

ASSISTED LIVING ADVISORY COUNCIL MEETING

MINUTES

Date: April 15, 2014

Time: 10 AM

Meeting locations

Videoconference to:

Division of Public and Behavioral Health
Bureau of Health Care Quality &
Compliance
727 Fairview Drive, Suite E Carson City,
Nevada 89701

Division of Public and Behavioral Health
Bureau of Health Care Quality & Compliance
4220 South Maryland Parkway, Building D, Suite 810
Las Vegas, Nevada 89119

CALL IN NUMBER: 888-398-2342 ACCESS CODE: 1530727

ATTENDEES

Las Vegas ALAC Members:

Linn Thome, Silver Sky Assisted Living, Co-Chair
Lynn Homnick, Embarq
Martha Hilario, Golden Home Care
Heather Lankford, Willow Creek Memory Care
Shawn McGivney, Tender Loving Care Senior Residence (teleconference)

Carson City ALAC Members:

Dan Allmett, Mason Valley Residence, Co-chair
Mary Ellen Padgett, Riverview Manor
John Gabor, 5 Star Residences of Reno
Margaret McConnell, BELTCA

Excused: Maureen Gresh, Marcelino P. Casal, Diane Roberts

Las Vegas Staff and Others:

Donna McCafferty, Division of Public and Behavioral Health (DPBH)
Julie D. Bell, DPBH, HCQC
Don Sampson, DPBH, HCQC
Theresa Brushfield
Darryl Fisher, Mission Senior Living
Debra L. Hughes, Riverview Manor
Daniel Mathis, Nevada Health Care Association
Wendy Simons, Nevada Health Care Association
Dave Wertzberger, Sierra Professional

Carson City Staff and Others:

Darryl Fisher, Mission Senior Living
Kyle Devine, Bureau Chief, DPBH, HCQC
M. Jeanne Hesterlee, DPBH, HCQC
Sherry Crance, RN, ADSD
Allan Ward, Home Instead Senior Care
Nenita Wasserman, DPBH, HCQC

Teleconference:

Heather Korbolic, State Long-Term Ombudsman

Approval of minutes for the meeting of January 21, 2014.

Co-chair

LYNN HOMNICK MADE A MOTION TO APPROVE THE MEETING MINUTES OF JANUARY 21, 2014. DAN ALLMETT SECONDED THE MOTION. MOTION PASSED UNANIMOUSLY.

There was no public comment on this item.

Discussion of recruitment for advisory council opening(s) that need to be filled and possible election of new members.

SHAWN MCGIVNEY MADE A MOTION TO APPROVE LYNN HOMNICK'S TERM TO BE EXTENDED TO 2016. SECONDED BY DAN ALLMETT. MOTION PASSED UNANIMOUSLY.

Responding to Donna McCafferty's question, Julie Bell noted that there are currently four openings on the advisory council to be filled. The following is a list of applicants for the openings.

Darryl Fisher, Mission Senior Living
Heather Lankford, Willow Creek Memory Care
Gina Stutchman, Arbors Memory Care
Christina Lazar Lopez, Alebras Care Home (removed)

The advisory council members reviewed and discussed the applicants applying for the open positions.

A MOTION WAS MADE BY DIANA ROBERTS AND A SECOND TO THE MOTION BY DAN ALLMETT TO APPROVE GINA STUTCHMAN AS A MEMBER OF THE ASSISTED LIVING ADVISORY COUNCIL. MOTION PASSED UNANIMOUSLY.

A MOTION WAS MADE TO APPROVE DARRYL FISHER AS A MEMBER OF THE ASSISTED LIVING ADVISORY COUNCIL BY DIANA ROBERTS. THE MOTION WAS SECONDED BY LYNN HOMNICK. MOTION CARRIED UNANIMOUSLY.

