

Charges for Care and Sources of Payment for Residents in Nursing Homes

United States-June-August 1969

Data on charges for care and sources of payment for nursing home residents in relation to service, ownership, geographic region of the nursing home and age, sex, and health status of the resident. Health status is measured by the level of patient care received, primary diagnosis, number of chronic conditions, and number of limitations requiring extra nursing time. Data on charges and sources of payment for 1969 are compared with that for 1964 to examine changes during the 5-year period.

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In accordance with specifications established by the National Center for Health Statistics, the Bureau of the Census, under a contractual arrangement, participated in planning the survey and collecting the data.

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CHARGES FOR CARE AND SOURCES OF PAYMENT FOR RESIDENTS IN NURSING HOMES

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INTRODUCTION

SCOPE OF REPORT

This report discusses charges for care and sources of payment for residents in nursing homes in the United States from June to August 1969. Charges and payment sources were analyzed in relation to certain characteristics of the nursing home—service, ownership, and geographic region—and certain characteristics of the resident—age, sex, and health status.

Emphasis was placed on charges and payment sources in relation to the health status of the resident. The health status of the resident was measured by level of patient care received, primary diagnosis, number of chronic conditions, and number of limitations requiring extra nursing time.

In addition, 1969 data were compared with 1964 data to examine any changes which occurred during the 5-year period. The text presents highlights of the data, while tables 1-18 present the data in depth.

BACKGROUND INFORMATION

Data presented in this report are based on the third Resident Places Survey (RPS-3) conducted by the Division of Health Resources Statistics. The survey was conducted in cooperation with

the U.S. Bureau of the Census during June-August 1969.

The RPS-3 is the fourth in a series of *ad hoc* surveys of institutional health facilities which are part of the National Health Survey program to provide current health statistics on the Nation.¹ Resident Places Survey-1, the first of these surveys, was conducted during April-June 1963 and collected sample data on nursing homes, chronic disease and geriatric hospitals, and nursing home units and chronic disease wards of general and mental hospitals. Further information on the Resident Places Survey-1 (RPS-1), including a description of its design and methodology, may be found in several previously published reports.²⁻⁶ Resident Places Survey-2 (RPS-2), the second of these *ad hoc* surveys, was conducted during May-June 1964 and concentrated mainly on a sample of nursing homes and geriatric hospitals. The second survey collected more detailed information about each institution, its residents, and its employees.⁷⁻¹⁵ The 1968 Nursing Home Survey, conducted during April-September 1968, was the third survey. It was a census of all nursing homes in the United States, and it collected detailed information on the characteristics of the facilities.¹⁶⁻²¹ The fourth survey (RPS-3) was multipurpose, collecting information about the nursing home, its residents, and its employees. This report is

one of several based on the data collected in RPS-3.²²⁻²⁴

Although each *ad hoc* survey collected data on charges, there were basic differences between the charge data collected in the 1968 survey and that collected in RPS-2 and RPS-3. The 1968 data¹⁶ were collected on the *facility's* most frequent monthly charge, and the RPS-2 and RPS-3 data were collected on the *resident's* actual monthly charge.

SOURCES AND QUALIFICATIONS OF DATA

Institutional facilities such as nursing homes and homes for the aged were included in RPS-3. Two basic criteria for including a facility in the survey were (1) it must routinely provide some level of nursing or personal care and (2) it must maintain three beds or more for residents. Thus, homes providing only room and board or domiciliary care to aged people were not within the scope of the survey.

A description of RPS-3, the sampling frame

used, the sample design, and the survey procedures are presented in appendix I. Appendix I also includes imputation procedures, estimation techniques, and estimates of sampling variation. Since the data in this report are national estimates based on a sample and are therefore subject to sampling errors, tables of standard errors and illustrations of their use are provided in appendix I. Appendix II presents definitions of terms, and appendix III presents the procedure for classifying establishments. Facsimiles of the questionnaires and forms used in the survey are shown in appendix IV.

Reference to the definitions in appendix II is essential to the interpretation of data in this report. Special attention is called to the procedure for classifying institutions by level of nursing service (appendix III). The classification of establishments into nursing homes, personal care homes with nursing, and personal care homes is based on the services provided in the home rather than on what the home might be called or how it may be licensed by the State.

CHARGES FOR CARE

OVERVIEW

Data on charges for care were based on the answer to the question, "What was the TOTAL charge for his (the resident's) care last month?" Since the question asked for charges for *last month*, data were not collected for the 51,000 residents living in nursing homes for less than a full month. The average monthly charge data included those residents with life-care plans and those with no-charge plans. (Exclusion of these 14,000 residents resulted in a \$3 increase in the average monthly charge.) (See question 16b of the Current Patient Questionnaire in appendix IV.)

Since methods of operating nursing homes vary widely, the services included in the monthly charge are difficult to determine. Some establishments provide all services required by the resident as part of the basic charge. Others make an additional charge for the services of physicians or other professional personnel or for special services, drugs, or diets. Still others have

no formal connection with a physician, and the resident is seen by a private physician who bills the patient directly.

In 1969 monthly charges for care of the 764,100 residents in nursing homes for at least a month ranged from no charge to over \$800. These extreme charges were the exception, however, since only 0.4 percent of residents paid no charge and 1.2 percent paid over \$800. Generally, the residents paid an average of \$328 per month, with 45 percent of the residents paying less than \$300 (table 1).

FACILITY CHARACTERISTICS

Charges for care varied according to certain characteristics of the facility. As level of service provided by the home decreased, charges for care decreased. (See appendix III for classification of level of service.) Residents in homes providing nursing care (highest level of nursing service) paid significantly more per month (\$356) than residents paid (\$178) in homes pro-

viding personal care (lowest level of service) (tables A and 1). Other studies reported similar findings.^{16,25} Because 78 percent of all residents lived in homes providing nursing care, the higher charges they paid appreciably affected the distribution of charges.

When standard errors of charges were examined by the various ownership classes, charges paid by residents in proprietary homes (\$343) were not significantly different from those paid by residents in nonprofit homes (\$305) or Government homes (\$268). One reason charges in proprietary homes may have *seemed* higher is that the majority of their residents (84 percent)

were in homes providing the highest level of nursing service. As with charges by ownership, charges by region had observable, though not significant, differences (table A). Thirty-eight percent of all no-charge residents lived in the North Central Region, while only 9 percent lived in the West Region (calculated from table 1).

PATIENT CHARACTERISTICS

Age and Sex

Residents in nursing homes for at least a month were an aged population. Seventy-two percent were 75 years and over, and the median age was 80.5 years. More females lived in nursing homes than did males. Generally, there were 226 females per 100 males, with the ratio increasing significantly as age increased (table B).

Charges paid by residents under 65 years of age were \$276 per month, while those paid by residents 65 years and over were closer to the national average of \$328 (table B). When standard errors of charges were examined by resident age groups, charges did not differ significantly. Although charges paid by residents under age 65 were not significantly less, this age group had a significantly *smaller* portion living in nursing care homes and receiving intensive nursing care. These residents were healthier. They had a significantly smaller portion with limitations requiring extra nursing time and with five chronic conditions or more (tables B and 2).

No significant difference existed between charges paid by males (\$315) and those paid by females (\$333) when the standard errors for charges were considered.

Level of Patient Care

In addition to the question on the type of service provided by the home, a similar question was asked about the care *actually received* by each resident during the preceding week. (See question 8 of Current Patient Questionnaire in appendix IV.) The responses to the list of services were classified into the following four levels of patient care (see appendix II for complete list of services).

Table A. Average monthly charge for care and percent distribution of nursing home residents, by type of service provided by the home, type of ownership, and geographic region: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Type of service provided by the home, type of ownership, and geographic region	Average monthly charge ¹	Percent distribution of residents ²
<u>Type of service</u>		
All types	\$328	100.0
Nursing care	356	77.6
Personal care with nursing	242	17.8
Personal care	178	4.7
<u>Type of ownership</u>		
All types	328	100.0
Proprietary	343	68.3
Nonprofit	305	22.4
Government	268	9.3
<u>Region</u>		
All regions	328	100.0
Northeast	386	22.3
North Central	298	35.5
South	307	26.8
West	350	15.4

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month. Figures on number of residents can be found in table 1.

Table B. Selected characteristics of residents in nursing homes, by age: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Selected characteristics	All ages	Under 65 years	65-74 years	75-84 years	85 years and over
Average monthly charge ¹	\$328	\$276	\$324	\$337	\$337
Percent distribution of residents ²	100.0	11.4	16.7	39.3	32.7
Percent of residents in nursing care homes	77.6	70.6	77.3	78.6	79.0
Percent of residents receiving intensive nursing care	32.2	23.8	29.5	32.0	36.8
Percent of residents with limitations requiring extra nursing time	48.0	37.1	44.1	47.2	54.8
Percent of residents with 5 chronic conditions or more	28.1	22.1	27.5	27.7	30.9
Average number of chronic conditions	3.5	3.2	3.5	3.5	3.7
Number of females per 100 males	226	109	162	259	313

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month. Figures on number of residents can be found in table 2.

Intensive nursing care (includes intravenous injection, catheterization, nasal feeding)

Limited nursing care (includes hypodermic or intramuscular injection, taking temperature-pulse-respiration)

Personal care (includes administration of medications and help with dressing and eating)

No nursing or personal care (excludes all services listed)

When charges were compared according to the care residents *actually received*, those receiving intensive nursing care paid significantly more (\$373) than those receiving no nursing or personal care (\$219) (tables C, 3, 4, 6, and 9). The following variables were analyzed to determine if they contributed to this difference in charges.

Percent of residents in nursing care homes

Percent of residents with limitations requiring extra nursing time

Percent of residents with five chronic conditions or more

The analysis yielded the following results.

Of the residents who received intensive nursing care, nearly all (90 percent) were in nursing

care homes. In contrast, of those who received no nursing or personal care, only 31 percent were in nursing care homes (tables C and 4). Since residents in nursing care homes paid more, the high percent of "intensive care" residents living in nursing care homes contributed to the higher charges of the "intensive care" group.

Residents receiving intensive nursing care had a majority (84 percent) with limitations requiring extra nursing time. By comparison, residents receiving no nursing or personal care had very few limitations (8 percent) requiring extra nursing time (table C). Several studies^{16,26} have noted that charges are related to increases in the number of employees and their salaries. Because more skilled employees are needed to care for residents requiring extra nursing time, charges paid by these residents would be higher. Thus, the high percent of "intensive care" residents requiring extra nursing care contributed to the higher charges paid by that group (table 9). Residents receiving intensive nursing care had a larger portion (34 percent) with five chronic conditions or more than did residents receiving no nursing or personal care (11 percent). Similarly, the average number of conditions was higher for residents receiving intensive nursing care.

In summary, residents receiving intensive nursing care paid higher charges than did residents receiving no nursing or personal care.

Table C. Selected characteristics of residents in nursing homes, by level of patient care: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Selected characteristics	Level of patient care ¹				
	All levels	Intensive nursing care	Limited nursing care	Personal care	No nursing or personal care
Average monthly charge ²	\$328	\$373	\$335	\$276	\$219
Percent distribution of residents ³	100.0	32.2	41.2	20.2	6.3
Percent of residents in nursing care homes	77.6	90.4	86.6	53.6	30.8
Percent of residents with limitations requiring extra nursing time	48.0	84.0	38.1	23.2	8.4
Percent of residents with 5 chronic conditions or more	28.1	34.2	29.5	20.8	11.2
Average number of chronic conditions	3.5	3.9	3.6	3.1	2.2
Number of females per 100 males	226	273	221	191	189
Median age	80.5	81.7	80.5	79.5	78.3

¹ See appendix II for definitions.

² Includes life-care residents and no-charge residents.

³ Includes only those residents who have lived in the nursing home for at least a month. Figures on number of residents can be found in table 3.

There were several variables which contributed to this difference. Residents receiving intensive nursing care had the following:

- Higher percent in nursing care homes
- Higher percent with limitations requiring extra nursing time
- Higher percent with five chronic conditions or more

Primary Diagnosis

The average monthly charge varied according to the primary diagnosis of the resident. (Data on the primary diagnosis were classified according to the International Classification of Diseases.²⁷) For known diagnoses, charges ranged from \$265 for congenital anomalies (paid by 0.3 percent of the residents) to \$408 for accidents, poisonings, and violence (paid by 4.8 percent of the residents) (table D). The most frequent primary diagnosis was diseases of the circulatory system (\$345); this was the primary diagnosis for about 39 percent of the residents.

The next most frequent diagnoses were mental disorders (for about 11 percent of the residents) and ill-defined conditions (for about 10 percent of the residents). Residents with these diagnoses paid less than \$300 per month.

The following analysis confines itself to the most frequent primary diagnoses—those that affected at least 7 percent of the residents. The four diagnoses meeting this criterion affected 68 percent of all residents. (Data on *all* diagnoses are presented in tables 5-7 and 10.) Since 39 percent of the residents were diagnosed as having diseases of the circulatory system, this classification was subdivided as follows.

- Ischemic heart disease (the diagnosis commonly termed “heart attack” is in this class)
- Cerebrovascular disease (the diagnosis commonly termed “stroke” is in this class)
- Diseases of arteries, arterioles, capillaries (the diagnosis commonly termed “hardening of the arteries” is in this class)

Differences in charges were observable for

Table D. Average monthly charge for care and percent distribution of residents in nursing homes, by primary diagnosis: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Primary diagnosis	Average monthly charge ¹	Percent distribution of residents ²
All diagnoses	\$328	100.0
Accidents, poisonings, and violence	408	4.8
Neoplasms	363	2.2
Diseases of the genitourinary system	349	1.2
Diseases of the circulatory system	345	39.1
Diseases of the digestive system	343	2.4
Diseases of the musculoskeletal system and connective tissues	332	6.5
Endocrine, nutritional, and metabolic diseases	332	5.2
Diseases of the nervous system and sense organs	328	7.6
Diseases of the blood and blood-forming organs	315	0.5
Diseases of the respiratory system	312	2.0
Infective and parasitic diseases	309	3.8
Diseases of the skin and subcutaneous tissue	304	0.4
Symptoms and ill-defined conditions	296	10.1
Certain causes of perinatal morbidity and mortality	*	*
Mental disorders	281	11.1
Congenital anomalies	265	0.3
Unknown diagnoses	233	3.2

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month. Figures on number of residents can be found in table 5.

each primary diagnosis (table E). The largest observable difference was between charges for residents with ischemic heart disease (\$371) and those with mental disorders (\$281). Since the standard errors for these charges were fairly large, the difference was not significant. However, the observable difference in resident charges may be a reflection of the differences between the two diagnoses in the percent of residents in nursing care homes and in the percent receiving intensive care (tables E, 6, and 7). The percent of residents in nursing care homes was significantly higher for residents with ischemic heart disease (84 percent) than for those with mental disorders (72 percent).

Similarly, the percent of residents receiving intensive nursing care was significantly higher for those with ischemic heart disease (35 per-

cent) than for those with mental disorders (20 percent). As was noted in previous sections, residents receiving intensive nursing care and those residing in nursing care homes paid significantly more per month. Thus, the observably higher charge paid by residents with ischemic heart disease may reflect the larger percent residing in nursing care homes and receiving intensive nursing care.

In addition to the differences noted between the two diagnoses, residents with ischemic heart disease had a significantly larger percent with limitations requiring extra nursing time and with five chronic conditions or more (tables 5 and 10). The ratio of females per 100 males was significantly larger for those with ischemic heart disease (249) and diseases of the arteries, arterioles, and capillaries (258) than for those

Table E. Selected characteristics of residents in nursing homes, by selected primary diagnoses: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Selected characteristics	Selected primary diagnoses								
	All diagnoses	Diseases of the circulatory system					Diseases of the nervous system and sense organs	Ill-defined symptoms	Mental disorders
		Total	Ischemic heart disease ¹	Cerebrovascular disease ²	Diseases of arteries, arterioles, capillaries ³	All other			
Average monthly charge ⁴	\$328	\$345	\$371	\$368	\$326	\$311	\$328	\$296	\$281
Percent distribution of residents ⁵	100.0	39.1	9.5	10.7	10.6	8.3	7.6	10.1	11.1
Percent of residents in nursing care homes	77.6	83.1	83.8	89.1	81.9	76.2	79.1	71.5	71.5
Percent of residents receiving intensive nursing care	32.2	36.4	34.8	48.0	33.6	26.9	37.6	31.4	19.8
Percent of residents with limitations requiring extra nursing time	48.0	52.8	49.9	67.9	49.1	41.3	58.9	48.8	32.4
Percent of residents 65 years and over	88.6	95.8	97.2	93.1	97.0	96.3	71.4	95.7	62.7
Percent of residents with 5 chronic conditions or more	28.1	31.5	30.9	34.6	30.3	29.4	26.3	25.9	23.1
Average number of chronic conditions . . .	3.5	3.8	3.8	3.9	3.7	3.6	3.5	3.3	3.2
Number of females per 100 males	226	240	249	206	258	257	171	250	155
Median age	80.5	82.1	83.0	79.7	83.4	82.6	74.9	84.0	70.6

¹ The diagnosis commonly termed "heart attack" is in this class.

² The diagnosis commonly termed "stroke" is in this class.

³ The diagnosis commonly termed "hardening of the arteries" is in this class.

⁴ Includes life-care residents and no-charge residents.

⁵ Includes only residents who have lived in the nursing home for at least a month. Figures on number of residents can be found in table 5.

with mental disorders (155) and diseases of the nervous system (171).

Number of Chronic Conditions

The average monthly charge paid for care in 1969 also seemed to be affected by the patient's number of chronic conditions. The number of these conditions was determined by the number of "yes" responses given to each of the conditions and impairments (e.g., advanced senility, heart trouble, and diabetes) listed in question 6. (See Current Patient Questionnaire in appendix IV.)

For patients having one to four conditions, it appeared that the greater the number of chronic conditions, the greater the resident's monthly charge for care (tables F, 3, 5, and 8). One possible explanation for this apparent increased

monthly charge as the number of conditions increased concerns the percent of residents in nursing care homes. (As stated earlier, residents in nursing care homes paid significantly higher charges than did residents in other kinds of homes.) As the number of conditions increased (up to four chronic conditions), the percent of residents in nursing care homes increased significantly and, correspondingly, so did the average monthly charge for care.

As shown in table F, the peak charge for care (\$359) was for patients with four chronic conditions. An observable, although not significant, decrease in the monthly charge for care occurred for patients with more than four such conditions. When standard errors of charges were considered in regard to the increased monthly charge and the increased number of chronic conditions, however, no significant increase in charge was found.

Table F. Percent distribution of residents in nursing homes, percent in nursing care homes, and percent receiving intensive nursing care, by number of chronic conditions; and average monthly charge for care, by level of patient care and number of chronic conditions: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Number of chronic conditions	Percent distribution of residents ¹	Percent of residents in nursing care homes	Percent of residents receiving intensive nursing care	Level of patient care ²				
				All levels	Intensive nursing care	Limited nursing care	Personal care	No nursing or personal care
Total	100.0	77.6	32.2	\$328	\$373	\$335	\$276	\$219
0 conditions	1.8	36.6	11.2	287	397	412	241	245
1 condition	12.5	55.9	20.2	292	398	315	233	208
2 conditions	19.5	73.9	27.7	313	360	326	272	203
3 conditions	21.8	79.3	31.5	331	368	334	283	238
4 conditions	16.4	85.0	38.1	359	394	351	322	238
5 conditions or more	28.0	86.4	39.3	336	365	337	279	218

¹ Includes only those residents who have lived in the nursing home for at least a month.

