

North Dakota Department of Health

LONG TERM CARE ADVISORY
COMMITTEE MEETING MINUTES

December 7, 2015
10:00 a.m. – 3:00 p.m.

Committee Members Present:

Darleen Bartz, Chief, Health Resources Section, ND Department of Health
Shelly Peterson, Executive Director, ND Long Term Care Association
Lucille Rostad, Program Manager, Division of Health Facilities, ND Department of Health
Rocksanne Peterson, Recorder, Division of Health Facilities, ND Department of Health
Bruce Pritschet, Director, Division of Health Facilities, ND Department of Health
Carole Watrel, AARP
Gregory Salwei, Chairman of the NDLTC Association, CEO Wishek Living Center
Karen Tescher, Assistant Director, LTC Continuum, DHS
Karla Backman, State LTC Ombudsman, ND Department of Human Services
Michelle Lauckner, Quality Health Associates
Randal Albrecht, Chair, ND Board of Examiners for Nursing Home Administrators
Dr. Bruce Hetland, Bismarck Medical Director, Nursing Home Medical Directors Association
Monte Engel, Division of Life Safety & Construction, ND Department of Health
Arvy Smith, Deputy State Health Officer, ND Department of Health

Also Present: Leann Thiel, Department of Human Services

Committee Members Absent:

Dave Remillard, Public Member
Barb Groutt, Chief Executive Office, Quality Health Associates
Joan Ehrhardt, Consumer Representative
Cathy Anhalt, Education Director, ND Long Term Care Association
Representative Gary Kreidt, ND House of Representatives (New Salem)

Welcome

A meeting of the Long Term Care Advisory Committee was called to order at 10:03 a.m. on December 7, 2015. The meeting was held in the AV 212 Conference Room at the State Capitol. Darleen Bartz welcomed everyone to the meeting and introductions followed.

Public Comment

No comments.

Approval of Minutes

The minutes from the September 21, 2015 Long Term Care Advisory Committee meeting were distributed and reviewed. Greg Salwei made the motion to approve the minutes; Carole Watrel seconded the motion. Motion carried.

Standing Reports & Legislative Update

Legislative Update: Representative Gary Kreidt.

- There was no legislative report.

North Dakota Long Term Care Association: Shelly Peterson.

- Shelly reported that behavior health is an issue. The state hospital has control over the geropsych beds. Geropsych patients need to go through the state hospital prior to admission to the geropsych facilities. The geropsych facilities have had open beds and have been prevented from filling those beds. She stated that there may be a potential for another facility opening up. She also stated that Prairie St. John's just opened a unit for older people.
- Shelly stated that they are hoping to have information on dementia health at the convention. The Alzheimer's Association has some training on care consultations as well as some in-service training. She stated that the Alzheimer's Association had presented at the fall convention. She feels they are a great resource and we are very fortunate that they have free information for North Dakota. The North Dakota Legislature supports the Alzheimer's Association.
- The Board of Licensed Nursing Home Examiners are going through the administrator license renewal process. There is always a concern when administrators don't renew their license.
- Greg Salwei talked about issues with the MMIS. He stated they have learned a lot and are learning more with being able to talk to other facilities that are having similar troubles. He stated that the help line is not very helpful. Karen reported that MMIS is a work in progress.
- Greg stated there are concerns regarding the F-tags and the number of deficiencies.

Quality Health Associate of North Dakota: Michelle Lauckner.

