North Dakota Department of Health

LONG TERM CARE ADVISORY
COMMITTEE MEETING MINUTES

December 2, 2016
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
Craig Christianson, Chairman of the NDLTC Association, Sheyenne Care Center, Valley City
LeeAnn Thiel, Administrator, Division of Medical Services, DHS
Karla Backman, State LTC Ombudsman, ND Department of Human Services
Monte Engel, Division of Life Safety & Construction, ND Department of Health
Representative Gary Kreidt, ND House of Representatives (New Salem)
Joan Ehrhardt, Consumer Representative
Carole Watrel, AARP

Committee Members Absent:
Barb Grott, Chief Executive Office, Quality Health Associates
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
Peggy Krikava, Education Director, ND Long Term Care Association
Arvy Smith, Deputy State Health Officer, ND Department of Health

Welcome
A meeting of the Long Term Care Advisory Committee was called to order at 10:02 a.m. on December 2, 2016. The meeting was held in the Health Facilities Resource Conference Room at the State Capitol.

Public Comment
No comments.

Approval of Minutes
The minutes from the September 6, 2015 Long Term Care Advisory Committee meeting were distributed and reviewed. Craig Christianson made the motion to approve the minutes; Bruce Pritschet seconded the motion. Motion carried.

Standing Reports & Legislative Update

Legislative Update: Representative Gary Kreidt.
- Representative Kreidt reported the organizational meetings for the upcoming legislative session will start on December 5, 2016. He stated things will be done a little different this year. They will be spending the first half of the session working on the budget.
There are a number of bills that have come out of the interim session and there have been some conversations with the governor’s office regarding the providers’ tax.

The Attorney General has come out with an opinion on the Legacy fund.

Shelly Peterson asked if the legislature will amend or leave the Medical Marijuana alone. Representative Kreidt stated that the Health Department is working on it. Darleen stated a bill will not be ready by December 8, 2016, so will need a legislative sponsor. The group discussed the impact it will have on the medical industry and in long term care.

The Health Department has been spending a lot of time and money with Dakota Access Pipe Line (DAPL). The group discussed the DAPL protestors and their protest at the capitol. The group also talked about the increased security at the capitol and the Health Department offices.

North Dakota Long Term Care Association: Shelly Peterson.

- Shelly reported she is anxious to see what happens with the budget and amendments. She stated the governor may put the provider tax in the budget for long term care facilities.
- Shelly reviewed the history of Nursing Facility Staff Turnover and Contract Nursing data for 2010-2016. The majority of the contract hours are CNA hours (See handout).
- Shelly reviewed the 2017 Legislative priorities and the Department of Human Services 2017-2019 Budget Adjustment Request related to Long Term Care. The provider tax would be on Medicaid and private pay charges.
- Shelly reported the Long Term Care Board met with governor-elect Doug Burgum three times.
- Shelly is pleased to hear that Maggie Anderson will be the Director of Medical Services.
- Good Samaritan Society – Arthur is closing as a skilled nursing facility and becoming a basic care facility. The biggest reason for the closure was identified to be financial.

Quality Health Associate of North Dakota: BarbGrout/Michelle Lauckner.

- Darleen reported that Michelle is working on setting up a Partnership to Improve Dementia Care meeting.

State Ombudsman: Karla Backman.

- Karla gave an update from Aging Services and on the ombudsman program. They are collecting and putting data together for the annual report. They have been working on several projects including updating the resident rights; transfer, discharge, admission notification verbiage and the new nursing home regulations.
- They have hired Katelyn Maher as the new ombudsman for the Dickinson area.

Division of Health Facilities: Bruce Pritschet

- Bruce reviewed the Average Number of Deficiency Report. The average number of deficiencies per survey for North Dakota is 3.83. There has only been 6 surveys for FY 2017.
- Bruce also reviewed the Most Citation Frequency Report. F0323 was the most frequently cited for North Dakota. F0441 was the most frequently cited for the Nation and F0278 for the Region.
- Bruce reviewed the Double G Citation report for the whole United States. There were nine states on the report, North Dakota was not one of them. Bruce also reviewed the Enforcement Action report, South Dakota is the only state in our region that had an enforcement action.
Bruce reported that North Dakota only had one facility that did not register for PBJ. There were eight facilities that did not report any data.

Bruce also reported that we have created a new email for LTC concerns. It is not up and running just yet.