² See appendix II for definitions.

³ Includes life-care residents and no-charge residents.

According to level of patient care, the percent of residents receiving intensive nursing care increased significantly as the number of conditions increased from zero to four.

Residents with one or two conditions who received intensive nursing care paid significantly more than did residents with one or two conditions who received no nursing or personal care. (Similar results occurred when data for all residents were analyzed. See discussion of level of patient care in section "Patient Characteristics.") When the standard errors of charges were considered for those with three conditions or more, charges between the highest and lowest levels of patient care were not significantly different. A possible explanation for this is that the standard errors of charges were large because the number of residents receiving the lowest level of care was quite small (ranging from 1,800 to 7,300) (table 3).

Extra Nursing Time Required

Residents who required extra nursing time (refers to questions 11-14 in Current Patient Questionnaire, appendix IV) because of a limita-

tion in their mobility, hearing, sight, or bowel and/or bladder control paid apparently higher monthly charges (\$349-\$370) than did patients with none of these limitations (\$299) (tables G and 8). When only residents with limitations were considered, it appeared that the monthly charge increased only as the number of limitations increased from one to two. In general, charges for three limitations or more seemed to be slightly lower than those for two limitations.

When standard errors of charges were considered, charges were the same for all residents regardless of the number of specific limitations requiring extra nursing time. Thus, the slight decrease in charges as the number of limitations rose from two to three or more was not significant.

Over 90 percent of the residents with limited mobility or limited bowel and/or bladder control required extra nursing time (table H). Residents with hearing limitations had the fewest people (70 percent) requiring extra nursing time. When the four specific limitations were examined as to the differences in charges if extra nursing time were required, it appeared that residents with each limitation except mobility paid higher average charges if extra nursing time were

Table G. Percent distribution of residents in nursing homes and percent requiring extra nursing time, by number of chronic conditions; and average monthly charge for care, by number of specific limitations requiring extra nursing time and number of chronic conditions: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Number of chronic conditions	Percent distribution of residents ¹	Percent of residents requiring extra nursing time	Number of specific limitations ² requiring extra nursing time			
			None	1	2	3 or more
			Average monthly charge ³			
Total	100.0	48.0	\$299	\$349	\$370	\$365
0 conditions	1.8	18.9	268	371	*	*
1 condition	12.5	34.3	256	358	372	347
2 conditions	19.5	43.9	284	335	364	361
3 conditions	21.8	47.8	305	352	368	350
4 conditions	16.4	52.0	339	367	384	395
5 conditions or more	28.0	56.6	312	342	367	362

¹ Includes only those residents who have lived in the nursing home for at least a month.

² Includes limitations in mobility, hearing, sight, or bowel and/or bladder control.

³ Includes life-care residents and no-charge residents.

Table H. Average monthly charge for care and percent of residents, by whether extra nursing time is required and specific limitation: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Limitation	Extra nursing time required	Extra nursing time not required	Extra nursing time required	Extra nursing time not required
	Average monthly charge ¹		Percent of residents ²	
Mobility	\$371	\$389	90.3	9.7
Hearing	345	337	70.1	29.9
Sight	333	323	77.6	22.4
Bowel and/or bladder control	362	359	96.7	3.3

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month.

required. Considering standard errors, however, there were no significant differences in the charges whether or not this extra nursing time was required.

Residents receiving intensive nursing care paid higher monthly charges than those receiving no

nursing or personal care. This appeared to be true regardless of the resident's number of specific limitations (tables J and 9). Further examination of all the charges, considering standard errors, shows that the difference in charges paid by residents receiving intensive

Table J. Average monthly charge for care, by number of specific limitations requiring extra nursing time and the level of patient care: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Number of specific limitations ¹ requiring extra nursing time	Level of patient care ²				
	All levels	Intensive nursing care	Limited nursing care	Personal care	No nursing or personal care
	Average monthly charge ³				
0 limitations	\$299	\$366	\$325	\$266	\$212
1 limitation	349	368	351	298	287
2 limitations	370	380	351	331	288
3 limitations or more	365	370	347	329	*

¹ Includes limitations in mobility, hearing, sight, or bowel and/or bladder control.

² See appendix II for definitions.

³ Includes life-care residents and no-charge residents.

NOTE: Includes only those residents who have lived in the nursing home for at least a month.

nursing care and those receiving no nursing or personal care was significant only for patients with no limitations.

Data on charges by number of specific limitations requiring nursing time and selected primary diagnoses are presented in table 10.

MONTHLY CHARGES FOR CARE IN 1964 AND 1969

In addition to the 1969 data, charges and corresponding percents of residents according to selected resident and facility characteristics are also available for 1964 (table K). Data for 1964 were collected in the Resident Places Survey-2 (see Introduction). When standard errors of charges are applied to the figures in table K and data for 1964 and 1969 are compared, average monthly charges paid in 1969 (\$328) were significantly higher than those paid in 1964 (\$186). The increase in charges during the 5-year span was 76 percent. When monthly charges for the 2 years were examined according to geographic region and type of ownership of the facility and level of patient care, sex, and age of the resident, the 1969 charges were found to be significantly higher. The charges paid by residents in homes providing nursing care and personal care with nursing were higher in 1969 than

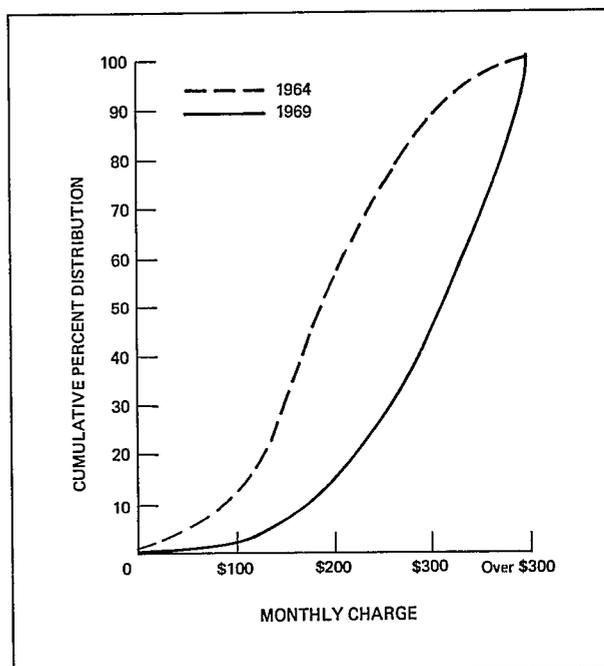


Figure 1. Cumulative percent distributions of nursing home residents (excluding life-care residents) for 1964 and 1969, by the average monthly charge for care.

Table K. Average monthly charge for care and percent distribution of residents in nursing homes, by selected facility and resident characteristics: United States, 1964 and 1969

[For sampling errors of 1969 estimates, see appendix I; for sampling errors of 1964 estimates, see reference 11]

Selected characteristics	1964		1969	
	Average monthly charge ¹	Percent distribution of residents ¹	Average monthly charge ¹	Percent distribution of residents ¹
<u>FACILITY CHARACTERISTICS</u>				
All facilities	\$186	100.0	\$328	100.0
<u>Type of service provided by the home</u>				
Nursing care	\$212	67.4	\$357	78.2
Personal care with nursing	129	26.3	242	17.1
Personal care	121	6.4	178	4.7
<u>Type of ownership</u>				
Proprietary	205	60.2	343	69.3
Nonprofit	154	24.0	306	21.3
Government	157	15.8	268	9.4
<u>Region</u>				
Northeast	213	28.6	388	22.2
North Central	171	36.6	298	35.6
South	161	18.1	307	26.8
West	204	16.7	350	15.4
<u>RESIDENT CHARACTERISTICS</u>				
All residents	\$186	100.0	\$328	100.0
<u>Level of patient care²</u>				
Intensive nursing care	224	31.0	374	32.5
Limited nursing care	199	28.7	334	41.4
Personal care	164	26.9	276	20.2
No nursing or personal care	109	13.5	216	5.9
<u>Sex</u>				
Male	171	35.0	315	30.9
Female	194	65.0	334	69.1
<u>Age</u>				
Under 65 years	155	12.0	276	11.5
65-74 years	184	18.9	324	16.8
75-84 years	191	41.7	338	39.2
85 years and over	194	27.5	338	32.5

¹ Excludes life-care residents.

² See appendix II for definitions.

NOTE: Includes only those residents who have lived in the nursing home for at least a month.

they were in 1964. The difference between the charges paid in 1964 and 1969 by residents in personal care homes, however, is not significant. Since these homes offered fewer nursing services than the other types of homes, it appears reasonable that their charges would not have increased as much as the charges did for homes offering nursing care and personal care with nursing.

A comparison of the cumulative percent distribution of the average monthly charges for 1964 and 1969 identified the overall changes in charges during this period. As shown in figure 1, most of the residents (87.4 percent) were charged \$300 or less in 1964. In 1969, however, less than half of the residents paid charges in the \$0-\$300 range.

SOURCES OF PAYMENT

Data in this section are presented on the patients' means of paying for care and the variation in the average monthly charges according to the source of payment. The data were based on responses to questions 17a and 17b of the Current Patient Questionnaire in appendix IV. These questions dealt with both the patients' primary (question 17b) and total (question 17a) sources of payment. The following possible sources were listed: own income or family support, Medicare (Title XVIII), Medicaid (Title XIX), other public assistance or welfare, church support, VA contract, initial payment—life care,

other, and none (i.e., no charge is made for care).

PRIMARY SOURCE OF PAYMENT

Since the patient's own income or family support, Medicare or Medicaid, and other public assistance or welfare programs were listed as the primary sources of payment for 93 percent of the residents, this discussion will concentrate on these three groups. The data for the remaining 7 percent were too meager to be analyzed separately, so they have been grouped into one "other" category (table 12).

Table L and table 11 give certain background

Table L. Selected characteristics of residents in nursing homes, by primary source of payment: United States, June-August 1969
[See appendix I for information on sampling errors of these estimates]

Selected characteristics	Primary source of payment				
	All sources	Own income or family support	Public assistance		All other sources
			Medicare or Medicaid	Other public assistance or welfare	
Average monthly charge ¹	\$328	\$342	\$422	\$280	\$283
Percent distribution of residents ²	100.0	39.7	16.1	37.2	7.0
Percent of residents in nursing care homes	77.6	73.4	93.2	77.2	68.0
Percent of residents receiving intensive nursing care	32.2	32.9	39.3	29.6	26.5
Percent of residents with limitations requiring extra nursing time	48.0	47.2	56.8	46.8	38.7
Percent of residents with 5 chronic conditions or more	28.1	26.4	31.9	29.3	22.2
Average number of chronic conditions	3.5	3.4	3.8	3.6	3.1
Number of females per 100 males	226	237	254	218	167
Median age	80.5	81.3	81.0	79.5	79.0

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month. Figures on number of residents can be found in table 11.

information on the residents when classified by their primary source of payment. For example, over three-fourths of the residents used their own or family income or public assistance other than Medicare or Medicaid as the primary source of payment.

The average monthly charge for residents receiving Medicare or Medicaid (\$422) was apparently higher than charges for residents using any other primary source of payment. When standard errors of charges were considered, the charges were the same regardless of the primary source of payment. Over 90 percent of the residents using Medicare or Medicaid as their primary source of payment were in nursing care homes; 39 percent of these residents were receiving intensive nursing care, and 57 percent had limitations requiring extra nursing time.

Therefore, the apparently increased charge for these residents might reflect the significantly increased care given them rather than their source of payment.

An examination of the primary source of payment according to type of service offered by the facility showed that about 93 percent of the residents using Medicare or Medicaid as the primary source of payment were in homes offering nursing care and less than 1 percent were in homes offering personal care (tables M and 13). For the other primary sources of payment, however, less than 80 percent of the residents were in nursing care homes. The stringent requirements for Medicare and Medicaid certification probably accounted for nursing care homes having a significantly larger percent of Medicare or Medicaid residents in 1969.

Table M. Percent distribution of residents in nursing homes by primary source of payment, according to type of service provided by the home, type of ownership, and geographic region: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Type of service provided by the home, type of ownership, and geographic region	Primary source of payment				
	All sources	Own income or family support	Public assistance		All other sources
			Medicare or Medicaid	Other public assistance or welfare	
	Percent distribution				
All residents ¹	100.0	100.0	100.0	100.0	100.0
<u>Type of service</u>					
Nursing care	77.6	73.4	93.2	77.2	68.0
Personal care with nursing	17.8	21.8	6.2	16.3	29.4
Personal care	4.7	4.9	0.6	6.6	2.6
<u>Type of ownership</u>					
Proprietary	68.3	64.9	79.1	73.5	36.0
Nonprofit	22.4	28.6	12.4	15.8	45.1
Government	9.3	6.6	8.6	10.7	19.0
<u>Region</u>					
Northeast	22.3	20.5	25.2	21.1	32.5
North Central	35.5	40.5	26.7	34.3	34.2
South	26.8	24.3	31.7	28.5	20.7
West	15.4	14.8	16.5	16.2	12.7

¹ Includes only those residents who have lived in the nursing home for at least a month.

Most residents receiving Medicare or Medicaid (79.1 percent) resided in homes having a proprietary type of ownership. Further examination of the distribution of residents according to the type of ownership revealed that about three-fourths of the residents receiving other public assistance or welfare were also in proprietary homes. About 29 percent of the residents using their own or family income were in nonprofit homes, as compared with less than 16 percent of those using one of the forms of public assistance (Medicare, Medicaid, or other public assistance or welfare).

When the level of patient care was considered, residents using Medicare or Medicaid as the primary source of payment (16.1 percent of all

residents) received intensive nursing care more often than did persons using the other sources of payment (tables N and 14). Also, for those Medicare or Medicaid residents receiving intensive nursing care, the average monthly charge for care appears to have been higher (\$440) than for residents using other sources of payment (\$307-\$399). When standard errors of charges were considered, however, Medicare or Medicaid residents receiving intensive nursing care did not pay significantly higher monthly charges than did persons using their own or family income as the primary source of payment.

Residents receiving intensive nursing care whose primary source of payment was either their own income or other public assistance paid

Table N. Average monthly charge for care and percent distribution of residents in nursing homes by level of patient care, according to primary source of payment: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Primary source of payment	Level of patient care ¹				
	All levels	Intensive nursing care	Limited nursing care	Personal care	No nursing or personal care
	Average monthly charge ²				
All sources	\$328	\$373	\$335	\$276	\$219
Own income or family support	342	399	351	281	224
Medicare or Medicaid	422	440	409	424	366
Other public assistance or welfare	280	315	287	239	186
All other sources	283	307	318	251	223
	Percent distribution of residents ³				
All sources	100.0	32.2	41.2	20.2	6.3
Own income or family support	100.0	32.9	38.3	21.4	7.5
Medicare or Medicaid	100.0	39.3	46.6	12.3	1.8
Other public assistance or welfare	100.0	29.6	43.5	22.0	5.0
All other sources	100.0	26.5	33.5	22.2	17.7

¹ See appendix II for definitions.

² Includes life-care residents and no-charge residents.

³ Includes only those residents who have lived in the nursing home for at least a month.

significantly higher charges than those receiving no nursing or personal care with the same primary sources of payment. The difference in charges for intensive and "no-care" residents was not significant for Medicare/Medicaid and "other" primary sources of payment. In these instances, standard errors were high because the number of residents was small when compared with the number of residents with other primary sources of payment.

Residents who made an initial payment for life care and those who had some sort of no-charge arrangement were included in the "other" category for the primary sources of payment. Examination of these two types of payment showed that 91 percent of the residents with a no-charge arrangement resided in nursing care homes as compared with 36 percent with a life-care arrangement. When the charges for life-care residents were averaged according to a monthly charge, these persons (1.4 percent of all residents) paid an average monthly charge of \$293. (When averaging this charge, both life-care patients who paid an initial charge and no monthly charges and life-care patients who paid monthly charges were included. If those life-care residents making no monthly payments were excluded, the average monthly charge would be \$300.) For residents with life-care arrangements,

the number of females per 100 males (756) was much higher than it was for no-charge arrangements (243). Although this ratio for life-care residents was significantly higher than for other sources, it must be noted that the ratio represented a small portion (1.4 percent) of all the residents. Since the ratio generally increased with age, the fact that 44 percent of all life-care residents were 85 years and over may explain the high ratio. Table O gives further selected characteristics for these two specific arrangements.

TOTAL SOURCES OF PAYMENT

When the patients' total sources of payment (question 17a of Current Patient Questionnaire, appendix IV) were examined, it appears that the larger the number of sources of payment, the higher the average monthly charge (tables P and 15). This is deceptive, however, for when standard errors were considered, there was no significant difference among the monthly charges according to the number of sources of payment.

Over 60 percent of the nursing home residents in 1969 used only one source of payment, and about half of these "one-source" residents used their own or family income for their primary source of payment (tables Q and 15). Over

Table O. Selected characteristics of residents in nursing homes with life-care arrangements and those with no-charge arrangements: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Selected characteristics	Initial payment-life care	No charge
Average monthly charge	\$293	\$0
Percent of residents ¹	1.4	0.4
Percent of residents in nursing care homes	36.0	90.6
Percent of residents receiving intensive nursing care	14.2	40.2
Percent of residents with limitations requiring extra nursing time	24.9	62.0
Percent of residents with 5 chronic conditions or more	13.0	15.9
Number of females per 100 males	756	243
Median age	83.6	77.4

¹ Includes only those residents who have lived in the nursing home for at least a month. Data calculated from table 1.

Table P. Selected characteristics of residents in nursing homes, by total number of sources of payment: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Selected characteristics	All residents	Total number of sources of payment		
		1	2	3 or more
Average monthly charge ¹	\$328	\$322	\$336	\$361
Percent distribution of residents ²	100.0	61.4	36.9	1.7
Percent of residents in nursing care homes	77.6	74.2	83.3	74.9
Percent of residents receiving intensive nursing care	32.2	31.3	33.7	32.2
Percent of residents with limitations requiring extra nursing time	48.0	46.4	50.7	46.3
Percent of residents with 5 chronic conditions or more	28.1	27.1	30.1	14.8
Average number of chronic conditions	3.5	3.4	3.7	3.4
Number of females per 100 males	226	227	224	254
Median age	80.5	80.2	81.1	80.5

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month. Figures on number of residents can be found in table 15.

Table Q. Percent distribution of residents in nursing homes, by total number of sources of payment and primary source of payment: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Primary source of payment	All residents ¹	Total number of sources of payment		
		1	2	3 or more
Percent distribution of residents				
All primary sources	100.0	61.4	36.9	1.7
Own income or family support	39.7	33.1	6.3	0.3
Medicare or Medicaid	16.1	5.5	10.1	0.5
Other public assistance or welfare	37.2	17.8	18.8	0.6
All other sources	7.0	5.1	1.6	0.3

¹ Includes only those residents who have lived in the nursing home for at least a month. Figures on number of residents can be found in table 15.

three-fourths of the residents who used two sources of payment relied on some form of public assistance as their primary source. Only 1.7 percent of the residents utilized three or more sources of payment. Data on total sources of payment are presented by selected characteristics of the nursing home in table 17 and by selected characteristics of the resident in tables P, 16, and 18.

