	13	100.0	-	61.5	23.1	7.7	-	-	7.7
Massachusetts-----	282	914	100.0	6.8	21.0	26.5	24.6	6.5	6.7	8.0
Nursing care-----	318	616	100.0	6.2	8.1	31.3	33.4	8.6	9.3	3.1
Personal care with nursing-----	219	149	100.0	5.4	39.6	23.5	7.4	3.4	2.0	18.8
Personal care-----	168	149	100.0	10.7	55.7	9.4	5.4	0.7	0.7	17.4
Michigan-----	339	485	100.0	2.3	15.5	6.4	38.8	28.9	3.5	4.7
Nursing care-----	377	356	100.0	1.4	4.8	2.2	45.8	37.6	4.8	3.4
Personal care with nursing-----	255	79	100.0	2.5	30.4	19.0	27.8	7.6	-	12.7
Personal care-----	187	50	100.0	8.0	68.0	16.0	6.0	-	-	2.0

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 6. Average most frequent (modal) monthly charge per resident, number of nursing homes, and percent distribution of homes by most frequent (modal) monthly charge, according to type of service and each State: United States, April-September 1968--Con.

[Due to rounding to nearest tenth, figures may not add to 100 percent]

State and type of service	Average most frequent (modal) monthly charge	Number of homes	Total	Most frequent (modal) monthly charge						
				\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500 or more	Noncharge arrangements ¹
Percent distribution										
Minnesota-----	\$232	473	100.0	1.5	35.7	37.8	20.9	2.5	0.2	1.3
Nursing care-----	273	281	100.0	0.7	8.9	53.0	32.0	4.3	0.4	0.7
Personal care with nursing-----	200	74	100.0	-	55.4	31.1	9.5	-	-	4.1
Personal care-----	153	118	100.0	4.2	87.3	5.9	1.7	-	-	0.8
Mississippi-----	221	101	100.0	5.0	33.7	36.6	20.8	1.0	-	3.0
Nursing care-----	255	59	100.0	1.7	13.6	49.2	32.2	1.7	-	1.7
Personal care with nursing-----	164	20	100.0	10.0	60.0	25.0	-	-	-	5.0
Personal care-----	178	22	100.0	9.1	63.6	13.6	9.1	-	-	4.5
Missouri-----	218	421	100.0	1.7	40.1	37.8	11.2	3.3	1.4	4.5
Nursing care-----	233	262	100.0	1.1	32.4	45.4	13.7	5.3	1.5	0.4
Personal care with nursing-----	197	122	100.0	0.8	43.4	32.8	8.2	-	-	14.8
Personal care-----	171	37	100.0	8.1	83.8	-	2.7	-	5.4	-
Montana-----	240	76	100.0	1.3	36.8	34.2	19.7	3.9	-	3.9
Nursing care-----	266	43	100.0	2.3	14.0	48.8	25.6	7.0	-	2.3
Personal care with nursing-----	215	20	100.0	-	60.0	15.0	15.0	-	-	10.0
Personal care-----	192	13	100.0	-	76.9	15.4	7.7	-	-	-
Nebraska-----	193	265	100.0	2.6	57.0	29.8	4.5	1.1	0.4	4.5
Nursing care-----	226	96	100.0	2.1	27.1	55.2	8.3	3.1	1.0	3.1
Personal care with nursing-----	180	114	100.0	-	71.9	19.3	1.8	-	-	7.0
Personal care-----	162	55	100.0	9.1	78.2	7.3	3.6	-	-	1.8
Nevada-----	262	22	100.0	9.1	50.0	9.1	9.1	-	22.7	-
Nursing care-----	465	7	100.0	-	14.3	-	14.3	-	71.4	-
Personal care with nursing-----	128	4	100.0	25.0	75.0	-	-	-	-	-
Personal care-----	181	11	100.0	9.1	63.6	18.2	9.1	-	-	-
New Hampshire-----	252	128	100.0	3.1	19.5	39.1	20.3	4.7	2.3	10.9
Nursing care-----	261	87	100.0	4.6	16.1	40.2	26.4	6.9	2.3	3.4
Personal care with nursing-----	214	29	100.0	-	20.7	44.8	3.4	-	-	31.0
Personal care-----	253	12	100.0	-	41.7	16.7	16.7	-	8.3	16.7
New Jersey-----	244	480	100.0	11.7	35.4	9.0	19.2	11.5	4.2	9.2
Nursing care-----	318	235	100.0	14.0	9.4	6.4	29.8	21.7	8.1	10.6
Personal care with nursing-----	218	69	100.0	4.3	39.1	20.3	10.1	4.3	1.4	20.3
Personal care-----	161	176	100.0	11.4	68.8	8.0	8.5	0.6	-	2.8
New Mexico-----	227	54	100.0	18.5	24.1	24.1	22.2	7.4	-	3.7
Nursing care-----	296	28	100.0	3.6	7.1	32.1	35.7	14.3	-	7.1
Personal care with nursing-----	199	7	100.0	-	57.1	42.9	-	-	-	-
Personal care-----	145	19	100.0	47.4	36.8	5.3	10.5	-	-	-
New York-----	303	1,013	100.0	7.2	22.8	17.0	19.0	11.8	13.0	9.2
Nursing care-----	374	541	100.0	6.3	9.8	11.8	23.1	19.8	23.1	6.1
Personal care with nursing-----	233	189	100.0	4.8	30.7	23.8	12.2	2.6	2.6	23.3
Personal care-----	206	283	100.0	10.6	42.4	22.3	15.5	2.8	0.7	5.7
North Carolina-----	192	634	100.0	1.4	71.3	15.1	6.9	0.9	0.6	3.6
Nursing care-----	253	108	100.0	2.8	25.9	38.9	25.0	0.9	3.7	2.8
Personal care with nursing-----	182	217	100.0	0.5	74.2	15.7	2.3	1.4	-	6.0
Personal care-----	176	309	100.0	1.6	85.1	6.5	3.9	0.6	-	2.3
North Dakota-----	203	88	100.0	2.3	58.0	21.6	14.8	2.3	-	1.1
Nursing care-----	303	28	100.0	-	3.6	53.6	35.7	7.1	-	-
Personal care with nursing-----	180	24	100.0	-	75.0	16.7	8.3	-	-	-
Personal care-----	140	36	100.0	5.6	88.9	-	2.8	-	-	2.8

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 6. Average most frequent (modal) monthly charge per resident, number of nursing homes, and percent distribution of homes by most frequent (modal) monthly charge, according to type of service and each State: United States, April-September 1968—Con.

[Due to rounding to nearest tenth, figures may not add to 100 percent]

