
DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION
Virtual Meeting
Cisco Webex
FINAL
Meeting of July 21, 2020
Minutes

Commission member(s) present: Lisa Furber, DNHRQAC Chair; Hooshang Shanehsaz; Cheryl Heiks; Kyle Hodges; Lorraine Phillips, Ph.D., Representative Kim Williams; Christina Kontis, Esquire; Lt Governor Bethany Hall-Long; Dr. Michela Coffaro, Psy.D; Norma Jones and Amy Milligan. Karin Volker, Esquire, DOJ was also in attendance.

Commission members not in attendance: Karen Gallagher and Catherine Hightower.

Others Present: Margaret Bailey, DNHRQAC Executive Director; Mark Brainard, Jr, JLOSC; Alexandra McFassel, Esquire, OPG; Zita Dresner, Esquire, CLASI; Sheila Grant, AARP; Kathleen Dougherty, DMMA; Staci Marvell, DMMA; Kim Reed, RN, DHCQ; Jill McCoy, LTCOP; Maria Miller, St Francis Life Center; Rob Smith, DHCQ; Sheila Grant, RN, AARP of DE; Katie Macklin, DE Valley Chapter Alzheimer Association; Yrene Waldron, DHCQ; Natalie McKenney, Advocate; and Pam Niboh, Advocate.

The meeting was called to order at 9:43 AM by Lisa Furber.

1. Approval of the Minutes for the meeting of:

The meeting minutes' draft of May 19, 2020 were approved as written.

3. Discussion of:

DNHRQAC Executive Director & Commission Members shared brief updates during COVID-19. Ms. Bailey shared that as of July 20, 2020, more than 60% of Delaware deaths related to COVID-19 have been residents of long-term care facilities.

On-going activities include:

- Participating in calls with State Health Operation Center (SHOC) for LTC providers
- Participating in calls with Delaware Health Care Facilities Association for Delaware Medical Professionals
- Participating in calls with all Delaware hospitals (PAC/SNF)
- Receiving multiple phone calls, emails, etc. from families & facilities
- Reaching out to multiple State agencies and service providers to continue on-going dialog
- Participating in multiple webinars, advocacy efforts, etc
- Attending multiple virtual meetings
- Providing feedback regarding LTC Reopening Plan in Delaware

- Connecting with Consumer Voice and Delaware's SHOC to develop support person protocol's in Delaware LTC facilities
- Participating in Pandemic Resurgence Advisory Committee, Health sub-committee
- Providing educational opportunities and Federal/State regulatory updates to commission members during COVID-19.

Division of Health Care Quality (DHCQ)

Yrene Waldron, Director of DHCQ since Summer 2019, joined in today's discussion about COVID-19. Kim Reed, RN, also attended the meeting as DHCQ's new Nursing Administrator. Ms. Reed has been a liaison for SHOC during COVID-19 pandemic.

The Division reported:

- 100 infection surveys took place during COVID-19; a quarter of such visits yielded a deficiency.
- The Division also performed 2-day immediate jeopardy investigations.
- The LTC Reopening Plan is still under review with SHOC leadership. This includes outdoor visitations. DHCQ is reviewing outdoor plans for compliance with Centers for Disease Control (CDC) & Centers for Medicare and Medicaid Services (CMS) guidelines. To date, the Division has reviewed 20 plans.
- Facility staff is being tested weekly on a mandatory basis (began July 1, 2020). Division of Public Health (DPH) has permitted a few facilities to test staff bi-monthly (4) after reviewing their COVID status and testing results.
- Residents are tested monthly on a voluntary basis.
- The Division has not monitored facility staffing since pre-COVID - March 10, 2020.

Staffing Report

Rob Smith, DHCQ Licensing Administrator, presented the 1st Qtr 2020 Staffing Report. The cumulative hours per resident totaled 3.62 hours during this snapshot in time. Per Eagles Law, 3.28 are the minimum number of hours required, however facilities must also staff to meet the needs of the residents, too.

