

**Long-Term Care Facility Advisory Board Meeting
November 16, 2017 • 10:00 a.m.**

APPROVED MINUTES

I. Call to Order and Introductions

Darlene Harney called the meeting to order at 10:00 am. Board members, Guests, and Department Staff were asked to introduce themselves and a quorum was established at this time.

Members present: Pamela Blatter, Mike Bibo, Terrence Sullivan, Dr. Alma Labunski, Robert Roiland, Dr. Martin Gorbien, Mark McCurdy, and Dale Simpson

Members Absent: Dr. Albert Maurer, Candice Moore, George Bengel, and Jamie Freschi

IDPH Representatives: Sean Dailey, Connie Jensen, Darlene Harney, Jason Grigsby, Henry Kowalenko, Sherry Barr, Christopher Vemagiri Marbaniang, Daniel Levad, and Michelle Millard

Guests: John Cirn, Karen Christensen, Wendy Meltzer, and Bill Bell

II. Approve meeting minutes

The draft minutes of the August 17, 2017 meeting were approved with no objections.

III. Membership Update

- a. Membership vacancies
 - (1) Advocacy or Legal Assistance Member
 - (1) Resident Advisory Council Member (Lydia Hemrich resigned)

Darlene Harney stated to members to watch for their term expirations and if they are wanting to continue to serve on the board to apply prior to the end of their term.

IV. Unfinished Business

- a. Psychotropic Informed Consent Form
 - 1. Darlene Harney request any comments/recommendations to send to Jason Grigsby by 12/29/17 so the department can review the requests and try to implement the best the department can do; review again in the February 15, 2018 meeting.
 - 2. Board Members and Guests shared their questions and concerns with the form.
 - A. Terrence Sullivan recommended having consent wording at bottom of form attached to information sheet that pharmacy's provides.
 - B. Difficulty for some individuals on filling the form out in its present form.
 - C. Standardized forms from other states such as Wisconsin that are using the form.
 - D. Will there be rules or protocols drafted around the form
 - i. Darlene Harney commented it has not been resolved; it is an idea and depends on the consent form moving forward; questioned the board if they were looking for one standardized form or different forms for the different facilities.
 - ii. Board members stated one form should cover all facilities and no need for multiple

forms.

- E. Wendy Meltzer stated there is a problem with copying pharmacy information directly to the form; it should be more of an individualized form based on habits, health issues. The form should be filled out from someone from the facility with medical knowledge and the form needs edited to reflect this.
 - F. The medicine would not be provided unless the consent form signed to reflect.
- b. Skilled Nursing and Intermediate Care Facilities (77 IAC 300) Sheltered Care Facilities (77 IAC 330) Illinois Veterans' Homes Code (77 IAC 340) this rulemaking implements PA 96-1372 with regard to distressed facilities.
- 1. Darlene Harney stated the rulemaking continues to be talked about and tabled wanted to open the floor for discussion.
 - 2. Board Members and Guests shared their questions and concerns.
 - A. Mike Bibo stated concerned about distressed facilities being defined by a decade old report; Illinois Health Care Association intends to file legislation in the Spring to address this issue since it is in statute; would like the Advisory Board to allow the Associations time to have it addressed so it will be more relevant; possibly make distressed facilities similar to the Special Focus Facilities so it is a moving number with extra things that Illinois thinks is important to address issues.
 - i. Darlene Harney stated department stance is to continue to bring to the Advisory Board till it has been addressed.

Darlene Harney stated by unanimous consent will not be voting on distressed facilities at this time. No objections from any of the board members were provided.

