

NOTES BY DORA VALENTIN

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
ASSISTED LIVING ADVISORY COUNCIL MEETING
DRAFT SUMMARY MEETING NOTES
DATE: Oct 17, 2019 TIME: 10 AM**

Meeting locations Videoconference to:

Division of Public and Behavioral Health	Division of Public and Behavioral Health
Bureau Health Care Quality and Compliance	Bureau of Health Care Quality and Compliance
727 Fairview Drive, Suite E	4220 So. Maryland Parkway, Building D, Suite 810
Carson City, Nevada 89701	Las Vegas, Nevada 89119

For best audio and meeting quality, please use landline to call into teleconference number
CALL-IN NUMBER: 1-888-398-2342 ACCESS CODE 1530727

Note: Some board members may attend in Las Vegas. Agenda items may be taken out of order, combined for consideration, and or removed from the agenda at the chairperson’s discretion

Attendance Status	Southern ALAC Members:
excused	Shawn McGivney, Southern Co-Chair (Las Vegas)
	Simona Cocea, Desert Springs Senior Living
present	Phil Glessner, Mimi’s Care Home
	Chris Mirando, Oakmont Senior Living
Stuck in hospital	Julie Peterson, Sterling Ridge (Las Vegas)
phone	Linn Thome, Merrill Gardens with Theresa Erickson, Regional Director of Nursing
present	Dora Valentin Tompkins, Angel Care Residential Home, My Little Heart Home
phone	Nicole Graham, Silver Sky at Deer Springs (nmkodba@yahoo.com)
	Northern ALAC Members:
present	Jeanne Bishop Parise, Park Place Assisted Living, Co-Chair (Carson City)
present	Paul Bailey, Bailey’s Group Home (Carson City) is proxy for Patrick Ward
phone	Inga Smith is proxy for Wendy Knorr, Morning Star Senior Living (teleconference)
present	Margaret McConnell, BELTCA (Carson City)
present	Jose Castillo is proxy for Vangie Molino, Vista Adult Care (Carson City)
phone	Diane Roberts, Washoe County (Carson City)
Present	Gina Stutchman
excused	Patrick Ward, Five Star Senior Living (teleconference) Paul Bailey is his Proxy
	Ex Officio Member:
excused	Robert Kidd, CEO, Perry Foundation
	Other attendees from last meeting:
present	Stephanie Aging and Disability Services
phone	Brett Salmon, NVHCA
present	Amir Bringard, HCQC
phone	Anna figuora (look up name)
present	Paul Schubert
present	Connie for wendy simmons
phone	Tammy Jo McKnight, HCQC
Present	Kyle Divine

2. Approval of Summary Meeting Minutes of the Assisted Living Advisory Council of July 18, 2019

PUBLIC COMMENT
FOR POSSIBLE ACTION

Dora is taking notes. Motion to approve Margaret McConnell; Paul Baily second. Motion carries.

3. Approval of assignment of member(s) to add detail to the meeting minutes for the July 18, 2019 meeting. Jeanne Bishop Parise, Co-Chair

PUBLIC COMMENT
FOR POSSIBLE ACTION

4. Make recommendation for renewal of two-year term as member of ALAC. Term expired October 2019. Vangie Molino

PUBLIC COMMENT
FOR POSSIBLE ACTION

Linn moves to vote, Gina seconds. Motion carries.

5. Health Care Quality and Compliance updates:

A. Regarding related to legislation passed from the 2019 Legislative Session. Nathan Orme, HCQC

Update by Paul Schubert: 2 bills that have relationship to RFFGs. Senate bill 92: requiring referrals to obtain a license. Expand definition of referral agencies, will work on regulations to enforce it... Senate bill 362: requiring RFFGs to meet certain requirements before admitting or keeping residents with Alzheimer's or Severe Dementia. All residents are seen by qualified provider annually. If provider determines Alzheimer's and Severe Dementia: are they safe in environment, if not already in an ALZ endorsed home. Some group meeting, someone will put out information, so they have changes to regulations, and make a determination on how to proceed with legislation... Interagency work group addressing this bill is on the agenda by Kyle Divine. But he's not on the call.

B. HCQC Update on Legislation and regulation development and implementation (key staff v. IT Position Nathan)

See above.

