

★ OpsStar

The LTC Staff Survival Guide

Great care, a healthy you and a workplace worth choosing. Customer service, avoiding burnout, handling aggressive behavior, recognizing and reporting abuse, understanding surveys, and researching a job before you say yes.

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1. Why customer service matters

In long-term care, the "customer" is a person who lives where you work. Every interaction, even a two-minute task, shapes how a resident feels about their own home. Families notice too. Kind, respectful service leads to calmer residents, fewer complaints, better reviews, and a better day for you.



The basics that make the biggest difference

- **Knock, wait, introduce yourself.** "Good morning, Mrs. Lee, it's Maria, your aide today."
- **Use the name they prefer**, not "honey" or "sweetie," unless they've told you they like it.
- **Explain before you touch.** Say what you're about to do and why, then ask, "Is that okay?"
- **Offer choices.** "Would you like the blue sweater or the gray one?" Choice is dignity.
- **Answer call lights fast**, even if it's not your resident. "I'll let your aide know right away" is better than walking by.
- **Protect privacy.** Close doors and curtains, cover residents during care, and never discuss residents in hallways, elevators or on social media.
- **Treat families as partners.** Listen, write down concerns, and pass them to the nurse. Never argue in front of a resident.

The LEARN approach to complaints

Listen without interrupting · **E**mpathize ("I'm sorry this happened") · **A**pologize for the experience · **R**esolve or get the right person · **N**otify your supervisor and follow up.

2. Taking care of yourself

You can't pour from an empty cup. Caregiving is physically and emotionally demanding, and grief is part of the job. Taking care of yourself isn't selfish; it keeps residents safe.



Body

- Use lifts and get help with transfers. Back injuries are the most common injury in this work.
- Eat and drink water during your shift.
- Protect your sleep, especially on night shift.
- Wear supportive shoes; stretch before and after.

Mind

- Take your breaks, away from the floor when you can.
- Talk about hard days with a coworker you trust.
- Allow yourself to grieve residents who pass.
- Use your Employee Assistance Program (EAP) if you have one; it's free and confidential.

Burnout: know the signs

Burnout is long-term exhaustion from work stress. It usually builds slowly. Watch for:

- Dreading every shift
- Feeling numb or irritable with residents
- Constant tiredness, even after rest
- Headaches, stomach issues, poor sleep
- Calling out more often
- Feeling like nothing you do matters

Burnout self-check (circle a number for each)

	Never	Sometimes	Often
I feel drained before my shift even starts.	0	1	2
I feel short-tempered with residents or coworkers.	0	1	2
I skip breaks or meals because there's no time.	0	1	2
I have trouble sleeping because of work.	0	1	2
I feel like my work doesn't make a difference.	0	1	2
I think about quitting most days.	0	1	2

0 to 3: keep doing what works. **4 to 7:** warning signs; use the tips on this page and talk to someone. **8 to 12:** take it seriously; talk to your supervisor, your EAP or your doctor.

How to avoid burnout

- **Set limits on extra shifts.** It's okay to say no to a double.
- **Speak up early about short staffing**, in writing if needed. Unsafe assignments hurt residents and you.
- **Find meaning.** Notice one moment each shift where you made a difference.
- **Build your team.** Help others and ask for help. Teams that trust each other burn out less.
- **Leave work at work.** A short routine after your shift (music, a walk, a shower) signals "off duty."
- **If you're struggling** with hopelessness or thoughts of harming yourself, call or text **988** (Suicide & Crisis Lifeline), any time.

3. Handling aggressive behavior

Most aggression from residents is not personal. It is usually communication: pain, fear, confusion, feeling rushed, needing the bathroom, hunger, noise, or dementia that makes the world hard to understand. Your goal is to keep everyone safe and find the cause.



Prevent it

- Approach from the front, at eye level, and say who you are.
- Slow down. One step at a time, short simple sentences.
- Know each resident's triggers and calming strategies from the care plan.
- Check basic needs first: pain, toileting, hunger, thirst, temperature, too much noise.

When it happens: the STEP-BACK plan

1. **Stay calm.** Lower your voice; relax your hands where they can be seen.
2. **Give space.** Step back out of reach. Don't block the exit for you or the resident.
3. **Don't argue or correct.** Validate feelings: "You seem upset. I'm here to help."
4. **Redirect.** Offer a snack, music, a walk, or a favorite topic.
5. **Try again later** or with a different staff member. Care can often wait 10 minutes.
6. **Get help** if anyone is at risk. Never use force, restraints, or threats.
7. **Report and document** what happened, what came before, and what helped, so the care plan can be updated.

