

**Division of Public and Behavioral Health
SKILLED NURSING ADVISORY COUNCIL MEETING (SNAC)
REVISED DRAFT SUMMARY MINUTES**

Date: Tuesday, September 25, 2018

Time: 3:30 p.m.

MEETING LOCATIONS

Videoconference to:

Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Rm 810 Carson City, Nevada 89701

Division of Public and Behavioral Health
4220 South Maryland Parkway, Building D,
Las Vegas, Nevada 89119

Please use a land line to call into this meeting

CALL IN NUMBER: 1-888-398-2342 ACCESS CODE: 1530727#

Members attending:

Hope Enad, Desert Care Facilities, Co-Chair North
Donna Thorson, HealthInsight, Co-Chair South
Brady B. Flygare, Desert Care Facilities
Robin Gillis, Harmony Manor/Humboldt General Hospital
Joan S. Hall, Nevada Rural Healthcare Partners
Daniel Mathis, Pure Care Living
Anthony J. Morella, Lake Mead Health and Rehabilitation
Brett Salmon, President, Nevada Health Care Association
Ex officio Member: Robert Kidd, Perry Foundation

Absent: Bina Hribik-Portello, Royal Springs HealthCare and Rehab

Others present:

M. Jeanne Hesterlee, HCQC
Doug Hopkins, Rosewood Rehabilitation
Crystal Wren, DHCFP
Jennifer Dunaway, HCQC
Steve Gerleman, HCQC

Approval of meeting minutes from March 6, 2018

THERE WAS A MOTION TO APPROVE THE MEETING MINUTES WITH ONE SPELLING CORRECTION. THERE WAS A SECOND TO THE MOTION. MEETING MINUTES WERE APPROVED UNANIMOUSLY.

Possible election and reappointments of members:

Douglas Hopkins introduced himself and said he has six years of experience in the industry and is excited at the possibility to join the group.

JOAN HALL MOVED TO APPROVE. DANIEL MATHIS MOVED TO SECOND THE MOTION. MOTION PASSED UNANIMOUS. DOUGLAS HOPKINS WAS APPROVED AS A NEW MEMBER UNANIMOUSLY.

JOAN HALL MOVED TO REAPPOINT DANIEL MATHIS. ANTHONY MORELLO SECONDED THE MOTION. THE MOTION PASSED UNANIMOUSLY.

There was no public comment.

Bureau Topics –*M. Hesterlee, Health Care Quality and Compliance (HCQC)*

There was a roundtable discussion regarding proposed regulations related to CBLA, Child Care regulations and to health facilities where there is the hospital staffing star rating which goes to the administrator. All proposed regulations will have public workshops and then the public hearings. There are four bills that are rolled into one which is SB 324 insulin and vital signs available to adult day care, personal care agencies and ISO for employees to take vital signs with training and to administer auto injection pens. The Legislature is trying to get a handle on that to protect customers. The sanctions have increased the fines. The most unique feature is the sanction can be used to fix the problem. The sanction gives the first-time offender to fix the issues. It must be done within the first year and provide evidence that you have used the money for corrections.

Handouts for the proposed regulations were provided to the members and public.

Feeding Assistant Program review.

Jennifer Dunaway, HCQC, provided a handout regarding the Feeding Assistant Program. She reviewed the following:

State of Nevada
Nevada's Paid Feeding Assistant Program Requirements
For Skilled Nursing Facilities (SNFs) and
Nursing Facilities (NFs)

Background

On September 26, 2003, the Centers for Medicare and Medicaid Services (CMS) published the final rule for paid feeding assistants in long term care facilities to supplement staff. This final rule permits facilities to use paid feeding assistants to supplement the services of certified nurse assistants (CNAs) under certain conditions. Feeding assistants must successfully complete a State-approved training program and work under the supervision of a registered nurse or a licensed practical nurse. Prior to this federal rule revision, providing assistance with eating and drinking was considered a direct nursing related service that could be performed only by a nurse aide or other health care professional. The final rule in the federal register is attached.

CMS no longer considers assisting a resident with eating or drinking as a "nursing or nursing-related" duty, in those cases where the resident has no feeding complications. Long term care facilities are now allowed to employ trained individuals to assist residents with eating and drinking.