For persons using two sources of payment (36.9 percent of all residents), 83.3 percent resided in nursing care homes and 50.7 percent had limitations requiring extra nursing time. The percents of residents in nursing care homes and having limitations requiring extra nursing time were significantly higher for "two-source" residents than for residents using only one source of payment. These larger percents, therefore, may be the reason for the apparently higher monthly charge for the "two-source" residents.

PRIMARY SOURCES OF PAYMENT IN 1964 AND 1969

In addition to the 1969 data, the average monthly charges and the corresponding percents

of residents according to the primary source of payment are also available for 1964.¹¹ When standard errors of charges were applied to the monthly charges for the 2 years, the monthly charges for 1969 were significantly higher than those for 1964, regardless of the primary source of payment (table R).

Since Medicare and Medicaid did not come into existence until after 1964, there are no data for this source of payment for 1964. For 1969, the higher portion of residents (54 percent) receiving public assistance—Medicare or Medicaid and other public assistance or welfare—and the lower portion (40 percent) using their own or family income as the primary source of payment was probably due to the enactment of the Medicare and Medicaid legislation. In contrast, for 1964 the portion of residents receiving public assistance (47 percent) was nearly the same as the portion using their own or family income (46 percent). In 1969, over 16 percent of the residents utilized Medicare and Medicaid funds as their primary source of payment.

Table R. Average monthly charge for care and percent distribution of residents in nursing homes, by primary source of payment: United States, 1964 and 1969

[For sampling errors of 1969 estimates, see appendix I; for sampling errors of 1964 estimates, see reference 11]

Primary source of payment	1964		1969	
	Average monthly charge ¹	Percent distribution of residents ¹	Average monthly charge ¹	Percent distribution of residents ¹
All sources	\$186	100.0	\$328	100.0
Own income or family support	\$202	45.9	\$342	40.2
Public assistance	179	46.9	323	54.1
Medicare or Medicaid . . . . .	...	...	422	16.3
Other public assistance or welfare	179	46.9	280	37.7
All other sources	93	7.2	281	5.7

¹ Excludes life-care residents.

NOTE: Includes only those residents who have lived in the nursing home for at least a month.

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Table 1. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to region, type of ownership, and type of service provided by the home: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Region, type of ownership, type of service provided by the home	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
Percent distribution												
United States	\$328	764,100	100.0	1.4	.4	1.7	13.0	30.3	28.7	13.9	5.7	5.0
Nursing care	356	592,800	100.0	.6	.5	.8	5.3	29.3	33.6	16.7	6.9	6.1
Personal care with nursing	242	135,700	100.0	5.0	.2	4.6	31.9	36.4	13.7	4.9	1.7	1.6
Personal care	178	35,600	100.0	-	-	4.3	68.4	22.6	4.3	.3	.1	-
Proprietary	343	522,100	100.0	-	.3	.5	10.2	29.5	31.8	15.7	6.2	5.7
Nursing care	366	436,700	100.0	.1	.3	.4	3.1	28.6	35.6	18.1	7.2	6.6
Personal care with nursing	245	58,400	100.0	-	.5	.2	36.8	38.4	16.1	4.6	1.9	1.5
Personal care	149	27,000	100.0	-	-	1.6	67.8	25.1	4.9	-	-	-
Nonprofit	305	170,900	100.0	6.1	*	2.6	17.1	31.2	22.8	11.4	5.1	3.5
Nursing care	342	104,800	100.0	3.4	.5	1.4	9.1	29.8	28.6	15.5	7.2	4.5
Personal care with nursing	253	61,700	100.0	11.0	-	3.8	27.9	33.9	14.2	5.3	1.9	1.9
Personal care	158	4,500	100.0	-	-	15.7	53.7	26.2	*	-	-	-
Government	268	71,100	100.0	-	1.5	8.0	23.3	33.6	20.2	6.4	3.2	3.9
Nursing care	303	51,300	100.0	-	1.9	2.8	16.3	34.7	27.1	7.6	4.3	5.3
Personal care with nursing	186	15,600	100.0	-	*	24.4	29.4	38.4	2.6	4.1	*	*
Personal care	142	4,100	100.0	-	-	9.4	88.1	*	-	-	-	-
Northeast	386	170,600	100.0	1.9	.6	2.0	10.3	19.5	28.6	14.6	11.4	11.2
Proprietary	414	102,400	100.0	-	-	1.3	7.5	15.9	31.3	17.0	13.5	13.5
Nursing care	440	88,200	100.0	-	-	1.1	1.8	13.9	34.3	18.9	14.5	15.5
Personal care with nursing	302	8,000	100.0	-	-	-	33.1	24.2	18.9	9.3	12.4	*
Personal care	182	6,100	100.0	-	-	6.1	56.2	33.4	*	-	-	-
Nonprofit	352	45,500	100.0	7.1	.2	3.2	13.8	23.3	23.3	11.6	10.0	7.6
Nursing care	417	27,900	100.0	5.5	.3	1.9	2.1	19.2	29.5	16.3	14.8	10.4
Personal care with nursing	254	17,200	100.0	9.9	-	3.8	32.3	30.4	13.6	4.2	2.6	3.3
Personal care	*	500	100.0	-	-	50.8	30.5	*	*	-	-	-
Government	328	22,600	100.0	-	3.8	2.8	15.9	28.2	27.5	9.7	4.6	7.5
Nursing care	340	19,900	100.0	-	4.4	*	15.5	24.9	31.4	9.3	5.2	8.5
Personal care with nursing	255	2,500	100.0	-	-	17.9	*	57.9	-	14.6	-	-
Personal care	*	*	100.0	*	*	*	*	*	*	*	*	*
North Central	298	271,200	100.0	1.2	.5	2.1	15.5	40.3	21.4	12.1	4.2	2.8
Proprietary	316	163,800	100.0	-	.5	.3	12.4	41.2	23.0	14.1	5.0	3.5
Nursing care	340	130,200	100.0	-	.4	.3	5.2	40.1	26.3	17.1	6.2	4.3
Personal care with nursing	230	27,800	100.0	-	1.0	.3	33.1	49.9	12.0	3.1	.2	.4
Personal care	182	5,800	100.0	-	-	-	74.9	22.7	*	-	-	-
Nonprofit	284	75,600	100.0	4.3	.4	2.6	17.2	39.8	20.6	10.4	3.1	1.7
Nursing care	314	45,900	100.0	1.9	.7	1.4	10.8	36.5	27.9	14.6	3.9	2.4
Personal care with nursing	242	27,800	100.0	8.5	-	4.7	25.7	44.8	9.4	4.3	2.1	.6
Personal care	203	1,900	100.0	-	-	-	45.5	46.5	*	-	-	-

See footnotes at end of table.

Table 1. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to region, type of ownership, and type of service provided by the home: United States, June-August 1969—Con.

[See appendix I for information on the sampling errors of these estimates]

Region, type of ownership, type of service provided by the home	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
				Percent distribution								
Government	\$238	31,800	100.0	-	.4	10.8	27.0	36.9	15.1	5.4	2.8	1.6
Nursing care	276	20,500	100.0	-	*	2.7	19.0	42.7	21.9	7.0	4.0	2.2
Personal care with nursing	176	10,100	100.0	-	*	24.7	38.2	29.6	3.1	2.8	*	*
Personal care	95	1,200	100.0	-	-	31.7	68.3	-	-	-	-	-
South	307	204,500	100.0	1.2	.4	1.6	10.7	30.2	42.3	7.7	3.0	2.9
Proprietary	318	159,100	100.0	.1	.4	.4	8.1	30.6	45.7	8.3	3.3	3.2
Nursing care	330	142,600	100.0	.1	.4	.4	2.4	31.3	49.3	8.9	3.7	3.5
Personal care with nursing	220	13,400	100.0	-	-	-	53.6	23.8	18.7	3.9	-	-
Personal care	166	3,100	100.0	-	-	*	70.5	27.9	-	-	-	-
Nonprofit	276	34,800	100.0	6.7	.3	3.3	19.8	27.6	32.5	6.1	2.2	1.6
Nursing care	292	22,500	100.0	4.5	*	*	15.3	33.3	33.7	6.8	2.9	1.9
Personal care with nursing	269	10,400	100.0	12.7	-	4.0	21.4	18.1	36.0	5.6	*	*
Personal care	118	1,900	100.0	-	-	23.8	64.3	11.9	-	-	-	-
Government	242	10,600	100.0	-	*	14.7	20.9	33.2	23.0	3.5	*	3.5
Nursing care	275	8,000	100.0	-	*	8.5	12.5	38.2	29.9	4.6	*	4.6
Personal care with nursing	135	1,900	100.0	-	-	46.5	26.2	24.7	*	-	-	-
Personal care	*	700	100.0	*	*	*	*	*	*	*	*	*
West	350	117,800	100.0	1.4	.3	.1	15.2	22.8	22.0	27.7	5.5	5.0
Proprietary	357	96,800	100.0	.1	.3	.1	13.0	22.3	24.4	29.1	5.4	5.3
Nursing care	392	75,700	100.0	.1	.4	.1	2.4	20.7	27.3	36.3	6.7	5.9
Personal care with nursing	278	9,200	100.0	-	-	-	27.2	37.3	22.5	5.8	*	6.4
Personal care	198	11,900	100.0	-	-	-	69.8	21.2	7.7	*	*	-
Nonprofit	338	14,900	100.0	10.6	-	-	20.5	20.0	9.5	28.3	6.7	4.6
Nursing care	385	8,500	100.0	*	-	-	6.9	19.4	16.1	40.1	11.4	4.0
Personal care with nursing	278	6,300	100.0	22.6	-	-	36.9	21.2	*	12.8	*	5.4
Personal care	*	*	100.0	*	*	*	*	*	*	*	*	*
Government	253	6,000	100.0	-	-	*	36.5	37.5	14.6	*	*	*
Nursing care	323	3,000	100.0	-	-	*	13.3	35.6	28.0	*	*	*
Personal care with nursing	212	1,200	100.0	*	*	*	*	*	*	*	*	*
Personal care	171	1,900	100.0	*	*	*	*	*	*	*	*	*

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month.

Table 2. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to sex and age of residents: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Sex and age	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
Both sexes				Percent distribution								
All ages	\$328	764,100	100.0	1.4	.4	1.7	13.0	30.3	28.7	13.9	5.7	5.0
Under 65 years	276	87,100	100.0	.1	1.0	3.9	24.3	35.6	19.3	10.1	2.7	3.0
65-74 years	324	127,300	100.0	.7	.4	2.0	14.4	32.8	26.5	12.0	5.8	5.5
75-84 years	337	300,000	100.0	1.7	.4	1.5	11.2	28.7	30.6	14.1	6.3	5.6
85 years and over	337	249,700	100.0	1.9	.3	.9	10.4	29.0	30.8	15.9	5.9	4.9
Male												
All ages	315	234,200	100.0	.5	.4	2.3	15.3	32.5	26.7	12.9	5.0	4.5
Under 65 years	273	41,800	100.0	.1	1.1	5.4	22.1	37.3	18.6	10.5	2.1	2.8
65-74 years	312	48,500	100.0	.3	.4	2.7	16.9	33.4	25.0	11.5	4.8	4.9
75-84 years	327	83,500	100.0	.5	.3	1.7	13.7	29.7	29.4	13.8	5.8	5.1
85 years and over	330	60,400	100.0	1.0	.2	.8	11.3	32.1	29.7	14.5	5.9	4.4
Female												
All ages	333	529,900	100.0	1.8	.4	1.4	12.0	29.3	29.6	14.3	6.0	5.3
Under 65 years	278	45,400	100.0	.2	.9	2.5	26.4	34.1	19.9	9.8	3.3	3.1
65-74 years	331	78,700	100.0	.9	.5	1.5	12.9	32.5	27.4	12.2	6.4	5.8
75-84 years	340	216,600	100.0	2.1	.4	1.4	10.3	28.2	31.1	14.2	6.5	5.7
85 years and over	340	189,300	100.0	2.1	.4	.9	10.1	28.0	31.2	16.3	5.9	5.0

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month.

Table 3. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to level of patient care and number of chronic conditions: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Level of patient care and number of chronic conditions	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
Percent distribution												
All conditions, all levels of patient care	\$328	764,100	100.0	1.4	.4	1.7	13.0	30.3	28.7	13.9	5.7	5.0
0 conditions	287	13,700	100.0	10.3	2.3	7.0	21.5	24.2	18.8	7.3	3.1	5.5
1 condition	292	95,500	100.0	3.4	.1	2.8	25.8	28.1	22.0	9.1	3.4	5.3
2 conditions	313	148,900	100.0	1.5	.1	2.3	15.2	31.8	27.2	14.5	4.2	3.3
3 conditions	331	166,200	100.0	.3	.5	2.1	11.9	34.1	26.8	12.3	5.8	6.1
4 conditions	359	125,100	100.0	1.5	1.1	.7	7.0	28.0	30.6	15.2	8.8	7.1
5 conditions	321	92,100	100.0	1.0	.5	1.0	12.7	30.3	32.3	13.0	5.1	4.2
6 conditions or more	348	122,500	100.0	.4	.1	.3	7.3	27.8	34.8	18.9	6.7	3.8
Intensive nursing care	373	246,300	100.0	.6	.5	.5	3.9	26.6	33.7	18.6	8.0	7.5
0 conditions	397	1,500	100.0	*	*	-	*	*	24.4	14.8	*	16.3
1 condition	398	19,300	100.0	1.7	-	*	5.5	20.9	36.6	14.0	6.3	14.7
2 conditions	360	41,200	100.0	1.0	.1	.4	5.3	28.6	31.5	20.3	7.8	5.0
3 conditions	368	52,300	100.0	.2	.9	.9	5.1	30.6	31.0	16.3	7.3	7.7
4 conditions	394	47,600	100.0	.5	.8	.5	1.8	25.3	32.5	17.3	10.8	10.6
5 conditions	351	30,900	100.0	.5	.7	.6	4.9	26.5	38.5	15.9	7.6	4.8
6 conditions or more	373	53,400	100.0	.2	-	-	2.5	25.1	35.7	24.2	7.3	5.0
Limited nursing care	335	315,000	100.0	1.0	.4	.8	8.3	34.3	30.5	14.2	5.8	4.9
0 conditions	412	2,200	100.0	13.4	*	*	9.9	13.0	21.1	10.7	9.9	14.2
1 condition	315	34,200	100.0	3.3	*	.6	14.1	33.9	27.9	11.4	4.5	4.0
2 conditions	326	60,600	100.0	1.0	-	1.2	6.8	38.8	29.0	16.2	3.9	3.1
3 conditions	334	74,700	100.0	.2	.1	1.1	9.7	36.9	28.0	11.8	5.6	6.7
4 conditions	351	50,500	100.0	1.0	1.3	.5	5.6	31.9	31.0	14.8	8.1	5.7
5 conditions	326	41,700	100.0	.4	.5	.6	8.6	34.4	32.2	13.3	4.4	5.4
6 conditions or more	346	51,100	100.0	.4	.2	-	6.3	28.5	36.3	17.4	7.7	3.3
Personal care	276	154,300	100.0	1.5	.4	3.1	28.6	29.5	22.3	8.4	3.4	2.7
0 conditions	241	3,900	100.0	10.0	*	*	30.0	29.6	13.6	9.5	-	-
1 condition	233	28,500	100.0	3.0	-	4.3	45.1	26.7	13.4	3.2	1.7	2.7
2 conditions	272	34,400	100.0	1.3	-	4.3	28.9	26.7	25.1	9.1	1.9	2.8
3 conditions	283	31,900	100.0	.4	1.0	4.7	22.5	35.2	20.0	8.0	4.6	3.5
4 conditions	322	23,600	100.0	.7	1.0	.6	17.8	26.9	27.5	13.7	7.5	4.1
5 conditions	273	15,800	100.0	1.6	-	*	31.9	28.8	23.6	9.1	3.3	*
6 conditions or more	285	16,300	100.0	*	-	*	23.4	33.2	29.8	8.1	1.6	1.9
No nursing or personal care	219	48,400	100.0	7.7	.2	8.8	39.7	25.0	11.8	5.3	.6	.9
0 conditions	245	6,100	100.0	9.2	-	10.4	23.6	29.6	19.9	*	*	*
1 condition	208	13,500	100.0	6.9	-	9.0	43.6	26.3	4.1	9.0	*	*
2 conditions	203	12,700	100.0	5.9	*	8.2	50.0	23.0	10.4	2.0	*	-
3 conditions	238	7,300	100.0	*	-	9.9	36.4	25.7	15.2	8.2	*	*
4 conditions	238	3,400	100.0	28.4	*	*	26.0	14.3	20.7	*	-	-
5 conditions	212	3,700	100.0	9.8	-	9.2	40.5	20.6	16.6	*	-	-
6 conditions or more	230	1,800	100.0	-	-	*	30.1	40.7	12.4	*	*	-

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month.

Table 4. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to level of patient care and type of service provided by the home: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Level of patient care and type of service provided by the home	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
<u>All levels of patient care</u>				Percent distribution								
All services	\$328	764,100	100.0	1.4	.4	1.7	13.0	30.3	28.7	13.9	5.7	5.0
Nursing care	356	592,800	100.0	.6	.5	.8	5.3	29.3	33.6	16.7	6.9	6.1
Personal care with nursing	242	135,700	100.0	5.0	.2	4.6	31.9	36.4	13.7	4.9	1.7	1.6
Personal care	178	35,600	100.0	-	-	4.3	68.4	22.6	4.3	.3	.1	
<u>Intensive nursing care</u>												
All services	373	246,300	100.0	.6	.5	.5	3.9	26.6	33.7	18.6	8.0	7.5
Nursing care	381	222,500	100.0	.2	.5	.4	2.8	25.1	35.1	19.5	8.5	7.8
Personal care with nursing	304	22,900	100.0	4.8	*	*	13.1	40.7	21.1	10.7	3.7	4.6
Personal care	184	900	100.0	-	-	-	48.4	43.3	*	-	-	-
<u>Limited nursing care</u>												
All services	335	315,000	100.0	1.0	.4	.8	8.3	34.3	30.5	14.2	5.8	4.9
Nursing care	347	272,700	100.0	.7	.5	.6	5.6	32.6	32.6	15.8	6.3	5.4
Personal care with nursing	259	40,400	100.0	2.8	-	1.7	25.0	44.9	17.3	4.0	2.6	1.7
Personal care	205	1,900	100.0	-	-	*	40.5	48.4	*	-	-	-
<u>Personal care</u>												
All services	276	154,300	100.0	1.5	.4	3.1	28.6	29.5	22.3	8.4	3.4	2.7
Nursing care	337	82,600	100.0	.8	.6	.9	8.8	30.4	34.9	12.9	5.8	4.9
Personal care with nursing	218	48,900	100.0	3.5	.2	6.3	41.7	32.5	10.0	4.8	.7	.3
Personal care	176	22,800	100.0	-	-	4.5	72.7	19.7	3.1	-	-	-
<u>No nursing or personal care</u>												
All services	219	48,400	100.0	7.7	.2	8.8	39.7	25.0	11.8	5.3	.6	.9
Nursing care	271	14,900	100.0	5.6	*	10.1	18.8	26.0	22.0	14.8	*	*
Personal care with nursing	203	23,600	100.0	12.3	*	9.9	41.9	25.4	8.0	1.0	*	1.0
Personal care	178	10,000	100.0	-	-	4.4	65.9	22.5	5.6	*	*	-

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month.