State and type of service	Average most frequent (modal) monthly charge	Number of homes	Total	Most frequent (modal) monthly charge						
				\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500 or more	Noncharge arrangements ¹
				Percent distribution						
Ohio-----	\$243	1,091	100.0	3.8	20.5	47.8	17.2	3.8	1.6	5.3
Nursing care-----	261	759	100.0	2.1	12.4	54.7	21.2	4.7	2.2	2.6
Personal care with nursing-----	216	230	100.0	4.8	30.0	40.0	8.3	2.6	-	14.3
Personal care-----	162	102	100.0	13.7	59.8	13.7	7.8	-	-	4.9
Oklahoma-----	229	383	100.0	3.4	20.9	68.1	4.4	1.0	0.5	1.6
Nursing care-----	234	334	100.0	2.1	17.1	74.0	4.5	1.2	0.3	0.9
Personal care with nursing-----	209	41	100.0	4.9	46.3	34.1	4.9	-	2.4	7.3
Personal care-----	120	8	100.0	50.0	50.0	-	-	-	-	-
Oregon-----	219	264	100.0	1.5	40.2	35.2	17.8	1.5	-	3.8
Nursing care-----	255	160	100.0	1.3	16.9	50.0	28.1	2.5	-	1.3
Personal care with nursing-----	180	37	100.0	-	56.8	18.9	5.4	-	-	18.9
Personal care-----	152	67	100.0	3.0	86.6	9.0	-	-	-	1.5
Pennsylvania-----	267	753	100.0	9.2	17.9	26.4	23.0	11.8	2.9	8.8
Nursing care-----	295	499	100.0	8.6	9.8	27.9	28.9	17.6	4.0	3.2
Personal care with nursing-----	213	172	100.0	7.6	27.9	29.1	11.6	0.6	1.2	22.1
Personal care-----	172	82	100.0	15.9	46.3	12.2	11.0	-	-	14.6
Rhode Island-----	230	165	100.0	7.9	36.4	25.5	20.0	6.7	1.2	2.4
Nursing care-----	279	86	100.0	9.3	12.8	26.7	33.7	11.6	2.3	3.5
Personal care with nursing-----	199	24	100.0	4.2	41.7	37.5	8.3	4.2	-	4.2
Personal care-----	170	55	100.0	7.3	70.9	18.2	3.6	-	-	-
South Carolina-----	278	90	100.0	2.2	13.3	48.9	23.3	10.0	-	2.2
Nursing care-----	296	72	100.0	1.4	6.9	51.4	27.8	12.5	-	-
Personal care with nursing-----	220	12	100.0	8.3	16.7	58.3	8.3	-	-	8.3
Personal care-----	154	6	100.0	-	83.3	-	-	-	-	16.7
South Dakota-----	214	122	100.0	-	42.6	44.3	5.7	0.8	0.8	5.7
Nursing care-----	238	62	100.0	-	25.8	61.3	11.3	1.6	-	-
Personal care with nursing-----	200	39	100.0	-	51.3	35.9	-	-	2.6	10.3
Personal care-----	162	21	100.0	-	76.2	9.5	-	-	-	14.3
Tennessee-----	230	205	100.0	4.4	21.0	52.2	15.6	1.5	-	5.4
Nursing care-----	250	144	100.0	0.7	12.5	63.2	20.1	1.4	-	2.1
Personal care with nursing-----	228	30	100.0	3.3	23.3	46.7	10.0	3.3	-	13.3
Personal care-----	127	31	100.0	22.6	58.1	6.5	-	-	-	12.9
Texas-----	249	836	100.0	1.2	21.9	49.6	21.3	3.0	0.4	2.6
Nursing care-----	263	651	100.0	1.2	11.4	57.9	24.9	3.2	0.5	0.9
Personal care with nursing-----	197	134	100.0	0.7	53.7	25.4	6.7	2.2	-	11.2
Personal care-----	183	51	100.0	2.0	72.5	7.8	13.7	2.0	-	2.0
Utah-----	206	126	100.0	-	54.8	31.7	7.9	0.8	0.8	4.0
Nursing care-----	226	62	100.0	-	41.9	38.7	12.9	1.6	1.6	3.2
Personal care with nursing-----	183	46	100.0	-	65.2	28.3	-	-	-	6.5
Personal care-----	196	18	100.0	-	72.2	16.7	11.1	-	-	-
Vermont-----	259	110	100.0	8.2	20.9	29.1	22.7	10.0	1.8	7.3
Nursing care-----	304	66	100.0	4.5	7.6	34.8	31.8	13.6	3.0	4.5
Personal care with nursing-----	202	17	100.0	11.8	35.3	23.5	5.9	11.8	-	11.8
Personal care-----	175	27	100.0	14.8	44.4	18.5	11.1	-	-	11.1
Virginia-----	243	253	100.0	4.3	32.0	30.4	20.6	5.1	1.6	5.9
Nursing care-----	284	131	100.0	3.8	11.5	39.7	34.4	7.6	1.5	1.5
Personal care with nursing-----	212	58	100.0	1.7	44.8	24.1	3.4	1.7	3.4	20.7
Personal care-----	180	64	100.0	7.8	62.5	17.2	7.8	3.1	-	1.6

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 6. Average most frequent (modal) monthly charge per resident, number of nursing homes, and percent distribution of homes by most frequent (modal) monthly charge, according to type of service and each State: United States, April-September 1968—Con.

[Due to rounding to nearest tenth, figures may not add to 100 percent]

State and type of service	Average most frequent (modal) monthly charge	Number of homes	Total	Most frequent (modal) monthly charge						
				\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500 or more	Noncharge arrangements ¹
				Percent distribution						
Washington-----	\$260	251	100.0	2.0	23.5	32.3	31.1	4.0	0.8	6.4
Nursing care-----	272	187	100.0	1.1	17.6	35.8	34.8	5.3	0.5	4.8
Personal care with nursing-----	228	51	100.0	2.0	39.2	25.5	17.6	-	2.0	13.7
Personal care-----	198	13	100.0	15.4	46.2	7.7	30.8	-	-	-
West Virginia-----	259	59	100.0	1.7	22.0	33.9	27.1	3.4	1.7	10.2
Nursing care-----	275	41	100.0	-	14.6	43.9	34.1	4.9	2.4	-
Personal care with nursing-----	169	14	100.0	7.1	42.9	14.3	-	-	-	35.7
Personal care-----	308	4	100.0	-	25.0	-	50.0	-	-	25.0
Wisconsin-----	275	462	100.0	1.9	20.8	32.5	28.1	10.0	1.3	5.4
Nursing care-----	310	288	100.0	1.7	7.3	33.7	38.9	14.6	2.1	1.7
Personal care with nursing-----	216	138	100.0	1.4	38.4	34.1	10.1	2.2	-	13.8
Personal care-----	194	36	100.0	5.6	61.1	16.7	11.1	2.8	-	2.8
Wyoming-----	221	26	100.0	-	46.2	34.6	7.7	7.7	-	3.8
Nursing care-----	257	12	100.0	-	25.0	58.3	-	16.7	-	-
Personal care with nursing-----	187	6	100.0	-	66.7	-	16.7	-	-	16.7
Personal care-----	188	8	100.0	-	62.5	25.0	12.5	-	-	-

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 7. Average most frequent (modal) monthly charge per resident, number of nursing homes, and percent distribution of homes by most frequent (modal) monthly charge, according to medical services available inside and outside the home: United States, April-September 1968

[Due to rounding to nearest tenth, figures may not add to 100 percent]

Medical services available inside and outside the home	Average most frequent (modal) monthly charge	Number of homes	Total	Most frequent (modal) monthly charge						
				\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500 or more	Noncharge arrangements ¹
<u>Arrangements for physician services</u>				Percent distribution						
Physician visits by full-time staff doctor-----	\$263	1,344	100.0	7.3	19.6	34.1	20.3	9.7	3.5	5.6
Physician visits at regular intervals-----	279	6,139	100.0	3.0	19.8	31.5	22.3	11.3	4.3	7.8
Physician visits when needed-----	236	9,830	100.0	3.5	39.7	29.2	17.0	5.3	2.2	3.3
Medical care received in physician's office-----	196	364	100.0	5.5	56.9	24.5	6.9	3.0	0.8	2.5
<u>Provision of physical examination</u>										
At admission and annually-----	267	13,635	100.0	3.4	23.9	34.9	20.4	9.6	3.8	4.0
At admission only-----	234	1,465	100.0	4.5	34.6	29.8	14.0	6.1	2.5	8.5
Annually only-----	210	415	100.0	6.0	47.0	26.5	11.3	2.9	1.9	4.3
Neither at admission nor annually-----	194	2,670	100.0	4.5	65.6	6.1	15.0	0.3	0.4	8.1
<u>Type of therapy available inside the home</u>										
Physical, occupational, and speech/hearing-----	385	1,213	100.0	4.6	4.1	12.7	25.4	29.9	17.8	5.4
Physical and occupational-----	324	1,457	100.0	2.7	8.6	28.7	29.1	19.6	6.7	4.7
Physical and speech/hearing-----	360	442	100.0	5.7	5.0	18.3	25.8	26.2	14.5	4.5
Occupational and speech/hearing-----	269	25	100.0	-	24.0	36.0	20.0	12.0	-	8.0
Physical only-----	304	1,978	100.0	3.2	9.6	34.0	30.4	14.6	4.9	3.3
Occupational only-----	247	472	100.0	1.3	29.9	39.6	19.9	4.7	1.0	3.6
Speech/hearing only-----	254	45	100.0	-	42.2	31.1	13.3	8.9	2.2	2.2
None-----	219	12,553	100.0	3.9	41.2	31.3	15.0	2.7	0.7	5.3
<u>Physical therapy</u>										
Inside the home and in an outpatient clinic-----	307	816	100.0	3.7	8.3	32.7	30.4	16.3	4.3	4.3
Inside the home only-----	339	4,274	100.0	3.6	7.5	24.8	28.0	21.5	10.3	4.3
In an outpatient clinic only-----	258	1,774	100.0	2.8	22.3	40.3	21.4	6.7	1.6	5.0
None-----	215	11,321	100.0	3.9	43.6	30.3	14.1	2.2	0.6	5.3

¹Includes no charge, initial payment-life care plans, and other noncharge arrangements.