The feeding assistance regulations do not impact the Code of Federal Regulations (CFR) at 42 CFR, Part 483.75(e)(1), which still allows a health care professional to provide feeding assistance. A health care professional is defined as a physician, physician assistant, nurse practitioner, physical therapist, speech therapist, occupational therapist, physical or occupational therapy assistant, registered nurse, licensed practical nurse or licensed social worker. Volunteers and family members are also still allowed to assist residents with feeding and drinking.

The Bureau of Health Care Quality and Compliance (HCQC) have established a policy and procedure specifying requirements for Nevada's Paid Feeding Assistant Program.

1.0 Paid Feeding Assistant Definition

- 1.1 *Paid feeding assistant* means an individual who meets the requirements specified in §42 CFR 483.60(h)(1) and who is paid to feed residents by a facility, or who is used under an arrangement with another agency or organization.
- 1.2 A feeding assistant does not include a person who is a:
 - a. Licensed health professional or registered dietitian,
 - b. Volunteer without money compensation, or
 - c. Certified nurse aide.

2.0 Nevada Paid Feeding Assistant Training Requirements

- 2.1 Nevada's Paid Feeding Assistant training programs must require enrolled individuals to successfully complete a training program approved by the Division of Public and Behavioral Health, which includes the following federally mandated topics, covered during a minimum of eight (8) hours of instruction:
 - a. Feeding techniques
 - b. Assistance with feeding and hydration
 - c. Communication and interpersonal skills
 - d. Appropriate responses to resident behavior
 - e. Safety and emergency procedures, including the Heimlich maneuver
 - f. Infection control
 - g. Resident rights
 - h. Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the nurse.
- 2.2 Additional training requirements for paid feeding assistants as specified in the Nevada Revised Statutes (NRS) and the CFR.
 - a. Criminal Background Check as specified in NRS 449.121 to 449.125.
 - b. Abuse and Neglect as specified in accordance with CFR 483.13 b & c.
- 2.3 Programs may choose to add training requirements.
- 2.4 Training programs must stress that the only direct services a feeding assistant is permitted to perform is assisting residents with no complicated feeding problems, to eat or drink.

3.0 Standardized Paid Feeding Assistant Training Curriculum

- 3.1 Paid Feeding Assistant Training Programs may use a curriculum which has been pre-approved by the Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance (HCQC), or may elect to develop their own program, subject to review and approval by HCQC. All approved training programs must comply with the federal requirements (CFR 483.160) and receive written approval from HCQC.
- 3.2 Entities may choose one of the following pre-approved curriculum models:
 - a. *Assisted Dining: The Role and Skills of Feeding Assistants*, by the American Healthcare Association, Copyright 2003
 - b. *Assisting with Nutrition and Hydration in Long-Term Care*, by Hartman Publishing, Inc., Copyright 2004
 - c. *Eating Matters-A Training Manual for Feeding Assistants*, by the Consultant Dietitians in Health Care Facilities, a Dietetic Practice Group of the American Dietetic Association, Copyright 2003.
- 3.3 Training programs must select one of the model curriculums listed above, or develop an in-house curriculum, which provides a minimum of 8 hours instruction to feeding

assistant students on the federally mandated topics (2.1, a-h) and topics related to abuse and neglect (2.2).

3.4 Training programs must be submitted to HCQC for approval 30 days prior to the intended date of implementation. Organizations electing to design their own feeding assistant training curriculum must submit proposed training materials, with completed application, 60 days prior to the intended date of implementation.

3.5 Although the pre-approved standardized training curricula may include additional skill information (e.g., intake and output, special care needs for residents with dysphasia, etc.), the instructor must stress the feeding assistant will not be permitted to perform any other services, beyond assisting residents who have no complicated feeding problems to eat or drink.

4.0 Successful Training Program Completion

4.1 An individual may not provide hands-on assistance with feeding or hydrating residents unless the individual has successfully completed the following:

- a. A State-approved training program for feeding assistants
- b. A State-approved standardized skill demonstration, determining basic competencies regarding resident feeding and proper hand washing, with a score of 75 percent or higher.

4.2 The instructor must observe the trainee's performance and initial and date each skill to verify the satisfactory or unsatisfactory performance.