Table 5. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to primary diagnosis and number of chronic conditions: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Primary diagnosis and number of chronic conditions	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
<u>All diagnoses</u>				Percent distribution								
All conditions	\$328	764,100	100.0	1.4	.4	1.7	13.0	30.3	28.7	13.9	5.7	5.0
0-3 conditions	314	424,300	100.0	1.7	.3	2.5	16.5	31.6	25.6	12.2	4.6	4.9
4 conditions or more	345	339,700	100.0	1.0	.6	.6	8.6	28.5	32.6	16.0	7.0	5.1
<u>Infective and parasitic diseases</u>												
All conditions	309	28,700	100.0	3.2	.5	3.3	17.5	27.5	30.0	7.3	5.5	5.3
0-3 conditions	294	15,800	100.0	4.7	*	4.0	17.3	31.1	26.8	5.6	5.1	4.5
4 conditions or more	327	12,900	100.0	*	-	2.4	17.7	23.0	33.8	9.4	6.0	6.3
<u>Neoplasms</u>												
All conditions	363	16,900	100.0	*	2.7	*	8.9	24.1	27.4	20.2	7.0	8.9
0-3 conditions	355	9,400	100.0	-	4.4	*	10.5	25.1	27.0	13.6	8.2	10.1
4 conditions or more	372	7,500	100.0	*	*	*	6.8	22.8	27.8	28.5	5.4	7.3
<u>Endocrine, nutritional, and metabolic diseases</u>												
All conditions	332	39,400	100.0	1.5	.3	1.3	10.7	30.9	31.3	14.1	5.9	4.1
0-3 conditions	325	21,000	100.0	1.6	*	2.4	12.4	31.6	29.4	13.2	4.3	4.7
4 conditions or more	340	18,300	100.0	1.3	*	-	8.7	30.1	33.4	15.0	7.8	3.5
<u>Diseases of the blood and blood-forming organs</u>												
All conditions	315	3,900	100.0	6.4	-	*	14.7	37.5	16.1	16.6	*	*
0-3 conditions	290	2,300	100.0	*	-	*	23.7	39.6	14.5	10.0	-	*
4 conditions or more	352	1,600	100.0	*	-	*	*	34.6	18.3	26.0	*	*
<u>Mental disorders</u>												
All conditions	281	84,600	100.0	.1	.1	2.7	23.4	37.0	21.2	9.5	3.2	2.9
0-3 conditions	268	55,400	100.0	.2	.1	4.0	27.5	35.9	18.1	9.2	2.4	2.7
4 conditions or more	306	29,200	100.0	-	-	.2	15.5	39.2	27.1	10.0	4.8	3.1
<u>Diseases of the nervous system and sense organs</u>												
All conditions	328	57,700	100.0	1.3	.9	1.6	12.0	31.5	28.0	13.8	5.9	5.1
0-3 conditions	323	33,000	100.0	1.4	.3	2.0	16.1	29.8	27.2	11.7	5.9	5.6
4 conditions or more	335	24,700	100.0	1.2	1.7	1.0	6.6	33.7	28.9	16.5	5.9	4.5
<u>Diseases of the circulatory system</u>												
All conditions	345	298,400	100.0	1.0	.4	1.2	8.0	28.7	32.4	16.3	6.9	5.1
0-3 conditions	335	147,900	100.0	1.5	.2	1.8	10.0	31.3	29.3	15.2	5.5	5.4
4 conditions or more	356	150,500	100.0	.6	.6	.6	6.1	26.1	35.4	17.5	8.3	4.8

See footnotes at end of table.

Table 5. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to primary diagnosis and number of chronic conditions: United States, June-August 1969—Con.

[See appendix I for information on the sampling errors of these estimates]

Primary diagnosis and number of chronic conditions	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
<u>Diseases of the respiratory system</u>				Percent distribution								
All conditions	\$312	14,900	100.0	1.7	*	3.4	14.3	29.4	30.0	10.7	6.0	3.7
0-3 conditions	304	8,000	100.0	*	*	4.5	19.5	28.2	23.4	10.6	7.6	*
4 conditions or more	320	6,900	100.0	*	*	*	8.3	30.7	37.7	10.9	4.2	4.4
<u>Diseases of the digestive system</u>												
All conditions	343	18,100	100.0	*	-	*	12.5	27.3	29.6	14.5	6.6	6.6
0-3 conditions	346	9,200	100.0	3.1	-	*	11.5	28.9	28.1	11.9	7.7	6.8
4 conditions or more	341	8,900	100.0	-	-	.5	13.5	25.7	31.0	17.2	5.6	6.5
<u>Diseases of the genitourinary system</u>												
All conditions	349	8,900	100.0	*	-	*	10.5	26.0	28.5	24.0	*	6.6
0-3 conditions	355	4,100	100.0	*	-	*	15.2	27.6	21.9	19.1	*	11.5
4 conditions or more	345	4,800	100.0	*	-	-	6.5	24.7	34.1	28.1	*	*
<u>Complications of pregnancy, childbirth, and the puerperium</u>												
All conditions	-	-	-	-	-	-	-	-	-	-	-	-
0-3 conditions	-	-	-	-	-	-	-	-	-	-	-	-
4 conditions or more	-	-	-	-	-	-	-	-	-	-	-	-
<u>Diseases of the skin and subcutaneous tissue</u>												
All conditions	304	2,800	100.0	-	*	-	15.4	42.6	14.0	13.8	9.7	*
0-3 conditions	269	1,700	100.0	-	-	-	22.2	54.9	*	*	*	*
4 conditions or more	356	1,100	100.0	-	*	-	*	24.7	25.6	21.5	*	*
<u>Diseases of the musculoskeletal system and connective tissue</u>												
All conditions	332	49,500	100.0	1.6	.4	1.8	11.5	31.6	28.1	13.6	4.9	6.5
0-3 conditions	316	27,900	100.0	2.2	.2	2.7	13.7	34.2	25.8	12.5	4.4	4.3
4 conditions or more	353	21,600	100.0	*	*	*	8.8	28.1	31.1	15.0	5.6	9.3
<u>Congenital anomalies</u>												
All conditions	265	1,900	100.0	*	-	*	36.0	22.6	16.6	14.0	*	*
0-3 conditions	260	1,200	100.0	*	-	*	37.6	16.7	17.7	*	*	*
4 conditions or more	*	700	100.0	-	-	-	32.9	33.3	*	*	-	-
<u>Certain causes of perinatal morbidity and mortality</u>												
All conditions	*	*	100.0	*	*	*	*	*	*	*	*	*
0-3 conditions	*	*	100.0	*	*	*	*	*	*	*	*	*
4 conditions or more	*	*	100.0	*	*	*	*	*	*	*	*	*

See footnotes at end of table.

Table 5. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to primary diagnosis and number of chronic conditions: United States, June-August 1969—Con.

[See appendix I for information on the sampling errors of these estimates]

Primary diagnosis and number of chronic conditions	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
<u>Symptoms and Ill-defined conditions</u>				Percent distribution								
All conditions	\$296	77,200	100.0	2.0	.4	1.7	18.4	34.7	26.4	9.8	3.5	3.0
0-3 conditions	281	47,700	100.0	2.4	.1	2.5	22.0	36.0	23.4	8.4	2.7	2.6
4 conditions or more	320	29,500	100.0	1.4	.9	.4	12.5	32.7	31.4	12.2	4.9	3.8
<u>Accidents, poisonings, and violence</u>												
All conditions	408	36,700	100.0	.6	*	.5	4.4	22.5	29.9	19.6	8.8	13.4
0-3 conditions	421	18,800	100.0	*	*	*	6.2	21.7	27.8	19.6	6.8	16.0
4 conditions or more	396	17,900	100.0	*	*	*	2.6	23.4	32.0	19.7	10.8	10.6
<u>Unknown diagnoses</u>												
All conditions	233	24,400	100.0	6.8	.6	4.6	38.1	26.5	16.8	4.3	1.6	.8
0-3 conditions	232	21,000	100.0	4.4	*	4.8	39.2	25.9	18.0	4.8	1.4	*
4 conditions or more	237	3,400	100.0	21.4	-	*	31.3	29.8	9.3	*	*	*

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month.

Table 6. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to primary diagnosis and level of patient care: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Primary diagnosis and level of patient care	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
<u>All diagnoses</u>				Percent distribution								
All levels of patient care	\$328	764,100	100.0	1.4	.4	1.7	13.0	30.3	28.7	13.9	5.7	5.0
Intensive nursing care	373	246,300	100.0	.6	.5	.5	3.9	26.6	33.7	18.6	8.0	7.5
Limited nursing care	335	315,000	100.0	1.0	.4	.8	8.3	34.3	30.5	14.2	5.8	4.9
Personal care	276	154,300	100.0	1.5	.4	3.1	28.6	29.5	22.3	8.4	3.4	2.7
No nursing or personal care	219	48,400	100.0	7.7	.2	8.8	39.7	25.0	11.8	5.3	.6	.9
<u>Infective and parasitic diseases</u>												
All levels of patient care	309	28,700	100.0	3.2	.5	3.3	17.5	27.5	30.0	7.3	5.5	5.3
Intensive nursing care	346	7,000	100.0	*	-	*	6.0	28.6	37.9	10.8	7.7	5.9
Limited nursing care	320	10,600	100.0	*	-	*	14.4	34.2	30.4	9.3	4.5	5.5
Personal care	310	7,200	100.0	3.3	*	*	23.1	20.5	32.6	3.8	7.9	5.7
No nursing or personal care	209	3,900	100.0	11.9	*	16.5	36.3	20.2	9.5	*	-	*
<u>Neoplasms</u>												
All levels of patient care	363	16,900	100.0	*	2.7	*	8.9	24.1	27.4	20.2	7.0	8.9
Intensive nursing care	387	8,100	100.0	*	4.2	*	*	23.5	25.7	24.6	9.1	10.1
Limited nursing care	359	6,200	100.0	-	*	-	8.2	29.0	30.9	16.5	6.1	8.6
Personal care	317	1,800	100.0	-	*	*	24.7	16.1	25.9	15.4	*	*
No nursing or personal care	239	800	100.0	-	-	-	54.7	*	21.4	*	-	-
<u>Endocrine, nutritional, and metabolic diseases</u>												
All levels of patient care	332	39,400	100.0	1.5	.3	1.3	10.7	30.9	31.3	14.1	5.9	4.1
Intensive nursing care	378	11,100	100.0	.8	1.1	-	2.6	27.0	37.2	14.3	8.6	8.4
Limited nursing care	333	20,200	100.0	.7	-	1.2	7.5	32.6	32.8	17.0	5.3	2.8
Personal care	267	6,900	100.0	3.3	-	3.1	29.9	32.0	20.4	5.7	4.1	*
No nursing or personal care	272	1,200	100.0	*	-	*	26.4	31.4	*	*	*	*
<u>Diseases of the blood and blood-forming organs</u>												
All levels of patient care	315	3,900	100.0	6.4	-	*	14.7	37.5	16.1	16.6	*	*
Intensive nursing care	394	900	100.0	*	-	-	*	41.1	*	27.3	*	*
Limited nursing care	330	1,800	100.0	*	-	-	9.4	34.2	27.6	19.8	*	*
Personal care	237	1,000	100.0	*	-	*	29.7	48.0	*	*	-	-
No nursing or personal care	*	*	100.0	*	*	*	*	*	*	*	*	*
<u>Mental disorders</u>												
All levels of patient care	281	84,600	100.0	.1	.1	2.7	23.4	37.0	21.2	9.5	3.2	2.9
Intensive nursing care	358	16,800	100.0	-	-	*	5.8	29.7	31.9	19.1	8.3	5.0
Limited nursing care	296	36,400	100.0	.2	-	.6	14.6	46.1	22.3	10.0	3.1	3.1
Personal care	234	24,900	100.0	-	.2	5.5	39.5	32.1	15.9	4.1	.8	1.9
No nursing or personal care	183	6,500	100.0	-	-	9.9	56.4	24.1	7.5	*	-	-
<u>Diseases of the nervous system and sense organs</u>												
All levels of patient care	328	57,700	100.0	1.3	.9	1.6	12.0	31.5	28.0	13.8	5.9	5.1
Intensive nursing care	368	21,700	100.0	*	-	*	4.1	29.7	32.8	19.9	5.6	7.0
Limited nursing care	327	22,400	100.0	*	1.4	*	9.6	34.1	28.8	12.3	6.6	5.1
Personal care	272	11,300	100.0	*	*	3.6	27.9	30.9	20.8	5.4	5.4	2.8
No nursing or personal care	250	2,400	100.0	10.8	-	*	32.4	25.8	*	10.3	*	-

See footnotes at end of table.

Table 6. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to primary diagnosis and level of patient care: United States, June-August 1969—Con.

[See appendix I for information on the sampling errors of these estimates]

Primary diagnosis and level of patient care	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
<u>Diseases of the circulatory system</u>				Percent distribution								
All levels of patient care	\$345	298,400	100.0	1.0	.4	1.2	8.0	28.7	32.4	16.3	6.9	5.1
Intensive nursing care	376	108,600	100.0	.5	.4	.4	2.9	25.2	36.2	18.4	9.0	7.0
Limited nursing care	344	129,500	100.0	.9	.4	.6	6.0	31.6	32.4	17.0	6.5	4.6
Personal care	306	49,800	100.0	1.3	.3	2.3	19.4	28.9	27.7	12.4	4.8	*
No nursing or personal care	225	10,500	100.0	6.8	*	10.9	33.1	27.1	14.6	5.8	*	.4
<u>Diseases of the respiratory system</u>												
All levels of patient care	312	14,900	100.0	1.7	*	3.4	14.3	29.4	30.0	10.7	6.0	3.7
Intensive nursing care	369	4,500	100.0	-	*	*	7.3	19.8	34.3	16.1	11.5	7.1
Limited nursing care	318	6,000	100.0	*	*	*	6.4	37.8	32.2	11.4	*	*
Personal care	245	3,400	100.0	*	-	*	33.6	29.6	22.1	*	*	-
No nursing or personal care	237	1,000	100.0	*	-	*	28.3	20.3	24.3	*	-	*
<u>Diseases of the digestive system</u>												
All levels of patient care	343	18,100	100.0	*	-	*	12.5	27.3	29.6	14.5	6.6	6.6
Intensive nursing care	400	4,900	100.0	*	-	-	*	19.2	31.7	24.4	10.4	9.9
Limited nursing care	348	8,000	100.0	*	-	*	6.8	32.4	32.9	13.2	6.8	5.9
Personal care	295	4,200	100.0	-	-	*	26.9	29.2	24.7	6.9	*	5.8
No nursing or personal care	229	1,000	100.0	*	-	*	42.2	18.8	*	*	-	-
<u>Diseases of the genitourinary system</u>												
All levels of patient care	349	8,900	100.0	*	-	*	10.5	26.0	28.5	24.0	*	6.6
Intensive nursing care	387	4,200	100.0	*	-	-	*	22.5	28.0	34.1	*	8.6
Limited nursing care	340	3,200	100.0	*	-	-	10.4	29.7	32.5	17.8	*	*
Personal care	263	900	100.0	-	-	*	26.9	30.8	28.4	*	-	-
No nursing or personal care	*	600	100.0	*	-	*	35.9	*	*	*	-	*
<u>Complications of pregnancy, childbirth, and the puerperium</u>												
All levels of patient care	-	-	-	-	-	-	-	-	-	-	-	-
Intensive nursing care	-	-	-	-	-	-	-	-	-	-	-	-
Limited nursing care	-	-	-	-	-	-	-	-	-	-	-	-
Personal care	-	-	-	-	-	-	-	-	-	-	-	-
No nursing or personal care	-	-	-	-	-	-	-	-	-	-	-	-
<u>Diseases of the skin and subcutaneous tissue</u>												
All levels of patient care	304	2,800	100.0	-	*	-	15.4	42.6	14.0	13.8	9.7	*
Intensive nursing care	331	900	100.0	-	*	-	*	33.3	19.6	*	*	*
Limited nursing care	320	1,400	100.0	-	-	-	*	46.0	*	19.3	*	*
Personal care	*	*	100.0	*	*	*	*	*	*	*	*	*
No nursing or personal care	*	*	100.0	*	*	*	*	*	*	*	*	*
<u>Diseases of the musculoskeletal system and connective tissue</u>												
All levels of patient care	332	49,500	100.0	1.6	.4	1.8	11.5	31.6	28.1	13.6	4.9	6.5
Intensive nursing care	369	15,500	100.0	*	*	*	5.4	30.0	31.5	17.2	6.1	9.0
Limited nursing care	348	19,900	100.0	*	*	*	6.2	33.0	32.4	11.2	6.7	7.8
Personal care	282	11,600	100.0	*	*	2.4	24.9	30.6	21.3	14.9	*	2.2
No nursing or personal care	207	2,500	100.0	13.1	-	11.7	30.6	34.3	*	*	-	-

See footnotes at end of table.

Table 6. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to primary diagnosis and level of patient care: United States, June-August 1969—Con.

[See appendix I for information on the sampling errors of these estimates]

Primary diagnosis and level of patient care	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
<u>Congenital anomalies</u>				Percent distribution								
All levels of patient care	\$265	1,900	100.0	*	-	*	36.0	22.6	16.6	14.0	*	*
Intensive nursing care	336	700	100.0	*	-	*	*	23.4	21.6	19.2	*	*
Limited nursing care	282	700	100.0	-	-	-	27.7	34.1	17.7	20.5	-	-
Personal care	*	500	100.0	-	-	-	78.9	*	*	-	-	-
No nursing or personal care	*	*	100.0	*	*	*	*	*	*	*	*	*
<u>Certain causes of perinatal morbidity and mortality</u>												
All levels of patient care	*	*	100.0	*	*	*	*	*	*	*	*	*
Intensive nursing care	*	*	100.0	*	*	*	*	*	*	*	*	*
Limited nursing care	*	*	100.0	*	*	*	*	*	*	*	*	*
Personal care	*	*	100.0	*	*	*	*	*	*	*	*	*
No nursing or personal care	-	-	-	-	-	-	-	-	-	-	-	-
<u>Symptoms and ill-defined conditions</u>												
All levels of patient care	296	77,200	100.0	2.0	.4	1.7	18.4	34.7	26.4	9.8	3.5	3.0
Intensive nursing care	352	24,200	100.0	1.4	*	*	7.7	31.6	30.9	15.4	5.9	6.1
Limited nursing care	297	29,800	100.0	1.9	.4	1.3	10.6	40.6	30.7	9.1	3.5	1.9
Personal care	246	19,000	100.0	1.7	-	2.7	37.6	32.4	17.0	5.7	1.3	1.6
No nursing or personal care	200	4,200	100.0	7.7	-	7.9	48.0	21.5	12.9	*	-	-
<u>Accidents, poisonings, and violence</u>												
All levels of patient care	408	36,700	100.0	.6	*	.5	4.4	22.5	29.9	19.6	8.8	13.4
Intensive nursing care	411	15,500	100.0	*	*	-	1.5	23.1	29.6	23.6	7.8	13.2
Limited nursing care	424	16,000	100.0	*	*	*	3.3	22.8	29.7	17.3	11.3	14.9
Personal care	365	4,600	100.0	*	-	*	13.7	20.4	31.7	15.6	4.2	10.5
No nursing or personal care	*	600	100.0	*	-	-	39.1	*	*	*	-	-
<u>Unknown diagnoses</u>												
All levels of patient care	233	24,400	100.0	6.8	.6	4.6	38.1	26.5	16.8	4.3	1.6	.8
Intensive nursing care	317	1,500	100.0	-	-	*	*	22.1	51.4	*	*	*
Limited nursing care	272	3,100	100.0	*	*	-	21.1	29.9	35.5	*	*	-
Personal care	205	6,800	100.0	4.4	*	4.7	50.7	26.2	9.4	*	*	-
No nursing or personal care	228	13,000	100.0	8.9	-	5.6	39.0	26.3	12.1	6.2	*	*

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month.