- Michelle reported that 50 nursing homes have signed up for the collaborative. She stated that some facilities have really embraced the collaborative and as part of a regional group they have access to educational resources.
- The dementia partnership will be meeting February 17, 2016. Letters regarding the use of antipsychotic medications will be sent to facilities. It is felt that facilities don't have people who are trained to handle behavioral issues and the care of people with dementia. Greg felt it is a balancing act as to how to determine the management of staff and taking care of the resident. It is important facilities use the CMS "Hand in Hand" training program. Michelle was unsure of how many facilities were using it. Lucille stated that there was an S&C that came out regarding a tool that the surveyors use.
- Randy Albrecht stated there needs to be more hands on training for staff. More knowledge and training needs to take place on the acute care side as well as nursing facilities. Residents coming back from the hospital on antipsychotic medications is a difficult issue for nursing facilities. Hospitals need to be aware of the care that the nursing facilities can give. There is no easy answer.
- Greg stated that he would hire more staff but the people are not there to hire. The larger facilities are having issues as well. Randy stated the acuity of the resident is higher than they use to be and dementia/behaviors are difficult to deal with. The Social services designee is the one that deals with the resident.
- Carole stated it sounds like it did 30 years ago. Greg stated that it has improved over the years but it is still an issue. Darleen indicated this issue will continue to escalate in North Dakota as our population ages.
- One of the concerns is that facilities don't want to admit residents with dementia/behaviors to their facilities. Some are worried about getting a deficiency if they

aren't able to give the required care. Greg stated his facility isn't worried about receiving a deficiency; his facility is worried about being able to provide the necessary care and staff. This may be an issue that we need to approach the legislators on.

- Michelle is still working on a cultural change coalition and working on a front line care givers session at the spring long term care conference.

State Ombudsman: Karla Backman.

- Karla gave a presentation on the LTC Ombudsman Program. The program was established in 1978, and in 1982 the ombudsman duties were expanded. The structure of the program most recently changed in February 2015. The program works in territories versus regions. She talked about the number of staff in the program and the community volunteer ombudsmen. She also talked about wanting to enhance their presence in the facilities.
- In 2014, they had 677 cases, 675 were closed. There was a total of 968 complaints. A case may have more than 1 complaint. There are a variety of issues or concerns. The number one complaint is discharge/eviction. Other complaints include dignity, respect – staff attitudes and medications. The FY 2014 Annual report is available at <http://www.nd.gov/dhs/info/pubs/docs/aging/ombudsman-program-annual-report.pdf>.
- Karla talked about the complaint processes, how they gather their information and come to a resolution. Karla stated that the ombudsman will ask the health department for input on an issue. The health department does not know which facility the ombudsman is visiting and asking advice about.
- Shelly asked if Karla would send the group a copy of her presentation. Darleen recommended Karla send the presentation to Rocksanne and she will send it out to the group.
- The administrative rules have been updated as well as policy and procedures regarding the ombudsman's role in LTC emergency preparedness. Final administrative rules will go into effect by July 1, 2016. Many states are looking at major changes.
- Shelly inquired about the enforcement of the ombudsman. Karla stated they are to work on a resolution between the resident and the facility. If there is a systemic problem and can't be resolved it may be necessary to involve the Department of Health.
- Greg asked if an ombudsman is required to let the facility know that they are there. Karla stated they are to check in with someone prior to them leaving the facility.

Division of Health Facilities: Bruce Pritschet/Darleen Bartz.

- Bruce reviewed the average number of deficiencies reports and is based on five completed surveys for 2016 Fiscal Year (See Reports). The average number of deficiencies for this quarter is 2.6 and there are no G level deficiencies.
- Bruce reviewed the Citation Frequency Report for the nation, region and North Dakota (see report). F323, Free of Accident Hazards/Supervision/Devices is the top citation for the nation and North Dakota.
- Bruce reported that Health Facilities still has surveyor positions open. He also reported that Health Facilities has hired a licensed dietician; she will start on December 14, 2015.

Division of Life Safety & Construction: Monte Engel.

- Monte reviewed the average number of Life Safety and Construction (LSC) deficiency and citation frequency reports (see reports). The average number of deficiencies for North Dakota is 1.75 and is based on four completed surveys for 2016 Fiscal Year.
- Monte reviewed the Life Safety & Construction Citation Frequency Report for the nation, region and North Dakota (see report). K0062 was the most frequently cited deficiency for the nation. K0038 was most frequently cited in the region and North Dakota.
- Shelly asked if the wait time for the review of construction plans was getting better. Monte reported that LSC has had some big projects, but he hasn't received any big plans recently. He also reported that some facilities don't understand that they need to get approval from the department prior approval to going ahead with their projects. Shelly asked if a memo should be sent out to the facilities again. Monte doesn't think it would be helpful.
- Darleen reported that Life Safety & Construction is in the process of hiring another temporary person to help with construction review.