C. Top Ten Deficiencies cited on Surveys/Fines and Sanctions issued Amir/Bringard/Minou Nelson

Amir is presenting. Re-did the list, and Nenita made copies for both offices. Top 10 list was handed out. He is reading up the list. Questions? Paul comments: 4 of those 10 have to do with medication management – so that's an area of where good portion of facilities can improve. Planning training, trying to get more information to caregivers – we should focus on this.

Diana: Med Tech trainer: we train according to the regulations, it's frustrating that RFAs don't follow the training given to the Med Techs.

Tammy: is there an agenda, that documents these?

Jeanie: go to Long Term Care... but these handouts were given at the meeting.

Question #3: Amir: was there an initial physical exam and a yearly exam, and if there was a significant change in the condition of resident, a new exam is to be done. Regulations have specific language, maybe the initial was missing, maybe there was no annual, maybe there was no exam after change... it's all in this category...when someone returns from hospital/SNF, they might need physical. Amir will get actual tag.

Jose: does this include hospice residents? Amir: these are just totals, too specific questions, he can't give you that answer.

Jeanne: when person changes to hospice, they do have a physical

Any other questions?

Nicole: what RFAs should be doing to decrease these citations. Amir: used to be RFA in SNF/Group Care: he used to do QA, list these, have a committee to work on these issues,

Jeanne: great idea, Brett Salmon on the line, and we are having training/education in April – that would be one of those times that we could do a regulatory credit to drill down on these top tags

Amir: in your QA internally, but also externally too... they are not focusing on anything specific, this is just the data compiled – most on resident file, resident medications – focusing on health, safety of resident.

D. HCQC update on availability and monitoring of Medication tech class availability and HCQC monitoring and enforcement of authenticity of certificates and trainers including PSE compliance through use of Satellite Classrooms. the attached list of approved proctors can be obtained on our website using the following link:

<http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Reg/HealthFacilities/dta/Training/MedMgt-Approved-Training.pdf>

Amir: Most current list of approved proctors, HCQC monitoring trainers – when inspector is out in the field, when they see a certificate that may not seem up to par, they may have questions, inspector can verify with mm team to see if this is an authentic certificate, and for post sec compliance use of satellite classroom: they actually oversee this, if a proctor is going to train their own staff, own facility, they don't need to go through the commission, but external

Diane is with All About Caring: they take pictures of classroom, sign agreement with facilities – than post sec sees and approves to see if they accept as a satellite office

Jeanne: now we have more options in LV, and more at Reno and Carson, but concerned with the amount availability for the outliers... Diane does goes there to these satellite areas.

Outliers in the southern part of the state: no one here can speak to those... Amir: they'd have to drive-in... Unless there was a proctor who was planning teaching out there as a satellite, if there is a market for it, it could happen;

Jeanne: some of these are quite a distance

Paul: question: have members of ALAC, received inquiries from facilities that there is a lack of proctors... are they having a hard time to get their certificates?

Jeanne: gentlemen from Yerington... he said ?? couldn't hear – Jeanne add in

Dora: added that it is still a challenge to get caregivers to these, when the training is across town, and caregivers don't have a car – I end up driving there there, and back for 2 to 3 days... it is still a barrier to hire

Lynn Thome: would say the same thing... only training is across town, it's a real challenge

Diane: very mobile and will go anywhere

Dora: no mobile trainer in the south

E. HCQC staff and their assigned jobs in serving our industry *Minou Nelson*

Amir... most of our staff was pretty much doing everything, but now, want to be more focused, so they split it up, Amir will be over RFFGs and CBLAs, and Environmental health, and his team, Minou Nelson, Tina Leapord (spelling?), she's also on the med mgt team, and was supervisor for CBLAs, and also Don Sampson – and they have a core team of inspectors, some experienced and some new... all his team will be trained to ... meet workload and communicate w/ providers... you may see some changes on how inspections are done, lot of complaints on how reviews take too long... we condensed the inspections you may be getting reports, his focus is not to provide a 30-page report but focused on what the deficiencies are... So, we will skip that long write up of res 1, res 2, etc... we'll just say 3 out of 4 residents' files were missing x. Condense so it's good for providers and for also meet workload for them... see the deficient practice, be able to respond, and so they can provide better SODs... we won't come the same week every year... we have to maintain our annual (by legislature) – fiscal calendar... some of these changes are really good...

