



Oklahoma State  
Department of Health

## LONG-TERM CARE FACILITY ADVISORY BOARD

Regular Meeting

January 10, 2018 at 1:30 in Room 1102

Oklahoma State Department of Health, 1000 NE 10<sup>th</sup> Street, Oklahoma City, OK 73117-1299

### **MINUTES**

January 10, 2018

#### **1) Call to Order**

Alan Mason, Chair, called the meeting to order at 1:33 p.m.

#### **2) Roll Call**

Lori Bautista called roll with the following LTCFAB members present: Joanne Alderman; Christean Bolding; Willie Burkhart; Jonathan Bushman; Joyce Clark; Dustin Cox; Theo Crawley; Ivoria Holt; Adam Jordan; Joanna Martin; Alan Mason; Jim McWhirter; Jacki Millsbaugh; Kay Parsons; Charles Schwarz; Dewey Sherbon; William Whited; and Denise Wilson.

The following LTCFAB members were absent: Tracy Chlouber; Terry Ferrel; Krisinda Housh; Pamela Humphreys; Patricia Ingram; and Diana Sturdevant.

The following guests were present: Michael Cook, OSDH; Julie Myers, OSDH; Esther Houser, general public; Henry Hartsell, OSDH; Wendell Short, Baptist Village; Mary Brinkley, Leading Age OK; James Joslin, OSDH; Dee Downer, OKALA; Melissa Holland, OKALA; Alexandria Hart-Smith, OSDH; Lois Baer, Leading Age OK; Natasha Mason, OAHCP; Vicki Kirtley, OSDH; Scott Chisholm, OSDH; Beverly Clark, OSDH; Debbie Zamarripa, OSDH; Natalie Smith, OSDH; Lisa McAlister, OSDH; Sandra Terry, TMF Health Quality Institute; Alisa West Cahill, OU; and Lori Bautista, OSDH.

Currently, there are three vacancies on the LTCFAB, which consists of 27 members.

A quorum was met with 18 members present.

#### **3) Review and Action to Approve/Amend October 11, 2017 Regular Meeting Minutes:**

Meetings are posted at:

<http://www.health.ok.gov/calendar/mtngs/index.html>

<http://www.sos.state.ok.us/meetings/agencymeets.asp?intAgency=316>

Approved minutes are posted at <http://www.health.ok.gov/calendar/mtngs/ltcab.html>

**Motion:** Approval of the October 11, 2017 Regular Meeting Minutes

Motion Made by: Theo Crawley      Seconded: Christean Bolding      Motion Carried: Yes  
Aye: 13      Abstain: 2      Nay: 0      Absent: 9

**Aye: 13      Abstain: 2      Nay: 0      Absent: 9**

Joanne Alderman	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Patricia Ingram	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Christean Bolding	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Adam Jordan	<input type="checkbox"/> Aye <input checked="" type="checkbox"/> Abstain <input type="checkbox"/> Nay
Willie Burkhart	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Joanna Martin	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Jonathan Bushman	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Alan Mason	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Tracy Chlouber	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Jim McWhirter	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Joyce Clark	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Jacki Millspaugh	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Dustin Cox	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Kay Parsons	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Theo Crawley	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Charles Schwarz	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Terry Ferrel	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Dewey Sherbon	<input type="checkbox"/> Aye <input checked="" type="checkbox"/> Abstain <input type="checkbox"/> Nay
Ivorla Holt	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Diana Sturdevant	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Krisinda Housh	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	William Whited	<input checked="" type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay
Pamela Humphreys	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay	Denise Wilson	<input type="checkbox"/> Aye <input type="checkbox"/> Abstain <input type="checkbox"/> Nay

Shading = Absent

**4) Licensure, Resident Assessment, Nurse Aide Registry, and Background Check Update:**

James Joslin, Director of Health Resources Development Services, went over the departments and projects that he oversees that pertain to the LTCFAB. James provided three reports on the Nurse Aide Registry Statistics: 1) Composite Scorecard for Oklahoma Nursing Homes: Long-stay metrics for the period ending September 30th, 2017; 2) Nurse Aide Registry Second Quarter Fiscal Year 2018 Statistics; and 3) Abuse, Neglect, Misappropriation (ANM) Findings through Second Quarter FY2018.

