

Long Term Care Facility Advisory Board

2016 Annual Report

LONG TERM CARE FACILITY ADVISORY BOARD

2016 ANNUAL REPORT

SUMMARY:

During 2016, the Long Term Care Advisory Board recognized these key accomplishments.

- The Long Term Care Service continued to show good results in complaint investigations.
- The Ad Hoc Committee on Standards, Practices and Procedures of the Oklahoma State Department of Health Relating to Nurse Aides reported reductions in F225 & F226 citations for September 1, 2015 through June 30, 2016.
- The Ad Hoc Committee on Healthy Aging focused on two objectives this year. The first was to monitor the progress of the nursing home fall prevention pilot program designed by the Committee last year. The second objective was to formulate an approach to increase concurrently the percent of nursing home residents assessed and appropriately given the influenza and pneumococcal vaccines. Both objectives provided favorable results.
- The Ad Hoc Committee on the Assisted Living Classification System for violations developed a scope and severity grid.
- The Centers for Medicare and Medicaid Services national goal of 25% for the reduction of anti-psychotics on residents with dementia was reached.
- In Oklahoma, the National Background Check Program screened 80,026 applicants from February 2014 through October 2016.

PURPOSE:

The Long Term Care Facility Advisory Board is authorized by Section 1-1923 of the Oklahoma Nursing Home Care Act {63 O.S. § 1-1900 et seq.}. The Advisory Board, consisting of twenty-seven (27) members, is appointed by the Governor and functions as a professional advisory body to the State Commissioner of Health.

As part of their routine activities, the Advisory Board serves as an advisory body to the Department of Health for the development and improvement of services for care and treatment of residents of facilities subject to the provisions of the Nursing Home Care Act, homes subject to the provisions of the Residential Care Act, facilities subject to the Continuum of Care and Assisted Living Act, and facilities subject to the provisions of the Adult Day Care Act. The Advisory Board reviews, makes recommendations regarding and approves in its advisory capacity the system of standards developed by the Department of

Health; evaluates and reviews the standards, practices and procedures of the Department of Health regarding the administration and enforcement of the provisions of the Nursing Home Care Act, the Residential Care Act, the Continuum of Care and Assisted Living Act, and the Adult Day Care Act. The Advisory Board also reviews and evaluates the quality of services and care and treatment provided to residents of facilities and residential care homes and participants in adult day care centers. The Advisory Board may make recommendations to the Department of Health as necessary and appropriate.

The Advisory Board annually publishes a report of its activities and any recommendations for the improvement of services and care in long term care facilities. The annual report is prepared for the Governor, the State Commissioner of Health, the State Board of Health, the Speaker of the House of Representatives, the President Pro Tempore of the Senate, and the chief administrative officer of each agency affected by the report.

PROVIDERS:

At the end of 2016, there were six hundred ninety-one (691) long term care facilities operating in Oklahoma.

- Nursing Facilities – 310
- Adult Day Care Centers – 39
- Assisted Living Centers – 175
- Continuum of Care Facilities – 18
- Intermediate Care Facilities for Individuals with Intellectual Disabilities – 86
- Residential Care Homes – 56
- Veterans Centers – 7

VACANCIES:

During 2016, the Long Term Care Facility Advisory Board had the ability to conduct official business in three of the four meetings. The Long Term Care Facility Advisory Board currently has three vacancies.

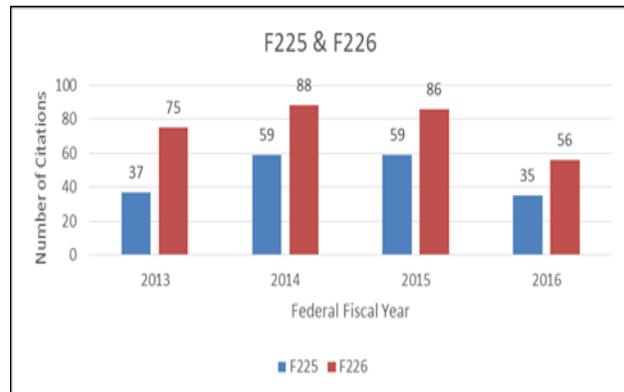
ACTIVITIES:

The Long Term Care Service continued to show good results in complaint investigations. Immediate Jeopardy complaints investigated in 2 days continued to maintain at 100%. High

priority complaints investigated in 10 days reached 100%. Medium / Low priority complaints investigated in 30 days attained 99%.

The Ad Hoc Committee on Standards, Practices and Procedures of the Oklahoma State Department of Health Relating to Nurse Aides held their thirteenth meeting this year. The Committee reviewed data on formal findings of abuse, neglect or misappropriation made against nurse aides and non-technical services workers by an administrative law judge following either a hearing or opportunity for hearing. From July 1, 2015 through September 30, 2016, 94 findings of abuse, neglect or misappropriation were made against nurse aides and non-technical services workers.