V. New Business

- a. Emergency Preparedness
- 1. Henry Kowalenko presented the new CMS Emergency Preparedness Rules
 - A. Implementation of the rules was one year ago
 - B. The surveyors started surveying the rules as of November 15, 2017
 - C. Developed by CMS; consistent, standard rule for their individual facility
 - D. Apply to 17 provider types
 - E. Plan has to be taken into account for all hazard approach; each facility would do an assessment of hazards they would face in their location
 - i. Risk assessment and develop an emergency plan; Analyzed, reviewed and updated annually
 - ii. Policy and Procedures to implement plan; address subsistence needs such as food, medicine, and maintaining temperatures; evacuate or shelter in place based on best interest of resident; tracking of residents; medical documentations; transportation for residents; reviewed and updated annually
 - iii. Communication Plan – Providers, Authorities, Emergency Responders, Patients and Family Members; How to contact information of staff; patient's physician; release of the patient information to receiving facility; contact information of family information to let the family know where the patient went; reviewed and updated annually
 - iv. Training and Exercise; twice a year training; table top – work with staff to review internally in case an emergency does happen; drill – work with other facilities, emergency responders, all processes are valid; updated annually
 - F. There will be E-tags that surveyors will start citing as of 11/15/17
 - G. All the information is available on CMS website
 - 2. Board Members and Guests shared their questions and concerns.
 - A. Bill Bell asked if the facility has an episode such as a power outage, etc. that you put your

plan in place that it counts toward one of your exercises.

- i. Henry Kowalenko stated it is true that it would count as one of the exercises.
- B. Bill Bell asked if there was going to be a delay of enforcement actions up to one year for certain tags from federal CMS with the emergency preparedness requirements.
 - i. Henry Kowalenko stated he has not heard anything on it; no delay
- C. Robert Roiland stated was part of an exercise at mother's nursing home and they evacuated family members sit in as residents to evacuate; fireman, EMTs from surrounding cities were there. It was a full exercise for the facility.
- D. Wendy Meltzer commented what she has seen as issues in other states with staff that doesn't come in during the natural disaster and wanted to know if department had any recommendation such as staff bringing in their family or possibly a labor pool to draw upon.
 - i. Department stated that is why they do the annual drill to see what happens and building into their plan; the four elements of core planning is designed for outreaching to community.
 - ii. Mike Bibo stated has seen this in some of his Florida Nursing Homes; facilities invited their family into facility; seen limited staffing with hurricanes in Florida with limited staffing; depends on the emergency
- E. Dale Simpson stated to use the local IEMAs for support because they have been doing this for years;
 - i. Mike Bibo stated IEMA tends to focus on hospitals and bigger nursing homes prior to assisting with the multiple smaller facilities.
 - ii. Robert Roiland the exercise he was a part of they completed a lessons learned/after action report
 - iii. Henry Kowalenko stated that is why it is important for an annual review of procedures

b. Specialized Mental Health Rehabilitation Facilities (SMHRF) Section 380.530 Rule Change Proposal

1. Terrence Sullivan reviewed the history of the SMHRF rules along with the DHS Division of Mental Health (DMH) critical incidents; rule change proposal to ensure that the same critical incidents are reported by the community agencies and SMHRFs, so accurate comparative data can be collected and analyzed.

A. Paragraph a) change requests -

(4th sentence) For purposes of this Section, "~~serious~~" "critical" means any incident or accident that causes physical harm or injury to a consumer and requires medical treatment or involves criminal conduct; the purpose of the change in the (4th sentence) is to use the same terminology to match what DMH uses and the end of the sentence is for clarification of what is required;

(5th sentence) ~~Serious~~ Critical incidents, accidents and emergency care situations shall include, but are not limited to, the following; the wording change in the (5th sentence) change is to match terminology with DMH.

The list change requests –

1) - 3) are the same with DMH and current rules; no change

~~Remove - 4) Medication errors that result in a consumer's unstable vital signs or referral to an emergency room~~; it is not something that Nursing Homes report and if it does result in emergency room visit then it is reported in a monthly basis.

Replace - 4) Suicide Attempts; in DMH rule and not in this rule and thinks it should be reported in 24 hours.