A MOTION WAS MADE TO APPROVE HEATHER LANKFORD BY DIANA ROBERTS, AS A MEMBER OF THE ASSISTED LIVING ADVISORY COUNCIL, MOTION SECONDED BY DAN ALLMETT. MOTION CARRIED UNANIMOUSLY.

There was no public comment on this item.

Review and make recommendations to update the Residential Facilities for Groups Fact Sheet developed by board members for distribution to the public and for posting on the Division of

Diana Roberts reviewed the draft updated fact sheet for the residential facilities for groups.

Shawn McGivney commented that he did not like the wording that assisted living centers have care 24/7 trained staff.

SHAWN MCGIVNEY MOVED TO REMOVE 24/7 TRAINED STAFF. THE MOTION WAS SECONDED BY DIANA ROBERTS. MOTION PASSED UNANIMOUSLY.

A MOTION WAS MADE TO CHANGE WORDING TO ONSITE TRAINED STAFF. THE MOTION WAS SECONDED BY SHAWN MCGIVNEY. MOTION PASSED UNANIMOUSLY

Donna McCafferty noted there were some minor edits before the fact sheet be published. The document reads as follows:

RESIDENTIAL FACILITIES FOR GROUPS

Nevada State Health Division
Bureau of Health Care Quality & Compliance

HOMES FOR GROUP IN NEVADA

NRS 449.017 "Residential facility for groups, Except as otherwise provided in subsection 2, "residential facility for groups" means an establishment that furnishes food, shelter, assistance and limited supervision to a person with mental retardation or with a disability or a person who is aged or infirm.

There are approximately 350 homes serving 6,581 seniors.

Tired of being lonely, come meet other seniors and you can enjoy the surroundings of the facility of your choice. Meet new people who are looking for new friends.

Have fun with those caregivers that believe a hug a day will keep the doctor away.

Whether you choose a three, ten or 150+ bed community, they must all be licensed by the Bureau of Health Care Quality & Compliance. In any of these communities, you can make new friends.

WHAT IS A RESIDENTIAL FACILITY FOR GROUP?

The group homes range from three bed homes to large 150 plus communities. Some of the communities have a range of independent living, assist care, and memory care units. The memory care component has more specific regulations, i.e., staffing ratio of one caregiver to each six residents and additional staff training.

TRAINED STAFF

Administrators must be licensed by the Board of Examiners for Administrators for Long Term Care. Administrator is legally responsible for the care of residents and the daily operation of the facility.

Caregiver means an employee of a residential facility who provides care, assistance or protective supervision to a resident of the facility. Caregivers must be First Aid & CPR certified. Eight hours of basic care giving training. Employees must receive adequate training on a regular basis to ensure they are capable of meeting the needs of the residents. Caregivers who assist residents with their medications must also complete medication administration training and pass an annual exam. All administrators and their employees are trained in Elder Abuse Prevention and are mandated reporters.

HOW DO I FIND A GOOD COMMUNITY

The Bureau of Health Care Quality & Compliance has a website which lists all the communities in the State of Nevada. Check out several facilities and before you make your final decision, go to www.health.nv.gov/deficiencies and check out the facility's grade. Also, each facility is required to post their grade.

HOW WILL YOU PAY TO LIVE IN A COMMUNITY

Most of the facilities are private pay, long term insurance and veteran's benefits. Some of the facilities accept the Medicaid Waiver.

Medicaid Waiver for Elderly In Adult Residential Care (WEARC) This program provides a less restrictive alternative to nursing home care for individuals age 65 and older who can function in a group care home if attendant care such as toileting, feeding, oral care, dressing, bathing is made available.

A Residential Facility for Groups can retain residents who are on Hospice service as well as services provided by Home Health. There are, of course, certain prohibited health conditions as described in the Regulations.

ACHIEVING EXCELLENCE MAKING THE GRADE

The Bureau of Health Care Quality & Compliance has a grading system for all group homes. This system is an excellent tool for those families wishing to place a loved one. Check out the homes for their grade.

An "A" grade - the group home, when surveyed by the Bureau, was found to have minimal paper work deficiencies.

