

North Dakota Department of Health

LONG TERM CARE ADVISORY  
COMMITTEE MEETING MINTUES

August 13, 2014  
10:00 a.m. - 3:00 p.m.

Committee Members Present:

Shelly Peterson, Executive Director, ND Long Term Care Association  
Darleen Bartz, Chief, Health Resources Section, ND Department of Health  
Dr. Bruce Hetland, Bismarck, Medical Director, Nursing Home Medical Directors Association  
Lucille Rostad, Program Manager, Division of Health Facilities, ND Department of Health  
Bruce Pritschet, Director, Division of Health Facilities, ND Department of Health  
Michelle Lauckner, North Dakota Health Care Review, Inc.  
Barb Groutt, North Dakota Health Care Review, Inc.  
Judy Beck, North Dakota Health Care Review, Inc.  
Arvy Smith, Deputy State Health Officer, ND Department of Health  
Randal Albrecht, ND Board of Examiners for Nursing Home Administrators  
Gregory Salwei, Chairman of the NDLTC Association, CEO Wishek Living Center  
Bev Herman, Education Director, ND Long Term Care Association  
Joan Ehrhardt, State LTC Ombudsman, ND Department of Human Services  
Monte Engel, Division of Life Safety & Construction, ND Department of Health  
Cindy Kupfer, Recorder, Division of Health Facilities, ND Department of Health

Committee Members Absent:

Dave Remillard, Public Member, Minot  
Karen Tescher, Assistant Director, LTC Continuum, DHS  
Representative Gary Kreidt, ND House of Representatives (New Salem)  
Carole Watrel – AARP

Welcome

A meeting of the Long Term Care Advisory Committee was called to order at 10:03 a.m. on August 13, 2014. The meeting was held in the AV 212 Conference Room at the State Capitol. Darleen welcomed everyone to the meeting and introductions followed.

Public Comment:

No public present.

Approval of Minutes

The minutes from the May 14, 2014 Long Term Care Advisory Committee meeting were distributed and reviewed. Dr. Bruce Hetland made the motion to approve the minutes with corrections; Bruce Pritschet seconded the motion. Motion carried.

**Standing Reports & Legislative Update**

Legislative Update: Representative Gary Kreidt Absent.

- No report given.

Report of LTC Study, Final Report - LeeAnn Thiel

- LeeAnn Thiel presented portions from the Final Report on the North Dakota Long Term Care Study. The final report builds upon the first report and includes additional analysis and presents findings and recommendations for the North Dakota's long-term care service delivery system.
- Five (5) Recommendations were on policy considerations for state licensing requirements for Basic Care and Assisted Living.
- Three (3) recommendations were on policy considerations for Basic Care rate setting.
- Five (5) recommendations were made for adding quality measures to nursing facility rate methodology.
- Ten (10) recommendations/policy focused on considerations to help eliminate service gaps in the Long-Term Care continuum.
- The recommendations have two primary goals: to build on North Dakota's existing, very solid framework of long term care services and programs; and to enhance areas in which gaps or weaknesses have been identified.
- Discussion of the meaning "Budget neutral cost" was brought to the floor. (Page 8 of Handout)
- Darleen Bartz asked if all Assisted Living was Private Pay. Some are not.
- Recommendation 14 (page 76) was discussed how to eliminate service gaps. All agreed the Human Services web site is not easy to navigate. The information is there for any provider, and consumer, just hard to find. It was suggested to make it user friendly.
- Recommendation 17 (page 78) regarding individuals with behavioral health problems were discussed on how to improve the availability of services, and access to health providers, especially for Basic Care Facilities, Assisted Living Facilities.

- The question was asked by Barb, what happens now that this report is done?  
Response: Recommendations will be examined to see if policy changes need to be made, which can be done without Legislative approval, and which are priority items. They are not obligated to make all the changes. They will be looking at any and all action steps. Outside stakeholders will also be involved.
- Randy brought up how Basic Care Facilities are unique in North Dakota. In other states Assisted Living is what we call Basic Care.

