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DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE  
COMMISSION

Herman Holloway Senior Campus  
Main Bldg, Room 198  
1901 N. DuPont Highway  
New Castle, Delaware 19720

**FINAL**

Meeting of July 8, 2008  
Minutes

Commission Members Present: Brian L. Posey; Yrene E. Waldron; Wayne A Smith; Vicki L. Givens; Karen E. Gallagher; and M/Sgt Walter Ferris and Joe DiPinto.

Commission Member Absent: Representative Pamela S. Maier; Senator Robert I. Marshall; Thomas McGonigle, Chairman; and Patricia C. Engelhardt.

Others present: Margaret Bailey; Amanda Lewis, Quality Insights of Delaware; Margaretta Dorey, Quality Insights of Delaware; Tom Murray, Deputy Director DLTCRP; Rob Smith, Licensing DLTCRP; Candace Brothers, Aid to Ms. Gallagher; Lisa Zimmerman, Chief of Operations DMMA; Rosanne Mahaney, Deputy Director of DMMA; Carol Lovett, Consumer; Sean Finnegan, Legislative Hall; and Geraldine Neil-Stewart, Governor Bacon R.N. of Quality Assurance.

1. Call to order

The meeting was called to order at 9:01 AM by Vicki Givens.

2. Approval of the Minutes of the meeting of:

March 11, 2008 and May 13, 2008 meeting minutes were approved without changes.

3. Discussion of:

2007 Resident/Family Satisfaction Survey Results

Ms. Waldron provided information to the Commission regarding resident, family and employee satisfaction results obtained from a 2007 report. She mentioned three years ago, that the Board of Delaware Health Care Facilities voted unanimously to pay for resident and family surveys across all long term care providers in Delaware with My Innerview. The Board felt it was important to begin resident and family surveys to gauge their overall satisfaction.

Ms. Waldron stated that national survey results can be viewed at: [www.myinnerview.com](http://www.myinnerview.com).

SNF results: 80% of residents that responded rated their facility as excellent/good. 78% of residents that responded were willing to recommend their facility to others.

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85% of families that responded stated an overall satisfaction of excellent/good and 86% indicated a strong willingness to recommend the facility to others.

Ms. Waldron offered that the Delaware Health Care Facilities Association did not pay for the employee satisfaction surveys, however many of the providers paid for it. 57% of the responded employees rated their overall satisfaction as excellent/good. 60% that responded were willing to recommend to others as for employment. 68% would offer to others a recommendation that their facility is a good place for a resident to receive care.

Assisted Living results: 91% of residents that responded to the survey rated their community as excellent/good and 90% stated they would be willing to recommend the community to others. 96% of families that responded rated the community as excellent/good and 95% indicated a strong willingness to recommend the community to others.

Ms. Waldron indicated that DHCFA is pleased with the number of residents and families that participated in the survey and their level of satisfaction. DHCFA would like to see an increase and improvement with the staff results. DHCFA is working with the facilities to incorporate culture change.

Mr. DiPinto mentioned that he thought the results were good and encouraging. He claimed that much can be learned from survey results. Ms. Waldron stated that the 2008 survey will be completed by September. Currently, response rate is tracked per facility; however Ms. Waldron receives information at a global level. Ms. Waldron offered that 18 skilled nursing facilities participated in the resident survey and 20 skilled nursing facilities participated in the family survey.

8 out of 23 assisted living facilities participated in the 2007 survey. Ms. Waldron shared that the Delaware State facilities (Bissell, Governor Bacon, etc.) are not members of DHCFA and do not participate in the surveys.

Ms. Givens shared that many facilities work with My Innerview monthly and submit data to them. In return, the facilities receive data comparison with other facilities in the State and Nation.

Mr. Posey stated that surveys pick an area in time to be targeted and therefore improved upon. He was curious as to if any areas in the survey that received excellent/good could be improved upon in a facility. Ms. Waldron shared that the report was broken down into strengths and areas of improvements. She would like to see an increase in the response rate and that there is always room from improvement.