Jeanne: question from Simona: We received a bulletin re TB , but annually we don't have to do it? Just initially...

Paul: Comprehend the technical bulletin. It's requiring the initial TB testing for staff and afterwards just looking at signs and symptoms and test only if there are signs and symptoms... get specific questions to us, and we'll respond... we'll do a FAQ on website, so make sure everyone understands...

Jeanne: language is more SNF-y so RFFG's don't have a medical director, the responsibility would be – he believes – the owner/administrator to do the assessment if facility is high risk...

Simona: so no S&S's – no TB?

Paul: look at bulletin

Lynne: is there guidance on who can do the S&S's ...

Paul, he doesn't recall what it exactly indicates... nor the medical director language, he'll have to look at the bulletin board..

Jeanie: look up bulletin and table discussion

F. HCQC update on the number of Memory care beds and all other endorsements.

Amir: we couldn't pull it, their data system... if facilities have multiple endorsements, the computer couldn't pull the right data... so they'll have to look into that more... will try to get that data, we just have to figure out how to pull it... we'll get back to you on that.

Jeanne: top tag (#7) so we'd appreciate this report later on...

G. All news and Assisted Living Association updates.

Jeanne: anything else we haven't gone over...

Paul: we did a workload study, where should we be spending our time, based on this, came to determination that they really needed to separate things out and allowing specific groups to develop, because we are doing this, is going to make us more efficient, and that will benefit industry, for better mechanism to communicate deficiencies, shortening the process, more electronic, less paper driven, he truly believes that in the near future, this industry will see some benefits on these efficiencies

6. Summary and update related to assisted living facilities from Board of Examiners Long Term Care Administrators (BELTCA) Margaret McConnell, BELTCA Board Member

There are six communities of residential care, who don't have licensed administrators, don't have qualified leader, when there is no administrator for 2 months..HCQC will contact communities, and find new administrators, 2 nursing facilities without an administrators...

We need to get these communities licensed...

Diane: are those large facilities or small group homes... appears to be small group homes... most of the referrals come from small group homes; they are all in Las Vegas, that have been without an administrator...

Dora: Why can't BELTCA send out emails to all RFAs to announce RFA openings... or give out emails to those looking...

Gina: when you pay \$50 for current RFAs... board knows

Margaret: privacy, some RFAs don't want to give out their emails

Gina: could you send out an email to notify RFAs when someone is looking?

Bulleting: July 3rd: changes to CDC guidelines... August 8th: regarding the nation-wide TB skin testing.

Clarifying the tech bulletin, we want to send the inquiry to the TB Program manager within the division, and he doesn't recall her name... recommendations and guidelines, and she'll ...

Jeanne will shoot an email over for clarification... so that way we are on the same page...

Paul: Regulators also need to understand the requirements... we need to ask the questions from the program to provide guidance

Connie: 8/8/19: Susan: McElhany – smcelhany@health.nv.gov – Jeanie will email her.

7. Summary and update on items related to assisted living facilities. *State Long-Term Care Ombudsman – Jennifer Williams Woods*

Not with us today

8. Report on assisted living related programs at Perry Foundation. *Robert Kidd, President and CEO, Perry Foundation* Emailed that he had an emergency, not able to be with us

9. Assisted Living Industry updates from *Brett Salmon, President, Nevada Health Care Association.*

Brett: thanking HCQC for being here today and giving us info... update on med mgt: as they set up their training academy, they'll make sure that it will be a priority for them, and the top 10 list, so they'll use that for the trainings. Association – earliest to be involved, they'd love to be in at the ground floor, and help you develop the regulations...