Table 7. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to primary diagnosis and type of service provided by the home: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Primary diagnosis and type of service provided by the home	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care									
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more	
<u>All diagnoses</u>				Percent distribution									
All services	\$328	764,100	100.0	1.4	.4	1.7	13.0	30.3	28.7	13.9	5.7	5.0	
Nursing care	356	592,800	100.0	.6	.5	.8	5.3	29.3	33.6	16.7	6.9	6.1	
Personal care with nursing	242	135,700	100.0	5.0	.2	4.6	31.9	36.4	13.7	4.9	1.7	1.6	
Personal care	178	35,600	100.0	-	-	4.3	68.4	22.6	4.3	.3	.1	-	
<u>Infective and parasitic diseases</u>													
All services	309	28,700	100.0	3.2	.5	3.3	17.5	27.5	30.0	7.3	5.5	5.3	
Nursing care	342	19,000	100.0	*	*	2.6	5.9	27.7	39.9	10.2	6.6	5.8	
Personal care with nursing	258	8,100	100.0	9.6	*	5.4	30.4	30.2	12.6	*	4.2	5.2	
Personal care	172	1,600	100.0	-	-	-	89.0	11.0	-	-	-	-	
<u>Neoplasms</u>													
All services	363	16,900	100.0	*	2.7	*	8.9	24.1	27.4	20.2	7.0	8.9	
Nursing care	379	14,600	100.0	*	3.2	*	3.9	24.1	28.0	22.2	8.0	10.0	
Personal care with nursing	259	2,100	100.0	-	-	*	38.4	25.2	24.8	*	-	*	
Personal care	*	*	100.0	*	*	*	*	*	*	*	*	*	
<u>Endocrine, nutritional, and metabolic diseases</u>													
All services	332	39,400	100.0	1.5	.3	1.3	10.7	30.9	31.3	14.1	5.9	4.1	
Nursing care	355	31,100	100.0	.5	.3	.6	4.3	30.3	35.2	16.8	7.1	5.0	
Personal care with nursing	257	6,900	100.0	5.9	*	3.3	30.2	33.0	19.5	4.7	*	*	
Personal care	183	1,400	100.0	-	-	7.2	55.2	34.6	*	-	-	-	
<u>Diseases of the blood and blood-forming organs</u>													
All services	315	3,900	100.0	6.4	-	*	14.7	37.5	16.1	16.6	*	*	
Nursing care	347	2,800	100.0	*	-	*	*	42.3	21.0	21.8	*	*	
Personal care with nursing	240	1,100	100.0	*	-	-	46.1	26.5	*	*	-	*	
Personal care	*	*	100.0	*	*	*	*	*	*	*	*	*	
<u>Mental disorders</u>													
All services	281	84,600	100.0	.1	.1	2.7	23.4	37.0	21.2	9.5	3.2	2.9	
Nursing care	318	60,500	100.0	.1	.1	.6	10.6	39.6	28.2	12.6	4.4	3.8	
Personal care with nursing	197	17,700	100.0	-	-	7.9	48.3	35.8	4.8	2.1	*	*	
Personal care	164	6,500	100.0	-	-	7.8	75.1	16.5	*	-	-	-	
<u>Diseases of the nervous system and sense organs</u>													
All services	328	57,700	100.0	1.3	.9	1.6	12.0	31.5	28.0	13.8	5.9	5.1	
Nursing care	353	45,600	100.0	.3	1.1	1.1	4.8	31.3	32.2	16.0	7.0	6.2	
Personal care with nursing	250	9,800	100.0	6.1	-	2.6	33.9	33.4	13.7	6.4	2.5	*	
Personal care	174	2,300	100.0	-	-	6.7	63.3	26.0	*	-	-	-	

See footnotes at end of table.

Table 7. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to primary diagnosis and type of service provided by the home: United States, June-August 1969—Con.

[See appendix I for information on the sampling errors of these estimates]

Primary diagnosis and type of service provided by the home	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care									
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more	
<u>Diseases of the circulatory system</u>				Percent distribution									
All services	\$345	298,400	100.0	1.0	.4	1.2	8.0	28.7	32.4	16.3	6.9	5.1	
Nursing care	364	248,100	100.0	.5	.4	.7	4.1	26.6	35.7	18.5	7.8	5.8	
Personal care with nursing	264	44,600	100.0	4.1	.3	3.6	22.9	40.8	17.1	6.7	2.7	1.8	
Personal care	190	5,700	100.0	-	-	*	65.0	24.8	6.9	-	.7	-	
<u>Diseases of the respiratory system</u>				Percent distribution									
All services	312	14,900	100.0	1.7	*	3.4	14.3	29.4	30.0	10.7	6.0	3.7	
Nursing care	345	11,500	100.0	*	*	2.2	6.9	28.2	35.2	13.9	7.8	4.5	
Personal care with nursing	211	2,700	100.0	7.6	*	*	30.0	35.4	16.4	-	-	*	
Personal care	171	800	100.0	-	-	*	68.8	25.8	-	-	-	-	
<u>Diseases of the digestive system</u>				Percent distribution									
All services	343	18,100	100.0	*	-	*	12.5	27.3	29.6	14.5	6.6	6.6	
Nursing care	375	14,400	100.0	*	-	*	5.7	25.1	33.5	17.9	8.4	8.4	
Personal care with nursing	224	3,200	100.0	*	-	*	36.5	38.0	14.7	*	-	-	
Personal care	*	400	100.0	-	-	*	57.9	*	*	-	-	-	
<u>Diseases of the genitourinary system</u>				Percent distribution									
All services	349	8,900	100.0	*	-	*	10.5	26.0	28.5	24.0	*	6.6	
Nursing care	376	7,300	100.0	-	-	*	4.9	24.9	31.1	28.1	*	8.0	
Personal care with nursing	240	1,300	100.0	*	-	*	27.8	36.3	16.5	*	-	-	
Personal care	*	*	100.0	*	*	*	*	*	*	*	*	*	
<u>Complications of pregnancy, childbirth, and the puerperium</u>				Percent distribution									
All services	-	-	-	-	-	-	-	-	-	-	-	-	
Nursing care	-	-	-	-	-	-	-	-	-	-	-	-	
Personal care with nursing	-	-	-	-	-	-	-	-	-	-	-	-	
Personal care	-	-	-	-	-	-	-	-	-	-	-	-	
<u>Diseases of the skin and subcutaneous tissue</u>				Percent distribution									
All services	304	2,800	100.0	-	*	-	15.4	42.6	14.0	13.8	9.7	*	
Nursing care	338	2,000	100.0	-	*	-	*	44.0	15.6	16.5	13.8	*	
Personal care with nursing	*	600	100.0	-	-	-	31.9	44.6	*	*	-	-	
Personal care	*	*	100.0	*	*	*	*	*	*	*	*	*	
<u>Diseases of the musculoskeletal system and connective tissue</u>				Percent distribution									
All services	332	49,500	100.0	1.6	.4	1.8	11.5	31.6	28.1	13.6	4.9	6.5	
Nursing care	363	38,100	100.0	1.1	.5	.7	4.2	29.8	33.0	16.5	6.0	8.0	
Personal care with nursing	242	9,100	100.0	4.2	-	4.4	30.3	39.7	13.7	4.7	*	*	
Personal care	171	2,200	100.0	-	-	*	59.8	28.2	*	-	-	-	

See footnotes at end of table.

Table 7. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to primary diagnosis and type of service provided by the home: United States, June-August 1969—Con.

[See appendix I for information on the sampling errors of these estimates]

Primary diagnosis and type of service provided by the home	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
<u>Congenital anomalies</u>				Percent distribution								
All services	\$265	1,900	100.0	*	-	*	36.0	22.6	16.6	14.0	*	*
Nursing care	324	1,200	100.0	-	-	-	21.5	28.5	22.0	21.7	*	*
Personal care with nursing	*	400	100.0	*	-	*	50.6	*	*	-	-	-
Personal care	*	*	100.0	*	*	*	*	*	*	*	*	*
<u>Certain causes of perinatal morbidity and mortality</u>												
All services	*	*	100.0	*	*	*	*	*	*	*	*	*
Nursing	*	*	100.0	*	*	*	*	*	*	*	*	*
Personal care with nursing	-	-	-	-	-	-	-	-	-	-	-	-
Personal care	-	-	-	-	-	-	-	-	-	-	-	-
<u>Symptoms and ill-defined conditions</u>												
All services	296	77,200	100.0	2.0	.4	1.7	18.4	34.7	26.4	9.8	3.5	3.0
Nursing care	328	55,200	100.0	1.3	.5	.9	7.8	35.6	32.8	12.3	4.8	4.0
Personal care with nursing	228	17,000	100.0	5.1	-	4.7	35.4	36.8	12.1	4.8	*	*
Personal care	182	5,000	100.0	-	-	*	76.5	18.3	4.2	-	-	-
<u>Accidents, poisonings, and violence</u>												
All services	408	36,700	100.0	.6	*	.5	4.4	22.5	29.9	19.6	8.8	13.4
Nursing care	426	33,000	100.0	*	*	*	1.8	20.9	31.6	20.9	9.4	14.9
Personal care with nursing	274	2,900	100.0	*	*	*	18.6	40.9	18.4	10.9	*	-
Personal care	*	700	100.0	-	-	*	66.0	*	-	-	-	-
<u>Unknown diagnoses</u>												
All services	233	24,400	100.0	6.8	.6	4.6	38.1	26.5	16.8	4.3	1.6	.8
Nursing care	292	8,200	100.0	6.9	*	4.3	12.1	27.9	34.2	9.3	3.7	*
Personal care with nursing	218	8,200	100.0	13.3	*	7.9	40.8	23.4	8.9	*	*	*
Personal care	189	8,000	100.0	-	-	*	61.8	28.1	7.0	*	-	-

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month.

Table 8. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to extra nursing time required for selected limitations and number of chronic conditions: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Extra nursing time required for selected limitations ¹ and number of chronic conditions	Average monthly charge ²	Number of residents ³	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
<u>Extra nursing time not required</u>				Percent distribution								
All conditions	\$299	397,400	100.0	2.0	.3	2.6	19.7	32.5	24.4	10.2	4.2	4.1
0-3 conditions	284	244,200	100.0	2.3	.1	3.7	23.2	33.3	21.7	8.9	3.1	3.7
4 conditions or more	323	153,200	100.0	1.5	.6	.9	14.1	31.1	28.7	12.4	6.1	4.6
<u>Extra nursing time required for 1 limitation</u>												
All conditions	349	179,400	100.0	.7	.5	.9	7.4	30.4	31.1	16.2	7.2	5.6
0-3 conditions	347	91,500	100.0	.9	.5	1.3	9.2	31.1	28.9	14.8	6.4	6.8
4 conditions or more	351	87,900	100.0	.5	.5	.4	5.5	29.6	33.5	17.6	8.0	4.4
<u>Extra nursing time required for 2 limitations</u>												
All conditions	370	146,600	100.0	.9	.6	.5	4.5	25.3	34.8	19.3	7.2	7.0
0-3 conditions	367	72,200	100.0	1.2	.6	.5	6.0	27.0	32.5	18.2	6.8	7.2
4 conditions or more	373	74,500	100.0	.6	.7	.4	3.0	23.6	37.1	20.3	7.6	6.8
<u>Extra nursing time required for 3 limitations</u>												
All conditions	365	37,000	100.0	.2	.5	-	2.6	25.7	39.1	19.4	7.5	5.0
0-3 conditions	353	15,100	100.0	-	*	-	3.2	29.4	36.7	19.2	7.2	3.4
4 conditions or more	373	21,900	100.0	*	*	-	2.2	23.2	40.7	19.6	7.7	6.2
<u>Extra nursing time required for 4 limitations</u>												
All conditions	360	3,700	100.0	-	-	-	*	30.2	30.5	25.5	8.3	*
0-3 conditions	359	1,400	100.0	-	-	-	*	35.0	23.6	29.9	*	*
4 conditions or more	360	2,300	100.0	-	-	-	*	27.3	34.6	22.9	10.0	*

¹ Includes residents with limited mobility, hearing, sight, or bowel and/or bladder control.

² Includes life-care residents and no-charge residents.

³ Includes only those residents who have lived in the nursing home for at least a month.

Table 9. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to extra nursing time required for selected limitations and level of patient care: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Extra nursing time required for selected limitations ¹ and level of patient care	Average monthly charge ²	Number of residents ³	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
<u>Extra nursing time not required</u>				Percent distribution								
All levels of patient care	\$299	397,400	100.0	2.0	.3	2.6	19.7	32.5	24.4	10.2	4.2	4.1
Intensive nursing care	366	39,300	100.0	.3	.6	.7	6.9	29.7	27.6	18.2	7.6	8.6
Limited nursing care	325	195,100	100.0	1.2	.4	.9	9.8	36.6	29.1	12.0	5.3	4.7
Personal care	266	118,600	100.0	1.7	.2	3.5	32.3	28.9	20.7	7.3	2.7	2.7
No nursing or personal care	212	44,400	100.0	8.1	.1	9.4	41.0	25.9	10.6	3.2	.7	.9
<u>Extra nursing time required for 1 limitation</u>												
All levels of patient care	349	179,400	100.0	.7	.5	.9	7.4	30.4	31.1	16.2	7.2	5.6
Intensive nursing care	368	72,500	100.0	.6	.5	.7	3.8	29.0	32.4	17.8	8.5	6.7
Limited nursing care	351	77,900	100.0	.7	.3	.5	6.8	31.0	31.5	16.3	7.0	5.9
Personal care	298	26,000	100.0	.9	1.0	2.2	17.9	33.3	26.1	10.6	5.3	2.6
No nursing or personal care	287	2,900	100.0	*	*	*	17.7	22.1	31.0	21.5	-	-
<u>Extra nursing time required for 2 limitations</u>												
All levels of patient care	370	146,600	100.0	.9	.6	.5	4.5	25.3	34.8	19.3	7.2	7.0
Intensive nursing care	380	103,000	100.0	.9	.6	.4	3.3	24.3	35.2	19.2	7.9	8.2
Limited nursing care	351	34,400	100.0	.5	.6	.6	4.5	28.6	35.7	19.8	5.6	4.1
Personal care	331	8,200	100.0	*	*	*	13.0	26.5	28.9	15.8	6.4	4.8
No nursing or personal care	288	1,100	100.0	*	-	-	49.6	-	*	32.1	-	-
<u>Extra nursing time required for 3 limitations</u>												
All levels of patient care	365	37,000	100.0	.2	.5	-	2.6	25.7	39.1	19.4	7.5	5.0
Intensive nursing care	371	28,500	100.0	.2	.4	-	2.4	24.6	40.0	18.7	7.8	5.9
Limited nursing care	345	7,000	100.0	*	*	-	*	32.1	33.3	21.5	7.2	*
Personal care	334	1,300	100.0	-	-	-	*	18.5	54.4	14.8	*	-
No nursing or personal care	*	*	100.0	*	*	*	*	*	*	*	*	*
<u>Extra nursing time required for 4 limitations</u>												
All levels of patient care	360	3,700	100.0	-	-	-	*	30.2	30.5	25.5	8.3	*
Intensive nursing care	362	3,000	100.0	-	-	-	*	27.9	34.5	21.2	10.2	*
Limited nursing care	*	600	100.0	-	-	-	-	35.7	*	48.0	-	-
Personal care	*	*	100.0	*	*	*	*	*	*	*	*	*
No nursing or personal care	-	-	-	-	-	-	-	-	-	-	-	-

¹ Includes residents with limited mobility, hearing, sight, or bowel and/or bladder control.
² Includes life-care residents and no-charge residents.
³ Includes only those residents who have lived in the nursing home for at least a month.

Table 10. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to extra nursing time required for selected limitations and selected primary diagnoses: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Extra nursing time required for selected limitations ¹ and selected primary diagnoses ²	Average monthly charge ³	Number of residents ⁴	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
<u>Extra nursing time not required</u>				Percent distribution								
All diagnoses	\$299	397,400	100.0	2.0	.3	2.6	19.7	32.5	24.4	10.2	4.2	4.1
Mental disorders	257	57,200	100.0	.1	.1	3.7	29.8	38.1	17.4	6.7	1.8	2.3
Diseases of the circulatory system	322	140,900	100.0	1.5	.3	2.0	12.9	31.4	28.7	13.1	5.7	4.4
Diseases of the musculoskeletal system and connective tissue	302	26,200	100.0	2.1	*	2.7	17.9	33.8	23.4	10.6	3.3	5.8
Symptoms and ill-defined conditions	266	39,600	100.0	2.8	.3	2.7	25.8	35.6	22.1	6.6	2.1	1.9
<u>Extra nursing time required for 1 limitation</u>												
All diagnoses	349	179,400	100.0	.7	.5	.9	7.4	30.4	31.1	16.2	7.2	5.6
Mental disorders	313	15,000	100.0	-	-	.9	13.6	41.5	22.0	11.5	5.1	5.3
Diseases of the circulatory system	355	71,600	100.0	.6	.4	.5	5.1	28.9	33.2	18.4	8.2	4.6
Diseases of the musculoskeletal system and connective tissue	374	13,800	100.0	1.4	*	*	5.2	25.0	34.7	16.2	7.9	7.9
Symptoms and ill-defined conditions	315	18,100	100.0	*	*	*	14.1	35.7	28.5	11.0	5.4	3.4
<u>Extra nursing time required for 2 limitations</u>												
All diagnoses	370	146,600	100.0	.9	.6	.5	4.5	25.3	34.8	19.3	7.2	7.0
Mental disorders	344	9,300	100.0	*	-	-	7.0	28.2	38.7	17.4	6.4	2.3
Diseases of the circulatory system	378	66,300	100.0	.7	.4	.4	2.5	23.7	37.0	20.3	7.9	7.1
Diseases of the musculoskeletal system and connective tissue	353	7,300	100.0	*	*	-	3.7	37.1	27.1	19.4	5.9	5.8
Symptoms and ill-defined conditions	342	14,600	100.0	2.3	*	*	7.4	32.4	31.4	14.1	5.2	6.0
<u>Extra nursing time required for 3 limitations</u>												
All diagnoses	365	37,000	100.0	.2	.5	-	2.6	25.7	39.1	19.4	7.5	5.0
Mental disorders	390	2,700	100.0	-	-	-	*	19.4	40.3	23.7	11.4	*
Diseases of the circulatory system	366	18,300	100.0	*	*	-	2.2	24.7	41.2	18.7	7.2	5.5
Diseases of the musculoskeletal system and connective tissue	367	1,800	100.0	-	-	-	*	26.2	47.2	16.6	-	*
Symptoms and ill-defined conditions	334	4,500	100.0	-	-	-	6.7	31.2	39.1	17.5	*	*
<u>Extra nursing time required for 4 limitations</u>												
All diagnoses	360	3,700	100.0	-	-	-	*	30.2	30.5	25.5	8.3	*
Mental disorders	*	400	100.0	-	-	-	-	45.7	-	45.9	*	-
Diseases of the circulatory system	344	1,400	100.0	-	-	-	*	33.5	30.7	20.6	9.7	-
Diseases of the musculoskeletal system and connective tissue	*	*	100.0	*	*	*	*	*	*	*	*	*
Symptoms and ill-defined conditions	*	400	100.0	-	-	-	*	*	*	*	*	-

¹ Includes residents with limited mobility, hearing, sight, or bowel and/or bladder control.