Table 8. Number of nursing homes charging for care and average lowest, most frequent (modal), and highest monthly charges per resident, by number of employees per 100 residents, type of ownership, and bed size: United States, April-September 1968

Number of employees per 100 residents, type of ownership, and bed size	Number of homes charging for care	Average monthly charge		
		Lowest	Most frequent (modal)	Highest
<u>Less than 20 employees</u>				
All types of ownership-----	849	\$162	\$188	\$228
Less than 25 beds-----	602	154	173	207
25-49 beds-----	118	211	238	292
50-99 beds-----	76	157	195	254
100 beds or more-----	53	155	235	291
Proprietary-----	626	162	184	225
Less than 25 beds-----	501	154	174	208
25-49 beds-----	75	212	240	298
50-99 beds-----	34	174	210	287
100 beds or more-----	16	156	175	264
Church and other nonprofit-----	93	191	246	297
Less than 25 beds-----	27	142	163	199
25-49 beds-----	19	286	308	383
50-99 beds-----	24	182	230	284
100 beds or more-----	23	178	309	354
Government-----	130	143	166	196
Less than 25 beds-----	74	159	171	200
25-49 beds-----	24	149	175	202
50-99 beds-----	18	90	121	150
100 beds or more-----	14	116	181	216
<u>20-39 employees</u>				
All types of ownership-----	2,755	167	189	230
Less than 25 beds-----	1,779	159	177	210
25-49 beds-----	483	184	205	256
50-99 beds-----	314	181	213	268
100 beds or more-----	179	180	219	289
Proprietary-----	2,123	172	193	235
Less than 25 beds-----	1,505	159	178	212
25-49 beds-----	362	192	215	270
50-99 beds-----	197	206	244	305
100 beds or more-----	59	245	280	377
Church and other nonprofit-----	323	160	190	236
Less than 25 beds-----	87	157	174	193
25-49 beds-----	75	177	195	241
50-99 beds-----	79	151	182	236
100 beds or more-----	82	157	208	276

Table 8. Number of nursing homes charging for care and average lowest, most frequent (modal), and highest monthly charges per resident, by number of employees per 100 residents, type of ownership, and bed size: United States, April-September 1968—Con.

Number of employees per 100 residents, type of ownership, and bed size	Number of homes charging for care	Average monthly charge		
		Lowest	Most frequent (modal)	Highest
Government-----	309	\$145	\$159	\$189
Less than 25 beds-----	187	158	172	203
25-49 beds-----	46	133	145	173
50-99 beds-----	38	111	120	145
100 beds or more-----	38	128	150	182
<u>40-59 employees</u>				
All types of ownership-----	4,103	198	230	280
Less than 25 beds-----	1,670	175	198	233
25-49 beds-----	1,127	204	236	289
50-99 beds-----	936	222	260	321
100 beds or more-----	370	228	274	364
Proprietary-----	3,299	204	235	285
Less than 25 beds-----	1,460	177	201	237
25-49 beds-----	968	209	242	296
50-99 beds-----	678	239	277	340
100 beds or more-----	193	259	305	405
Church and other nonprofit-----	540	172	208	272
Less than 25 beds-----	80	147	165	191
25-49 beds-----	117	166	195	243
50-99 beds-----	205	176	215	280
100 beds or more-----	138	186	234	330
Government-----	264	180	205	235
Less than 25 beds-----	130	161	182	209
25-49 beds-----	42	195	220	256
50-99 beds-----	53	183	207	240
100 beds or more-----	39	220	262	288
<u>60-79 employees</u>				
All types of ownership-----	4,415	239	275	340
Less than 25 beds-----	1,320	191	217	254
25-49 beds-----	1,274	233	268	329
50-99 beds-----	1,312	278	321	405
100 beds or more-----	509	277	324	426
Proprietary-----	3,592	247	283	350
Less than 25 beds-----	1,152	194	221	259
25-49 beds-----	1,080	240	275	338
50-99 beds-----	1,050	295	338	426
100 beds or more-----	310	310	356	475

Table 8. Number of nursing homes charging for care and average lowest, most frequent (modal), and highest monthly charges per resident, by number of employees per 100 residents, type of ownership, and bed size: United States, April-September 1968—Con.

Number of employees per 100 residents, type of ownership, and bed size	Number of homes charging for care	Average monthly charge		
		Lowest	Most frequent (modal)	Highest
Church and other nonprofit-----	556	\$200	\$244	\$312
Less than 25 beds-----	74	162	184	210
25-49 beds-----	144	197	230	279
50-99 beds-----	202	203	252	329
100 beds or more-----	136	220	279	376
Government-----	267	206	231	264
Less than 25 beds-----	94	176	193	228
25-49 beds-----	50	199	232	267
50-99 beds-----	60	225	250	287
100 beds or more-----	63	236	267	296
<u>80 employees or more</u>				
All types of ownership-----	5,154	260	296	366
Less than 25 beds-----	2,166	205	229	269
25-49 beds-----	1,349	272	310	382
50-99 beds-----	1,136	322	371	472
100 beds or more-----	503	322	377	494
Proprietary-----	4,004	264	299	371
Less than 25 beds-----	1,819	209	234	274
25-49 beds-----	1,084	277	314	389
50-99 beds-----	827	339	389	501
100 beds or more-----	274	350	406	550
Church and other nonprofit-----	823	254	301	372
Less than 25 beds-----	184	200	228	269
25-49 beds-----	201	249	294	363
50-99 beds-----	255	275	327	405
100 beds or more-----	183	284	343	440
Government-----	327	226	250	282
Less than 25 beds-----	163	165	183	211
25-49 beds-----	64	272	296	332
50-99 beds-----	54	288	317	359
100 beds or more-----	46	306	343	374

Table 9. Number of nursing homes charging for care and average most frequent (modal) monthly charge per resident for homes with and without Medicare recipients, by type of service and bed size: United States, April-September 1968

Type of service and bed size	Number of homes charging for care	Homes with Medicare recipients ¹		Homes without Medicare recipients	
		Number charging for care	Average most frequent (modal) monthly charge	Number charging for care	Average most frequent (modal) monthly charge
All types of service---	17,276	2,756	\$366	14,520	\$231
Less than 25 beds-----	7,537	75	332	7,462	202
25-49 beds-----	4,351	553	355	3,798	252
50-99 beds-----	3,774	1,329	376	2,445	273
100 beds or more-----	1,614	799	358	815	272
Nursing care-----	10,036	2,571	369	7,465	269
Less than 25 beds-----	2,432	69	342	2,363	250
25-49 beds-----	3,323	533	356	2,790	263
50-99 beds-----	3,085	1,275	378	1,810	296
100 beds or more-----	1,196	694	364	502	294
Personal care with nursing-----	3,245	175	317	3,070	204
Less than 25 beds-----	1,707	3	160	1,704	188
25-49 beds-----	589	20	329	569	212
50-99 beds-----	566	49	320	517	228
100 beds or more-----	383	103	317	280	239
Personal care-----	3,995	10	*	3,985	181
Less than 25 beds-----	3,398	3	*	3,395	176
25-49 beds-----	439	-	-	439	230
50-99 beds-----	123	5	*	118	131
100 beds or more-----	35	2	*	33	222

¹According to the Social Security Administration (SSA), there were approximately 3,400 nursing homes certified for Medicare January 1, 1967, when the universe for this survey was established. (See appendix II for details.) This figure is larger than that shown in the above table because:

- 121 homes certified for Medicare but making no charge for care were excluded from the table.
- 500 hospital-based extended care facilities were not included in the survey universe.
- Homes certified for Medicare but having no Medicare patients were not identified in this survey (see phrasing of question 16 in appendix V). However, such homes were included in the SSA figure.

Table 10. Number and percent of nursing home residents with public or medical assistance benefits, Medicare benefits, and exhausted Medicare benefits, by type of ownership, type of service, and bed size of nursing home: United States, April-September 1968

Type of service and bed size	Type of ownership							
	All types of ownership				Proprietary			
	Number of residents	Residents with public or medical assistance	Residents with Medicare benefits ¹	Residents with exhausted Medicare benefits ¹	Number of residents	Residents with public or medical assistance	Residents with Medicare benefits ¹	Residents with exhausted Medicare benefits ¹
		Percent				Percent		
All types of service---	743,293	44.9	5.3	7.3	492,535	47.8	6.8	8.5
Less than 25 beds-----	93,069	49.0	0.3	3.3	79,285	50.4	0.2	3.2
25-49 beds-----	156,474	49.6	2.6	5.3	124,695	52.2	2.7	5.2
50-99 beds-----	248,903	43.3	7.0	9.3	180,731	45.6	8.6	10.9
100 beds or more-----	244,847	42.1	7.3	8.0	107,824	44.3	13.2	12.1
Nursing care-----	535,743	47.3	7.0	8.9	399,792	47.1	8.1	9.6
Less than 25 beds-----	39,362	47.9	0.7	3.5	35,691	48.9	0.5	3.5
25-49 beds-----	115,513	50.2	3.3	5.9	99,611	51.0	3.3	5.7
50-99 beds-----	204,120	45.2	8.4	10.7	164,649	45.6	9.3	11.5
100 beds or more-----	176,748	47.6	9.3	10.1	99,841	45.0	13.8	12.7
Personal care with nursing-----	150,291	36.8	1.3	2.7	54,109	51.5	1.5	3.5
Less than 25 beds-----	21,055	54.6	0.0	3.2	17,652	56.8	0.0	2.9
25-49 beds-----	27,209	48.8	0.7	3.3	16,816	57.9	0.6	3.0
50-99 beds-----	37,960	32.2	1.0	2.5	12,978	44.1	1.9	3.8
100 beds or more-----	64,067	28.5	2.1	2.5	6,663	35.9	6.7	6.0
Personal care-----	57,259	44.5	0.2	3.5	38,634	49.9	0.2	3.6
Less than 25 beds-----	32,652	46.6	0.0	3.1	25,942	48.3	0.0	3.1
25-49 beds-----	13,752	46.0	-	4.1	8,268	55.0	-	4.6
50-99 beds-----	6,823	45.3	0.8	5.5	3,104	56.6	1.4	5.7
100 beds or more-----	4,032	21.2	1.3	0.6	1,320	35.5	2.4	1.8

¹Residents in this category may also have been receiving public or medical assistance benefits.