10. Interagency Workgroup to Address Alzheimer's and Dementia Care Regulations update . *Kyle Devine*

Kyle: statutory request to have separate requirements for ALZ and others... interagency group including ADSD... taskforce on Alzheimer's, first thing they looked at: first I better clarify who is involved: ADSD, also UNR, Cleveland Clinic, representatives from providers, AHONN, Tried to do it as an open meeting, anyone who wants to be involved could be... every time ... process was really good... just the beginning. We were just getting recommendations, we are still going through the process and the purpose was to look at regulations and bring our current regulations in-line with best practices NV? Nationwide, we know that in any RFFGs or any ALs, we have 50-70% have some sort of dementia... how can we be more accommodating... first thing we did, recommended the endorsement, voluntary endorsement, not mandatory... if they have a resident with Alzheimer's, they are required to have the endorsement... if facility wants to maintain the endorsements, so they can advertise themselves to be memory care, they could. We are adopting definitions from national agency on aging's website... Take a look at our safety standards, in line with _____ and Medicare

guidelines... ADSD will be looking at that...will look at training standards, we are looking at going to a 2 tier system: initial training requirements will be 40 hours (did he say 40?) introduction to person centered care, another recommendation to be made is to make person centered service plans, for each individuals 1. It will allow endorsed facility, to have what that individual needs, to have the best care possible, 2. Non-endorsed facility to care for alz/dementia... if that person needs higher level of care, to refer out, but we don't want to push someone out of their environment – moving can have a negative effect on their prognosis... looking at what would be a base of what would be in this plan _____... Medicaid... Pulled together samples from _____ came up with some basics, includes ADLs, Med Mgt, something safety, assisted devices, special needs, social and recognition needs, and ancillary services, the things that need to be in these plans.

Within that we'll develop a model for person centered care – not required – and lot of you already have these ... and we are finally SD362 – lot of documentation – ensure safety of those who have dementia, So we are working on revising ... hopeful that by end of October will have revisions done...

Gina: person centered plan: allowing clients to maintain their ability to brush own teeth, but can't keep things like toothpaste, lipstick... can we have something in plan that allows someone to have own toothpaste or sharp...

If documented in that plan, that would not cause harm, as long as need is really documented in these plans, and other measures have been looked at, that should be acceptable – comes down to documentation to avoid citation.

Kyle: is Paul there?

Paul: everyone to recognize: some draft language that this work group has worked on, this language will have to go through the rule making process.... To LCB, than workshops, people will have opportunity to comment on language, small biz statements. then to the board of health... Kyle's description is the very beginning of the process... until this is approved, all old rules are still in place

Diana: I have a comment and f/u on what Gina said; Surveyors picking on small items, really have no issues / doesn't effect the resident's care. we get picked on these issues... to make it easier for us to care for the residents.

Jeanne: she's included in workgroup, Vangie as involved, and another group met in LV, and they are trying to put out what's best for Nevadans..

Diane: never ends, thank you

Jeanne: any other comments...

Jeanne: we are at the beginning of the service plans for person centered care – and getting regulations to where they should be... as a SNF administrator and putting in a special memory care in their facility... while she was there, they were 5 star, had great care... it took 2 doctors to determine to be placed in a locked unit... and that individual couldn't come forward, they could, and they could sign themselves out AMA – her observation at large for RFFGs, care throughout the state, really isn't a clear protocol to follow for taking rights away.. lot of people are placed in locked units, maybe they need more care, want the 1:6 ratios... want more physical care... we need to be – as part of this process – looking at within RFFGs, in the statues and laws, as a practice to make sure that _____ in locked units.

Paul: question for Kyle, he wasn't sure that at end of process, if group determined if any statutory changes are needed... there as some discussion for needing some...if any, they'll look at it. There was a discussion on removing separate regulations for Alzheimer's – will further discuss...

Paul: some statutory changes to allow us to make additional changes that are necessary

Jeanne: definitely, especially with early stages of decline/Alzheimer's – SB 362 is the purpose... where would like to see this evolve... We'll be putting this out, we are getting to be a larger group....

11. All news and Assisted Living Association updates. *Jeanne Bishop-Parise, Co-Chair*

Shawn brought to attention: news article in LV with a home that the person was an abuser, was headline news, probably was not a RFFG, maybe a CBLA... what the process is of getting on top of it

Amir: I don't know anything about this being a CBLA – lot of people misconstrue, CBLA, Independent Living... CBLAs: they go to them 4x/year, they go to most all licensing types, they have case workers also going... the process is the same as all other provider type, he's not aware of this situation.

Paul: The unfortunate reality, when reporter discuss information about facilities, they don't use appropriate term, they use the term group home... it could mean un-regulated types, or facilities that should be licensed.