The Staffing Report includes information gathered through Tuesday March 10, 2020.

4th Qtr 2019 QART Report

Rob Smith, presented the 4th Qtr 2019 QART Report. The survey team recommended one "G" level deficiency during 4th quarter 2019. The citation (F684) Quality of Care, failure to ensure that one resident was served a prescribed mechanically altered diet. The resident was served a regular diet causing choking which required the performance of Heimlich Maneuver.

The QART Team reviewed the “G” level deficiency and upheld the citation.

1st Qtr 2020 QART Report

Rob Smith, presented the 1st Qtr 2020 QART Report. The survey team recommended two “G” level deficiency during 1st quarter 2020. The citations, F689 & F686 respectively:

F689 - Free from accident hazards/supervision/devices – Facility failed to ensure that a resident received adequate supervision to prevent accidents. The facility failed to ensure close monitoring/supervision of a resident with dementia, poor safety awareness and a history of multiple falls, attempting to stand up without assistance resulting in hospital transfer and confirmed compression fracture.

F689 - Treatment/services to prevent/heel pressure ulcer - The facility failed to ensure that each Resident with pressure ulcers received treatment and services consistent with professional standards of practice to promote healing and prevent infection. The facility failed to stage a Residents sacral pressure ulcer upon admission and failed to obtain wound care order timely. The ulcer declined from stage III to unstageable, became infected and subsequently required antibiotic treatment. In addition, the facility failed to follow care plan by not repositioning Resident every two hours to promote healing of the wound.

After QART Team review, the citations remained as “G” level deficiencies.

During a previous commission meeting, members asked if the Division could provide a list of the “G” level deficiencies cited. As a result, Mr. Smith reintroduced the 3rd & 4th Qtr 2019 QART Reports.

Mr. Smith added that during 3rd Qtr 2019, there were 6 surveys involving a “G” level or higher deficiency cited regarding: CPR (code status - 2 noted); blood loss from wound and failure to assess residents medication needs prior to admission; respiratory/tracheostomy care & suctioning (2).

Finally, Mr. Smith shared that during 4th Qtr 2019, QART Team reviewed 1 survey involving a “G” level or higher deficiency. F684 Quality of Care – Failure to ensure that one Resident was served a prescribed mechanically altered diet. The Resident was served a regular diet causing choking which required the performance of the Heimlich Maneuver.

Long Term Care Ombudsman Program (LTCOP)

Jill McCoy, State Ombudsman, provided LTCOP updates since State of Emergency Order of March 12, 2020. During COVID-19, LTCOP has had staffing changes. An updated organizational chart was provided to commission members.

During the pandemic, ombudsman have not been able to go into facilities. The ombudsman have received calls from family members and facility staff regarding resident’s rights. LTCOP staff have been communicating by phone or email.

4. Old/New Business:

FY 22 Budget

Ms. Bailey shared that FY22 budget requests are due to the Administrative Offices of the Courts July 31, 2020.

DNHRQAC's FY21 budget was \$88,900 which includes staff salary, office supplies, travel and other employee costs.

Kyle Hodges expressed concern about the commission's current budget and suggested members revisit it in the near future.

5. Public Comment

World Elder Abuse Awareness Day (WEAAD)

WEAAD was June 15, 2020. The Senior Protection Initiative (AG's Office) distributed flyers throughout the state to promote awareness.

6. Next meeting commission meeting will be on Tuesday September 15, 2020 @ **location to be determined**.

7. Adjournment

The meeting was adjourned at 11:05 AM by Lisa Furber.

Attachments: July 21, 2020 Agenda
May 19, 2020 Meeting Minutes draft
2nd Qtr 2020 Staffing Report
3rd Qtr 2019 QART Report
4th Qtr 2019 QART Report
1st Qtr 2020 QART Report