Table 10. Number and percent of nursing home residents with public or medical assistance benefits, Medicare benefits, and exhausted Medicare benefits, by type of ownership, type of service, and bed size of nursing home: United States, April-September 1968—Con.

Type of service and bed size	Type of ownership—Con.							
	Church and other nonprofit				Government			
	Number of residents	Residents with public or medical assistance	Residents with Medicare benefits ¹	Residents with exhausted Medicare benefits ¹	Number of residents	Residents with public or medical assistance	Residents with Medicare benefits ¹	Residents with exhausted Medicare benefits ¹
		Percent				Percent		
All types of service---	177,421	33.6	2.9	5.1	73,337	53.2	1.6	4.4
Less than 25 beds-----	7,991	33.2	1.4	3.4	5,793	50.5	-	4.0
25-49 beds-----	23,708	37.0	1.8	5.1	8,071	46.9	2.1	6.3
50-99 beds-----	54,024	32.3	3.1	4.9	14,148	54.7	1.2	6.6
100 beds or more-----	91,698	33.6	3.1	5.3	45,325	54.2	1.8	3.4
Nursing care-----	85,753	39.8	4.7	8.0	50,198	61.8	2.1	5.1
Less than 25 beds-----	2,573	34.7	3.9	4.3	1,098	47.7	-	1.7
25-49 beds-----	11,407	41.7	3.7	7.3	4,495	55.1	2.5	6.6
50-99 beds-----	30,061	38.9	5.3	7.2	9,410	60.0	1.3	8.2
100 beds or more-----	41,712	40.2	4.7	9.0	35,195	63.5	2.3	4.1
Personal care with nursing-----	80,584	27.4	1.2	2.3	15,598	34.0	0.7	2.2
Less than 25 beds-----	2,228	34.8	0.1	3.3	1,175	59.6	-	6.8
25-49 beds-----	8,599	31.6	0.2	3.2	1,794	45.8	3.2	6.1
50-99 beds-----	21,466	22.3	0.4	1.8	3,516	48.3	1.0	2.1
100 beds or more-----	48,291	28.5	1.8	2.3	9,113	22.9	0.2	0.9
Personal care-----	11,084	31.3	0.3	2.6	7,541	36.0	0.2	4.3
Less than 25 beds-----	3,190	30.8	0.2	2.8	3,520	48.3	-	3.7
25-49 beds-----	3,702	34.8	-	2.4	1,782	27.6	-	5.6
50-99 beds-----	2,497	37.9	-	4.3	1,222	31.8	1.0	7.6
100 beds or more-----	1,695	14.7	1.3	-	1,017	13.6	-	-

¹Residents in this category may also have been receiving public or medical assistance benefits.

APPENDIX I

TECHNICAL NOTES ON THE SURVEY DESIGN AND PROCEDURES

General

The 1968 Nursing Home Survey included "all" (18,858) resident institutions in the United States which provide nursing or personal care to the aged, infirm, or chronically ill. Although it was directed toward the aged institutional population, all people who were residents of institutions within the scope of the survey were included regardless of age. The survey, conducted from April to September 1968, included nursing homes, convalescent homes, rest homes, homes for the aged, and other related facilities. Resident institutions which maintained at least three beds and provided some type of nursing service were included in the survey. (See appendix IV for the procedure used to classify these institutions by type of nursing service.)

This appendix describes the survey design and procedures for the 1968 Nursing Home Survey. Succeeding appendixes present the general qualifications of the data (appendix II), definitions of terms (appendix III), classification of institutions by type of nursing service (appendix IV), and forms used in the survey (appendix V).

Universe

The universe for the 1968 Nursing Home Survey consisted of all institutions classified as nursing homes in the 1967 Survey of the Master Facility Inventory (MFI). A detailed description of how the MFI was developed, its content, its maintenance plans, and a procedure for assessing the completeness of its coverage has been published.²⁰⁻²¹ The MFI includes the names, addresses, and certain descriptive information about "all" hospitals and resident institutions in the United States. It was originally developed by collating a large number of published and unpublished lists of establishments and surveying these establishments by mail to obtain information on their nature and status of business.

NOTE: The list of references follows the text.

Since the MFI serves as a sampling frame for institutions within the scope of the various health facilities surveys, it is imperative that it be kept as current as possible. To aid in accomplishing this purpose, a mechanism known as the Agency Reporting System has been developed to provide information on new institutions which is incorporated in the MFI at regular intervals. A report on the origin and development of the Agency Reporting System has been published.²²

Data Collection and Processing

Data for this survey were collected, primarily by mail, by the Wolf Research and Development Corporation, under contract to the National Center for Health Statistics. When the original mailing received no response, followup procedures consisted of three regular first-class mailings, each approximately 3 weeks after the prior mailing, and a final certified mailing. Before the certified mailing interviewers from the U.S. Bureau of the Census made personal visits to approximately 400 of the largest nursing homes which had not responded. (These 400 homes were not included in the certified followup.) Of those nonresponding homes left after the certified mailing, a sample of 2,000 homes, stratified by bed size and type of service, was selected for telephone followup.

Approximately 22 percent of the 18,185 homes in scope of the survey responded to the original mailing. The three additional first-class mailings added 39 percent, and the certified mailing plus Census personal interviews added another 19 percent. Telephone followup plus late mail returns brought the total response to 87 percent. Of the 2,375 nonresponding homes, the majority were those with less than 25 beds (table I). Nonresponse decreased as bed size increased.

The Wolf Corporation hand-edited and coded the completed questionnaires in accordance with specifications established by the Center. If the returned ques-

tionnaire did not contain data for certain key items, a further mail inquiry was made specifically for these items. Approximately 10 percent of the returned questionnaires did not pass editing criteria for one or more key items and required this "fail-edit" mailing.

After the edited and coded data were recorded on magnetic tape, the staff of the Health Facilities

Statistics Branch of the Division of Health Resources Statistics processed the data on the Center's electronic computer. Processing included matching each institution with basic identifying information contained in the 1967 MFI Survey as well as carrying out internal edits and consistency checks to eliminate "impossible" responses and errors in editing, coding, or processing.

Table I. Number and percent distributions of nursing homes by response status and bed size: United States, April-September 1968

[Due to rounding to nearest tenth, figures may not add to 100 percent]

Bed size	Questionnaires mailed		Questionnaires returned	Questionnaires not returned
	Number of homes	Total		
			Percent distribution	
All homes-----	18,185	100	87	13
Less than 25 beds-----	7,778	43	35	7
25-49 beds-----	4,719	26	23	3
50-99 beds-----	3,935	22	20	2
100 beds or more-----	1,753	10	9	1

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APPENDIX II

QUALIFICATIONS OF THE DATA

General Qualifications

Certain qualifications should be kept in mind regarding the MFI, which was the universe for the 1968 Nursing Home Survey. The data in this report can be no more representative of nursing homes in the United States than the universe on which the survey was based. The 1967 MFI Survey included approximately 89 percent of the nursing homes in the United States. Indications are that nursing homes not on the MFI were relatively small, possibly no more than half as large on the average as those listed.

Special attention is called to the procedure for classifying institutions described in appendix IV. Nursing homes, i.e., homes for the aged, rest homes, and related types of places, were classified according to the type of service provided in the home rather than on State licensure laws or on what the home may call itself. This criterion for classification was chosen in the absence of commonly accepted definitions of nursing homes or other institutions of this type.

Since the 1968 Nursing Home Survey was a census of "all" nursing homes in the United States, the data presented in this report are *not* subject to sampling variability. The data are, however, subject to reporting and measurement errors. The accuracy of the data depends on the dependability of personnel and business records and, to some extent, on the accuracy of the respondent's replies based on his memory and his willingness to report correct answers.

In an attempt to keep measurement errors to a minimum, the questionnaire was made as self-explanatory as possible. Not only were definitions and explanations included as part of each question, but a separate Definition Sheet regarding staff was enclosed.

Time Interval Between Establishing the Universe and Conducting the Survey

The time interval between the 1967 MFI Survey (April-October 1967), in which the universe of nursing homes was established, and the 1968 Nursing Home Survey (April-September 1968) was 1 year. Basic classification data collected in the 1967 MFI Survey were not collected in the 1968 Nursing Home Survey.

Instead, the 1968 data were assumed to be the same as the 1967 data, and the 1967 data were used to classify the homes. Thus the classification of institutions for the 1968 Nursing Home Survey was based on type of service and type of ownership information collected in the 1967 MFI Survey.