**Division of Life Safety & Construction:** Monte Engel.

- Monte reported the average number of LSC deficiencies per survey is 3. He also reviewed the Most Citation Frequency Report. K0511 was the most cited deficiency for Nation and K0271 for Region VIII and North Dakota.
- Monte reported CMS also adopted the 2012 edition of NFPA 99 Health Care Facilities Code. Chapter 4 Fundamentals, requires facilities to complete a risk assessment of building systems. The intent of the risk assessment is to place building systems in one of four risk categories based on the risk of injury to patients and caregivers due to failure of the particular building system.

**Old Business**

**NDDoH LTC Collaborative Update - Mental/Behavioral Health Subcommittee Update:**

- No Report.

**Update on Formation of the Alzheimer’s and Related Dementia Basic Care Secured Facility/Unit Workgroup:**

- Darleen gave an update on the formation of the workgroup and handed out a list of the members. The group will probably meet sometime in January.

**New Business**

**Connecticut’s Experience with the Development, Licensure, and Certification of a Facility for Placement of Prisoners and Individuals Released from Prison who are in Need of Skilled Nursing Care – Barbara Cass, RN, Section Chief, Facility Licensing and Investigations Section, State of Connecticut, Department of Public Health:**

- Darleen gave some background information regarding today’s presentation from Barbara Cass (See handout).
- Representative Kreidt asked if North Dakota has any facilities that take prisoners and individuals released from prison. Craig Christianson stated that he wasn’t aware of any and spoke about staff being nervous about taking care of gero-psycho patients. He stated that has improved.
- Members of the LTC Advisory introduced themselves to Barbara Cass, the presenter.
- Barbara Cass gave a power point presentation on Connecticut’s Experience for Difficult to Place Individuals.
  - Barbara talked about challenges of nursing home placement for psychiatric patients who no longer require hospital level of care as well as discharging offenders from the correctional system and patients who appear on the sexual offender registry who require skilled nursing care.
  - A lot of options were explored; the outcome was a nursing home in the state for care of individuals who are difficult to place.
  - Barbara stated there was a lot of opposition to the nursing home and several lawsuits.
  - It looks and feels like any other nursing home in the state and is privately owned.
  - Age categories served is 25-80 years.
Occupancy rate is 75%. They are selective and cautious in their admissions. This is all paid with by state general funds. They are a licensed only facility so they are not on the nursing home compare measures.

Barbara is not aware of any other states that have this program.

The group discussed whether North Dakota has had any individuals or offenders that are in need of long term care. Karla stated that her office has received as many as 5 or 6 call in the last 6 months. Shelly stated the LTC Association receives 2-3 calls a month, but is not sure if there is a demand or need.

Craig Christianson stated the occupancy rate in his gero-psych unit is at 90-98%.

Shelly talked about the difficulties with the level II screenings for admissions to the gero-psych facilities.

Basic Care Occupancy Survey – Darleen Bartz:
- Darleen reviewed the data from the most recent basic care occupancy survey. She also reported on a new/additional bed request from Maple View Memory Care, Minot, ND. (See handout)

Discussion/Other:
Lucille Rostad reviewed the following S & C documents:
- S&C: 16-42-NH Notification of Final Rule Published-Reform of Requirements for Long-Term Care (LTC) Facilities
- S&C: 17-03-NH Save the Date: Training for Phase 1 Implementation of New Nursing Home Regulations
- S&C: 17-06-NH Fiscal Year (FY) 2015 Minimum Data Set (MDS) Focused Survey Summary
- S&C: 17-07-NH Advance Copy – Revisions to State Operations Manual (SOM), Appendix PP – Revised Regulations and Tags
- S&C: 17-08-NH Civil Money Penalty (CMP) Reinvestment Resource Web Page
  - Darleen talked about using some of the CMP monies that have been collected to provide training to surveyors and facilities to meet federal requirements regarding having a qualified infection control person.
- S&C: 17-09-ALL Infection Control Pilot: 2017 Update

Next Meeting
- Date and Time:
  - March 9, 2017 10 am to 12 pm – Health Resources (Room 206-Judicial Wing, ND Capitol) - Resource Conference Room
  - The meeting would be limited to standing reports and legislative updates due to the legislative session. A Partnership to Improve Dementia Care meeting would be held in the afternoon.

Future Agenda Items:
- CMP Funds
- Individuals with sexual or violent crimes placement
- Opioids

Meeting adjourned 2:50 pm.