

VOP Statewide Conference Call Minutes
Weds, September 21, 2016; 2:00-3:04 PM

Hosts: Julie Pollock, Local Long-Term Care Ombudsman; Shannon Snyder, AmeriCorps VISTA VOP Coordinator

Topic: *Statewide Trends in DIA deficiencies and citations. DIA= Department of Inspections and Appeals*

Attendance:

Jill Leimkeuhler, Northbrook Manor-Cedar Rapids

Christine Powers, Ridgecrest Village-Davenport

Kay Cota, Embassy Healthcare Manor-Cedar Rapids

Jim Titus, Casa De Paz Health Care Center-Sioux City

Jack Mauldin, Riverside Manor North-Ames

Shelley Turner, Good Samaritan Society-Forest City

Liz Seiser, Scottish Rite Park Health Care Center

Dianne Kleckner, Exira Care Center-Exira

Judy Staack, All American Care; Lutheran Living-Muscatine

Toby Slagenweit, Willow Gardens- Marion

Nancy Hodson, Donnellson Health Center- Donnellson

Sarah Hinzman, VOP Coordinator

Jennifer Nguyen-Vu, AmeriCorps VISTA VOP Coordinator

Some Federal changes that will strengthen Resident Rights and impose harsher penalties when those rights are violated:

For the first time in 20 years, CMS (Center for Medicaid/Medicare Services) has increased the numbers and types of situation when Civil Money Penalties MUST be imposed against facilities, without first giving the facilities an opportunity to correct their noncompliance. This means that all surveys completed on or after Sept. 1, 2016, must comply with this requirement. Citations given to nursing facilities are given certain letter designations. Any citation leveled at a letter G or above is considered a harm level deficiency. If a G level deficiency is cited in any of these areas of Behavior and Facility practices (restraints), quality of Life, and Quality of Care and a harm level deficiency was cited on a

previous survey, life safety code survey, or complaint survey, the surveyors must impose a civil money penalty and the nursing home staff does not have the opportunity to correct the deficiency and have the CMP and deficiency removed. CMS is also implementing a “catch up adjustment” for the amount of the fines so we can expect to see larger fines levied against nursing homes for harm level deficiencies.

Unauthorized Photos

Secondly, there are much harsher penalties related to nursing home staff taking unauthorized photographs or video recording of nursing homes residents. I find it interesting that nursing home staff includes employees, consultants, contractors, volunteers, and other caregivers who provide care and services to residents on behalf of the facility. The regulations state that the resident has the right to personal privacy of not only his/her own physical body, but also of his/her personal space. This should prevent staff from taking unauthorized pictures of a resident’s room, a resident eating in the dining room, or a resident participating in an activity in the common area. We should all be looking closely at the resident’s right to privacy and confidentiality. If a photograph or recording of a resident demeans or humiliates a resident, this may be looked at as abuse, regardless of whether or not the resident consented. Some examples to be aware of would be photos of residents that contain nudity, agitating a resident to elicit a response, derogatory statements made toward the resident, or photographing a resident in a compromised position. When a resident cannot express outward signs of physical harm, pain, or mental anguish, the surveyors will evaluate how a reasonable person would react under such circumstances.

Each facility will be required to have policies on preventing abuse and it might be helpful to ask your point of contact how the nursing facilities ensures that Resident Rights are not being violated by the use of staff’s cameras, cell phones or any other type of recording device.

The nursing facilities are required to report the abuse within a 24 hour time period and take appropriate correction action. Those are two changes that I thought were worth mentioning that you may hear conversation about from the nursing home staff when you are in the buildings. Nursing Facility staff includes employees and consultants.

Call Lights

Call lights are being cited much more often and are resulting in civil money penalties or fines to the nursing facilities. If this is a concern of the residents you are assisting, please ask them to use a watch or clock to time the length of time it takes the staff to answer their call lights. Remind them that the staff should not turn the call light off before taking care of their need. Turning the light off and saying that they will be right back is not answering a call light.

Dignity and Respect

The right to be treated with dignity and respect: I have seen nursing facilities recently cited for staff using their cell phones when they should be interacting with the residents or taking care of them. One resident was quoted as saying that it makes him/her feel badly that the staff would rather play on their cell phones than converse with her when they are supposed to be helping her. One resident thought the staff had been given calculators that they were punching all of the time and became quite upset after learning that they were using their cell phones. Several residents stated that the staff uses their cell phones when they are taking whirlpool baths and do not say a word to them during their bath time. When this was discussed at a resident council meeting, the residents were told that the policy was for the staff to keep their cell phones in their cars. Many facilities are not enforcing the policies they have put into place.

Also related to dignity and respect, I have seen instances recently when staff has pulled privacy curtains shut in the rooms when providing personal care to a resident but have not pulled the curtain shut to the outside window. The Bathrooms in some residents' rooms do afford much privacy and residents can be seen sitting on the toilet just by walking by the room. Residents are sometimes assisted to bed and kick the covers off, exposing private body areas. There are all issues that I try to be aware of so that each resident's dignity is respected.