The Committee also reviewed data on citations of violations of federal regulations at F225 (regarding employees' fitness for service, investigations, and reporting abuse/neglect) and F226 (regarding development and implementation of abuse/neglect policies). Further, projections indicated decreases in both allegations and deficiency citations. After reviewing the data, the Committee determined that citations are trending downward. The year-to-date citations for federal fiscal year 2016 for F225 and F226 are lower than for federal fiscal years 2013, 2014 and 2015.



The Ad Hoc Committee on Healthy Aging held their tenth, eleventh, and twelfth meetings this year. The Committee had two objectives this year. The first was to monitor the progress of the nursing home fall prevention pilot program designed by the Committee last year. The second objective was to formulate an approach to increase concurrently the percent of nursing home residents assessed and appropriately given the influenza and pneumococcal vaccines.

The goal of the fall prevention initiative is to reduce the rate of falls with major injury in Oklahoma nursing facilities starting with a rate of 5.3% in September 2014, decreasing to 5.0% by June 2016, and to 3.0% by June 2019. The fall prevention pilot “It’s not OK to Fall” concluded phase one this June. The pilot included four facilities around the Oklahoma City area. The preliminary results indicated net positive results. The fall rate of the homes averaged 6.0% (12/31/2015) before the intervention and 5.0% (6/30/2016) two months post-intervention.

The second initiative for the Ad Hoc Committee was to increase the percentage of long-stay residents in Oklahoma nursing facilities that are assessed and appropriately given the seasonal influenza and pneumococcal vaccines. Starting with a rate for seasonal influenza vaccination of 95.2% in March 2015, the aim is to improve to 96% by March 2018 with a stretch goal of 98% by March 2019. Starting with a rate for pneumococcal vaccination of 87.6% in March 2015, the aim is to improve to 92% by March 2018, with a stretch goal of

94% by March 2019. This effort should improve physical, mental, social, and emotional well-being and functioning of residents of nursing facilities as currently measured in the composite score.

The Ad Hoc Committee on the Assisted Living Classification System for violations was formed in July 2016 and held two meetings this year. The Committee was tasked to develop a classification system of violations which gauge the severity of the violation and specify graduated penalties based on the criteria set forth in House Bill 2280. The system that was developed utilizes a grid system with graduated violations ranging from A through L, representing a scope and severity. The Committee concluded business and made a recommendation at the October 2016 Advisory Board meeting.