~~Remove - 5) Physical injury~~; instead combine it with other categories 5, 6

Replace - 5) Physical Assault and Battery; it is in the DMH rules as one category; remove the categories that are broken up into currently.

~~Remove – 6) Assault~~; combined with rule change request 5)

Replace – 6) Missing persons after 24 hours; for an extended period of time where there are concerns about the individual's life; removed report every missing person from 24

hours; nursing homes do not do this; report from DMH rule definition for when they report a missing person. (This is number (7) on the current list)

Remove – 7) ~~Missing persons after 24 hours~~; moved and reworded to 6)
Replace – 7) Criminal conduct, including arrests for alleged felonies and other interaction with police; this includes theft which is currently 8); added including arrests for alleged felonies to match DMH definition,

Remove – 8) ~~Theft~~; addressed on 7) on the list; not on DMH list of critical incidents
Replace – 8) Fires intentionally started by the consumer; if it is an accidental fire is a Level 2 for DMH which can be included on a monthly report

Remove 9) ~~Criminal conduct, including arrests and other interaction with police~~; move to 7) on the list

Remove 10) ~~All hospitalizations, both medical and psychiatric~~; removed because not on DMH list of critical incidents and already reported on a monthly basis

Remove 11) ~~All emergency department admissions, both medical and psychiatric; and~~; removed because not on DMH list of critical incidents and already reported on a monthly basis

Remove 12) ~~Fires~~; was moved to 8) on the list

B. Sentence b) change request

The facility shall notify the Department of any ~~serious~~ critical incident or accident requiring emergency care ~~situations~~ and every consumer death. – match DMH uses

C. Paragraph c) change request

(1st sentence) Any facility employee or agent who becomes aware of a ~~serious~~ critical incident or accident, emergency care situation involving a consumer, or becomes aware of a consumer death, shall report it immediately to the executive director; (2nd sentence) An executive director who becomes aware of the critical incident accident or emergency care situation involving a consumer, or becomes aware of a consumer death, shall immediately report the matter by telephone and in writing to the consumer's guardian, the consumer's substitute decision maker, if any, any other individual designated in writing by the consumer, and the Department.; this matches what DMH uses

D. Paragraph d) change request

(1st sentence) The facility shall, by fax or phone, notify the Department central office within 24 hours after each ~~serious~~ critical incident, accident or emergency care situation; match what DMH uses

E. Paragraph e) no change

F. Sentence f) change request

The facility shall send a written narrative summary of each ~~serious~~ critical incident, accident or emergency care situation to the Department within seven days after the occurrence; match what DMH uses

G. Paragraph g) change request

(1st sentence) The facility shall maintain a log of incidents, accidents, or emergency care situations that are not considered to be ~~serious~~ critical because the consumer has not incurred physical or mental harm or injury requiring medical treatment, including all physical altercations involving a consumer and all threats of physical violence directed at a consumer or made by a consumer.; match what DMH uses

