Commission Member (s) Present: Lisa Furber, DNHRQAC Chair; Yrene Waldron, Amy Milligan, Karen Gallagher, and Dr. Michela Coffaro, Psy D, Paige Schmittinger, Esquire (DOJ) also in attendance.

Commission Member (s) Absent: Lt Governor Bethany Hall-Long and Representative Kim Williams.

Others Present: Margaret Bailey, Mary Peterson, Health Care Quality Director; Rob Smith, Health Care Quality Licensing Director; Melissa Smith, DSAAPD, Carrie Magathan, APS; Michael Serfass, APS; Linda Lawrence, APS; Dawn Moore, RN, Governor Bacon Health Care; Susie Tadlock, RN, Governor Bacon Health Center; Raetta McCall, Consumer; Jennifer Raulston, Brandywine Nursing & Rehabilitation Center; and Meda Hackett, Long Term Care Ombudsman’s Office.

1. Call to order

   The meeting was called to order at 9:42 AM by Margaret Bailey.

2. Approval of the Minutes for the meeting of:

   The meeting minutes draft of July 11, 2017, September 12, 2017, November 14, 2017 and January 9, 2018 were not voted upon due to lack of quorum.

3. Discussion of:

   Adult Protective Services (APS)

Linda Lawrence and Carrie Magathan, APS Supervisors, provided an overview regarding APS in Delaware.

Adult Protective Service Program responds to cases of suspected abuse, neglect, or exploitation of impaired adults. Specifically, the program serves persons who are aged 18 or over, who have a physical or mental impairment, and who are not living in a long term care facility (for example, a nursing home). The APS program is staffed by trained social workers who provide assistance to protect health, safety and welfare of the elderly (62+) or 18 years of age and have a physical or mental disability. APS’s intent is to authorize the least possible restrictions of personal and civil rights. Every action taken by APS must balance the duty to protect the safety of the vulnerable adult with the adult’s right to self-determination.

APS legislation was created in 1962 – Delaware Code Title 31, Chpt 39. DHSS recently moved APS to the Division of Services for Aging Adults with Physical Disabilities (DSAAPD). Prior seven years, APS was located within DHSS Secretary’s Office.
Investigations mandated by law:
- Physical and Sexual Abuse - inflict pain or injury
- Neglect by Caregiver - physical or medical needs not met
- Psychological Abuse - ridicule or demean
- Financial or Sexual Exploitation – illegal/improper use or abuse of resources or rights of infirmed adult

Referral Process:
- Referrals are confidential. Duty to report: Del Code Title 39 Chpt 3910
- Delaware Aging and Disability Resource Center (ADRC): 800.223.9074
- Calls are fielded after hours, weekends and holidays by Calls Plus
- Family, friends or professionals identified in referral may be contacted
- APS cannot force services upon competent adult who refuses services
- Special circumstances permit involuntary services - court order is required

Timelines:
- Home visits are unannounced
- Emergency reports – same day (physical & sexual abuse, severe neglect)
- Other referrals – five working days
- APS utilizes Harmony System (data in real time)

Principals:
- Client participation
- Remain at home or in community with family and caregiver support
- Least restrictive or intrusive action
- Legal action as last resort

APS has seen a rise in mental health referrals. APS hired a victim service advocate who has also seen an influx of financial exploitation cases.

Currently there is one independent provider in Delaware that helps with emergency shelter arrangements.

Long Term Care Ombudsman Program (LTCOP)

Meda Hackett, LTC Ombudsman, provided program overview to commission members.

LTCOP has four LTC Ombudsman, two Community Ombudsman and a Volunteer Coordinator. There are 24 active Volunteer Ombudsman.

Funding: Title VII (Older Americans Act), Title III and State dollars.

LTCO are advocates for residents of nursing homes, assisted living facilities and board & care homes. Currently, there are 50 state licensed nursing homes and 32 state licensed assisted living facilities in Delaware.

In addition, Home & Community-Based Services Ombudsmen (HCBSO) advocate for consumers receiving or in need of home and community based care and want to remain living at home. HCBSO have the authority to investigate and resolve complaints made by or on behalf of LTC consumers.

Ombudsman works to resolve problems of individual residents and bring about changes at the state, local and national levels that will improve residents’ care and quality of life. The average turn-around time for resolving a complaint = two weeks.
LTCOP Goals:

Advocate, promote and monitor adequacy of care and quality of life.

Advocate, promote and monitor residents’ rights.

Promote continual improvement of resident’s quality of life.

Educate community members, residents, family members and facility staff on subjects pertaining to the LTC system.