² Diagnoses selected were those which affected at least 7 percent of the residents.

³ Includes life-care residents and no-charge residents.

⁴ Includes only those residents who have lived in the nursing home for at least a month.

Table 11. Average monthly charge for care and number and percent distribution of residents by monthly charge for care intervals, according to primary source of payment: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Primary source of payment	Average monthly charge ¹	Number of residents ²	Total	Monthly charge for care								
				Initial payment-life care	No charge	\$1-99	\$100-199	\$200-299	\$300-399	\$400-499	\$500-599	\$600 or more
				Percent distribution								
All sources of payment	\$328	764,100	100.0	1.4	.4	1.7	13.0	30.2	28.7	13.9	5.7	5.0
Own income or family support	342	303,200	100.0	-	-	2.2	12.7	27.6	28.2	15.3	7.4	6.6
Medicare	532	25,300	100.0	-	-	1.6	2.1	4.7	16.2	28.0	14.5	32.8
Medicaid	394	97,700	100.0	-	-	-	.5	13.6	45.9	26.5	8.2	5.2
Other public assistance	280	284,300	100.0	-	-	1.3	19.0	41.5	26.8	7.8	2.4	1.1
Church	328	1,900	100.0	-	-	-	31.0	21.7	11.0	*	21.3	*
Veterans' Administration	319	8,000	100.0	-	-	5.2	15.4	27.0	19.8	25.2	4.9	*
Initial payment-life care	293	10,600	100.0	100.0	-	-	-	-	-	-	-	-
No charge	-	3,300	100.0	-	100.0	-	-	-	-	-	-	-
Other sources of payment	299	29,800	100.0	-	-	5.2	13.4	41.0	23.3	7.0	5.3	4.9

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month.

Table 12. Average monthly charge for care, by primary source of payment, sex, and age of residents: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Sex and age	Primary source of payment			
	Own income or family support	Public assistance		All other sources
		Medicare or Medicaid	Other public assistance or welfare	
	Average monthly charge ¹			
Both sexes				
All ages	\$342	\$422	\$280	\$283
Under 65 years	304	392	243	251
65-74 years	337	434	276	278
75-84 years	343	430	289	280
85 years and over	352	414	291	310
Male				
All ages	323	424	273	276
Under 65 years	296	394	244	246
65-74 years	318	432	271	281
75-84 years	326	428	284	275
85 years and over	333	425	290	335
Female				
All ages	350	422	283	288
Under 65 years	311	390	241	261
65-74 years	349	435	279	276
75-84 years	350	431	291	283
85 years and over	358	411	292	304

¹ Includes life-care residents and no-charge residents who have lived in the nursing home for at least a month.

Table 13. Average monthly charge for care, by primary source of payment, region, type of ownership, and type of service provided by the home: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Region, type of ownership, and type of service provided by the home	Primary source of payment			
	Own income or family support	Public assistance		All other sources
		Medicare or Medicaid	Other public assistance or welfare	
	Average monthly charge ¹			
United States	\$342	422	280	283
Nursing care	380	427	305	300
Personal care with nursing	248	380	206	257
Personal care	196	*	167	139
Proprietary	374	419	284	298
Nursing care	402	420	305	325
Personal care with nursing	268	432	209	186
Personal care	209	*	173	139
Nonprofit	293	434	282	314
Nursing care	337	457	310	330
Personal care with nursing	244	349	224	295
Personal care	148	*	166	*
Government	250	437	250	184
Nursing care	279	459	295	188
Personal care with nursing	178	332	155	176
Personal care	*	-	141	*
Northeast	409	494	332	298
Proprietary	482	467	323	371
Nursing care	507	467	356	396
Personal care with nursing	352	526	235	-
Personal care	212	*	174	*
Nonprofit	317	618	341	343
Nursing care	384	669	396	370
Personal care with nursing	252	328	230	283
Personal care	*	-	-	-
Government	289	549	357	188
Nursing care	293	602	367	192
Personal care with nursing	*	382	*	180
Personal care	*	-	*	*
North Central	310	428	244	272
Proprietary	340	442	248	271
Nursing care	364	444	265	305
Personal care with nursing	245	429	211	170
Personal care	195	*	171	*

See footnote at end of table.

Table 13. Average monthly charge for care, by primary source of payment, region, type of ownership, and type of service provided by the home: United States, June-August 1969—Con.

[See appendix I for information on the sampling errors of these estimates]

Region, type of ownership, and type of service provided by the home	Primary source of payment			
	Own income or family support	Public assistance		All other sources
		Medicare or Medicaid	Other public assistance or welfare	
	Average monthly charge ¹			
Nonprofit	\$276	\$415	\$259	\$310
Nursing care	314	420	277	333
Personal care with nursing	230	388	218	290
Personal care	214	-	*	*
Government	239	377	204	165
Nursing care	266	400	253	178
Personal care with nursing	191	293	149	*
Personal care	*	-	98	-
South	330	355	268	263
Proprietary	351	358	275	277
Nursing care	370	359	287	298
Personal care with nursing	243	*	184	*
Personal care	165	-	179	*
Nonprofit	285	327	240	253
Nursing care	311	336	256	256
Personal care with nursing	274	316	217	255
Personal care	*	*	*	*
Government	212	386	222	*
Nursing care	272	386	242	*
Personal care with nursing	127	-	*	*
Personal care	*	-	*	-
West	360	432	309	310
Proprietary	368	433	317	310
Nursing care	416	436	353	324
Personal care with nursing	320	*	202	*
Personal care	220	*	172	*
Nonprofit	396	420	360	*
Nursing care	335	420	306	354
Personal care with nursing	230	*	234	358
Personal care	-	-	*	-
Government	280	431	190	212
Nursing care	302	431	*	*
Personal care with nursing	*	-	*	207
Personal care	*	-	168	-

¹ Includes life-care residents and no-charge residents who have lived in the nursing home for at least a month.

Table 14. Average monthly charge for care, by primary source of payment, level of patient care, and number of chronic conditions: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Level of patient care and number of chronic conditions	Primary source of payment			
	Own income or family support	Public assistance		All other sources
		Medicare or Medicaid	Other public assistance or welfare	
	Average monthly charge ¹			
<u>All levels of patient care</u>				
All conditions	\$342	\$422	\$280	\$283
0-3 conditions	318	416	260	262
4 conditions or more	365	416	294	307
<u>Intensive nursing care</u>				
All conditions	399	440	315	307
0-3 conditions	391	448	320	323
4 conditions or more	407	431	314	314
<u>Limited nursing care</u>				
All conditions	351	409	287	318
0-3 conditions	338	400	278	291
4 conditions or more	364	401	295	325
<u>Personal care</u>				
All conditions	281	424	239	251
0-3 conditions	266	407	219	231
4 conditions or more	301	420	258	295
<u>No nursing or personal care</u>				
All conditions	224	366	186	223
0-3 conditions	203	401	177	209
4 conditions or more	212	*	209	241

¹ Includes life-care residents and no-charge residents who have lived in the nursing home for at least a month.

Table 15. Average monthly charge for care and number of residents, by primary source of payment and number of sources of payment: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Number of sources of payment	Primary source of payment			
	Own income or family support	Public assistance		All other sources
		Medicare or Medicaid	Other public assistance or welfare	
	Average monthly charge ¹			
All sources of payment	\$342	\$422	\$280	\$283
One source	350	403	260	271
Two sources	301	431	298	306
Three sources or more	329	455	303	355
	Number of residents ²			
All sources of payment	303,200	123,000	284,300	53,600
One source	253,000	41,900	135,800	38,700
Two sources	48,200	77,500	144,000	12,200
Three sources or more	2,000	3,600	4,500	2,600

¹ Includes life-care residents and no-charge residents.

² Includes only those residents who have lived in the nursing home for at least a month.

Table 16. Average monthly charge for care, by number of sources of payment, sex, and age of resident: United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Sex and age	Number of sources of payment			
	All sources	One source	Two sources	Three sources or more
<u>Both sexes</u>				
	Average monthly charge ¹			
All ages	\$328	\$322	\$336	\$361
Under 65 years	276	265	302	300
65-74 years	324	315	333	410
75-84 years	337	334	341	349
85 years and over	337	336	339	369
<u>Male</u>				
All ages	315	308	325	369
Under 65 years	273	265	291	*
65-74 years	312	305	320	397
75-84 years	327	323	332	352
85 years and over	330	327	332	395
<u>Female</u>				
All ages	333	329	340	358
Under 65 years	278	266	311	*
65-74 years	331	322	341	418
75-84 years	340	338	344	348
85 years and over	340	339	341	362

¹ Includes life-care residents and no-charge residents who have lived in the nursing home for at least a month.

Table 17. Average monthly charge for care, by number of sources of payment, region, type of ownership, and type of service provided by the home: United States, June-August 1969

[See appendix I for information on the sampling errors of these estimates]

Region, type of ownership, and type of service provided by the home	Number of sources of payment			
	All sources	One source	Two sources	Three sources or more
	Average monthly charge ¹			
United States	\$328	322	336	361
Nursing care	356	357	354	402
Personal care with nursing	242	237	254	254
Personal care	178	176	185	*
Proprietary	343	345	338	389
Nursing care	366	373	353	413
Personal care with nursing	245	247	241	*
Personal care	187	186	192	*
Nonprofit	305	291	334	337
Nursing care	342	327	366	419
Personal care with nursing	253	244	274	259
Personal care	158	153	*	*
Government	268	224	321	302
Nursing care	303	259	344	317
Personal care with nursing	186	169	226	*
Personal care	142	143	*	*
Northeast	386	375	399	428
Proprietary	414	426	392	485
Nursing care	440	461	409	485
Personal care with nursing	302	298	309	-
Personal care	182	175	199	-
Nonprofit	352	312	420	384
Nursing care	417	369	486	*
Personal care with nursing	254	231	293	288
Personal care	*	*	-	-
Government	328	248	392	*
Nursing care	340	261	402	*
Personal care with nursing	255	172	328	-
Personal care	*	*	*	*
North Central	298	293	305	326
Proprietary	316	315	316	342
Nursing care	340	344	332	377
Personal care with nursing	230	226	241	*
Personal care	182	176	194	*

See footnote at end of table.

Table 17. Average monthly charge for care, by number of sources of payment, region, type of ownership, and type of service provided by the home: United States, June-August 1969—Con.

[See appendix I for information on the sampling errors of these estimates]

Region, type of ownership, and type of service provided by the home	Number of sources of payment			
	All sources	One source	Two sources	Three sources or more
	Average monthly charge ¹			
Nonprofit	\$284	\$277	\$297	\$337
Nursing care	314	309	315	411
Personal care with nursing	242	232	268	241
Personal care	203	206	*	-
Government	238	211	276	*
Nursing care	276	251	305	*
Personal care with nursing	176	168	195	*
Personal care	95	96	*	-
South	307	307	304	337
Proprietary	318	322	310	346
Nursing care	330	337	319	352
Personal care with nursing	220	228	204	*
Personal care	166	160	*	-
Nonprofit	276	273	282	*
Nursing care	292	290	296	*
Personal care with nursing	269	273	256	-
Personal care	118	106	*	-
Government	242	209	281	*
Nursing care	275	245	301	*
Personal care with nursing	135	144	*	-
Personal care	*	*	*	-
West	350	350	350	311
Proprietary	357	357	358	346
Nursing care	392	402	380	414
Personal care with nursing	278	299	213	*
Personal care	198	202	185	*
Nonprofit	338	355	321	*
Nursing care	385	397	363	*
Personal care with nursing	278	290	268	*
Personal care	*	-	-	*
Government	253	247	267	-
Nursing care	323	354	294	-
Personal care with nursing	212	214	*	-
Personal care	171	171	*	-

¹ Includes life-care residents and no-charge residents who have lived in the nursing home for at least a month.

Table 18. Average monthly charge for care, by number of sources of payment, level of patient care, and number of chronic conditions:
United States, June-August 1969

[See appendix I for information on sampling errors of these estimates]

Level of patient care and number of chronic conditions	Number of sources of payment				
	All sources	One source	Two sources	Three sources or more	
<u>All levels of patient care</u>		Average monthly charge ¹			
All conditions	\$328	\$322	\$336	\$361	
0-3 conditions	305	301	312	312	
4 conditions or more	345	342	348	362	
<u>Intensive nursing care</u>					
All conditions	373	377	367	380	
0-3 conditions	372	379	359	382	
4 conditions or more	375	380	369	367	
<u>Limited nursing care</u>					
All conditions	335	332	335	387	
0-3 conditions	322	325	319	291	
4 conditions or more	342	340	343	390	
<u>Personal care</u>					
All conditions	276	263	300	310	
0-3 conditions	254	248	269	279	
4 conditions or more	297	285	319	*	
<u>No nursing or personal care</u>					
All conditions	219	214	234	*	
0-3 conditions	206	199	228	*	
4 conditions or more	226	224	232	*	

¹ Includes life-care residents and no-charge residents who have lived in the nursing home for at least a month.

APPENDIX I

TECHNICAL NOTES ON METHODS

Survey Design

General.—The Resident Places Survey-3 (RPS-3) was conducted during June-August 1969 by the Division of Health Resources Statistics in cooperation with the U.S. Bureau of the Census. This was a sample survey of nursing and personal care homes in the conterminous United States which provide care to the aged and infirm. Collected in the survey were data about the sample establishment itself, about the health of a sample of the patients or residents, about the administrator of the establishment, and about a sample of the employees.

Sampling frame.—The universe for the RPS-3 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, maintenance plans, and a procedure for assessing the completeness of its coverage has been published.^{28,29} 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.

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 (ARS) has been developed to provide information on new institutions. This information is incorporated in the MFI at regular intervals. A report on the origin and development of the ARS has been published.³⁰

Although it was conducted in 1969, it should be noted that estimates from RPS-3 will not correspond precisely to figures from the 1969 MFI survey. This is because the two surveys used different data collection mechanisms; the RPS-3 data are subject to sampling variability and the RPS-3 universe did not include all MFI facilities. In general, however, the data from the two sources are compatible.

Sample design.—The sample was a stratified two-stage probability design: the first stage was a selection of establishments and their administrators, and the second stage was a selection of residents and employees of the sample establishments. In preparation for the first-stage sample selection, establishments listed in the MFI were sorted into three types of service strata: nursing care homes, personal care homes with nursing, and personal care homes. (The classification scheme for homes is described in appendix III.) The “births” category (newly opened homes identified by the Agency Reporting System as not on the MFI) was treated as a fourth type of service stratum. Each of these four strata was sorted into seven bed-size groups, producing 28 primary strata as shown in table I. MFI establishments were ordered by type of ownership, State, and county. The sample of MFI establishments and the “births” were then selected systematically after a random start within each primary stratum. Table I shows the distribution of establishments in the sampling frame and the final disposition of the sample with regard to response and in-scope status.

The second-stage selection of residents and employees was carried out by the Bureau of the Census interviewers at the time of their visit to the establishments in accordance with specific instructions given for each sample establishment. The sampling frame for residents was the total

Table I. Distribution of homes in the Resident Places Survey-3 (RPS-3) universe and disposition of sample homes according to primary strata (type of service and size of home): United States, 1969

[Excludes Alaska and Hawaii]

Type of service and size of home	Universe ¹ (sampling frame)	Number of homes in sample			
		Total homes	Out of scope or out of business	In scope and in business	
				Nonresponding homes	Responding homes
All types	21,301	2,088	153	81	1,854
Nursing care	10,480	1,289	48	66	1,175
Under 15 beds	858	21	4	2	15
15-24 beds	1,756	88	13	3	72
25-49 beds	3,448	260	16	10	234
50-99 beds	3,166	477	4	24	449
100-199 beds	1,062	316	9	24	283
200-299 beds	126	64	1	2	61
300 beds and over	64	63	1	1	61
Personal care with nursing	3,608	402	35	7	360
Under 15 beds	941	24	6	-	18
15-24 beds	767	37	9	-	28
25-49 beds	828	62	7	1	54
50-99 beds	612	92	3	3	86
100-199 beds	332	100	6	2	92
200-299 beds	82	41	1	-	40
300 beds and over	46	46	3	1	42
Personal care	4,275	183	42	3	138
Under 15 beds	2,937	60	16	-	44
15-24 beds	988	40	11	-	29
25-49 beds	561	35	5	-	30
50-99 beds	183	24	3	1	20
100-199 beds	48	17	5	2	10
200-299 beds	6	5	2	-	3
300 beds and over	2	2	-	-	2
"Births" ²	2,488	214	28	5	181
Unknown beds ³	473	-	-	-	-
Under 15 beds	304	6	2	-	4
15-24 beds	255	11	3	-	8
25-49 beds	492	31	3	1	27
50-99 beds	681	83	4	3	76
100-199 beds	241	58	7	1	50
200-299 beds	30	13	3	-	10
300 beds and over	12	12	6	-	6

¹The universe for the RPS-3 sample consisted of the nursing and personal care homes included in the Master Facility Inventory (MFI) and the Agency Reporting System (ARS).

²"Births" consist of those homes which were assumed to be in scope of RPS-3 but for which current data were not available.

³"Births" of unknown bed size were inadvertently excluded from frame.

number of residents on the register of the establishment on the day of the survey. The sampling frame for employees was the Staff Information and Control Record (HRS-4e, appendix IV) on which the interviewer listed the names of all employees of the establishment and sampled only professional and semiprofessional employees by using predesignated sampling instructions that appeared at the head of each column of this form.