During this 1-year interval the type of ownership and type of service probably changed for some of the institutions. Because of the short time period, however, any changes which occurred should have only a negligible effect on the distribution of institutions by either type of service or type of ownership.

During the 1-year interval between establishing the universe and conducting the 1968 survey, 399 nursing homes closed and 1,355 nursing homes opened for business. Those which opened for business were not included in the 1968 survey because of a time lag in receiving the names and addresses of new homes from the Agency Reporting System, the mechanism which updates the MFI mailing list. They were, however, included in the 1969 MFI Survey.

Percent distributions of these 1,355 new homes are presented according to 1969 MFI data on type of ownership and bed size (table II) and type of service and region (table III). The majority of new nursing homes (79 percent) were proprietary-owned (table II) and most (72 percent) provided nursing care, the highest level of nursing service (table III).

Care should be taken when interpreting the data in this report to remember that information about the 1,355 nursing homes which opened during the 1-year interval is not included in the detailed or text tables.

Rounding of Numbers

Data on charges for care were collected in dollars and cents but were rounded to the nearest dollar before any calculations were made.

Nonresponse and Imputation of Missing Data

Of the 18,858 institutions comprising the universe of nursing homes, 673 were found to be either out of business, out of scope, or duplicates, leaving 18,185

homes in scope of the survey. A total of 2,375 nursing homes, or 13 percent, refused to respond to the survey after all followup procedures were completed. Additional information on the response rate is presented in table I of appendix I.

Statistics in this report were adjusted for an institution's nonresponse by using classification data collected in the 1967 MFI Survey for that particular nursing home and imputing all items. When nursing homes did not return questionnaires or left items blank, the items were imputed in one of four ways. A "no" response was assigned to blanks in the following items: minimum age for admission, admission physical, yearly physical, availability of recreation therapy or outpatient therapy. If the missing data for a particular home had been collected in the 1967 MFI Survey, they

were used. The items imputed in this way were number of full-time registered nurses, number of full-time licensed practical nurses, and number of patients. If the missing data had not been collected in the 1967 MFI Survey, data were used from the preceding questionnaire from another nursing home having the same type of service (nursing care, personal care with nursing, or personal care) and the same bed size group (less than 25 beds, 25-49 beds, 50-99 beds, 100 beds or more). Items imputed this way were charges for care, number of admissions, number of employees in selected occupations, physician arrangements to visit patients, and level of the nurse in charge of the shift.

For items related to patient census, special imputation tables were used which gave the ratio of the item to the patient census by type of service and bed

Table II. Percent distribution of nursing homes opened for business between April-October 1967 and April-September 1968 by type of ownership and bed size: United States

[Due to rounding to nearest tenth, figures may not add to 100 percent]

Type of ownership and bed size	Nursing homes opened for business between April-October 1967 and April-September 1968
	Number
Total homes-----	1,355
	Percent distribution
All types of ownership-----	100.0
Proprietary-----	78.9
Less than 25 beds-----	31.4
25-49 beds-----	12.3
50-99 beds-----	22.3
100 beds or more-----	12.9
Church and other non-profit-----	14.1
Less than 25 beds-----	2.3
25-49 beds-----	3.2
50-99 beds-----	5.2
100 beds or more-----	3.4
Government-----	6.9
Less than 25 beds-----	3.4
25-49 beds-----	1.3
50-99 beds-----	1.4
100 beds or more-----	0.8

Table III. Percent distribution of nursing homes opened for business between April-October 1967 and April-September 1968 by type of service and region: United States

[Due to rounding to nearest tenth, figures may not add to 100 percent]

Type of service and region	Nursing homes opened for business between April-October 1967 and April-September 1968
	Number
Total homes-----	1,355
	Percent distribution
All types of service---	100.0
Nursing care-----	71.7
Personal care with nursing---	12.5
Personal care-----	15.8
	Number
Total homes-----	1,355
	Percent distribution
All regions-----	100.0
Northeast-----	15.0
North Central-----	28.3
South-----	37.9
West-----	18.9

size group or by type of ownership. These items were number of discharges, number of deaths, number of male and female patients, number of patients receiving rehabilitation services, and number of patients receiving medical assistance benefits.

The percent of nursing homes with a particular item imputed for unknown responses ranged from 13.6 percent for patients receiving medical assistance payments to 26.7 percent for employees in selected occupations (table IV). The percentages in table IV are based on the 18,185 homes in scope. The two components of the percentages are the 2,375 homes which did not respond to the survey plus the homes which did respond but left a particular item blank.

The high percentage of imputed answers dealing with rehabilitation services and employees may be due to respondents' unwillingness to take the time to gather information from business records in the detailed breakdowns requested.

Table IV. Percent of nursing homes with various items imputed for unknown responses, by type of item: 1968 Nursing Home Survey

Type of item	Percent imputed
Patient receiving medical assistance benefits-----	13.6
Charges for care-----	15.2
Arrangement for physician services---	15.4
Patients receiving rehabilitation services-----	24.7
Number of employees in selected occupations-----	26.7



APPENDIX III

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Terms Relating to Homes or Residents

Nursing home.—This term refers to all institutions that were within the scope of the 1968 Nursing Home Survey. It includes nursing homes, convalescent homes, homes for the aged, and related institutions which provide nursing care to the aged or chronically ill and maintain three beds or more.

Type of service.—The classification of nursing institutions according to type of service is described in appendix IV.

Type of ownership.—Institutions are classified by type of ownership into the following categories:

Proprietary institution—an institution operated under private commercial ownership.

Church or other nonprofit institution—an institution operated under voluntary or nonprofit auspices. This classification includes both church-related and other nonprofit institutions.

Government institution—an institution operated under Federal, State, or local government auspices.

Bed.—Any bed set up and regularly maintained for use by a resident or patient, whether or not the bed was in use at the time of the survey, is included. Beds used by staff or for emergency services only are excluded.

Most frequent charge.—This is the most frequent amount per month the home charges its residents for all services and is also referred to as the modal charge. It includes the resident's total charges for the month for lodging, meals, nursing care, drugs, and any personal services. Charge data were collected in dollars and cents but were rounded to the nearest dollar before any calculations were made.

Lowest charge.—This is the lowest amount per month the home charges its residents for all services. It includes the resident's total charges for the month for lodging, meals, nursing care, drugs, and any personal services. Charge data were collected in dollars and cents but were rounded to the nearest dollar before any calculations were made.

Highest charge.—This is the highest amount per month the home charges its residents for all services.

It includes the resident's total charges for the month for lodging, meals, nursing care, drugs, and any personal services. Charge data were collected in dollars and cents but were rounded to the nearest dollar before any calculations were made.

Resident.—A resident, or patient, is any person who has been formally admitted to the home and is currently on its register. Included are residents who are temporarily away, for instance in a short-stay hospital or visiting with friends or relatives, etc., but whose beds are maintained for them in the home.

Public assistance.—This term includes Old Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, Aid to Families with Dependent Children, Medicaid, and Medicare.

Medicaid.—This term refers to the medical assistance provided in Title XIX of the Social Security Act. Medicaid is a State-administered program for the medically indigent.

Medicare.—This term refers to the medical assistance provided in Title XVIII of the Social Security Act. Medicare is a health insurance program administered by the Social Security Administration for persons aged 65 and older who are eligible for benefits.

Terms Relating to Employees

Employee.—Any person who worked in the institution at the time of the survey is an employee. Included are paid workers, proprietors, and members of a religious order who contributed their services.

Full-time employee.—Employees who worked 35 hours or more in the week prior to the survey are designated "full-time."

Part-time employee.—Employees who worked less than 35 hours in the week prior to the survey are designated "part-time."

Job categories.—Job categories are listed in appendix V.

Terms Relating to Demographic Classifications

Region.—States are grouped into regions for geographic classification. These regions, which correspond to those used by the U.S. Bureau of the Census, are:

<i>Region</i>	<i>States Included</i>
Northeast -----	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania
North Central ---	Michigan, Ohio, Indiana, Illinois, Wisconsin, Minnesota, Iowa,

Missouri, North Dakota, South
Dakota, Nebraska, Kansas

South -----	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, Texas
West -----	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Alaska, Washington, Oregon, Cali- fornia, Hawaii



APPENDIX IV

CLASSIFICATION OF NURSING HOMES BY TYPE OF SERVICE

Institutions in the 1968 Nursing Home Survey are classified by type of service as nursing care, personal care with nursing, or personal care homes according to data collected in the 1967 Master Facility Inventory Survey (MFI). (A brief description of the MFI is given in appendix I and pertinent parts of the 1967 MFI Survey questionnaire are reproduced in appendix V.) The classification scheme for type of service is based on four criteria.

1. The number of persons receiving nursing care during the week prior to survey. Nursing care is defined as the provision of one or more of the following services:

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

2. The presence or absence of nurses on the staff.
3. Whether or not the institution provides administration of medications or supervision over self-administered medications.
4. Assistance in a certain number of activities for daily living. These 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 eating.