LTCOP responsibilities: advocacy; investigation; mediation; outreach & education; witness Advance Healthcare Directives (AHCD) for residents in LTC facility settings; provide information & answers regarding residents rights & LTC system and advocate legislative changes.

2016 Stats

1. Type of complaints: 23.3% admission, discharge, transfer or eviction; 22.3% care; 17.3% system; 13.9% choice, rights and privacy; 7.4% financial/property and 15.8% other.

2. Complaint sources - 28.8% facility, 25.7% resident, 19.3% representative/social service agency, 15.9% relative/friend and 10.3% other.

LTCOP policies and procedures have not been updated since 2003. LTCOP has contracted with Consumer Voice to revise the policies and procedure manual and create a formal training for new ombudsman.

LTCOP began using Harmony OmbudsManager (April 2017), a web-based software that tracks complaint investigations from intake through closure.

Ms. Furber asked why the annual Residents Rights Rally was cancelled - October 2017. Ms. Hackett said she will check with Teresa Ritter, State Ombudsman, as to the reason and have her follow-up with the commission.

4th Qtr 2017 QART Report

Rob Smith, presented the 4th Qtr 2017 QART Report. The survey team recommended one “G” level deficiency during 4th quarter 2017. The QART Team reviewed the “G” level deficiency and downgraded the citation because the team decided there was insufficient evidence to support a “G” level citation.

4th Qtr 2017 Staffing Report

Rob Smith presented the 4th Qtr 2017 Staffing Report. The cumulative hours per resident totaled 3.69 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.

CY 17 Civil Monetary Penalty (CMP) Report

Rob Smith presented the CY 17 CMP Report. Federal penalties were imposed to nine facilities and totaled $395, 191. Penalty reason’s included: injuries during a fall without adequate supervision (x3),
failure to provide appropriate care and treatment (x2), avoidable pressure ulcers (x2), and significant medication error (x2).

4. Old/New Business:

   Legislation

The proposed DNHRQAC legislative changes were forwarded to Legislative House attorney for review. Legislation will hopefully be introduced soon in the House & Senate.

   DNHRQAC Memberships

Lisa Furber mentioned that she continues to communicate with Lydia Massey, Governor’s Boards & Commissions, regarding DNHRQAC membership vacancies. Last month, Sue Shevlin resigned her membership position which now brings the number of commission members to seven (7/12).

5. Public Comment:

   Delaware Health Care Facilities Association (DHCFA): All-Stars Awards

DHCFA will host their annual All - Stars Award Ceremony on May 2, 2018 at Dover Downs. There were 108 nominations this year in categories such as: CNA, NHA, food service, DON, activities, environmental, Medical Director, admin support, etc.

   Division of Health Care Quality

Mary Peterson, Director of formerly named Division of Long Term Care Residents Protection, mentioned that the Division’s name has recently been changed (2/14/18) to Division of Health Care Quality. The Division’s name change was a result of HB 208 of the 149th General Assembly.

Ms. Peterson also shared that the Division has had a few recent changes within their Investigative Unit (a few staff members retired and new survey process – November 2017). As a result, annual surveys are behind and they expect to be caught up in the near future. This unit also staffs Special Investigators which now have the power to make arrests and serve writs anywhere in the state (HB 225); powers are limited to abuse, neglect or financial exploitation involving a resident of a long term care facility and impaired adults throughout the state.

In addition to the Music and Memory Program, the Division has begun introducing “It’s Never Too Late”, a software program for residents of nursing facilities, assisted living, hospice programs and adult day care.

   Health Observances

March:
National Social Workers month
March 11 – 17 Patient Safety Awareness Week
March 30th National Doctor’s Day

April:
April 7 – World Health Day
April 15 – 21 National Volunteer Week
April 16 National Health Care Decisions Day
May:
Older American’s Month
May 6 – 12 National Nurses Week
May 13 – 19 National Nursing Home Week

6. Next meeting will be **Tuesday May 8, 2017 @ 9:30 AM**. The meeting location: DDDS Fox Run:
2540 Wrangle Hill Rd 2nd Floor Training Room “A” Bear, DE 19701.

7. Adjournment

The meeting was adjourned at 11:53 AM by Lisa Furber.

Attachments:  
LTCOP Presentation
LTCOP Organizational Chart
APS Presentation
2018 DNHRQAC meeting calendar
4th Qtr 2017 Staffing Report
4th Qtr 2017 QART Report
CY 17 Civil Monetary Penalty Report
FY 19 Div of Health Care Quality JFC Hearing Overview
FY 19 DSAAPD JFC Hearing Overview
CMS 5 Star Rating Methodology Change