Ms. Givens mentioned that facilities are provided a ranking in comparison to other facilities in the State. In addition, the facility receives a listing of resident's, families and employees priorities.

Ms. Givens mentioned that Life Care at Loftland Park reviews their data with family and residential council.

Ms. Waldron stated that data collected during surveys is important. In addition, individuals must also visit facilities to determine which is best suited for their loved one. She cautions that because the occupancy rate in Delaware has been 98% for years that an individual might not be able to enter a facility of their choice because there might not be a bed available. Mr. Wayne Smith concurred that placement preference is not always possible due to capacity levels. Mr. Rob Smith offered that if a facility was to close in Delaware, there would not be a place for those residents to go because all of the facilities are operating at a high census. He shared that residents would need out of state placement. Ms. Waldron stated that that is the case for all placements other than short term rehab needs.

Ms. Waldron cautioned that facility capacity levels should be reviewed in anticipation of the future growth of the elderly in Delaware. She stated that care should be provided in the best and most suitable environment for an individual whether it is at home, assisted living or skilled care. Ms. Waldron mentioned that the choices will become more limited and that home may not always be the best choice because there is very little supervision, rules or safeguards in place to assure that they are free from abuse, neglect and exploitation.

Mr. Posey mentioned that the State is working toward safeguards. A Community Ombudsman position was approved on FY 09 budget.

#### Staffing Report

Rob Smith, Licensing Division DLTCRP, presented Staffing Report to the Commission. It was updated as of July 7, 2008. All facilities since last review have been in compliance with the staffing levels outlined in Eagles Law. The private facilities are ppd staffing levels are 4.02 % while the State facilities are staffing cumulatively at 5.33%.

Ms. Bailey asked that since agency use appears at some facilities, is there a way to tell what percentage of staff in the report reflects permanent versus agency employment. Mr. Rob Smith mentioned that the staffing data collected by the Division does break out agency versus dedicate staff; however it is not broken down in the Staffing Report the Commission receives.

Mr. Rob Smith mentioned that some facilities are agency free while others do use agency assistance. Ms. Givens mentioned that Life Care at Loftland Park is agency free. The number of admissions might be curtailed to offset a staffing decrease. She further offered that two years ago Life Care at Loftland Park closed two of four rehab beds for two months due to a lack of staffing. It was the facilities choice as opposed to bringing in agency help.

Ms. Waldron pointed out that the staff to patient ratios and acuity levels of the residents are used to determine ppd.

#### Culture Change

Ms. Bailey presented information to the Commission on behalf of Ms. Engelhardt. Ms. Engelhardt attended a convention on April 3, 2008 in Washington, DC regarding Culture Change co-sponsored by Pioneer Network and CMS.

Authorities spoke regarding household models, Life Safety Code, privacy, lighting and glare and more. The convention was open a discussion and participants were able to ask questions and provide input and share success stories.

Mr. DiPinto commented that it's interesting and wondered if an Architect for any facility looks at the layout any differently than providing x or y lumens per square foot. Mr. Rob Smith shared that State regulations requires that any new construction or major renovation at a facility, they must comply with the American Institute of Architects specifically as it relates to long term care lightening.

Ms. Waldron shared that other groups also work with new construction or major renovations at facilities to address issues such as what is the best environment to deal with dementia care.

DHCFA will be hosting, in partnership with the Division and CMS, a Culture Change seminar on July 16, 2008 for providers. Several facilities as well as the Division will hold panel discussions on Culture Change. Ms. Waldron and Ms. Givens will report back to the Commission regarding the joint conference.

#### 2007 DLTCRP Investigative Report

Tom Murray, Deputy Director of DLTCRP, presented to the Commission, the 2007 DLTCRP Investigative Report. He noted that the numbers do not match up. The reason for this is because of the 2,990 2007 cases being investigated, a percentage of the cases were completed in the next calendar year. There are also cases assigned in 2006 that flowed into the 2007 calendar year.