Survey procedures.—The U.S. Bureau of the Census collected the data according to specifications of the Division of Health Resources Statistics. The initial contact with an establishment was a letter (HRS-4g-3, appendix IV) signed by the Director of the Bureau of the Census and mailed prior to a personal visit to each sample facility. This letter was accompanied by the Facility and Administrator Questionnaires (HRS-4a and HRS-4b, appendix IV). The respondent for the Facility Questionnaire was usually the administrator or another member of the staff designated by the operator of the establishment. Information on the Administrator Questionnaire was self-enumerative and was completed by the person who was designated as “administrator” by the owner or operator of the sample facility. These two forms were later collected by an interviewer during the personal visit to the facility and were edited for completeness and consistency at that time. The resident information was obtained during the personal interview to the sample establishment. The sample of residents within an establishment was selected systematically according to predetermined sampling schemes. The interviewer was asked to list on the back of the Current Patient Questionnaire (HRS-4f, appendix IV) all the residents or patients in the sample and to complete the health information for each of the sample patients from the patient’s medical record and/or from the personal knowledge of a staff member of the establishment who had close contact with the resident and firsthand knowledge of the resident’s health condition.

Staff information was obtained by means of a self-enumeration questionnaire (HRS-4e, appendix IV) which the interviewer left at the facility, together with instructions for the return by mail.

The usual checks and followups were performed during the course of the survey. The

completed questionnaires were edited and coded by the National Center for Health Statistics and the data were processed on an electronic computer. This processing included assignments of weights, ratio adjustments, and other related procedures necessary to produce national estimates from the sample data.

General Qualifications

Nonresponse and imputation of missing data.—Statistics presented in this report were adjusted for failure of a home to respond. Data were also adjusted for nonresponse which resulted from failure to complete one of the questionnaires or from failure to complete an item on a questionnaire.

Rounding of numbers.—Estimates of residents have been rounded to the nearest hundred. For this reason detailed figures within tables do not always add to totals. Percents were calculated on the basis of original, unrounded figures and will not necessarily agree precisely with percents which might be calculated from rounded data.

Estimation procedure.—Statistics reported in this publication are the result of two stages of ratio adjustments, one at each stage of selection. The purpose of ratio estimation is to take into account all relevant information in the estimation process, thereby reducing the variability of the estimate. The first-stage ratio adjustment was included in the estimation of establishment and resident data for all primary service-size strata from which a sample of homes was drawn. This factor was a ratio, calculated for each stratum. The numerator was the total beds according to the Master Facility Inventory data for all homes in the stratum. The denominator was the estimate of the total beds obtained through a simple inflation of the Master Facility Inventory data for the sample homes in the stratum. The effect of the first-stage ratio adjustment was to bring the sample in closer agreement with the known universe of beds. The second-stage ratio adjustment was included in the estimation of resident data for all primary strata. For resident data, the second-stage ratio adjustment is the product of two fractions: the first is the ratio of the total number of residents in the establishment to the number of residents for whom

questionnaires were completed within the home; the second is the sampling fraction for residents upon which the selection is based.

Reliability of estimates.—As in any survey, the results are subject to reporting and processing errors and errors due to nonresponse. To the extent possible, these types of errors were kept to a minimum by methods built into survey procedures.

Since statistics presented in this report are based on a sample, they will differ somewhat from figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and procedures.

The standard error is primarily a measure of the variability that occurs by chance because only a sample, rather than the entire universe, is surveyed. It is inversely proportional to the square root of the number of observations in the sample. Thus, as the sample size increases, the standard error decreases.

As calculated for this report, the standard error also reflects part of the measurement error, but it does not measure any systematic biases in the data. The chances are about 67 out of 100 that an estimate from the sample differs from the value which would be obtained from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference is less than twice the standard error and about 99 out of 100 that it is less than 2½ times as large.

Relative standard errors of aggregates shown in this report can be determined from figure I of this appendix. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. An example of how to convert the relative error into a standard error is given in figure 1. Standard errors of estimated percentages are shown in table II.

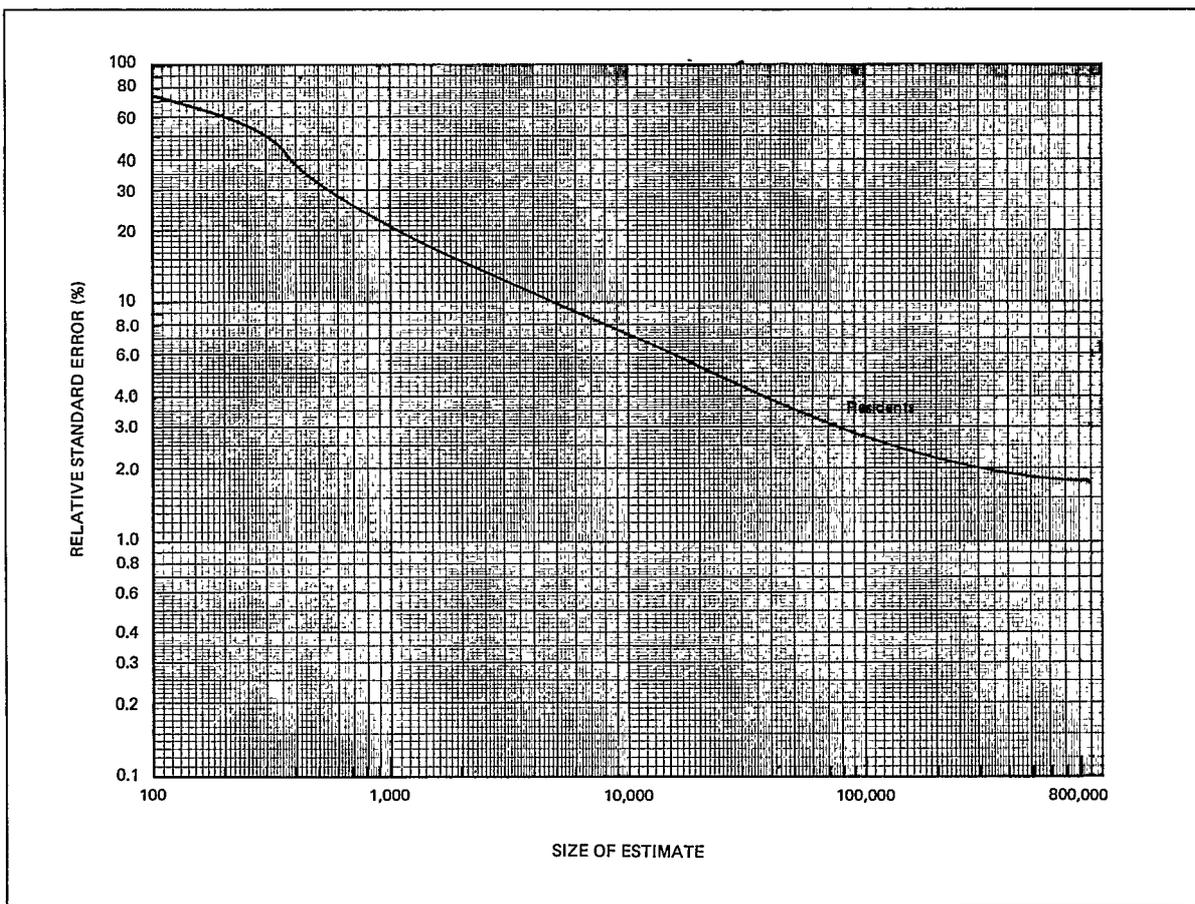


Figure I. Approximate relative standard errors of estimated numbers of residents.

Example of use of figure I: An estimate of 100,000 total residents has a relative standard error of 2.8 percent (read from scale at left side of figure). The estimate has a standard error of 2,800 (2.8 percent of 100,000).

Table II. Approximate standard errors of percentages of residents

Base of estimated percent (number of residents)	Estimated percent						
	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error expressed in percentage points						
1,000	3.2	4.9	6.8	9.0	10.3	11.1	11.3
2,000	2.2	3.5	4.8	6.4	7.3	7.8	8.0
5,000	1.4	2.2	3.0	4.0	4.6	4.9	5.0
10,000	1.0	1.6	2.1	2.9	3.3	3.5	3.6
20,000	0.7	1.1	1.5	2.0	2.3	2.5	2.5
30,000	0.6	0.9	1.2	1.6	1.9	2.0	2.1
40,000	0.5	0.8	1.1	1.4	1.6	1.7	1.8
50,000	0.4	0.7	1.0	1.3	1.5	1.6	1.6
80,000	0.4	0.6	0.8	1.0	1.2	1.2	1.3
100,000	0.3	0.5	0.7	0.9	1.0	1.1	1.1
200,000	0.2	0.3	0.5	0.6	0.7	0.8	0.8
500,000	0.1	0.2	0.3	0.4	0.5	0.5	0.5
600,000	0.1	0.2	0.3	0.4	0.4	0.5	0.5
800,000	0.1	0.2	0.2	0.3	0.4	0.4	0.4

Table III. Approximate standard errors of average monthly charge

Estimated number of residents	\$150	\$175	\$200	\$225	\$250	\$275	\$300	\$325	\$350	\$375	\$400	\$425
	Standard error											
2,500	\$45	\$51	\$56	\$61	\$65	\$72	\$76	\$81	\$84	\$90	\$95	\$102
5,000	35	39	43	47	53	52	59	62	67	68	75	77
10,000	27	30	35	38	41	44	48	52	55	56	62	64
20,000	23	26	29	33	36	39	42	45	48	52	55	58
30,000	21	25	27	29	34	37	40	43	46	49	53	56
40,000	20	23	26	29	33	36	39	41	45	48	51	54
50,000	20	23	26	29	32	35	38	41	44	47	50	53
80,000	19	22	25	28	31	34	37	40	43	46	49	52
100,000 .....	...	...	25	27	30	33	36	39	42	45	48	51
200,000 .....	...	...	23	27	30	33	36	38	41	44	47	50
300,000 .....	...	...	...	27	29	32	35	36	39	41	44	47
500,000 .....	...	...	...	...	...	...	35	36	39	41	44	47

Standard error of the average monthly charge per person.—The relative standard error of the average monthly charge per person can be obtained from table III.

Standard error of a difference between two estimates.—The standard error of a difference is

approximately the square root of the sum of the squares of each standard error considered separately. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Terms Relating to Resident and Facility

Age.—Age of resident at last birthday.

Resident.—A person who has been formally admitted but not discharged from an establishment. All such persons were included in the survey whether or not they were physically present at the time of the survey.

Charge.—The charge made by the establishment itself. It does not include charges which are not part of the bill rendered by the institution such as those for services of physicians.

Bed.—One set up and regularly maintained for patients or residents. Beds maintained for staff and beds used exclusively for emergency services are excluded.

Nursing care. The provision of one or more of the following:

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

Terms Relating to Level of Patient Care

These levels are defined in terms of the implied intensiveness of care or the condition of the resident. Care is defined by the services performed not by who performed the service. Based

on these criteria, nursing and personal care services are grouped as follows, each succeeding level being exclusive of the previous level(s).

Intensive care

- Catheterization
- Bowel and bladder retraining
- Oxygen therapy
- Intravenous injection
- Nasal feeding
- Full-bed bath

Limited nursing care

- Application of sterile dressings or bandages
- Irrigation
- Hypodermic injection
- Intramuscular injection
- Taking of temperature-pulse-respiration or blood pressure
- Enema

Personal care

- Help with dressing, shaving, or care of hair
- Help with tub bath or shower
- Help with eating (feeding of resident)
- Rub and massage
- Administration of medications or treatment
- Special diet

Neither nursing nor personal care

None of the above

Terms Relating to the Facility

Type of ownership.—Homes are classified by type of ownership as follows:

Proprietary home.—A home operated under private commercial ownership.

Nonprofit home.—A home operated under voluntary or nonprofit auspices, including both church-related and other nonprofit homes.

Government home.—A home operated under Federal, State, or local government auspices.

Terms Relating to Primary Source of Payment

By the terms of the questionnaire it was possible for a resident to have only one primary source of payment although he could have one or more additional sources. They are as follows:

Public assistance

Medical Assistance to the Aged
Aid to Disabled
Aid to Blind
Old Age Assistance
Medicare or Medicaid

Own income

Any private source or income from investments
Social Security
Pension plans as well as any method whereby payments were made directly to the individual or his family and he or they then paid the establishment

Other.—All other methods of payment or support.

Residents who had made an initial payment for lifetime care

Residents of church-supported homes for whom no charge was made

Residents of homes supported by a fraternal organization for whom no charge was made

Geographic Terms

Classification of homes by geographic area is provided by grouping the States into regions. These regions correspond to those used by the U.S. Bureau of the Census and are as follows:

<i>Region</i>	<i>States Included</i>
Northeast	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania
North Central . .	Michigan, Ohio, Illinois, Indiana, 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, Washington, Oregon, California, Hawaii, Alaska

APPENDIX III

CLASSIFICATION OF HOMES BY TYPE OF SERVICE PROVIDED

For purposes of stratification of the universe prior to selection of a sample, the homes on the MFI have been classified as nursing care homes, personal care homes with nursing, and personal care homes.

Due to the 2-year interval between the 1967 MFI survey (used as the basic sampling universe) and RPS-3, the type of service provided by a home may have changed. To produce reliable statistics by type of service from RPS-3, the homes were reclassified by type of service on the basis of data collected in RPS-3. This classification procedure is essentially the same as the MFI scheme.

Type of service.—The institutions in the RPS-3 were classified by type of service (nursing care, personal care with nursing, and personal care) on the basis of data collected in the 1967 MFI. The classification scheme for type of service was based on the following four criteria:

1. The number of persons receiving nursing care during the “past 7 days.” Nursing care is defined as the provision of one or more of the following services:

- Taking of 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. The number of activities for daily living for which the institution offers assistance. These include provisions of rub and massage; help with tub bath or shower; help with dressing, correspondence, or shopping; help with walking or getting about; and help with feeding.

On the basis of these criteria the three classes of nursing homes by type of service were defined as follows:

Nursing care home.—One in which 50 percent or more of the residents received nursing care during the week before the survey, with a registered nurse (RN) or licensed practical nurse (LPN) employed at least 35 hours or more per week.

Personal care home with nursing.—One in which (a) some but less than 50 percent of the residents received nursing care during the week before the survey, with at least one full-time RN or LPN; or (b) some of the residents received nursing care during the week before the survey, no RN or LPN was employed, and at least one of the following conditions was met:

1. The institution provided administration of medicine or supervision over self-administered medicines.
2. The institution provided assistance with three or more activities for daily living.

Table IV. Classification of institutions by type of service

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 before 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 3 activities or more for daily living?	...	...	Yes	No		...	...	Yes	No		...	Yes	No	
Does the institution offer assistance with 1 or 2 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

¹ Nc=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)

Personal care home.—One in which one or more of the following criteria were met are classified as personal care homes: (a) some of the residents received nursing care during the week before the survey, no full-time RN or LPN was employed, the institution did not provide administration of medicine or supervision over self-administered medicines, and the institution provided assistance with one or two activities for daily living or (b) none of the residents received nursing care during the week before the survey, at least one full-time RN or LPN was employed, and at least one of the following conditions was met:

1. The institution provided administration of medicine or supervision over self-administered medicines.
2. The institution 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 RPS-3. Table IV shows in detail the scheme for classifying institutions according to type of service.

APPENDIX IV
FORMS USED IN THE SURVEY



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON, D.C. 20233

HRS-4g-3 (4-69)

OFFICE OF THE DIRECTOR

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Dear Sir:

The Bureau of the Census, acting for the United States Public Health Service, is conducting a survey of hospitals, nursing homes, homes for the aged, and other establishments which provide nursing care, personal care, or domiciliary care for the aged or infirm. The purpose of this survey is to collect much needed information about both the facilities and the employees and patients. This activity is part of the National Health Survey program authorized by Congress because of the urgent need for more comprehensive and up-to-date health statistics.

This letter is to request your cooperation and to inform you that a representative of the Bureau of the Census will visit your hospital within the next week or so to obtain the needed information. Prior to this visit, the Census representative will call you to arrange for a convenient appointment time. Meanwhile, to save time, I should appreciate your completing the enclosed questionnaire which requests some information about the long-term unit indicated in the address. Our Census representative will pick up this questionnaire when she visits you to obtain the other information desired.

All the information provided on the questionnaire and given to the Census representative will be kept strictly confidential by the Public Health Service and the Bureau of the Census, and will be used for statistical purposes only.

Your cooperation in this important survey will be very much appreciated.