The three classes of nursing homes by type of service were defined as follows:

Nursing care home

- Fifty percent or more of the residents received nursing care during the week prior to the survey.

- At least one full-time (35 or more hours per week) registered nurse (RN) or licensed practical nurse (LPN) was employed.

Personal care with nursing home

- Some, but less than 50 percent, of the residents received nursing care during the week prior to the survey.
- At least one full-time RN or LPN was employed.
or
- Some of the residents received nursing care during the week prior to the survey.
- No full-time RN or LPN was employed.
- The institution either
Provided administration of medicines or supervision over self-administered medicines.
or
Provided assistance with three or more activities for daily living.

Personal care home

- Some of the residents received nursing care during the week prior to the survey.
- No full-time RN or LPN was employed.
- The institution did not provide administration of medicines or supervision over self-administered medicines.
- The institution provided assistance with one or two activities for daily living.
or
- None of the residents received nursing care during the week prior to the survey.
- At least one full-time RN or LPN was employed.
- The institution either

Provided administration of medicines or supervision over self-administered medicines.

or

Provided assistance with three or more activities for daily living.

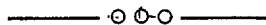
Institutions which provided assistance with one or two activities for daily living or offered room and board as the only service were classified as out of scope of the 1968 Nursing Home Survey.

Table V shows in detail the scheme for classifying institutions according to type of service.

Table V. Classification of institutions by type of service: 1968 Nursing Home Survey

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 survey														
Number of registered or licensed practical nurses	1+	None				1+	None				0+			
Does the institution provide: (a) Administration of medicine or treatments according to doctor's orders or (b) Supervision over self-administered medicine?	...	Yes	No			...	Yes	No			Yes	No		
Does the institution offer assistance with three activities or more for daily living?	Yes	No		Yes	No		...	Yes	No	
Does the institution offer assistance with one or two activities for daily living?	Yes	No	Yes	No	Yes	No
Does the institution offer room and/or board as its only service?	Yes	Yes	Yes
Institution ¹	Nc	Pcn	Pcn	Pc	D	Pcn	Pcn	Pcn	Pc	D	Pc	Pc	D	B

¹Nc=Nursing care home
Pcn=Personal care with nursing home
Pc=Personal care home
D=Domiciliary care home (out of scope)
B=Boarding or rooming house (out of scope)



APPENDIX V
FORMS USED IN THE SURVEY

1968 NURSING HOME QUESTIONNAIRE

BUDGET BUREAU NO. 65 545017 APPROVAL EXPIRES 8-31-68	FORM PHS-5080 (1-68)
U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE PUBLIC HEALTH SERVICE NATIONAL CENTER FOR HEALTH STATISTICS WASHINGTON, D.C. 20201	
NURSING AND PERSONAL CARE FACILITIES SURVEY	

March 1968

Dear Sir:

The National Center for Health Statistics (NCHS) of the U.S. Public Health Service is conducting a survey of all resident facilities providing nursing and personal care to obtain basic data on their policies, services and staff. This program is being conducted as a part of the U.S. National Health Survey. This information will be used to compile statistics on the number and kinds of such facilities in the United States. These statistics will be used to meet the needs of Congress, State legislatures, Federal, regional and local health planners, national health associations, and many others who plan and provide health services to the aged. We wish to assure you that any information which permits the identification of your facility will be held strictly confidential, will be used solely by persons engaged in, and only for the purposes of the survey and will not be disclosed or released to other persons or for any other reason.

Enclosed is a report from an earlier survey which we hope you will find informative. You can receive other publications by using the enclosed order blank and returning it, along with the completed questionnaire, in the postage-paid envelope. We would appreciate your cooperation in completing this questionnaire within one week.

Thank you.

Sincerely yours,

Theodore D. Woolsey
Theodore D. Woolsey
Director,
National Center for Health
Statistics

GENERAL INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

- a. ANSWER ALL QUESTIONS, please. Definitions and instructions are given with the questions when needed.
- b. INCLUDE IN THIS REPORT information for the facility named in the mailing label or for its successor if the name or owner has changed. Include information for ONE FACILITY ONLY, but report for the ENTIRE facility, including any sub-units.
- c. RETURN THE COMPLETED QUESTIONNAIRE in the postage-paid envelope provided, to:
National Center for Health Statistics, P.O. Box 348, Bladensburg, Maryland 20710

A. OWNERSHIP OF FACILITY

1. When did this facility first begin its operation at THIS ADDRESS? (Give the date it first opened at this address as a nursing home, convalescent home, etc., even though the ownership or control may have since changed, and the specific services may now be different.)

Month	Year
2. How many times has the ownership of this facility changed hands since it was first opened at this address?

No. of Times	Never
3. When did this facility first begin its operation under its PRESENT OWNERSHIP?

Month	Year

B. ADMISSION POLICY

4. As a general policy, do you accept the following types of persons? (Mark (X) "Yes" or "No" for each item.)

	Yes	No
a. Bedfast patients		
b. Post surgical recovery patients		
c. Patients transferred from psychiatric facilities (such as mental hospital or clinic, etc.)		
d. Mentally retarded patients		
e. Persons with:		
(1) Heart disease		
(2) Ill effects of a stroke		
(3) Diabetes		
(4) Fractured hips		
(5) Crippling arthritis		
(6) Cancer		
(7) Blindness		
(8) Alcoholism		
(9) Mental illness (that is, diagnosed by a physician as mentally ill, not senile or mentally retarded)		

5. What is the minimum age for admittance into this facility?

Minimum Age	
Mark (X) if no minimum age	

6. What is your most frequent, your highest, and your lowest charge per month for lodging, meals, nursing care, and other personal services?

Most frequent	
Highest	
Lowest	
Charge per month	

- a. If you do not make monthly charges, please check the appropriate box.

Initial Payment/Life care plan	
Other (Specify) _____	

7. Are all persons admitted to this facility required to be examined by a physician within the month prior to or after admission?

--

1. Yes
2. No (Skip to 8)

- a. Which of the following types of physician usually performs the admitting examination for most patients? (Check ONE box only.)

Patient's personal physician	
Hospital staff physician	
Staff physician of this facility	
Consulting physician of this facility	
Other (Specify) _____	

C. SERVICES

8. Does a physician give a routine physical examination to all patients at least annually after admission? Yes No

--	--

9. Which of the following recreational activities do you have for patients? (Mark (X) all that apply.)

Arts and crafts program	<input type="checkbox"/>
Planned social activities (such as birthday parties, card games, etc.) ...	<input type="checkbox"/>
Trips to concerts, plays, etc.	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>
None	<input type="checkbox"/>

10. Does this facility provide professional rehabilitation services at this address?

Yes No (Skip to 11)

a. Which of the following do you provide? (Mark (X) all that apply.)	b. LAST MONTH, what was the AVERAGE DAILY number of patients receiving these services?
<input type="checkbox"/> Physical therapy	<input type="text"/>
<input type="checkbox"/> Occupational therapy	<input type="text"/>
<input type="checkbox"/> Speech and hearing therapy	<input type="text"/>
<input type="checkbox"/> Other (Specify)	<input type="text"/>

11. Do your patients use any services of out-patient care clinics?

Yes No (Skip to 12)

a. Check the types of services your patients use

Physical therapy	<input type="checkbox"/>
Diagnostic clinic	<input type="checkbox"/>
Medical clinic	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>

D. PATIENT TURNOVER AND CHARACTERISTICS

12. How many admissions did you have during 1967?

a. How many of the admissions during 1967 were from:

(1) Mental hospitals	<input type="text"/>
(2) General hospitals	<input type="text"/>
(3) Other hospitals	<input type="text"/>
(4) Patient's home	<input type="text"/>
(5) Another nursing home	<input type="text"/>
(6) Other places (Specify)	<input type="text"/>

Total

13. How many discharges did you have during 1967, excluding deaths? Total

a. How many of these patients discharged were admitted during 1967? Number

<input type="text"/>	<input type="text"/>
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14. How many persons died during 1967 while patients of this facility? (Include all who died while on your register.) Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

15. What was your patient census last night? (Include all patients, even though they may have been temporarily away; exclude employees and proprietors.)

Males	<input type="text"/>
Females	<input type="text"/>
Total	<input type="text"/>

16. Do you participate in any of the Federal or State public assistance or medical assistance programs? (This includes Old Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, Aid to Families with Dependent Children, Medicaid (XIX), or Medicare (Title XVIII).)

1. Yes 2. No (Skip to 17)

a. How many patients are currently receiving Public Assistance or Medical Assistance? (Include all programs EXCEPT Medicare.)

b. For how many patients are you NOW RECEIVING Medicare (Part A) payments?

c. For how many patients are you NOT NOW receiving Medicare (Part A) payments because they have exhausted their benefit rights? Number

<input type="text"/>	<input type="text"/>
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E. STAFF

17. Is there at least one Registered Nurse (RN) ON DUTY (that is, on the premises and routinely serving the patients) for EVERY shift? Yes (Skip to 19) No (Answer 18)

18. Please check the box that indicates the level of skill of the "charge nurse" who is ON DUTY (that is, on the premises and routinely serving the patients) for each shift. (If you do not have all of the shifts indicated below, please check the "No such shift" box next to the particular column.)