4.3 Programs may choose to add increased testing requirements.

4.4 Students who do not successfully pass the initial competency evaluation will be permitted to review the training materials and retake the test. Programs may establish the number of times a candidate may retake the test. However, the program must document the failure, opportunity for review and subsequent repeat testing date.

4.5 The instructor must issue a State-approved certificate to each participant who successfully completes the program, documenting the name of the participant, the training program, hours completed and the date of successful completion.

5.0 Qualified Instructor

5.1 *Facilities shall determine the appropriate qualifications for instructors providing (e.g., registered nurse, registered dietitian, speech therapist, etc.), based on the needs of the selected resident population and the facility.*

5.2 Training programs must provide the name and qualifications of the proposed instructor(s) to HCQC.

5.3 The primary instructor may supplement the course by including other individuals for lecture or demonstration whose qualifications or experience add benefit to the training program.

5.4 A paid feeding assistant is not permitted to lead the training of another feeding assistant student.

6.0 Paid Feeding Assistant Training Program Approval Process

6.1 Entities wishing to operate a paid feeding assistant training program must submit the **Nevada Paid Feeding Assistant Training Program** application form, with the proposed curriculum and proposed feeding assistant instructor information to HCQC.

6.2 HCQC will review applications and issue written notice regarding approval or denial of programs which have selected a pre-approved curriculum within 30 calendar days of HCQC's receipt of the completed application packet. For programs with curriculum developed by the submitting organization, written notice will be issued within 60 days.

7.0 Paid Feeding Assistant Training Program Operation

7.1 Facilities must submit to HCQC written notification of any proposed changes in the approved Paid Feeding Assistant Program prior to the implementation of the change.

HCQC will notify the facility of the approval or denial within 30 days of receipt of the proposed change request.

8.0 Program Record Retention Requirements

- 8.1 Paid Feeding Assistant Training programs must maintain the following records for a minimum of three (3) years:
 - a. All student skill checklists, written examinations, certificates and other relevant training records.
 - b. Documentation of the training conducted and identification of the instructor(s) conducting the training.
 - c. Record of all individuals who have successfully completed the feeding assistant training and competency testing program.
- 8.2 Facilities employing feeding assistants must maintain the following records:
 - a. Feeding assistant roster, recording all individuals employed by the facility as feeding assistants
 - b. A copy of the feeding assistant training certificate kept in the individual's personnel file.
 - c. The selected residents' medical records, documenting no complicated feeding condition exists.
 - d. Annual in-service session(s), relating to feeding assistant duties.
 - e. Annual performance evaluation, documenting the feeding assistant's continued competence in feeding residents.
- 8.3 Training programs must maintain the security of the test materials and certificate templates, to ensure disclosure or forgery does not occur.

9.0 Survey Process

- 9.1 Compliance with the requirements for use of paid feeding assistants in long-term care facilities will be included in the standard survey process.
- 9.2 Surveyors may determine if residents being served by a feeding assistant are persons with no complicated feeding problems. This determination may include a review of medical charts and discussion with the professional nursing staff.

10.0 Nurse Aide Training and Competency Evaluation Program (NATCEP)

Prohibition

- 10.1 Substandard quality of care citations that result in a (NATCEP) prohibition will be reviewed to determine the appropriate action for the feeding assistant training program. Program decisions will be made on a case-by-case basis.
- 10.2 Citations normally resulting in a NATCEP prohibition that directly relate to poor quality care due to the feeding assistant program may result in termination of the feeding assistant training program.
- 10.3 Denial, suspension, or termination of a Paid Feeding Assistant Training program is subject to the provisions of Nevada Administrative Codes 439.

11.0 Training Program Suspension or Termination

- 11.1 Training programs failing to meet their program requirements or operating under conditions other than those contained in the approved application will be subject to withdrawal of approval.