Sincerely,

A. Ross Eckler

A. Ross Eckler
Director

Enclosure

FACILITY QUESTIONNAIRE

Budget Bureau No. 68-S69022; Approval Expires August 31, 1969

NOTICE – All information which would permit identification of the facility will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.																	
FORM HRS-4a (4-3-69) U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE <h2 style="text-align: center; margin: 0;">FACILITY QUESTIONNAIRE</h2>	<i>(Please correct any error in name and address including ZIP code)</i>																
1. What was the number of inpatients in this facility on December 31, 1968?	Number																
2. During the seven days prior to December 31, 1968, how many of the PERSONS in question 1 received "Nursing care"? Count each person only once. Consider that an inpatient received nursing care if he received any of the following services: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Nasal feeding</td> <td style="width: 33%;">Catheterization</td> <td style="width: 33%;">Irrigation</td> <td rowspan="6" style="width: 10%; vertical-align: middle; padding-left: 20px;">No. of persons _____</td> </tr> <tr> <td>Oxygen therapy</td> <td>Full bed-bath</td> <td>Enema</td> </tr> <tr> <td>Hypodermic injection</td> <td>Intravenous injection</td> <td>Temperature-pulse-respiration</td> </tr> <tr> <td>Blood pressure</td> <td>Application of dressing or bandage</td> <td>Bowel and bladder retraining</td> </tr> </table>	Nasal feeding	Catheterization	Irrigation	No. of persons _____	Oxygen therapy	Full bed-bath	Enema	Hypodermic injection	Intravenous injection	Temperature-pulse-respiration	Blood pressure	Application of dressing or bandage	Bowel and bladder retraining				
Nasal feeding	Catheterization	Irrigation	No. of persons _____														
Oxygen therapy	Full bed-bath	Enema															
Hypodermic injection	Intravenous injection	Temperature-pulse-respiration															
Blood pressure	Application of dressing or bandage	Bowel and bladder retraining															
3. In 1968, what was the total inpatient days of care provided? (The sum of the number of days of care given to each patient from 1/1/68 through 12/31/68)	Days																
4. In 1968, how many admissions did this facility have?	Number																
5. In 1968, how many of the admissions were Medicare patients?	Number																
6a. In 1968, how many discharges, excluding deaths, did this facility have?	Number																
b. How many patients were discharged to the following places – (1) general or short-stay hospital? (2) long-term specialty hospital (except mental)? (3) mental hospital? (4) another nursing home? (5) personal care or domiciliary home? (6) patient's home or family? (7) other places? (Specify place) _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Total No.</th> <th style="width: 40%;">How many were Medicare patients?</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">_____</td><td style="text-align: center;">_____ <input type="checkbox"/> None</td></tr> </tbody> </table>	Total No.	How many were Medicare patients?	_____	_____ <input type="checkbox"/> None	_____	_____ <input type="checkbox"/> None	_____	_____ <input type="checkbox"/> None	_____	_____ <input type="checkbox"/> None	_____	_____ <input type="checkbox"/> None	_____	_____ <input type="checkbox"/> None	_____	_____ <input type="checkbox"/> None
Total No.	How many were Medicare patients?																
_____	_____ <input type="checkbox"/> None																
_____	_____ <input type="checkbox"/> None																
_____	_____ <input type="checkbox"/> None																
_____	_____ <input type="checkbox"/> None																
_____	_____ <input type="checkbox"/> None																
_____	_____ <input type="checkbox"/> None																
_____	_____ <input type="checkbox"/> None																
7. In 1968, how many persons died while patients of this facility?	_____ <input type="checkbox"/> None																
8. What is the total number of patient beds regularly maintained (set up and staffed for use) in this facility?	Beds																
9. What is the total NUMBER OF INPATIENTS (patients or residents) who stayed in your facility last night? (DO NOT INCLUDE EMPLOYEES OR OWNERS)	Number																
10. During the past seven days, how many of the INPATIENTS in question 9 received "Nursing care"? Count each person only once. Consider that an inpatient received nursing care if he received any of the following services: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Nasal feeding</td> <td style="width: 33%;">Catheterization</td> <td style="width: 33%;">Irrigation</td> <td rowspan="6" style="width: 10%; vertical-align: middle; padding-left: 20px;">No. of persons _____</td> </tr> <tr> <td>Oxygen therapy</td> <td>Full bed-bath</td> <td>Enema</td> </tr> <tr> <td>Hypodermic injection</td> <td>Intravenous injection</td> <td>Temperature-pulse-respiration</td> </tr> <tr> <td>Blood pressure</td> <td>Application of dressing or bandage</td> <td>Bowel and bladder retraining</td> </tr> </table>	Nasal feeding	Catheterization	Irrigation	No. of persons _____	Oxygen therapy	Full bed-bath	Enema	Hypodermic injection	Intravenous injection	Temperature-pulse-respiration	Blood pressure	Application of dressing or bandage	Bowel and bladder retraining				
Nasal feeding	Catheterization	Irrigation	No. of persons _____														
Oxygen therapy	Full bed-bath	Enema															
Hypodermic injection	Intravenous injection	Temperature-pulse-respiration															
Blood pressure	Application of dressing or bandage	Bowel and bladder retraining															

11. Which of the following services are ROUTINELY provided?		
a. Supervision over medications which may be self-administered		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Medications and treatments administered in accordance with physicians' orders		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Rub and massage		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Help with dressing		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Help with correspondence or shopping		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Help with walking or getting about		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Help with eating		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
OR		
h. None of the above services ROUTINELY provided, room and board provided only		<input type="checkbox"/>
12. Is this FACILITY participating in the Medicare program?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Skip to 16)
13. How many beds are certified for Medicare?		Number
14a. For how many patients is this facility now receiving Medicare payments?		Number
b. How many of these Medicare patients lived (had their home) in this State when admitted to this facility?		Number
15. In addition to two physicians, does the Utilization Review Committee include -		
a. the nursing director?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. a social worker?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. the nursing home administrator?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. a physical therapist?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. any other members? (Specify occupation)		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
16. How many persons are employed in this facility? (Include members of religious organizations and orders who provide their services.)		Total employees
17. Last month, were the following services provided on a regular basis through contracts or other fee arrangements?		How many persons provided this service?
		Last month, how many hours did they spend providing this service?
		No. of persons
		Hours
a. Physician (M.D. or D.O.)	2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes →	
b. Dental	2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes →	
c. Pharmaceutical	2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes →	
d. Physical therapy	2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes →	
e. Occupational therapy	2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes →	
f. Recreational therapy	2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes →	
g. Speech therapy	2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes →	
h. Social worker	2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes →	
i. Dietary (Dietitian)	2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes →	
j. Food service (meal preparation)	2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes →	
k. Housekeeping	2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes →	
l. None of above	<input type="checkbox"/>	

ADMINISTRATOR QUESTIONNAIRE

Budget Bureau No. 68-S69022; Approval Expires August 31, 1969

NOTICE – All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.		
FORM HRS-4b (4-4-69)	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE	
ADMINISTRATOR QUESTIONNAIRE		A. Name of administrator B. Establishment No.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>The U.S. National Health Survey of the Public Health Service is conducting a nationwide survey in nursing homes, homes for the aged, and other related types of establishments. The purpose of the survey is to obtain certain information about the staff employed in these establishments as well as about the health of patients or residents in the establishments.</p> </div> <div style="width: 45%;"> <p>Your answers will be given confidential treatment by the U.S. National Health Survey and the Bureau of the Census. The information will be used for statistical purposes only, and will be presented in such a manner that no individual person or establishment can be identified. Thank you for your cooperation.</p> </div> </div>		
1. When were you born?	Month	Year
2. In what State (or foreign country) were you born?	State or foreign country	
3. How long have you been the administrator –	No. of years	No. of months
a. in this facility?	No. of years	No. of months
b. in other nursing homes, homes for the aged, or similar facilities?	No. of years	No. of months
c. in hospitals?	No. of years	No. of months
4a. Are you the administrator for more than one NURSING HOME?	1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No (Skip to Q.5)	
b. For how many other NURSING HOMES?	Number	
c. What is the number of patient beds in EACH of the other NURSING HOMES?		
5a. How many hours did you work LAST WEEK IN THIS FACILITY ONLY?	Hours	
b. How many of these hours did you spend LAST WEEK performing EACH of the following services IN THIS FACILITY ONLY –		
(1) administration of the facility?	_____	<input type="checkbox"/> None
(2) nursing care?	_____	<input type="checkbox"/> None
(3) medical and dental care?	_____	<input type="checkbox"/> None
(4) physical therapy?	_____	<input type="checkbox"/> None
(5) occupational therapy?	_____	<input type="checkbox"/> None
(6) recreational therapy?	_____	<input type="checkbox"/> None
(7) speech and hearing therapy?	_____	<input type="checkbox"/> None
(8) social work?	_____	<input type="checkbox"/> None
(9) clerical work?	_____	<input type="checkbox"/> None
(10) kitchen/dietary work, grocery shopping?	_____	<input type="checkbox"/> None
(11) housekeeping services?	_____	<input type="checkbox"/> None
(12) other? (Specify service) _____	_____	<input type="checkbox"/> None
6. Besides the hours worked IN THIS FACILITY, how many additional hours did you work in your profession LAST WEEK?	_____ <input type="checkbox"/> None	
7. As an administrator, are you self-employed or a salaried employee?	1 <input type="checkbox"/> Self-employed 2 <input type="checkbox"/> Employee 3 <input type="checkbox"/> Both	

STAFF QUESTIONNAIRE

Budget Bureau No. 68-S69022; Approval Expires August 31, 1969

NOTICE — All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.

<p>FORM HRS-4c (4-3-69)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS</p> <p style="text-align: center;">ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE</p> <p style="text-align: center;">STAFF QUESTIONNAIRE</p>	<p>A. Establishment No.</p>	<p>B. Line No.</p>
<p>C. Name of person completing form</p>		

The U.S. National Health Survey of the Public Health Service is conducting a nationwide survey in nursing homes, homes for the aged, and other related types of establishments. The purpose of the survey is to obtain certain information about the staff employed in these establishments as well as about the health of patients or residents in the establishments.

Your answers will be given confidential treatment by the U.S. National Health Survey and the Bureau of the Census. The information will be used for statistical purposes only, and will be presented in such a manner that no individual person or establishment can be identified.

Please complete the form and return it within **5 days** to the Bureau of the Census, Washington, D.C. 20233, in the postage-paid envelope provided.

Thank you for your cooperation.

1. When were you born?	Month	Year
2. How many years have you worked as a _____? a. in this facility? b. in other nursing homes, homes for the aged, or similar facilities? c. in hospitals? (NOTE TO NURSES: Do not include special duty or private duty nursing.)	No. of years	No. of months
	No. of years	No. of months
	No. of years	No. of months

3a. How many hours did you work LAST WEEK IN THIS FACILITY ONLY?	Hours
b. How many of these hours did you spend LAST WEEK performing EACH of the following services IN THIS FACILITY ONLY—	
(1) administration of the facility?	_____ <input type="checkbox"/> None
(2) nursing care?	_____ <input type="checkbox"/> None
(3) medical and dental care?	_____ <input type="checkbox"/> None
(4) physical therapy?	_____ <input type="checkbox"/> None
(5) occupational therapy?	_____ <input type="checkbox"/> None
(6) recreational therapy?	_____ <input type="checkbox"/> None
(7) speech and hearing therapy?	_____ <input type="checkbox"/> None
(8) social work?	_____ <input type="checkbox"/> None
(9) clerical work?	_____ <input type="checkbox"/> None
(10) kitchen/dietary work, grocery shopping?	_____ <input type="checkbox"/> None
(11) housekeeping services?	_____ <input type="checkbox"/> None
(12) other services? (Specify service)	_____ <input type="checkbox"/> None

4. Besides the hours worked IN THIS FACILITY, how many additional hours did you work in your profession LAST WEEK?	_____ <input type="checkbox"/> None
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Please continue on reverse side

STAFF INFORMATION AND CONTROL RECORD

FORM HR5-4e (3-27-69)		U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		NOTICE - All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.				Budget Bureau No. 68-569022 Approval Expires August 31, 1969		Establishment No.				
STAFF INFORMATION AND CONTROL RECORD														
Line No.	STAFF <small>List below the names of all persons who work in this facility. Include members of religious organizations and orders who provide their services. Note: Be sure to list administrator and assistant administrator.</small>	SEX		RACE			OCCUPATIONS <small>Enter number from Card A</small>				DISPOSITION OF STAFF QUESTIONNAIRE			Line No.
		M - Male F - Female		W - White N - Negro O - Other			1-11 Professional	12 Professional	13-20 Semi-professional	21-24 Non-professional	(h)			
		1 M	2 F	1 W	2 N	3 O	Circle all persons (d)	Circle sample persons (e)	Circle sample persons (f)	Do not fill staff questionnaire (g)	Completed	Left	Date received in R.O.	
1														1
2														2
3														3
4														4
5														5
26														26
27														27
28														28
29														29
30														30
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41														41
42														42
43														43
44														44
45														45
46														46
47														47
48														48
49														49
50														50

Line No.	STAFF List below the names of all persons who work in this facility. Include members of religious organizations and orders who provide their services. Note: Be sure to list administrator and assistant administrator. (a)	SEX		RACE			OCCUPATIONS Enter number from Card A				DISPOSITION OF STAFF QUESTIONNAIRE			Line No.
		M-Male F-Female		W-White N-Negro O-Other			1-11 Professional	12 Professional	13-20 Semi-professional	21-24 Non-professional	(h)			
		(b)		(c)			Circle all persons (d)	Circle sample persons (e)	Circle sample persons (f)	Do not fill staff questionnaire (g)	Completed	Left	Date received in R.O.	
		1 M	2 F	1 W	2 N	3 O								
51														51
52														52
53														53
75														75
76														76
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93														93
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95														95
96														96
97														97
98														98
99														99
100														100
Remarks														

CURRENT PATIENT QUESTIONNAIRE RESIDENT PLACES SURVEY-3

Name of sample person		Line No.			
1. What is -- date of birth?		Month	Day	Year	OR Age
2. Sex		1 <input type="checkbox"/> Male		2 <input type="checkbox"/> Female	
3. Race		1 <input type="checkbox"/> White		2 <input type="checkbox"/> Negro	
		3 <input type="checkbox"/> Other nonwhite			
4a. What was his marital status at admission? . . .		1 <input type="checkbox"/> Married		2 <input type="checkbox"/> Widowed	
		3 <input type="checkbox"/> Divorced		4 <input type="checkbox"/> Separated	
		5 <input type="checkbox"/> Never married			
b. What is his marital status now?		1 <input type="checkbox"/> Married		2 <input type="checkbox"/> Widowed	
		3 <input type="checkbox"/> Divorced		4 <input type="checkbox"/> Separated	
		5 <input type="checkbox"/> Never married			
5. What was the date of his LAST ADMISSION to this place?		Month	Day	Year	
				How long has he had this condition?	
		2	1	1	2
		No	Yes	Less than 3 mos.	3 to 5 mos.
				3 to 5 mos.	6 to 11 mos.
				6 to 11 mos.	12 mos. or more
6. Which of these conditions or impairments does he have?					
a. ADVANCED senility					
b. Senility, not psychotic					
c. Other mental disorders (such as mental illness or retardation)					
d. Speech defect or paralysis (palsy) due to a stroke					
e. Other ill effects of a stroke					
f. Heart trouble					
g. Hardening of the arteries					
h. Paralysis or palsy not due to a stroke					
i. Arthritis or rheumatism					
j. Diabetes					
k. Any CHRONIC trouble with back or spine					
l. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back					
m. Chronic conditions of digestive system (excluding stomach ulcer, hernia of abdominal cavity, liver, or gallbladder trouble)					
n. Any other conditions or impairments - Specify					
7. At his last physical examination, what was his -		Primary diagnosis? _____			
		Secondary diagnosis? _____			
		Any other diagnosis? _____			
8. During the past 7 days, which of these services did this patient receive? <i>Check as many as apply</i>		1 <input type="checkbox"/> Help with dressing, shaving, or care of hair		8 <input type="checkbox"/> Temperature - pulse - respiration	
		2 <input type="checkbox"/> Help with tub bath or shower		9 <input type="checkbox"/> Full bed-bath	
		3 <input type="checkbox"/> Help with eating		10 <input type="checkbox"/> Enema	
		4 <input type="checkbox"/> Rub or massage		11 <input type="checkbox"/> Catheterization	
		5 <input type="checkbox"/> Administration of medications or treatment		12 <input type="checkbox"/> Bowel or bladder retraining	
		6 <input type="checkbox"/> Special diet		13 <input type="checkbox"/> Blood pressure	
		7 <input type="checkbox"/> Application of sterile dressings or bandages		14 <input type="checkbox"/> Irrigation	
				15 <input type="checkbox"/> Oxygen therapy	
				16 <input type="checkbox"/> Intravenous injection	
				17 <input type="checkbox"/> Intramuscular injection	
				18 <input type="checkbox"/> Subcutaneous injection	
				19 <input type="checkbox"/> Intradermal injection	
				20 <input type="checkbox"/> Nasal feeding	
				OR	
				21 <input type="checkbox"/> None of the above services received	
9a. Does he USE eyeglasses?		1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> No	
b. Does he USE a hearing aid?		1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> No	
10. Does he use any of the following aids -		For what condition(s)?			
a. walker?		2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	_____	
b. crutches?		2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	_____	
c. braces?		2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	_____	
d. wheelchair?		2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	_____	
e. any other aids? Specify		2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	_____	
Footnotes					

	Check	Does this require extra nursing time?	How long has he been this way?				If less than 6 months, ask: How was he before that? Enter letter
			Less than 3 mos.	3 to 5 mos.	6 to 11 mos.	12 mos. or more	
11. Which of these categories best describes his ability to move about?							
a. Capable of going off the premises with or without assistance							
b. Confined to the premises, but does not use a wheelchair							
c. Needs a wheelchair but requires minimal help in getting around		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N					
d. Generally confined to bed but up in wheelchair for at least a few hours a day		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N					
e. Restricted to total bed rest		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N					
12. How well can he hear?							
a. Can hear a telephone conversation on an ordinary telephone (a telephone without an amplifier)							
b. Can hear most of the things a person says							
c. Can hear a few words a person says		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N					
d. Can hear only loud noises		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N					
e. Can't hear anything		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N					
13. How well can he see?							
a. Can read ordinary newspaper print with or without glasses							
b. Can watch television across the room (8 to 12 feet)							
c. Can recognize the features of people he knows if they are within 2 to 3 feet							
d. Is blind (if blind ask, mark here)		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N					
14. How much control does he usually have over his bowels and bladder -- normally does he --							
a. Control bladder and bowels?							
b. Control bladder but not bowels?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N					
c. Control bowels but not bladder?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N					
d. Not control bowels or bladder?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N					
e. Is catheterized?		1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N					
15. Does this patient's behavior require more than the usual nursing time because he is forgetful, uncooperative or disturbing?							
a. No more than usual							
b. Slightly more							
c. Moderately more							
d. Much more							
ITEM A - If patient was not here for full month, check here <input type="checkbox"/> and go to next person.							
16a. Last month, what was the charge for his lodging, meals, and nursing care? Do not include private duty nursing.						\$	.
b. What was the TOTAL charge for his care last month?						\$	.
17a. What were the sources of payment for his care last month? Check all that apply							
<input type="checkbox"/> Own income or family support (private plans, retirement funds, social security, etc.)		<input type="checkbox"/> Other public assistance or welfare		<input type="checkbox"/> Initial payment - life care			
<input type="checkbox"/> Medicare (Title XVIII)		<input type="checkbox"/> Church support		<input type="checkbox"/> Other - Specify _____			
<input type="checkbox"/> Medicaid (Title XIX)		<input type="checkbox"/> VA contract					
b. What was the PRIMARY source of payment for his care last month? Mark one only							
1 <input type="checkbox"/> Own income or family support (private plans, retirement funds, social security, etc.)		4 <input type="checkbox"/> Other public assistance or welfare		8 <input type="checkbox"/> Other - Specify _____			
2 <input type="checkbox"/> Medicare (Title XVIII)		5 <input type="checkbox"/> Church support					
3 <input type="checkbox"/> Medicaid (Title XIX)		7 <input type="checkbox"/> Initial payment - life care		9 <input type="checkbox"/> None			
<input type="checkbox"/> Patient was not here in December 1968 (Next patient)							
18. What were all of his sources of payment for December 1968?							
<input type="checkbox"/> Same as 17a-b		<input type="checkbox"/> Medicaid (Title XIX)		<input type="checkbox"/> VA contract			
<input type="checkbox"/> Own income or family support (private plans, retirement funds, social security, etc.)		<input type="checkbox"/> Other public assistance or welfare		<input type="checkbox"/> Initial payment - life care			
<input type="checkbox"/> Medicare (Title XVIII)		<input type="checkbox"/> Church support		<input type="checkbox"/> Other - Specify _____			

LIST OF SELECTED JOB CATEGORIES

CARD A

Which of the following job categories best fits the job which this employee does in this facility?

1. Administrator
2. Physician (M.D. or D.O.)
3. Dentist
4. Registered Occupational Therapist
5. Qualified Physical Therapist
6. Recreation Therapist
7. Dietitian or Nutritionist
8. Registered Medical Record Librarian
9. Social Worker
10. Speech Therapist
11. Other professional occupations
12. Registered Nurse
13. Occupational Therapist Assistant
14. Physical Therapist Assistant
15. Other Medical Record Librarians and Techicians
16. Licensed Practical Nurse or Vocational Nurse
17. Practical nurse
18. Nurse's aide
19. Orderly
20. Student nurse
21. Clerical, bookkeeping, or other staff
22. Food service personnel (cook, kitchen help, etc.)
23. Housekeeping personnel (maid, laundryman, maintenance man, etc.)
24. Job other than those listed above (*Please describe employee's duties*)

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LIST OF SELECTED JOB CATEGORIES

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