The first report James Joslin presented was the composite Scorecard for Oklahoma Nursing Homes: Long-stay metrics for the period ending September 30th, 2017. On the handout, green lights show significant improvement, yellow lights show no significant change and any red lights show significant decline. Nine metrics of the 14 showed significant improvement over the last year. Four metrics showed no significant change. One metric showed significant decline. Concerns were made about the metric for Low-Risk Residents who Lose Control of Their Bowels or Bladder showing significant decline. Staffing issues were related to the decline in the metric. A summary of the metrics is presented on page two of the handout. The table on page two showed improved performance measures for the current year from the previous year for the following: 1) Self-reported pain; 2) Catheter in bladder; 3) Residents whose need for help with activities of daily living (ADL) has increased; 4) Residents Receiving Antipsychotic Medications; 5) Influenza vaccination; 6) Residents who have depressive symptoms; 7) Pneumococcal vaccination; 8) Urinary tract infections and 9) State Composite Score. The same table showed worsened performance for low-risk residents who lose control of their bowels or

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bladder. The combined composite score in Table 14 (page 1) shows a statistically significant improvement from 9.6% (September 2016) to 8.8% as of September 2017. The gap between the national and Oklahoma percentages has been narrowed from 1.6 to 1.1.

The next report provided by James Joslin was the Nurse Aide Registry (NAR) Second Quarter Fiscal Year 2018 Statistics handout. Nurse Aide Registry Statistics are prepared by Vicki Kirtley, where data can be compared quarter to quarter and from year to year. James spoke about revoking the program for Certified Medication Aides (CMAs). James then spoke about the use of probations. James discussed CMAs not documenting the destruction of medication. Issues with Nurse Aides had to do with allegation of abuse, neglect and misappropriation. 13 revocations were made in Third Quarter Fiscal Year 2018, which will show up in the next report.

The final report James Joslin presented was Abuse, Neglect, Misappropriation (ANM) Findings through Second Quarter FY2018. For First Quarter and Second Quarter SFY18, there were 14 findings and 18 findings, respectively. From event to final administrative order for less than 9 months, six were counted for Second Quarter SFY18. James mentioned that there has been some headway with improving the processing time. The numbers will continue to be monitored, consider additional analysis, and looking at training programs. There seems to more of a problem with new nurse aides needing a better training program. James briefly went over the screening process and did an overview, as well as clarified some of the data. A question was posed about the average time pending notations show up in the system. When employers look someone up in OK Screen, they would see the pending screen, but the members of the public would not. A question was asked about a member of the public looking to hire a nurse aide, and why they would not be able to see the pending notation. James pointed out that rules and regulations only allows certain entities to be able to see the pending notation. Vicki Kirtley commented that Nurse Aides are not supposed to be privately hired, so that could be part of the reason the public does not get access to see pending notations.

## 5) Long Term Care Service Update:

Mike Cook, Director Long Term Care Services, presented the Long Term Care update.

- 1) *Long Term Care Staff Introductions:* Beverly Clark, Head of LTC Training Department; Debbie Zamarripa, Manager of Survey for NH/ICF-IID; Lisa McAlister, Manager of Survey for Licensure; and Natalie Smith, Compliance Officer.
- 2) *Oklahoma State Department of Health Furlough:*
  - Furlough: Ended December 23<sup>rd</sup>, 2017
  - Reduction In Force: Loss of 3 Licensure Positions
  - Focus on completing IJs and Recertification Surveys
  - Revisits were moved from 60 days to 90 days+
  - Mike Cook is working with Debbie Zamarripa and Lisa McAlister to be back on track by March 1<sup>st</sup>, 2018
- 3) *Long Term Care New Survey Process:* The new recertification survey process started the end of November 2017. A comparison was made between QIS and the new process for the number of care areas that needed to be observed. With QIS, the number of care areas was

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25-30, but with the new survey process the number of care areas is about 40. Every month a conference call is conducted between all the states and CMS to troubleshoot the process. A re-certification survey is supposed to take four surveyors about a week to complete, depending on the size of the facility. Troubleshooting occurs as problems appear with the computer software. There have been 2 or 3 updates to the software since November 2017. The new survey process is running much smoother than QIS. CMS provides the software for LTC to use. Contractors, hired by CMS, will be in Oklahoma next week to consult with LTC about restructuring the software to a whole new design.