Never

Never hit back, restrain, lock a resident in a room, withhold food or care, yell, tease, or "teach a lesson." Even when a resident hits first, these are abuse. Protect yourself by stepping away and calling for help.

4. Recognizing abuse

Federal rules define **abuse** as the willful infliction of injury, unreasonable confinement, intimidation, or punishment that results in physical harm, pain, or mental anguish. It also includes depriving a resident of goods or services needed for their well-being. "Willful" means the person meant the action, not necessarily that they meant to cause harm. Abuse can come from staff, other residents, visitors or family.

Type	What it looks like	Possible signs
Physical	Hitting, slapping, pinching, pushing, rough handling, improper restraint	Unexplained bruises, fractures, burns, fear of a person
Verbal	Yelling, name-calling, threats, insults, demeaning talk	Resident withdrawn, tearful, afraid to ask for help
Mental / emotional	Humiliation, intimidation, isolating, taking photos or videos that demean a resident (including on social media)	Anxiety, sleep changes, agitation, sudden behavior change
Sexual	Any non-consensual sexual contact, including with a resident who can't consent	Genital injury or infection, torn clothing, fear of being bathed
Neglect	Failing to provide needed care: turning, toileting, food, water, medicine, call lights	Pressure sores, weight loss, dehydration, soiled resident, missed meds
Financial exploitation / misappropriation	Taking money, belongings or medications; misusing a resident's funds	Missing items or cash, unusual spending, missing pain pills
Involuntary seclusion	Separating a resident from others or their room against their will	Resident kept alone, door locked, not allowed out

5. What to do if you see abuse

You are legally required to report. Federal law (the Elder Justice Act) requires staff in nursing homes to report any reasonable suspicion of a crime against a resident. You don't need proof. Retaliating against someone who reports in good faith is against the law.

1. **Protect the resident now.** Stop the abuse if you safely can, stay with the resident, and get the nurse in charge. Call 911 if anyone is in danger.

2. **Report right away** to your supervisor and the administrator (the facility's abuse coordinator). Don't wait until the end of your shift.

3. **Know the deadlines.** Suspected crimes must be reported to the state survey agency and local law enforcement **within 2 hours** if there is serious bodily injury, and **within 24 hours** otherwise. You may report directly yourself.

4. **Write down what you saw**: date, time, place, who was involved, exact words, injuries. Facts, not opinions.

5. **Don't investigate on your own** or confront the person. Keep it confidential except with the people investigating.

6. **If nothing is done**, call your state health department complaint line, the Long-Term Care Ombudsman, or adult protective services.

6. Understanding surveys and survey history

Every Medicare and Medicaid certified nursing home gets an unannounced **standard survey** (inspection) about once a year (at least every 15 months), plus **complaint surveys** when someone reports a problem. State inspectors check care, safety, food, infection control, staffing and residents' rights. Problems are written up as **deficiencies**, also called **citations** or **tags** (each is an "F-tag" number).



How serious is a citation? The scope and severity grid

Severity ↓ / Scope →	Isolated	Pattern	Widespread
Immediate jeopardy to health or safety	J	K	L
Actual harm (not immediate jeopardy)	G	H	I
No actual harm, potential for more than minimal harm	D	E	F
No actual harm, potential for minimal harm	A	B	C

Letters **G through L** mean a resident was actually harmed or put in immediate jeopardy. OpsStar shows these as "Harm Tags." D, E and F are the most common citations.

How to read a home's survey history

- Look up the home on **Medicare Care Compare** (medicare.gov/care-compare) and open the inspection reports, or check **OpsStar** for a quick comparison with nearby homes.
- Look for **repeat tags**: the same problem year after year means it isn't being fixed.
- Check for **harm and immediate jeopardy** citations, **fines** and **payment denials**.

- Check whether the home is a **Special Focus Facility** (a home with a history of serious problems).
- Every home must keep its latest survey results where anyone can read them. Ask to see them.

> **What surveys mean for you**
>
> Surveyors may interview you. Be honest and calm; you're allowed to say "I don't know, but I can find out." Know your facility's policies on abuse, infection control, falls and residents' rights. A facility with strong survey results is usually a better, safer place to work.