A "B" grade – the group home had deficiencies that have a potential to cause harm to the health and safety, rights, security, welfare or wellbeing of the residents and/or multiple administrative issues were cited.

A “C” grade – the group home had deficiencies related to practices that have caused minimal harm to residents and/or multiple administrative issues were cited.

A “D” – the group home had deficiencies related to minimal to serious harm that has occurred to residents and/or multiple administrative issues were cited.

Facilities receiving a “C” or “D” grade must pay for a re-survey to try to obtain an “A” or “B” rating.

STANDARD SERVICES

A residential facility for groups is a place where seniors can go to live with all the amenities for their lifestyle; to name a few:

- 24/7 Trained Staff (*suggested to be removed*)
- Meals
- Snacks
- Bathing
- Dressing
- Grooming
- Incontinence Care
- Medication Management
- Activities
- Housekeeping
- Laundry
- Transportation arranged
- Outings

ADDITIONAL SERVICES WHICH MAY BE OBTAINED

- Pets
- Podiatry care, additional service
- Home Health, additional
- Hospice, additional service

WHAT ABOUT COMPLAINTS

Of course, each and every resident has a Bill of Resident Rights. All complaints should first be directed to the administrator and hopefully resolution can be achieved. If not, contact the Ombudsman which is part of the Aging Services & Disability Services. The Ombudsman poster should be on display in all facilities.

There is a Bureau website where you can file complaints: www.health.nv.gov/HCQC.htm

NOTE: The endorsement section should be just above the Bureau box on the back side

ENDORSEMENTS

There are several types of endorsements available through the BHCQC. Assisted Living; Dementia; Mental Illness; Mental Retardation and Chronic Illness.

Background checks for Administrators. *Julie D. Bell, MED, Health Facilities Inspection Manager.*

Julie Bell explained that the requirement to use a background check by BELTCA and HCQC is under review. There is discussion to require just one background check instead of one by BELTCA and one by HCQC.

Julie Bell said that there are three requirements by the law. The administrator can agree to a wrap back, the second component and the third is the crimes listed in the statute. That is where the difficulty comes in so that the crimes are the same by both.

Wendy Simons asked will facilities be cited under the employee background check. Julie said that they are waiting for a final determination.

Discussion related to medical training which would require a second medical test for renewals of licensing.

There was discussion related to medical training which would require a second medical test for renewals of licensing. It was suggested that concept questions should be asked. Shawn McGivney also suggested administrators need to take these classes so that you can learn the teaching skills so that you are better able to share that information with the caregivers.

Donna McCafferty said that they are engaging trainers to review and revise the test. Once the revisions are received, those will be shared with ALAC.

Bureau of Health Care Quality and Compliance update on medication management course and medication management refresher test. *Julie D. Bell, MED, Health Inspection Manager*

There was no public comment on this item.

Nevada Health Care Association (NVHCA) and National Assisted Living Commission (NALC) updates on workshops, national trends and data, NALC Conference and Washington initiatives.
Wendy Simons, NVHCA

Wendy Simons reviewed a fact sheet she put together which shows national trends, and updated everyone on the workshops and webinars that will benefit providers that NVHCA is putting on. In June there will be a workshop with EMS for providers regarding adverse events.

Daniel Mathis, NVHCA, said that in skilled nursing there are some things that will affect assisted living. He said there is a new behavioral complex rate that has been approved for skilled nursing.

Assisted Living Demographics put together by Wendy Simons.