- 4) *LTC Life Safety Code (LSC) Emergency Preparedness – Alternate Power Source, Generators and Risk Assessment Tool*: Mike referred to a new house bill that addresses several issues in relation to Emergency Preparedness. A Scope and Severity of level C is given for facilities without an alternate power source or power generator, which is at the level of substantial compliance. The risk assessment tool is used to gauge what needs to be done in an emergency and is supposed to cover all kinds of catastrophes. An example was presented about evacuating a facility with 10 residents versus evacuating a facility that has 100 residents. The House of Representatives will be looking at Life Safety Code – Emergency Preparedness, again. Mike mentioned that onsite power back-up may be required. A question was posed about the CMS S&C Letter dated July 28th, 2017, concerning fire and smoke door annual testing requirements in health care occupancies. Mike said that LTC had not received guidance from CMS, yet, but will look into it.
- 5) *Incident and Head Injury Reporting – March 2017 thru December 2017*: The rule became effective October 1, 2017. The average amount of incidents per month between March 2017 and September 2017 was 4239. The reduction during the months of October, November and December 2017 was significant as shown in the table in the LTC update handout with a 24% reduction, specifically for December 2017. The average amount of head injuries reported per month between March 2017 and September 2017 was 1614. The reduction for the months of October, November and December 2017 was highly significant as shown in the table in the LTC update handout with an 82% reduction, specifically for December 2017. Clarification was made by Mike Cook, about the severity of head injuries and whether they needed to be reported to LTC. Mike mentioned that providers spend more time on reporting head injuries than any other incident. The facilities have to still complete incident reports, but the level of head injury depends on whether or not they need to report the incident to LTC.
- 6) *Long Term Care Investigations – Calendar Year 2014 thru 2017*: Mike spoke about Quality, Certification and Oversight Reports (QCOR), a new CMS data source, which is available for the public to access. The QCOR website replaces the previously known Survey and Certification Providing Data Quickly (S&C PDQ) system. The QCOR website can be accessed at <https://qcor.cms.gov>. The three tables in the back page of the LTC update handout were split into 1) Standard Investigations; 2) Complaint Investigations; and 3) Combined Investigations, Deficiencies and Civil Monetary Penalties (CMP). Mike used calendar years for the data. For Standard Investigations, the number of investigations was similar between 2014 and 2017. The table is separated by Scope & Severity of B-L (minimal harm) and G-L (actual harm and immediate jeopardy.) The data shows that there has been a reduction in G-L Scope & Severity, as well as the number of deficiencies cited between 2014 and 2017. Mike mentioned complaints can be generated by anybody, which includes, relatives, residents, staff, etc. Complaint investigations from 2014 reduced yearly

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until 2017. There was an increase in the G-L Scope & Severity from 2016 to 2017, which occurred for the first time in three years. But overall, the data shows a reduction in the total number of cited deficiencies between 2014 and 2017. The final table displays the combination of table 1 and table 2. In the combined table, a reduction is showing for both investigations and deficiencies between 2014 and 2017. The table, also shows an increase in CMPs due to the rule change to increase CMP fees, for inflation, as well as the change of G-I Scope & Severity being changed to “no opportunity to correct.” Penalties are enforced immediately when the Scope & Severity of a deficiency is level G-L. Mike went on to say that there has been a reduction in complaints, an improvement in enforcement and an increase in compliance within the last four years.

**6) New Business:**

1. *CMS S&C Letter dated December 22<sup>nd</sup>, 2017:* Mike is waiting on interpretive guidelines and training to be released by CMS and would like to table the topic pertaining to the CMS letter. The letter did not change any conditions concerning involuntary discharge where a facility discharges a resident illegally and inappropriately. William Whited would like to see CMP fees high enough applied, so facilities would not want to be cited for the deficiency in relation to illegally or inappropriately discharging a resident. Mike mentioned that he would supply CMP fine information. Mike explained that for a CMP fine to be imposed there must be proof of actual harm. If enforcement actions need to be changed, then an S&C Letter must be released that would change what is considered actual harm and whether CMP fees can be applied. William Whited went over the specific reasons a resident could be legally and appropriately discharged. One of the main illegal/inappropriate reasons facilities involuntary discharge residents is due to disagreements with family members.

**7) Public Comment:**

1. *LTC Workforce and Family Councils:* Alisa West Cahill, with the Knee Center for Strong Families, at the Anne and Henry Zarrow School of Social Work, briefly updated/overviewed the Workforce of the Future Study. All members of the Long-Term Care Facility Advisory Board (and State Council on Aging) are invited to participate in the Study as key informants. The purpose of the Study is to collect and synthesize information from experts in the field of aging about the principal workforce challenges, core inter-professional competencies, and needed solutions to help Oklahomans age well (inclusive of home and supported living environments, health, and social services). If you think you may be interested in participating in the Study, please contact Alisa for additional information at [Alisa.W.Cahill-1@ou.edu](mailto:Alisa.W.Cahill-1@ou.edu) or (405) 638-1524.

**8) Adjournment**

The meeting adjourned at 2:39 p.m.