Old Business

Sharing of Staff in Co-Located Facilities: LeAnn Theil

- Shelly had spoken with the regional members about sharing of staff in co-located facilities. There are some concerns and worries from facilities that have both basic care and skilled care. Darleen reported that the concerns came about from a federal survey in a facility that had both types of care. Arvy stated her concern was the SNF was left without care if the nurse was providing care in the basic care facility.
- The group reviewed the memo that will be sent out to facilities regarding the sharing of staff in co-located facilities. Shelly feels it is not practical to staff the basic care facility separately. Arvy asked what the solution is. The group discussed the difference in working in the different settings. Darleen stated that Health Facilities had not looked at it prior to CMS raising the issues as a result of a federal monitoring survey. Darleen indicating that staffing the basic care facility with a nurse aide who was also a medication assistant I may help relieve some of the licensed nurse staffing issues.
- Shelly felt this would impact the 5-10 bed basic care facilities. She also felt there may be a need to change the rules for basic care. It was felt the costs would be astronomical and this would be difficult for small basic care facilities.
- The department is getting pressure from CMS. Bruce Pritschet stated this will be focused on more and more through the survey process.
- Shelly stated there were a lot of concerns at the regional meetings as to how they are going to meet the requirement. Smaller basic care facilities cropped up to meet the needs of the community.
- Payment for staff in the basic care facility is easy to allocate. The issue is that a basic care facilities have to be staffed 24/7.
- Arvy asked if we are telling the facilities that they have to hire someone to provide coverage for the basic care facility. She also asked if tele-health could be an option to provide coverage in a basic care facility.
- Shelly stated the facility will have to look at their operations.
- Basic care facilities tend to use CNA-MA I's; they could use CNA-MA II's. The skilled nursing facilities are need to have CNA-MA II's.
- Shelly asked where the deficiency would be cited? It could be cited in either the SNF/NF or basic care facility, or both, depending on the non-compliance identified.

- It was recommended adding Bruce or Lucille as a contact person and adding an effective date of January 1, 2016 to the memo.
- If a basic care facility wants to do away with their beds they could put their beds in lay away if they had converted them from skilled beds.

Update on Basic Care Occupancy Data: Darleen Bartz

- Darleen presented the regional data from the most recent Basic Care Occupancy survey. The first time it was presented some of the data was incorrect. All of the regions had a low occupancy except region 4. Shelly stated that we should see a change and redistribution of the beds. Shelly asked if she could receive the data electronically. Rocksanne will email her the data.

New Business

Update Related to Letter from CMS Regarding F-tags: Bruce Pritschet

- Bruce Pritschet reviewed the email and letter sent to the skilled nursing facilities related to F-tags.
- Greg stated the facilities don't understand the ruling and concerns. Shelly stated there is a lot of frustration and felt it was taking a step backwards.
- Darleen asked Shelly where she was at with conversations she has had with Dr. Dwelle, Arvy and the Senators and delegation in Maryland. Shelly said she has had conversations with Senator Hoven about it as well as staff from CMS. Arvy stated there is a pre-meeting today.
- Darleen stated that the State Survey Agency will follow the guidance from CMS on this issue.

Discussion/Other:

- North Dakota will never have the option to become a quality indicator survey (QIS) process state. The survey process will be changing in the future to a hybrid between the traditional survey process and the QIS survey process. We won't see the changes until it goes through final ruling. The changes would be throughout the nation and everyone will need training.
- Shelly asked about the MDS surveys. It was her understanding there won't be any more done until they have reviewed the information. Darleen is anticipating that CMS will require more MDS surveys for the upcoming year.
- The Health Department will be having Basic MDS 3.0 training on January 11-14, 2016. Shelly stated that some facilities are asking for certified training as well as more extensive training that goes beyond the basic.

Next Meeting

- Date and Time:
 - Thursday, March 22, 2016, 10:00 a.m. – 3:00 p.m., AV Room 212, State Capitol

Meeting adjourned 2:23 pm.