Someone on the phone, sounds like Diane: Reno Gazette 9/13/19: uncovered abuse un-licensed group home in Las Vegas. CBLA now fall under 449, so they are licensed... independent living homes, there are different avenues, they do Aps, and local authorities, that look out for those residents, although HQC doesn't go in, but others do help, code enforcements...

Jeanie: ombudsman may go into those, so these need to go to ombudsman

Amir: he's also over the unlicensed complaint investigations, 2 dedicated investigators on unlicensed – if they hear about it, they are quick to act... If they don't have the authority they'll refer to proper agencies... ombudsman: 18-55...

12. Agenda items for the next meeting on January 16, 2020.

PUBLIC COMMENT
FOR POSSIBLE ACTION

Jeanne: any agenda items for next meeting, Follow ups, no additional items, calendarize the meeting date

Dora: 1pm, Clark County Library, Risk Management

Paul: looking for efficiencies – we have an enormous work load and we have to find a way to accomplish to complete them, we have to find a way to accomplish that work load ... looking at efficiencies, trying to find ways to get more bang for our buck... these type of forums, industry groups, he recognized that this group and other advisory councils, we represent small portion of industry... when we attend association meetings and events, NVHCA, NALA, AHON, Echo, it appears that we have a lot more exposure to the members/providers... he's wondering if there's a way to find efficiencies between this group and what the associations do... what we want to do is communicate with the largest number of people so I want to hear feedback from council as to whether you feel this is to be an effective mechanism, or if you feel there is more effective mechanism... or spend more time with the associations...

Jeanne: SNFs - there's a higher %s of them involved with the associations. Within RFFGs, AHON and echo, and the NCAL... tried to be sensitive as chair of ALAC, that we are covering the masses... do interagency work... don't know if there are any more efficiencies..

Jose: AHON: share ideas in group, we like to be invited, lot of people who want to be involved, but need to know; AHON represent: 60-70 facilities, also most of the group homes, in their area, major issues, everyone attends... AHON represents large majority of north; Echo represents a vast majority of the south, and the NVAL association...between those associations mostly all is represented... that might be a more efficient... making sure that we communicate with those associations may be a better mechanism/most effective way... have a 2 way-communications...

Jeanne: more comments

Dora: when we talk efficiencies, what would be efficient is if each association was represented on ALAC – so you don't have to go to all the associations, and that the representatives do actually collect the ideas/opinions of their members. However, ALAC is viewed as a body that is powerless and hence there is a lack of attendance/membership from some of the associations. ALAC would need to be given some level of input that matters... All items should go through ALAC, before technical bulletins come out, ALAC should know and give feedback, for example.

Paul: if each of the not a master of association, but a representation of the associations, large, small, different types... singular facilities...

Next agenda: restructure ALAC to be a representation of the associations... more efficiency

Jeanne: in the composition of by-laws: Jeanie: on board for NVHCA; vangie, on board fo rAhonn... the only organization that is not here is Echo... when we vote members on and members to continue, as a group we want to be representatives of the different factions... represent them... and we also want memory care experience... maybe an agenda items to allow each associations to voice their concerns,

Jeanne: restructure the agenda, update form the different organizations...

Amir: that's a really enterprising idea, as we move forward and trying to be more efficient, why don't we come together, we hash it out, that is consistent... members of boards/associations could give information out to their members... it is a lot of to go to all these meetings... there are a lot...

Dora: (I can't remember what I said, I summarized it in my above comment.)

Paul: doing thigs in a vacuum... what has to be done here... provide information, in regards to getting it out to industry... whenever possible... not only looking at new tech bulletins, but look at older ones that were done... may need additional explanation put in front of this kind of body...

Jeanne: good, Kyle, when we have interagency... excellent provider, had the same concern, wasn't aware of the physician determination bulletin and assessment was sent out... allow more of the funneling..

Jose: one of the things that we could standardize – this effects everybody... AHON always willing to help

Jeanne: how to have a _____... something for RFFGs... now this legislature, ... one stop shop for us...

Paul: the term Alzheimer's came up, which... so ALAC term is hm, doesn't represent everyone... could be an agenda item...

Jeanne: even consider re-naming RFFG Advisory Council is an idea

NO further public comments; Gina Moves, _____ second... adjourned....

13. 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.)

14. Adjournment