North Dakota Long Term Care Association: Shelly Peterson.

- Shelly discussed in the Association Plan for addressing the study recommendations which include 23 recommendations. A detailed overview was distributed to the members present.
- Part of discussion was focused on what would be appropriate for end-of life care: should they be transferred from one type of facility, then other, if so what should be the standards for them.
- A Penalty system for North Dakota was discussed.
- Number 16 on the handout was discussed at length regarding the discharge rate for North Dakota. North Dakota has the highest older population. Questions that were asked: How do we get the family involved? Is there affordable housing for these once they are discharged? Do we do more screenings to get them more independent, then you have occupancy limits, where are you going to put them? Approximately, 48.5% of people are discharged due to surgeries or rehabilitation. The rest are due to end of life.
- Shelly discussed how ND has behavior challenges all over the state, from a Behavior Health Survey. There were 476 people were denied admission. Some of the 476 may be counted more than once. Based on the needs there should be no open beds, but this seems to be a problem.
- Shelly will be meeting with the ND State Hospital in Jamestown, as to why they are not giving permission for people to be admitted.
- A problem with surveying of the back flow and sprinkler system was mentioned. Shelly was aware of only two vendors that are able to test the system. The training is costly, and those that are trained are overbooked.
- Bev reviewed the information: “Brief Report: Practice Analysis of Long Term Care Administrators across Multiple Lines of Service.” One of the goals of the study was to create updated test outlines for the NAB Examination for Nursing Home Administrators and the RCAL examination for Residential Care/Assisted Living Administrators. The National Association of Long Term Care Administrator Boards (NAB) envisions a long-term future state in which all such professionals might take a core examination that

covers common competencies. The end result would be a credential, not a certification that could be carried from one state to the next.

- ND issued three (3) Interim Administrator licenses; 158 have current licenses, and 16 are inactive.
- The Fall Long Term Care Conference will be Sept 16-18 in Fargo.

#### State Ombudsman: Joan Ehrhardt

- This was Joan's final report, as she was retiring from the state the next day.
- An offer had been made for her replacement, but had not accepted yet.
- Joan agreed to be the Public Member for the Long Term Care Advisory Committee; all were in favor.
- There is a new Ombudsman for Devils Lake, Tammy Ferderer, who is highly qualified.
- A phone call in their office was received regarding a facility named Castlewood, which after some investigation found out it was connected with Arthur Good Samaritan. Castlewood's web site is regarding themselves as a Nursing Home. Contact was made with Arthur Good Samaritan to have this changed, but they have no affiliation with the web site.
- Jan Eagen, Director, Aging Services is also leaving; her position has not been filled.

#### Division of Life Safety & Construction: Monte Engel

- Monte reviewed the average number of Life Safety and Construction (LSC) deficiencies which are 2.4. He also reviewed the LSC Citation Frequency Report for North Dakota, Region VIII and the Nation. The most frequently cited deficiencies for North Dakota are K0062, K0147, and K0029.
- The Life Safety Code Maintenance Manual has been completed and sent via email to Shelly Peterson and the Environmental Services industry. The manual has been included on the ND Department of Health's web site. This is for Long Term Care Facilities, not Basic Care Facilities.

#### Division of Health Facilities: Bruce Pritschet

- Bruce reviewed the Citation Frequency reports for the Nation, Region VIII and North Dakota. The most frequently cited deficiencies in North Dakota are F0323, F0309 and F0441. Frequency of Data Entry, mean # of days to data entry 39.3.
- The average number of deficiencies cited in North Dakota is 5.88, which is slightly higher than the national average of 5.80.
- Only two states in the Region are doing QIS surveys. North Dakota has not heard when they will be converting to these types of surveys.