Individual Choice

The Right to make choices: I am seeing more citations and hearing more concerns from residents about being awakened very early in the morning or late at night for medication, blood draws, or range of motion exercises. Because some medications such as Thyroid meds have to be taken on an empty stomach, some residents are being awakened 2-3 hours before breakfast to take these meds, when, the reality is that they can be given up to 30 minutes before the meal. This might be something to keep in mind when you are visiting residents.

Drug Diversion

Residents are not always getting their narcotics or pain medication. There were three recent instances in my area, where nurses were removing narcotics and they were not accounted for.

Mechanical Lifts/Wheelchairs/Falls

Falls from mechanical lifts related to improper use by staff, i.e. not securing straps properly or using two people. Straps being worn and giving out. Staff trying to hurry. Safety issues as they affect quality of life.

When it comes to Hoyer lifts inspections, slings become worn because of laundering. Ask staff how often they replace slings/straps. Look to see if anything is worn; examine the weight limit. If weight

exceeds limit it can result in serious injury. Also see how many residents require a Hoyer lift are in the building.

Discuss falls related to residents being transported in wheelchairs without the foot pedals on. Someone who isn't being transported correctly and does not have the foot pedals down, may fall forward causing an injury

Questions

Toby S: Are nursing facilities cutting back on staff and nurses?

- Julie: I hope they aren't cutting back, they need efficient staff or else they could get a \$1000 citation. Instead of pay a fine, they need to make sure they have the staff to meet the needs of residents. Facilities are struggling to hire and retain staff, CNAs and RNs.

Jill L: Very educational, if you want something done you have to nip them with money. Fine them and they will do something. Regarding call light buttons, if they have a computer, why can't they program it to turn off call lights when they turn on? I never see call lights and I think they have a program to shut it off.

- Julie: Sometimes they have pagers. They do sometimes quit working. Check in with your POC because each facility is different. Encourage resident to turn light back on, and timing them if there is a clock available.

Jack M: I think the best experience is attending a resident council meeting. Staff seem like they answer call lights faster because I am there. Leader has good rapport with residents and her comments get passed to staff.

- Julie: When volunteers and family members are present, you will see call lights answered quicker rather than if no one was present. You can ask a staff member how their call light system works. Some have older systems and others actually utilize timing systems.

General Announcements

October Mini Seminars coming up: Please register via Survey Monkey. Waverly Oct 3, DSM/Johnston Oct 6; Council Bluffs Oct 17; Sioux City Oct 19; Coralville Oct 25.

Redesign of the LLTCO Regions

There has been a change in the regions that the Local Long-Term Ombudsman serve, which will become effective 10/1/2016. We have adjusted the regions to adapt to historic volume of complaints. See an [updated map](#). All facilities covered by a new Ombudsman will be getting new posters soon—so watch for that.

Another change is that we have designated one Local Ombudsman to be of assistance to volunteers moving forward. That Ombudsman is Tonya Amos—those of you who have always served with her will basically notice no change. As has always been the case, go to your Volunteer Coordinator first with any questions or requests for help. If your needs warrant expert advice, we will pass it on to Tonya, who will provide technical assistance (i.e. subject matter expertise).

While this does create somewhat of a middle-woman on occasion, we think this system will suit best to ensure our field staff are not as overwhelmed. As needed, she'll be working with other Ombudsmen staff behind the scenes so that our volunteers can get the information they need to best serve the residents in their charge. We all work great together, so I anticipate few hiccups in the process. While we adapt, the other Local Ombudsmen will politely ask to direct any assistance requests they receive from volunteers back to the VOP Coordinators and Tonya.

Finally, your Volunteer Coordinators have aligned with the new Ombudsman map as well. I will be working directly with volunteers in Jennifer G., Pam, and Kim C.'s new regions. Jennifer Nguyen-Vu will be working directly with volunteers in Vacant region as well as Tonya and Stacia's new regions. Shannon Snyder will be working directly with volunteers in Kim W., Julie, and Mel's new regions. Whenever we cannot answer your question, we will include Tonya Amos in the conversation.

I supervise the work of both Shannon and Jennifer, so rest assured I am still present in the process. As of June 1, 2017 all of Shannon's volunteers will come back to me, and as of August 1, 2017, all Jennifer's volunteers will transition back to me.

- Tonya's contact info: tonya.amos@iowa.gov; 515.250.7596
- Sarah's contact info: sarah.hinzman2@iowa.gov; 515.657.1479
- Shannon's contact info: Shannon.snyder@iowa.gov; 515.725.3328
- Jennifer's contact info: Jennifer.nguyen-vu@iowa.gov; 515.725.3320
- Toll-free number for anyone: 1.866.236.1430

I expect few if any changes to Peer Groups other than the facilitators should send the standing invitation to your VOP Coordinator and Tonya. If you have a need for one of us to be present, we will make every effort to do so.

I'm happy to field any questions you may have.

Thank you for volunteering. We are grateful for everything you do to further our mission.