12.0 Nevada Paid Feeding Assistant Employment Requirements

- 12.1 A long term care facility (SNF or NF) may not employ or use any individual as a feeding assistant unless the individual has:

- a. Successfully completed a paid feeding assistant training and competency evaluation program approved by the Division of Public and Behavioral Health, HCQC.
 - b. Reached 16 years of age, and
 - c. Successfully passed a criminal history check as defined by NRS 449.121- 449.125.
- 12.2 Facilities must ensure feeding assistant's serve only residents who have no complicated feeding problems.
- 12.3 Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral feedings.
- 12.4 Residents with complicated feeding problems, such as the conditions listed above, require the employee providing feeding or hydration services to be a licensed health care professional or certified Nursing Assistant.
- 12.5 The facility must base the resident selection on the charge nurse's assessment and the resident's latest assessment and plan of care.
- 12.6 Paid feeding assistants must work under the general supervision of a registered nurse (RN), or licensed practical nurse (LPN). While the HCQC anticipates most feeding assistants will serve residents in the dining room, feeding assistants may serve residents in their own rooms. The feeding assistant is not permitted to perform other nursing or nursing-related duties, e.g., transferring, toileting, etc. In an emergency, a feeding assistant must immediately call a nurse.
- 12.7 Paid feeding assistants must receive annual in-service training on relevant feeding assistant topics (any topic area included in the curriculum is appropriate). In addition, feeding assistants must be evaluated on an annual basis to document satisfactory skill performance and feeding competence.

Discussion on topics for legislative update, blog/education/fact sheets and other updates -
Nathan Orme, Education and Public Information Officer

Nathan Orme stated he updates all the web pages for the various types of facilities and can add items of interest that you would like on the web page. He reminded everyone that the next session of the legislature was coming up.

Introduction to Nevada Antimicrobial Stewardship Program and Discussion on Engaging Skilled Nursing. *Donna S. Thorson, Co-Chair*

Donna S. Thorson said that she wanted to make sure everyone is aware of the Nevada Antimicrobial Stewardship Program, composed mostly of hospitals, with some pharmacists and nursing homes. The focus of the Nevada Antimicrobial Stewardship Program is reducing the unnecessary use of antibiotics to prevent resistance. She is trying to engage the skilled nursing facilities as hospitals have been doing their own programs for while. There are people there that are more than happy to help develop antimicrobial stewardship programs in the nursing homes and teach how to track antibiotic use and resistance patterns. They meet quarterly

Robert Kidd gave an update on upcoming education classes and other items related to skilled nursing, provided by the Perry Foundation

Discussion regarding National Healthcare Safety Network (NHSN) *Kimisha Causey, MPH, Health Program Specialist II, Department of Health and Human Services.*
 There was no update on this item.

Updates from Health Insight – Co-Chair Donna Thorson

Donna Thorson commented there have been some great things that have been done to improve quality of care and celebrate success with facilities. There are doctors who are struggling to get their antipsychotic medication rates down. The quality measure that CMS uses does not exclude anyone that has diagnosis for bi-polar; this is a best practice now for psychiatrists and is a challenge for the nursing homes. Some of those nursing homes are struggling. There may be a 25 percent reduction in use of psychotics due to the new measure. Highland Manor of Elko has actually worked very closely with a physician's assistant who comes into the building and reduced their rates by 61 percent.

Home Based and Community Waiver Information.

Crystal Wren said the waivers are still going strong and process applications as they come in. She reported in August they had 2,201 on the waivers. For the physically disabled waiver there were 831 individuals. Due to population growth and expenditures for the frail elderly they had 109 available slots. For the physically disabled they had 26 slots available. The wait list was higher with 100 people applying and only 20 slots available leaving 80 on the wait list.

Topics for the next meeting

Joan Hall said that she would like the top ten tags to be added to the next agenda. Nathan Orme said there is a post survey that is sent to facilities after their surveys and he can send out the link so that the group has access to that.

Donna Thorson said that CASPER also has that type of information available.

The chair asked members to send information that they would like to see on the agenda to Nenita, she can forward that information to the Co-Chairs.

The chair requested that someone from Medicaid who could explain MDS accuracy and medical points be invited to the next meeting.

Joan Hall Nevada Hospital Association, the large facilities in the south having a hard time accepting patients.

Nathan Orme said HCQC will be developing some sort of social workers/case managers to easily find bed availability in Nevada. They may want to discuss what mechanism may be best.

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.

Adjournment

THERE WAS A MOTION TO ADJOURN THE MEETING. SECONDED BY DANIEL MATHIS. MOTION PASSED UNANIMOUSLY.

Meeting adjourned at 4:30 p.m.