Shift # 1	Shift # 2 <input type="checkbox"/> No such shift	Shift # 3 <input type="checkbox"/> No such shift
a. <input type="checkbox"/> RN	a. <input type="checkbox"/> RN	a. <input type="checkbox"/> RN
b. <input type="checkbox"/> LPN	b. <input type="checkbox"/> LPN	b. <input type="checkbox"/> LPN
c. <input type="checkbox"/> Nurse's Aide	c. <input type="checkbox"/> Nurse's Aide	c. <input type="checkbox"/> Nurse's Aide
d. <input type="checkbox"/> Other (Specify) _____	d. <input type="checkbox"/> Other (Specify) _____	d. <input type="checkbox"/> Other (Specify) _____

19. Does this facility employ a full-time staff physician for the care of the patients? NO (Skip to 19a) YES

How many are employed? Number

a. Does this facility have an arrangement with a physician to come to this facility? (Mark (X), one only.) At regular intervals (Skip to 20) When needed, but NOT at regular intervals (Skip to 20) Neither of the above

b. Does this facility have an arrangement with a physician to give medical care to the patients in HIS office?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

20. Please enter the number of full-time and part-time employees in this facility. (Full-time means 35 or more hours a week.) Count each employee only once, in the occupation at which he spends most of his time. Also include all members of religious organizations who contribute their services. (Please consult the enclosed Definition of Employees to determine the appropriate classification of personnel.)

EMPLOYEE	Number Full Time	Number Part Time
Registered Nurses		
LPN or Vocational Nurses		
Nurse's Aides, Orderlies, Student Nurses, and Attendants		
Dietitian		
Registered Occupational Therapist		
Other Occupational Therapists and Assistants		
Qualified Physical Therapists		
Physical Therapist Assistant		
TOTAL		

EMPLOYEE	Number Full Time	Number Part Time
Recreation Therapist		
Registered Medical Record Librarian		
Other Medical Records Librarians and Technicians		
Medical Social Worker		
Speech Therapist		
All other professional and technical Personnel (include Administration)		
Kitchen workers, laundry, house-keeping and maintenance personnel		
All other personnel (such as chauffeur, file clerk, etc.)		
TOTAL		

Name of person completing this form _____

Date of Completion _____

Title _____

Phone number of this facility _____

DEFINITION SHEET

DEFINITION OF EMPLOYEES

Professional and Technical Nursing Personnel

1. Registered nurse - a graduate of a State-approved school of professional nursing who is currently licensed as a registered nurse (R.N.) or is awaiting licensure to practice in your State; i.e., a recent graduate of a school of professional nursing, or a graduate nurse licensed in another State who recently moved to your State.
2. Licensed practical/vocational nurse - a graduate of a State-approved school of practical nursing who is currently licensed as a licensed practical or vocational nurse (L.P.N. or L.V.N.) or awaiting licensure to practice, or an individual granted a license by waiver on the basis of experience or endorsement rather than upon completion of a prescribed course of study.
3. Nursing aide, orderly, and attendant - one who assists the nursing staff by performing routine duties in caring for patients, under the direct supervision of professional or practical nurses.

Other Professional and Technical Personnel

4. Dietitian - one who plans nutritionally adequate menus, including modified diets, and supervises the preparation and service of meals for patients and personnel. Report only those dietitians who meet the educational qualifications of the American Dietetic Association.
5. Occupational therapist - one who selects and directs physical, educational, social, and daily living activities designed to meet specific needs of mentally or physically disabled patients.
6. Occupational therapy assistants - those who work under the supervision of the occupational therapist. Duties may include instructing patients in manual and creative arts and making special orthopedic devices such as splints and braces.
7. Physical therapist - (report only those registered by the American Physical Therapy Association.)
8. Physical therapy assistants - (report all other persons engaged in physical therapy service.)
9. Recreation therapist - one who develops programs involving sports, crafts, trips, and music for rehabilitation and restoration of patients.
10. Registered medical records librarian - (report only those registered by the American Association of Medical Records Librarians.)
11. Other medical records librarians and technicians - (report all other persons engaged in medical records work.)
12. Medical social worker - one who is professionally trained in a school of social work or who is "agency-trained" (as in public welfare departments) or is qualified by related experience and who is capable of making a social evaluation of patients' situations and of identifying social problems requiring service.
13. Speech therapist - one who applies skills to help handicapped persons speak in as normal a fashion as possible and understand the speech of others.
14. All other professional and technical personnel - (include all other professional and technical personnel not reported in categories 1 to 13. Include also those individuals serving as Administrators.)

FAIL-EDIT QUESTIONNAIRE

BUDGET BUREAU NO. 68-S-68017
APPROVAL EXPIRES 8-31-68

U. S. DEPARTMENT OF HEALTH,
EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH
STATISTICS
WASHINGTON, D. C.
20201

NURSING AND PERSONAL CARE
FACILITIES SURVEY

June 1968

Dear Sir:

Thank you for your cooperation during our earlier telephone conversation regarding the National Center for Health Statistics' survey of all resident facilities providing nursing and personal care. The abbreviated questionnaire to which we referred in our conversation is on the back of this letter. It deals with statistics on the numbers of patients admitted and discharged from your facility and the number of people you employ. Also in cooperation with the Veterans Administration, we are conducting a census of all male veteran patients. Please complete both forms within one week and return them in the enclosed postage-paid envelope.

We wish to assure you that any information which permits the identification of your facility will be held strictly confidential, will be used solely by persons engaged in, and only for the purposes of the survey and will not be disclosed or released to other persons or for any other reason.

We greatly appreciate your cooperation in this survey.

Sincerely yours,

Theodore D. Woolsey

Theodore D. Woolsey
Director,
National Center for Health
Statistics

1. How many admissions did you have during 1967? Total

a. How many of the admissions during 1967 were from:

(1) Mental hospitals	<input type="text"/>
(2) General hospitals	<input type="text"/>
(3) Other hospitals	<input type="text"/>
(4) Patient's home	<input type="text"/>
(5) Another nursing home	<input type="text"/>
(6) Other places (Specify) _____	<input type="text"/>

Number

2. How many discharges did you have during 1967, excluding deaths? Total

a. How many of these patients discharged were admitted during 1967? Number

3. How many persons died during 1967 while patients of this facility? (Include all who died while on your register.) Number

4. What was your patient census last night? (Include all patients, even though they may have been temporarily away; exclude employees and proprietors.)

	Males	<input type="text"/>
	Females	<input type="text"/>
	Total	<input type="text"/>

5. Do you participate in any of the Federal or State public assistance or medical assistance programs? (This includes Old Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, Aid to Families with Dependent Children, Medicaid (XIX), or Medicare (Title XVIII).)

1. Yes No (Skip to 6)

a. How many patients are currently receiving Public Assistance or Medical Assistance? (Include all programs EXCEPT Medicare.)

b. For how many patients are you NOW RECEIVING Medicare (Part A) payments?

c. For how many patients are you NOT NOW receiving Medicare (Part A) payments because they have exhausted their benefit rights? Number

6. Please enter the number of full-time and part-time employees in this facility. (Full-time means 35 or more hours a week.) Count each employee only once, in the occupation at which he spends most of his time. Also include all members of religious organizations who contribute their services. (Please consult the enclosed Definition of Employees to determine the appropriate classification of personnel.)

EMPLOYEE	Number Full Time	Number Part Time	EMPLOYEE	Number Full Time	Number Part Time
Registered Nurses	<input type="text"/>	<input type="text"/>	Recreation Therapist	<input type="text"/>	<input type="text"/>
LPN or Vocational Nurses	<input type="text"/>	<input type="text"/>	Registered Medical Record Librarian	<input type="text"/>	<input type="text"/>
Nurse's Aides, Orderlies, Student Nurses, and Attendants	<input type="text"/>	<input type="text"/>	Other Medical Records Librarians and Technicians	<input type="text"/>	<input type="text"/>
Dietitian	<input type="text"/>	<input type="text"/>	Medical Social Worker	<input type="text"/>	<input type="text"/>
Registered Occupational Therapist	<input type="text"/>	<input type="text"/>	Speech Therapist	<input type="text"/>	<input type="text"/>
Other Occupational Therapists and Assistants	<input type="text"/>	<input type="text"/>	All other professional and technical Personnel (include Administration)	<input type="text"/>	<input type="text"/>
Qualified Physical Therapists	<input type="text"/>	<input type="text"/>	Kitchen workers, laundry, house-keeping and maintenance personnel	<input type="text"/>	<input type="text"/>
Physical Therapist Assistant	<input type="text"/>	<input type="text"/>	All other personnel (such as chauffeur, file clerk, etc.)	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	TOTAL	<input type="text"/>	<input type="text"/>

Name of person completing this form _____ Date of Completion _____

Title _____ Phone number of this facility _____

1967 MFI NURSING HOME QUESTIONNAIRE

<p>FORM NHS-HRS-5(N) (6-19-67)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE NATIONAL CENTER FOR HEALTH STATISTICS</p> <p style="text-align: center;">MASTER FACILITY INVENTORY</p>	<p>FORM APPROVED BUDGET BUREAU NO. 68-S67036</p>
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Dear Sir:

The National Center for Health Statistics (NCHS) of the U.S. Public Health Service is assembling an up-to-date list of all facilities in the United States which provide some kind of medical, nursing, personal, domiciliary or custodial care.