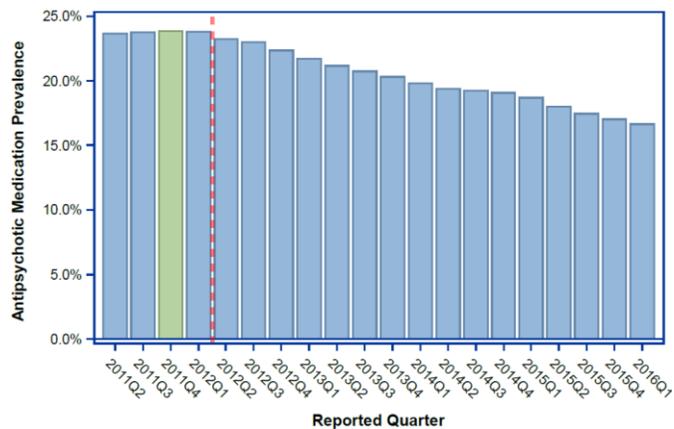
Assisted Living - Scope & Severity Grid

SEVERITY LEVEL 4 "J" IMMEDIATE JEOPARDY TO RESIDENT HEALTH & SAFETY ISOLATED ONE OR A VERY LIMITED NUMBER OF RESIDENTS AFFECTED \$500	SEVERITY LEVEL 4 "K" IMMEDIATE JEOPARDY TO RESIDENT HEALTH & SAFETY PATTERN MORE THAN A VERY LIMITED NUMBER OF RESIDENTS AFFECTED \$500	SEVERITY LEVEL 4 "L" IMMEDIATE JEOPARDY TO RESIDENT HEALTH & SAFETY WIDESPREAD PERVASIVE PROBLEMS THROUGHOUT THE FACILITY \$500
SEVERITY LEVEL 3 "G" ACTUAL HARM THAT IS NOT IMMEDIATE JEOPARDY ISOLATED ONE OR A VERY LIMITED NUMBER OF RESIDENTS AFFECTED \$100	SEVERITY LEVEL 3 "H" ACTUAL HARM THAT IS NOT IMMEDIATE JEOPARDY PATTERN MORE THAN A VERY LIMITED NUMBER OF RESIDENTS AFFECTED \$200	SEVERITY LEVEL 3 "I" ACTUAL HARM THAT IS NOT IMMEDIATE JEOPARDY WIDESPREAD PERVASIVE THROUGHOUT THE FACILITY \$300
SEVERITY LEVEL 2 "D" NO ACTUAL HARM WITH POTENTIAL FOR MORE THAN MINIMAL HARM ISOLATED ONE OR A VERY LIMITED NUMBER OF RESIDENTS AFFECTED \$30*	SEVERITY LEVEL 2 "E" NO ACTUAL HARM WITH POTENTIAL FOR MORE THAN MINIMAL HARM PATTERN MORE THAN A VERY LIMITED NUMBER OF RESIDENTS AFFECTED \$30*	SEVERITY LEVEL 2 "F" NO ACTUAL HARM WITH POTENTIAL FOR MORE THAN MINIMAL HARM WIDESPREAD PERVASIVE THROUGHOUT THE FACILITY \$30*
SEVERITY LEVEL 1 "A" NO ACTUAL HARM WITH POTENTIAL FOR MINIMAL HARM ISOLATED ONE OR A VERY LIMITED NUMBER OF RESIDENTS AFFECTED	SEVERITY LEVEL 1 "B" NO ACTUAL HARM WITH POTENTIAL FOR MINIMAL HARM PATTERN MORE THAN A VERY LIMITED NUMBER OF RESIDENTS AFFECTED	SEVERITY LEVEL 1 "C" NO ACTUAL HARM WITH POTENTIAL FOR MINIMAL HARM WIDESPREAD PERVASIVE THROUGHOUT THE FACILITY

* Fines for continued non-compliance start on the exit date of the original survey. (Unrelated violations are not included in the penalty.)

In 2016, the Centers for Medicare and Medicaid Services revised the national goal to a 25% reduction for the prevalence of anti-psychotics on nursing home residents with dementia. Oklahoma achieved that goal. The national prevalence is currently at 16.6%.

Anti-Psychotic Medication Prevalence Among Nursing Home Residents with Dementia, Oklahoma, 2011-2016



The Long Term Care Facility Advisory Board instituted regular reporting on activities implemented under amendments to the Long Term Care Security Act (63 O.S. §1-1944 et seq.) in 2012. The Act authorized implementation of state and national fingerprint-based background checks prior to employment with long term care, home health, hospice, developmentally disabled and home and community-based waived service providers. The startup of this program was funded by a \$3 million dollar grant from the Centers for Medicare and Medicaid Services. The Board has been extremely pleased with the creative

funding model that leveraged technological innovations allowing the sharing of costs and eligibility determinations across providers. This model kept costs to providers low while greatly enhancing the value of the information obtained through applicant screenings.

From implementation in February of 2014 through October 2016, Oklahoma screened 80,026 applicants using a fingerprint-based national background check. Of those, 791 were found not eligible and 431 were based on out of state findings. An equitable waiver process was implemented that allows applicants to demonstrate, and the Department to consider, evidence of rehabilitation and relevance of the crime to the proposed job. Of 170 waiver requests, 111 have been granted.

One of the health care industry's greatest fears in adopting this new screening program was concerns about delays in hiring. Those fears proved to be unfounded. Roughly 80% of all applicants have no criminal history and their results were available within 24 hours of fingerprinting. The other factor contributing to the efficiency of the program is the use of criminal history monitoring. This tool allows the movement of applicants to new employers under the Act without re-fingerprinting. This movement now accounts for over 50% of all hires in the industry subject to the Act. This feature eliminates any wait time beyond the mandatory enrollment with the new employer. A number of other technological features make the OK-SCREEN system an important tool for screening and monitoring the eligibility of employees and in keeping our vulnerable populations safe.

RECOMMENDATIONS:

At the July 13, 2016 Advisory Board meeting, Chairman Wendell Short appointed Joyce Clark as Ad Hoc Chair of the Committee on the Assisted Living Classification System for violations. On October 12, 2016, the Committee had accomplished their goal and provided the Advisory Board with a recommendation.

COMMITTEE REPORTS:

Chairman Wendell Short formed a nomination committee to elect officers for 2017 at the July 13, 2016 meeting. It was the decision of the nominating committee on October 12, 2016 to elect Dr. Andrew Dentino as Chair; Joanna Martin as Vice Chair; and Alan Mason as Secretary / Treasurer for the 2017 term.

AGENDAS:

The meeting agenda items addressed various aspects of the long term care industry. The Long Term Care Facility Advisory Board allocated time at each regular meeting to discuss other long term care issues that might become the responsibility of this Board at some future date. The Advisory Board looks forward to prioritizing and addressing important issues in 2017 with the benefit of a full complement of members.

BOARD OFFICERS:

Advisory Board Officers for 2017 are Dr. Andrew Dentino, Chair; Joanna Martin, Vice Chair; and Alan Mason, Secretary / Treasurer.

MEETING SCHEDULE FOR 2017:

The 2017 regular meetings are scheduled on January 11, April 12, July 12 and October 11.