- The number of double G citations in North Dakota increased from 3 to 5. North Dakota will use CMP's only when absolutely necessary.
- The handout, "Second Quarter 2014—Age Range as a percent in Skilled Nursing Homes" was presented and discussed. This report is from the CMS web site, which shows ND is listed as the number 1 state having residents 85 and older.
- Discussion followed regarding the double G citations, which result in harm to a resident. Examples: inappropriate transfer, CNA's not following the care plan of a resident and not consulting a nurse, resulting in harm to the resident.
- Out of 85 survey's, 25 had G citations.
- A suggestion was made to have the care plan be more specific regarding the needs of the resident, involving more issues.
- Examples of the double G citations will be discussed during the next Advisory meeting.
- Bruce reported on electronic plans of correction and the training involved.

North Dakota Healthcare Review, Inc (NDHCRI): Barb Grout.

- Barb reviewed the handout "11<sup>th</sup> Scope of Work (SoW), Quality Improvement Organization (QIO). CMS separated medical case review from quality improvement work creating two separate structures: Medical case review to be performed by Beneficiary Family Centered Care Quality Improvement Organizations (BFCC-QIO's) and Quality improvement and technical assistance QIO's to be performed by Quality Innovation Network Quality Improvement Organizations (QIN-QIO's).
- On May 9<sup>th</sup> CMS awarded the Beneficiary and Family-Centered Care (BFCC) Quality Improvement Organization Program contract to KEPRO. Beneficiary complaints, Immediate advocacy, and EMTALA Reviews will be handled by KEPRO
- ND was part of Great Plains Quality Innovation Network.
- The 5 tasks (page 23 of handout): Excellence in Operations, Better Health, Better Care, Lower Costs, and Technical Assistance were reviewed.
- Tasks of the Quality Innovation Network, (page 20) were reviewed
- Judy talked about the handout, "RIGHT, Medication Safety Toolkit". This tool kit is designed to help Assisted Living and Basic Care Facilities with medication development. This provides guidance for nurses and administrators. The final report for 10<sup>th</sup> SOW has been sent to CMS. Patient outcome is always the most important.

Nursing Home Medical Directors Association: Dr. Bruce Hetland

- Membership has now been opened up to Physicians from different countries, and not just to medical directors, Physician Assistant's and Nurse Practitioners.

## Old Business:

## New Business:

- A list of those participating in the Basic Care Facilities and End of Life Care Workgroup was distributed to the group. The group is a combination of those with Basic Care needs through the state, from the eastern part to the western part of the state. Those involved in the Hospice Program were also included. The first meeting will be August 19<sup>th</sup>, with maybe two more meetings.

## Discussion/Other:

Lucille Rostad handed out the S & C documents as follows:

- S&C: 14-25-NH: Advance Copy-Single Use Device Reprocessing under Tag F441, Revisions to Interpretive Guidance in Appendix PP, State Operations Manual (SOM) on Infection Control
- S&C: 14-34-NH: Advance Copy of Revised F371; Interpretive guidance and Procedures for Sanitary Conditions, Preparation of Eggs in Nursing Homes.
- S&C: 14-36-ALL-Infection Control Breaches Which Warrant Referral to Public Health Authorities.
- S&C: 14-37-NH-Advance Guidance-Revisions to State Operations Manual (SOM), Appendix PP-Guidance to Surveyors for Long Term Care (LTC) Facilities and Chapter 4.

## Next Meeting:

- Date and Time:
  - Monday, November 24, 2014, 10:00 a.m. – 3:00 p.m., Room 212 State Capitol
- Tentative dates for March will be sent out to members to determine availability.
  
- Potential Future Agenda Items:
  - Review of double G citations and specific examples.
  - Hospice workgroup report; hopefully will be done with the meetings.
  - Monte on construction standards, the administrative code, update on LSC adoption from.
  - Possible presenters: Adult Protection Services, Michelle Gayette
  - Geropsych units, discuss the process. Craig Christianson. Possible presenter.

Meeting adjourned 2:37