This program is being conducted as a part of the U.S. National Health Survey, authorized by Public Law 652, 84th Congress. The Bureau of the Census has been requested to act as collecting agent for the NCHS in compiling the list.

The purpose of this survey, in which you are being asked to participate, is to obtain current information, such as number of beds, staff size, and types of services provided, from each facility on the list. The information will be used to compile statistics on the number and kinds of such facilities in the United States.

Sections A and B of this form request verification of the name and address of the facility, type of service, type of ownership, staff size and capacity. Section C asks for additional information which is needed for detailed statistics on other characteristics of the facility. All information provided in Section C will be accorded confidential treatment by the Bureau of the Census and the Public Health Service and the statistics will be presented in such a manner that no individual facility can be identified.

For this purpose we are requesting that you complete this questionnaire for your facility and return it within five days in the enclosed postage-paid envelope. The questionnaire is very brief and should take only a few minutes to complete.

Thank you for your cooperation.

Sincerely yours,
A. Ross Eckler
A. Ross Eckler
Director
Bureau of the Census

Enclosure

Section A - IDENTIFICATION OF FACILITY

Please refer to the mailing label above, then make all additions and corrections according to the questions below. Detailed identification information is needed to prevent duplicate listings and to assure that your facility is properly represented in our files. *(Please type or print)*

<p>① Is the NAME shown in the label above correct for your facility?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No → <i>Please line through name in label and enter correct name</i> →</p>	<p>Correct name of facility if different from above</p>									
<p>② Is your facility known by any other NAMES(S)?</p> <p>1 <input type="checkbox"/> Yes → <i>Please give other name(s)</i> →</p> <p>2 <input type="checkbox"/> No</p>	<p>Other names of your facility</p> <p>-----</p>									
<p>③ Is the address shown in the label above the correct mailing address for your facility?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No → <i>Please line through address on label and give your entire correct mailing address.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Number</td> <td style="width: 40%; border-bottom: 1px solid black;">Street</td> <td style="width: 35%; border-bottom: 1px solid black;">P.O. Box, route, etc.</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">City or town</td> </tr> <tr> <td style="border-bottom: 1px solid black;">County</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">ZIP Code</td> </tr> </table>	Number	Street	P.O. Box, route, etc.	City or town			County	State	ZIP Code
Number	Street	P.O. Box, route, etc.								
City or town										
County	State	ZIP Code								
<p>④ Is your mailing address also the ACTUAL LOCATION of your facility?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No → <i>Please give complete address for actual location of your facility.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Number</td> <td style="width: 40%; border-bottom: 1px solid black;">Street</td> <td style="width: 35%;"></td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">City or town</td> </tr> <tr> <td style="border-bottom: 1px solid black;">County</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">ZIP Code</td> </tr> </table>	Number	Street		City or town			County	State	ZIP Code
Number	Street									
City or town										
County	State	ZIP Code								
<p>⑤ What is the telephone number of your facility?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Area code</td> <td style="width: 40%; border-bottom: 1px solid black;">Number</td> <td style="width: 30%;"></td> </tr> </table>	Area code	Number							
Area code	Number									

GENERAL INSTRUCTIONS FOR COMPLETING QUESTIONNAIRE

- a. Include in this report information for the facility named in the mailing label or for its successor if the name or owner has changed. Include information for one facility only, but report for the entire facility including infirmaries and other subunits.
- b. Due to name and address changes, duplicate listings in our file, or other reasons, you may have been sent more than one questionnaire under different names or addresses. If you receive more than one form for the same facility, complete one only and return all others with the notation "Completed and returned under . . . (give name of facility on completed form)."
- c. Answer all questions, please. Definitions and special instructions are given with the questions when needed.
- d. Return the completed questionnaire in the postage paid envelope provided, to: Jeffersonville Census Operations Office, 1201 East 10th Street, Jeffersonville, Indiana 47130.

Section B - CLASSIFICATION INFORMATION

6 Please place an "X" in only ONE box for the type of organization operating your facility. The type of organization legally responsible for the operation of the facility. *Check only one*

<input type="checkbox"/> 11 State	} State-Local Government
<input type="checkbox"/> 12 County	
<input type="checkbox"/> 13 City	
<input type="checkbox"/> 14 City - County	
<input type="checkbox"/> 15 Hospital District	
<input type="checkbox"/> 16 U.S. Public Health Service	} Federal Government
<input type="checkbox"/> 17 Armed Forces	
<input type="checkbox"/> 18 Veterans Administration	
<input type="checkbox"/> 19 Other Federal Agency <i>Specify</i> -----	
<input type="checkbox"/> 20 Church related	} Nonprofit
<input type="checkbox"/> 21 Nonprofit corporation	
<input type="checkbox"/> 22 Other nonprofit	} For profit
<input type="checkbox"/> 23 Individual	
<input type="checkbox"/> 24 Partnership	
<input type="checkbox"/> 25 Corporation	

7 Please read ALL of the following, then check the ONE term which best describes your facility. *Check one only*

- 50 Nursing Home
- 51 Convalescent Home
- 52 Rest Home
- 53 Home for the Aged
- 54 Boarding Home for the Aged
- 55 Home for Crippled Children
- 56 Home for Needy
- 57 Home for Incurables
- 58 Home for the Mentally Retarded
- 59 Other - *Please describe* →

8 Does your facility serve: *Check only one*

- 1 Primarily children (under 21)
- 2 Primarily adults (21 or over)
- 3 Both children and adults
- 4 Other age limitation - *Specify* →

9 Does your facility serve: *Check only one*

- 1 Males only
- 2 Females only
- 3 Both males and females

10 What is the TOTAL NUMBER OF BEDS regularly maintained for patients or residents? *Include* all beds set up and staffed for use whether or not they are in use at the present time. *Do NOT include* beds used by staff or owners and beds used exclusively for emergency services.

Total beds _____

Section C - INFORMATION FOR STATISTICAL USE ONLY

11 What is the total NUMBER OF PERSONS (patients or residents), who stayed in your facility last night? *Do NOT include* employees or owners.

Number of persons _____

12 During the past seven days, how many of the PERSONS in question 11 received "Nursing Care"? Consider that a person received "Nursing Care" if he received any of the following services:

Nasal feeding	Temperature-pulse-respiration
Catheterization	Blood pressure
Irrigation	Application of dressing or bandage
Oxygen therapy	Bowel and bladder retraining
Full bed bath	
Enema	
Hypodermic injection	
Intravenous injection	

Number of persons _____

13 Which of the following services are ROUTINELY provided? *Check all that apply.*

- 1 Supervision is provided over medications which may be self-administered
- 2 Medications and treatments are administered in accordance with physicians orders
- 3 Rub and massage
- 4 Help with tub bath or shower
- 5 Help with dressing
- 6 Help with correspondence or shopping
- 7 Help with walking or getting about
- 8 Help with eating

OR

- 9 Not responsible for providing any services except room and board - (*If this box is checked no other box should be checked in question 13.*)

Section C – INFORMATION FOR STATISTICAL USE ONLY (Continued)

14 What is the total number of full-time personnel on the payroll of this facility? Full-time personnel are those who usually work 35 hours or more per week. *Include* owners, managers, and members of religious orders who work full-time whether on the payroll or not. *Do not include* volunteers, private duty nurses, and part-time employees.

TOTAL full-time personnel

Of the above personnel, how many are:

a. Licensed registered nurses.

b. Licensed practical or vocational nurses. .

16 Does the owner of this facility own or operate any related or similar facility providing inpatient services which is **NOT** included in this report? For example, another facility of the type listed in question 7 or a hospital, or other institution.

Yes

No → Go to 17

Please provide the following information for all other facilities owned. Use the "Comments" section if additional space is needed or attach a separate listing when available.

Name of facility

Type of facility

Address - Number and street

City

State

ZIP code

15 What is the NAME of the person, corporation, or other organization which owns this facility?

Name

17 Name of person completing this form

Date

Title

COMMENTS – General comments are invited as well as comments on specific items.

VITAL AND HEALTH STATISTICS PUBLICATION SERIES

Formerly Public Health Service Publication No. 1000

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Rockville, Md. 20852