

**RESIDENTIAL OR ASSISTED LIVING FACILITIES
SURVEY & LICENSURE
RESTRUCTURING PROJECT WORK GROUP**

MEETING NOTES

Meeting Date: July 9, 2004

Meeting Location: Medicaid Offices Conference Room D, 3232 Elder Street, Boise, Idaho

Participants: Jerry Mitchell, Mitzi Gumm, Jerry Shriner, Debby Ransom, Robert Vande Merwe, Linda Simon, Virginia Loper, Debora Corbin, Sharon Ashcraft, Angela Browning, Cathy Hart

Sponsor: Randy May

Facilitator: Susan Hayman

Support Staff: Steve Millward

Observers: Diane Shriner, Jim Shadduck, Bill Southerland, Bev Barr, Randy Goss, Nicole Martin, Kim Heuman, Debbie Sholley, Jimmy Markham, Michelle Glasgow, Rep. Bill Sali, Kathi Brink, Penny Swygart

Meeting Objectives:

1. Provide final review, refinement and conclusion for Program of Care proposal.
2. Provide preliminary information and feedback for Task List assignments.
3. Review draft checklists and feedback.

Handouts:

- Agenda
- Programs of Care
- Definitions of Core Issues
- NSA/UAI Draft Form (on overhead)
- Assisted Living Licensure and Survey Schedule
- The Assisted Living NEW Survey Process!!
- Core Issues Statement of Deficiencies Cover Letter
- Non-Core Issues Letter
- Administrator Checklist
- Medication Checklist
- Nursing Services Checklist
- Resident Rights Checklist
- Training Checklist

Decisions:

1. The workgroup voted to finalize the Programs of Care document with changes as noted in #9. The voting is documented below.

Action Items:

1. Steve to e-mail task list of June 17, 2004, to the workgroup by the end of today.

2. Provide comments to Steve on Core Issue Definitions, UAI/NSA Form, Survey Guide, Core Issue Notification, Best Practices, and Checklists by close of business on Tuesday, July 13, 2004.
3. NSA/UAI brought back to group on July 30, 2004 (postpone final report until then).
4. Steve to prepare a list of decisions and work in progress (outside of task list) from the meeting notes. Link list with documents, if possible.

Agenda Items for July 16, 2004

1. Task List Items
 - Decision
 - Information & Feedback
2. Randy → Expectations for packaging.

Public Comments:

See Attachment A

Flip Chart Notes:

Programs of Care Discussion

1. Document unchanged from 2 weeks ago.
2. Would like to distribute this to others in industry with these populations for review and comment (prior to July 30).
 - Thoughts: this isn't only opportunity to comment.
 - This document has been around since 6/25.
3. Too much detail – increasing requirements unnecessarily. Specifics belong in NSA.
4. Combine TBI & MI → Similarity in care (partly a payment issue).
5. Is this a template? When is the tie with UAI/NSA?
6. Dementia – Need both secure area /plus door “wander” monitor system. Also individual staffing issue, activity plan (UAI).
7. Devil in details – nothing onerous here. Let BOL work out details and deal with that later.
8. Plan of Care provides for additional certification for facility – ensures proper systems in place. Ensures proper systems are in place. Not a basis for survey.
9. **Add** “support these things through NSA/UAI.” Under “G” – Description of [Change for TBI/DD/MI – A description of programs for activities, social services, and supporting rehab/training to go on as indicated through UAI/NSA]
10. Concerned about “requirements”

Program of Care as written with one change as documented (in #9):Vote

Debora Corbin	Yes
Angela Browning	Yes
Virginia Loper	Yes
Linda Simon	Yes
Robert Vande Merwe	Yes
Debby Ransom	Yes
Jerry Shriner	No
Cathy Hart	Yes
Mitzi Gumm	Yes
Jerry Mitchell	Yes (as long as it is shown how it relates to the survey)
Sharon Ashcraft	Yes (as long as it is shown how it relates to the survey)

Core Definitions

1. First aid “supplies” – why not say first aid or supplies.
2. Self-evacuation – “Guidance or advice of staff” – a problem for defining SE (example – someone who is deaf). Rework this to include “assistive device”
 - Consideration of up & awake staff.
3. “Adequate Care” – Subjective term → how would it be applied (e.g., no toothbrushes).
4. Don’t believe potential harm is addressed in adequate care.
5. “No licensed administrator for 30 days...” May be in conflict with certification of administrator? (clarify and make consistent)
6. “Adequate Care” needs to be better defined. Some may not be core issues (toiletries, linens, etc. – just short on supplies not a core issue).
 - “ensuring availability of toiletries” suggested language.
7. Adequate Care...”emotional and social support.” Needs better definition to address behaviors? Clarify.

UAI/NSA

1. User-friendliness needs to be considered. What about facilities without computers? (Response: Will also be provided as paper copy).
2. Small facilities may not have nursing staff to fill in these portions. (Response: may be delegation of authority).
3. Need to tie to UAI for Medicaid funding issues.
4. Tools that make job easier is good. Will be a learning curve.
5. Want to incorporate this into what I am doing now.
6. Don’t want to expand on requirements.
7. Need smaller facilities to test-drive before “saying yes.”
8. Tool would be mandatory statewide – electronic or paper hardcopy.
9. Expand for current UAI to try to meet resident needs.
10. Need to revisit later, when all parts are in place.
11. Will be good to spur thinking of care issues.
12. Virginia wants to play with this before commenting!
13. Concern with delegation of nursing responsibilities.
14. Simple to use, actually.
15. Nice to have ability to handle “cheat sheets” for day-to-day care info.
16. Will be hard to make a “one-size fits all” for large/small facilities.
17. Reasonable to require statewide, but current UAI/NSA could be used, too.
18. Believe functional issue covered in UAI/NSA.

Core Issue Notification

1. Letter of commendation is good – especially when specific. Public info.
2. Punchlist – no comments.

Best Practices

1. What are we defining as “best practices?”
 - Use facility recognition for good care & services. Use this for certificates/awards.
2. Like this for use as a resource.
3. Recognition may be better from IDALA, not the Department.
4. Maybe don’t credit facility with best practices – just list for resource. Maybe let the Department do this.

Checklists

1. Put table/row lines in to make them easier to see.

Workgroup Decisions (a tracking mechanism)

1. Review task list and “working product”
 - Create a document that identifies decisions, work in progress
 - Don’t restate, just itemize

[Turned into action item assigned to Steve]

Parking Lot

1. Providing industry comment opportunity on consolidated “agreements” from workgroup before the workgroup recommendations finalization. *[Discussed – Randy will provide proposal for packaging/review at 7/16/04 meeting]*

Positive	Change
Covered a lot of ground.	Need a sense of where we are at.
Blown away by amount of work group has put it.	Where we are, what we’ve agreed to, what’s next.
Staff shortened and summarized by staff is good.	Feel rushed – may not get support from “outside” due to hurrying through.
Lot of info presented – need to digest.	
Good to move along on agreed items.	
Need to keep bringing up things of concern.	