- H. Sentence h) no change
 - I. Terrence stated the rule change would match DMH which was the intent all along
2. Board Members, Guests, and IDPH shared their questions and concerns.
- A. Mike Bibo questioned why the DMH program is applicable to the SMHRFs.
 - i. Terrence Sullivan responded when the rules were done four years ago the desire of comparing of community agency and the SMHRFs and how the same consumers are doing with critical incidents. Currently there are two different reporting systems and cannot do any comparison.
 - B. Mike Bibo stated deals with both DMH and Public Health; need better consistency; reviewed DHS website to look at program and do not see applicable to the mental health programs; need to see if it will be required by DHS so it is used; it is applicable to DD facility but do not see for mental health facilities.
 - C. Darlene Harney questioned list 5) Physical, Assault, and Battery – normally that is assault. Has it changed to just physical assault and battery? There are more than just physical assault such as harassment, bullying, etc. Some of the individuals in the facilities do not have the coping capabilities.
 - i. Physical, Assault, and Battery is what is listed in the DMH critical incident reports. The area of abuse on the list should take care of the harassment and bullying cases.
 - D. Wendy Meltzer stated the list should have self-harm and accidents which the new rules do not have them. There is no criminal activity to them but they are being eliminated. We would want a regulator to know about them.
 - i. Terrence Sullivan stated that was not the intent.
 - E. Wendy Meltzer stated did not see a problem on making the language consistent with DMH to the extent of creating categories the same but there is a problem of eliminating reporting altogether that a regulatory agency of a residential facility should know about. This was not done to parallel DMH but was done with the idea of making the department know about things that had the potential of harming people. It should not matter if it was intentionally set fire, electrical, or accidental the department should know about it. If the categories could be done differently to parallel each other then there would not be a problem but eliminating is dangerous.
 - i. Terrence Sullivan responded taking out 24 hour reporting of hospitalizations such as an x-ray or ekg is unnecessary due to not being critical; nursing homes do not report this within the 24 hours; this is on a monthly report.
 - F. Henry Kowalenko stated has issues with number 8) Fires intentionally started by the consumer; fires that start due to lack of maintenance in facility will be critical; need to know as soon as possible to prevent future occurrences.
 - i. Terrence Sullivan stated has no problem adding this information.
3. Terrence Sullivan wanted to know if board would entertain motion for rulemaking with addition of a number 9) Fires not intentionally started by consumer.
- A. Darlene Harney stated there has been quite a few concerns voiced regarding the reporting change that needs to be worked out prior to this.
 - B. Bill Bell asked if Terrence Sullivan could work up things that need to be there for DMH; might be a few extra that will need to be added for Public Health specific not necessarily on DMH side so can match up list better.
 - i. Terrence Sullivan that he can do this.
 - C. Darlene Harney stated there is reporting that is happening with the court monitors.
 - i. Michelle Millard stated sexual assault, abuse that led to maltreatment, all deaths, assault or threat of harm, missing persons over 24 hours, criminal conduct, and fires.
 - ii. Terrence Sullivan stated he has problem with report because the amount of lumping in maltreatment; if an individual tripped and fell it goes to maltreatment; individual that is called a bad name is lumped in maltreatment; allegation/verified
 - a. Michelle Millard stated trips and falls do not go under abuse/maltreatment; if physical injury with trip/fall would go under “physical injury”; non-injury with a trip/fall would go under “other”; if they have to go to the ER then it would be under “ER”

- b. Terrence Sullivan stated the report in July showed a high number for maltreatment;
- c. Michelle Millard responded stated resident to resident altercations/issues would fall in the maltreatment area
- d. Terrence Sullivan stated not sure that would be maltreatment; resolved by counseling; it is a social issue; learning opportunity;
- e. Wendy Meltzer stated it would be considered maltreatment for the resident's perspective; being called different names; propositioned sexually, etc.; med errors should be reported fast and not wait for 30 days
- f. Terrence Sullivan stated those situations should be reported; injuries that need an ER is reported within 24 hours; do not see a need to report going to hospital for lab or x-ray; reporting all hospital visits on a monthly basis
- g. Wendy Meltzer asked if IDPH has a position on the subject as to the information being received along with timeframes.
 - I. Darlene Harney responded receiving the information already and this proposal is still at the board; board recommends to the department; department does not have to take their recommendation

Mike Bibo proposed to table this so Terrence Sullivan can review as Bill Bell recommended and any additional comments sent to Jason Grigsby by 12/29/17 on this issue so department can review and address again in the February 2018 board meeting; no objections from the rest of the board.

Meeting:

Next Board Meeting is February 15th, 2018 at 10:00am

- 1. Agenda items to Darlene Harney at by January 29th, 2018
- 2. Confirm attendance (or designated proxy) via email to Jason Grigsby, Jason.Grigsby@illinois.gov by February 8th, 2018.
- 3. Agenda will be sent to the committee 2 weeks prior to the next meeting date.

Meeting adjourned