7. Research before you accept a job

You're interviewing them too. Ten minutes of research can save you months in the wrong job.

Check	Where
Star ratings and staffing	Medicare Care Compare: overall, inspection, staffing and quality stars; nurse hours per resident; weekend staffing
Turnover	Care Compare and OpsStar: nursing staff turnover and administrator turnover. High turnover means constant short staffing.
Inspections and fines	Care Compare inspection reports; OpsStar "# of Tags," "Harm Tags" and "Fines"
Ownership	Care Compare ownership section; OpsStar "Owners" line and "Facilities in Chain." Look up the owner's other homes.
How staff feel	OpsStar Employee Sentiment and reviews (opsstar.com), Indeed company reviews, Glassdoor reviews, Google reviews (read staff comments)
Word of mouth	Ask people who work there now or recently. Ask your nursing or CNA instructors.

Checking employee satisfaction

- **OpsStar** (opsstar.com): search the facility and read the "Employee Sentiment" score and staff reviews. You can leave your own rating too.
- **Indeed** (indeed.com/companies): search the facility or its parent company; read the reviews and ratings for work-life balance and management.
- **Glassdoor** (glassdoor.com): reviews, salaries and interview questions, often by parent company.
- **Look for patterns**, not single reviews: "always short," "management doesn't listen," or "great team" repeated many times.
- **Check dates.** A new administrator can change a building quickly, for better or worse.

Questions to ask in the interview

- How many residents per aide on each shift?
- How often do you use agency staff?
- How long have the administrator and DON been here?
- What was your last survey like?
- How long is orientation, and will I have a preceptor?
- Do aides have consistent assignments?
- How is mandatory overtime handled?
- What lifts and equipment are available?
- How do you support staff after a resident death or an injury?
- Can I tour the unit I'd work on, and talk to staff?

Tools

Job offer scorecard

Rate each facility from 1 (poor) to 5 (great). Highest total wins.

Item	Facility A _____	Facility B _____	Facility C _____
Pay and differentials			
Benefits (health, PTO, retirement)			
Residents per aide / nurse			
Staff turnover (lower is better)			
Survey history and star rating			
Employee reviews (OpsStar, Indeed, Glassdoor)			
Orientation and training			
Commute and schedule			
Gut feeling after the tour			
Total			

Word search: words every caregiver knows

U	P	V	W	F	H	S	S	E	N	D	N	I	K	Y
F	W	B	R	H	F	B	E	D	L	F	R	G	T	B
O	P	M	N	Y	C	A	V	I	R	P	Y	V	R	C
U	G	C	A	L	M	H	M	A	M	N	I	O	E	D
T	N	M	R	O	O	D	S	S	A	L	G	B	S	T
V	E	K	D	K	T	S	L	U	K	E	M	E	P	O
O	G	U	W	T	M	P	E	F	R	K	V	N	E	U
R	L	T	R	O	P	E	R	A	R	G	E	V	C	C
M	E	Y	A	N	D	L	C	O	U	Y	V	T	T	B
E	C	L	W	U	N	F	W	O	E	O	H	R	K	U
R	T	N	N	F	L	M	V	V	V	I	K	R	I	R
O	A	L	K	E	A	R	R	K	E	R	A	D	Y	N
V	P	H	S	E	K	U	B	D	E	E	D	N	I	O
E	N	A	T	R	S	O	P	S	S	T	A	R	T	U
Y	T	I	N	G	I	D	T	I	H	R	B	H	R	T

Find these words. They go across, down, diagonally and backward.

- ☐ BURNOUT
- ☐ CALM
- ☐ DIGNITY
- ☐ GLASSDOOR
- ☐ INDEED
- ☐ KINDNESS
- ☐ NEGLECT
- ☐ OPSSTAR
- ☐ PRIVACY
- ☐ REPORT
- ☐ RESPECT
- ☐ SELFCARE
- ☐ SURVEY
- ☐ TEAMWORK

This guide is general information for long-term care staff. It is not legal or medical advice and does not replace your facility's policies, your state's rules, or your training. Reporting rules summarized here come from federal law; your state may add requirements. Check with your supervisor, your state survey agency, or the Long-Term Care Ombudsman for details. OpsStar is not affiliated with Medicare, Indeed, Glassdoor or any government agency. © 2026 OpsStar LLC · opsstar.com · support@opsstar.com