Referrals can also be assigned to more than one agency. For example in a case where a CNA neglected or abused a resident, the case might be referred to CNA Registry, Adult Abuse Registry and the Attorney General's Office. The number of referrals will never match the number of unsubstantiated or closed cases.

Mr. Murray mentioned there are currently eight investigators. The investigators complete criminal background checks as well as incident reports. The incidents are reported and filtered through a triage process. Depending on the nature of the incident, the investigation is conducted separately or during an annual survey by the Division of Long Term Care Residents Protection.

Walter Ferris asked how many criminal background checks occur yearly. Mr. Murray mentioned that the number totals 9,000. Mr. Ferris asked if casual/seasonal employment options have been explored to allow the investigators to concentrate strictly on the number of incidents at the facilities. Mr. Murray mentioned that the criminal background check work isn't very intensive- viewing Federal versus State record or track down dispositions not entered in the system yet. Mr. Murray furthered

that the investigators spend one day a week doing criminal background checks. The other four days, the investigators spend working on the incident reports.

Ms. Waldron asked if the Investigative Report reflects all that are licensed- to include group homes, nursing homes, rest homes, etc. Mr. Murray mentioned that the report reflects data for all licensed establishments. Mr. Murray will check to see how the information can be extracted from the database and will report back to the Commission.

#### QART Report

Mr. Murray presented to the Commission the QART Report which included data March 15-June 15, 2008. A copy of the report was provided to Commission members.

There were 24 surveys conducted during the second quarter 2008. There were 12 "G" level deficiencies reviewed by the Quality Review Team. As a result, one deficiency citation was downgraded.

Chairman McGonigle asked at the May 13, 2008 DNHRQAC meeting for cumulative QART results per facility. Since then, Mr. Murray and Ms. Bailey discussed how to address the request. As a result, the information will be available per facility in the future.

#### SB 227 (Gold/Silver Alert)

Brian Posey presented an update to the Commission regarding SB 227. The bill creates a program for local, regional and statewide notification of a missing senior citizen, missing suicidal person or a missing person with a disability. He mentioned that the bill should be signed into Legislation next week.

#### DNHRQAC Member vacancy

Discussion was brief regarding the DNHRQAC membership vacancy. Ms. Bailey will contact both governing bodies (Governor and Speaker of the House) for an update.

#### 4. Old Business/New Business:

##### State Website Recommendations

Ms. Waldron shared that CMS is in the process of creating a 5 star rating system for nursing homes that will be available the end of 2008. She suggested that the DNHRQAC website sub-committee be placed on hold pending CMS's initiatives.

Ms. Waldron informed the Commission that suggestions were forwarded to Jay Lynch, DHSS Director of Communications, to improve access to all LTC related websites. The suggestions made include adding links to other State agencies and partnering organizations.

Ms. Bailey presented the 2007-08 DNHRQAC Annual Report draft to Commission members. Agencies referenced in the draft have been contacted and provided feedback. DNHRQAC members were asked to provide their comments regarding the drafted version by August 8, 2008.

5. Public Comment

There was not public comment made during the meeting.

6. Executive Session

DNHRQAC members briefly examined the proposed Executive Session agenda and it was unclear whether the agenda met the scope and intent of the Open Meeting's Law. As a result, none of the items were discussed and it was subsequently referred to the Deputy Attorney General for review.

7. Next meeting will be **Tuesday, September 9, 2008** at 9:00 AM. The location:  
Herman Holloway Main Campus Room 198  
1901 N. Dupont Highway New Castle, DE 19720

8. Adjournment

**The Agenda items as listed may not be considered in sequence. This Agenda is subject to change and may include additional items, such as Executive Sessions, or deletion of items.**