Assisted Living Demographics – Nationwide Statistics

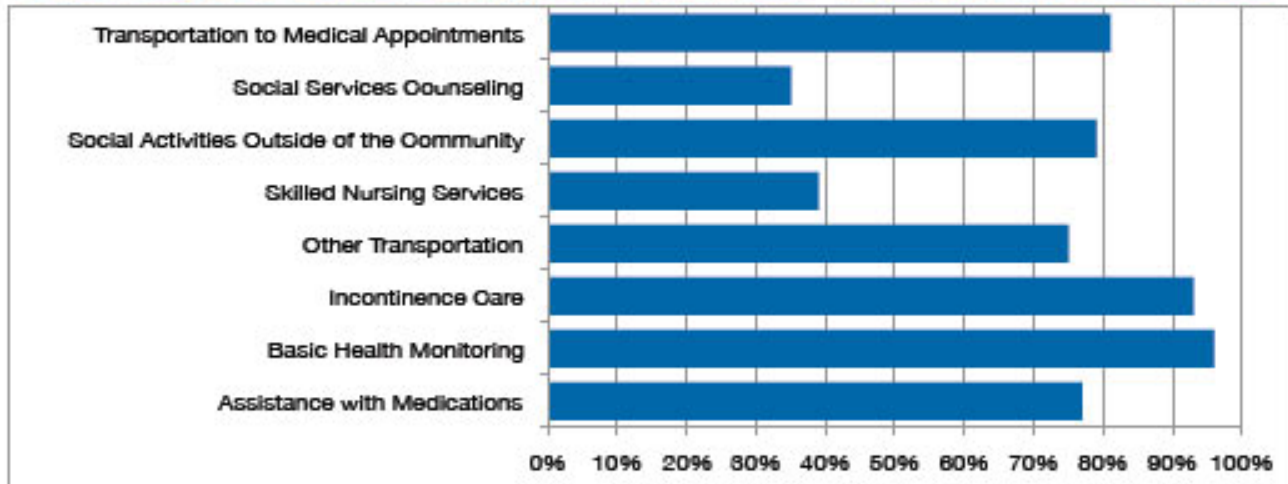
Assisted living facilities nationwide are noting an increase in personal care services and conditions. This is the result of consumer demand for non-institutional models of care but also due to the shift of post-acute skilled facilities shifting to a larger rehabilitation or more complex medical care. Some interesting data is noted below.

More than half of all residents are age 85 or older, and nearly 40 percent of residents require assistance with three or more activities of daily living. The median stay in assisted living is 22 months, and an overwhelming majority of residents are female.

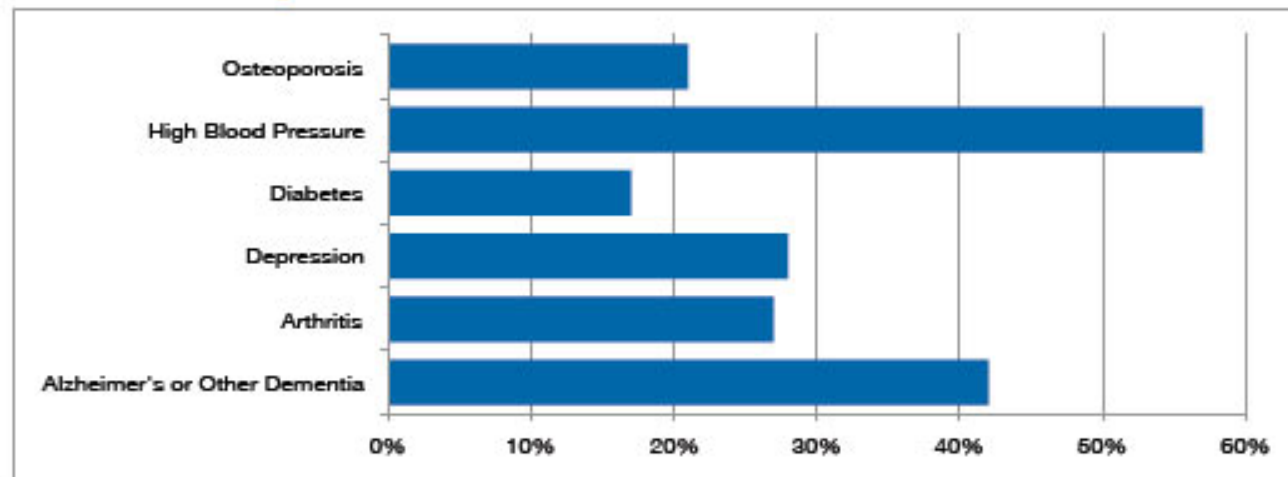
The population living in assisted living communities is:

- 70% Female
- 54% Age 85 or Older
- 82.7% Private Pay
- 19% Receive Medicaid
- 42% Have Alzheimer's Disease or Related Dementia
- 37% Need Assistance with Three or More Activities of Daily Living

Percentage of Senior Living Communities Providing Given Services



Assisted Living Residents with Common Diseases & Disorders



Discussion on Personal Care Agencies wage and labor issues. *Allen Ward, Home Instead Senior Care*

Allen Ward, Home Instead Senior Care said that he sees much overlap with the assisted living group and the personal care agencies. With regard with the labor wage in his industry, the 8 hour 40 hour work week compounded by the 24 hour clock, overtime is difficult to manage.

Allen Ward said if there is an increase to minimum wage to \$10 or \$10.50, and if they are put into an overtime slot, there will be a problem. That is one of the concerns that they have in supporting the caregivers. He is suggesting a change in the 24 hour clock.

There was no public comment on this item.

Assisted Living Industry Updates which include what are current trends, census/occupancy mix, top three business issues and successes deserving recognition.

There was no public comment on this item.

Public Comment (No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken.)

Kyle Devine said that with the establishment of medical marijuana, there may be an influx of clients that use medical marijuana as a medication. This may be a topic for a future agenda as it will affect your caregivers. He also asked if there is anything as an industry that the ALAC group would like to discuss, please let staff know.

Wendy Simons suggested that everyone should develop a policy to address medical marijuana at health care facilities, where to store and how to control.

Kyle Devine said the level in the blood system is not the determining factor, it is the behavior that is the factor. According to *Nevada Revised Statutes*, it is up to the employer. He returned from a training at CMS which briefly brought up this topic. Medical marijuana is still against federal law.

On a different topic, Dave Wertzberger, Sierra Professional Insurance, said there is a change in procedure by HCQC that he would like to support, on resurvey where they validate that the liability certificates are in place. He explained he might validate there is financial responsibilities for the insurance policies for that facility but most insurance companies exclude financial responsibility coverage if there is an incident by a 1099 employee. An administrator may not have financial responsibility unless they ask for it.

Shawn McGivney noted that many hic homes do not have that coverage.

Margaret McConnell, Board of Examiners Long Term said the bench is not that different in terms of qualified members for new prospective licensees. A survey will be sent out as an incentive to participate in the program. Some caregivers opt out because they do not want competition. There is a challenge to have people that are willing to work for prospective new operators and administrators. To spread the training to as many as possible when trying to bring in a new administrator, she requested that everyone fill out the survey and let them know how to make it better. People now have to have two years of experience before they can apply as an administrator. Experience is needed with leadership skills. She

noted that referrals have gone down 25 percent. She suggested that the Assisted Living Advisory Council members take the membership very seriously. The number of hours of mandatory training has increased to 100 hours of training, (60 hours for the national standards, 40 hours of best practices in Nevada) and another training specific on regulations in Nevada is required for elder abuse, licensing of a facility, two hours of CEUs and ethic regulation.

In response to a question, if there was any way to find unlicensed home Jeanne Hesterlee responded that the HCQC licenses HIC homes and will investigate whenever notified about an unlicensed facility.

Lynn Homnick asked if mid-management instructors will be included. She thanked Margaret and BELTCA in initiating this with the HIC homes.

Shawn McGivney said that he is happy they added the 16 hours of required training for administrators. That might be the most important variable for the results you are seeing.

Adjournment

The meeting was adjourned at approximately 11:45 a.m.

Respectfully submitted,

Nenita Wasserman

Approved by ALAC Advisory Council on April 15, 2014.