



PADONA /LTCN

Pennsylvania Association of
Directors of Nursing Administration

DEDICATED TO SERVICE
COMMITTED TO CARING

NOVEMBER 2016

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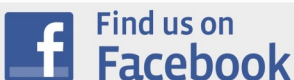
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PADONA ENews

Dear PADONA Members:

Recently in a local hospital newsletter, the CEO drew an interesting comparison regarding how the squirrels not only enjoy their work but are busy preparing for the future. He went on to say there is a lesson for all of us in the activity of squirrels. Distinguished organizations provide an environment where employees take pleasure in their work and efficiently execute the day to day activities, while constantly preparing for the future.

For example, in applying that analogy to PADONA, we all enjoy at the annual convention the educational programs and functions. This evident by the number of registrations received each year. As PADONA prepares for the future Sophie Campbell has been appointed chair of our long term strategic planning committee. Sophie will be providing updates as the committee moves forward.

The overwhelming interest in PADONA's recent certification course demonstrated many of you are doing the same, looking beyond your day to day work and advancing your knowledge for the betterment of yourself professionally, as well as your organizations. I realize that many of you would like to attend this four-day program but are unable for a variety of reasons. One consideration PADONA is exploring is providing links to all the program handouts realizing the material would be strictly for your reference. The essential or integral attribute or quality which would be missing is interaction the live presentation offers. Remember gathering knowledge is synonymous with achieving personal gain and empowerment. My question to each of you is, would this be of interest and should explored further? Please send me a brief email to info@padona.com to share your thoughts and ideas.

On October 10th, Candace McMullen, Area II President, held an area meeting in collaboration with Leading Age, and PHCA. This meeting was a sharing of recent survey results. A multitude of members expressed an interest in receiving a summary of the program's discussion. Candace has provided minutes and a link to the program handouts which we are sharing in this E-news. My sincere appreciation to her and her committee for providing such a worthwhile program. Our goal is to provide similar meetings in our other areas.

Please feel free to contact me at info@padona.com if I can be of any assistance.

Chair, Board of Directors / Executive Director PADONA



Provider Networking Meeting Notes—PADONA Area II October 10, 2016 By Candace McMullen

The Meeting was opened by Candace McMullen, Area II President with introductions of Anne Henry of LeadingAge PA and Dawn Murr Davidson of PHCA. Kelly Adriasano of PACAH was unable to attend.

RSVP for the event was 75 attendees. Actual attendees was approximately 55.

Candace's Opening Remarks:

For the most part, we collectively represent your professional organizations across the state of PA.



Our goal for today is to provide you some insight into what we are seeing from NH providers across the state and hear from you any personal experiences that can help us in our efforts to better do our jobs of providing the resources you need to improve care quality and outcomes.

Many of you may be following in the media the recent events that have precipitated some major changes in the nursing home oversight process...the perfect storm many of us would say...

- A. A few months ago, the Pennsylvania Auditor General released a report reviewing procedures in place at the Department of Health in regards to nursing home oversight. There were 13 findings and 23 recommendations in the report addressing three main areas of concern:
 - a. Inadequate review by the Department of nurse staffing levels;
 - b. DOH handling of complaints; and
 - c. Sanctions imposed on poor-performing facilities.
The findings included: incomplete staffing reviews conducted by the Department; inadequate enforcement of the 2.7 hours of direct care state regulation that is currently in place; acceptance of anonymous complaints in direct violation of CMS policy; and a lack of sanctions for nursing facilities when deficiencies within were identified.
- B. In July 2015, the PA Attorney General's office filed suit against several for-profit nursing home providers alleging violation of Unfair Trade Practices and Consumer Protection Laws by deceiving consumers through its marketing practices.
- C. In August 2015, Pennsylvania Secretary of Health, Dr. Karen Murphy, commissioned the Nursing Home Quality Improvement Task Force with the goal of reviewing the current state licensure regulations and making recommendations to improve the safety, quality of care and quality of life in nursing home facilities across the state.
 - a. The formation of this task force was driven by several factors:
 - i. The current state licensure regulations have not been updated since 1999. In the 16 years between the last revision and creation of the task force, the clinical complexity of NH residents has changed drastically.
 - ii. Because we have seen an increase in home and community-based services, there are more choices for individuals, who formerly required NH care. As a result of this, NHs are tasked with caring for a greater proportion of residents who have complicated care needs. An example of this...in 1999, the percentage of residents with severe cognitive impairment was 15%. In 2004, that percentage increased to 37%.
 - b. The task force report was released last week and while I won't go in-depth with the results, I will say that the relevant findings include:
 - i. DOH should increase efficiency and consistency of the survey process to do a better job monitoring the quality of NFs;
 - ii. The current regulations don't fit the needs of NFs at this time
 - iii. Facilities with high numbers and levels of deficiencies need to be addressed.
- D. On the heels of all of this came multiple media campaigns focused on finding inadequate nursing home care in Pennsylvania, highlighting horror stories from families and residents.



As a result of this perfect storm, our industry is experiencing significant changes to the survey process, which is evidenced by the DOH citing higher numbers of citations, higher scope and severity of citations, and more enforcement actions, such as fines, mandatory directed in-services, temporary management, etc.

Review of information provided by Susan Williamson

As I previously noted, this is our first provider meeting. In preparation for this meeting, PADONA made contact with Susan Williamson from the DOH and she graciously agreed to participate in our future networking meetings. Unfortunately, Susan was unable to participate in this meeting but did want to pass along the following information to NH providers based on citations that she has recently reviewed:

- a. One area is worsening pressure ulcers, examples are lack of identification and lack of timely treatment.
- b. IJs have recently been issued for steam tables left in unsupervised areas where cognitively impaired residents had access
- c. IJs have been issued for room temperatures above the required temp
- d. IJs have been issued for resident elopements
- e. Multiple harm level deficiencies have been issued due to staff transferring a resident without the required assistance and resident falling resulting in fracture; side rail safety; and medication errors – either overdoses or not given the ordered amount.
- f. She said that based on the deficiencies that she has reviewed lately, it seems that staff competency and ensuring adequate staffing for the needs of the residents in the building are two areas that need to be stressed to providers.

I want to provide each of the professional organizations the opportunity to speak and then we would like to open up the remaining time to hear from you:

- a. Recent experiences with survey process, citations issued, and any enforcement actions;
- b. What are your biggest challenges/obstacles to meeting regulatory requirements?
- c. What tools, resources, or educational programming would assist you in improving your outcomes?
- d. Any best practices or helpful hints that you may have for your peers or for us.

Anne Henry Remarks:

Leadingage PA (LAPA) and PA Health Care Association (PHCA) have been working together to decrease fines so providers can use the money to correct identified concerns, where they are struggling.

The DOH has told LAPA that the best method for providers to keep the DOH out of their building is to communicate effectively with residents and families to prevent complaints.

The provider organizations feel the need to work collaboratively to prevent the current survey situation from worsening.

Dawn Murr Davidson Remarks:

During recent meetings with the Secretary of Health, the question was asked as to what systems providers were putting in place to prevent repeat deficiencies. The Department is focusing on



providers with repeat deficiencies. Dawn stated that Quality Assurance and Performance Improvement (QAPI) is going to play a strong role with providers in helping to maintain system changes and prevent adverse events. QAPI requirements are included in the revised federal regulations.

Survey Issues reported by PHCA members:

- Inconsistencies in survey processes between the field offices
- Different field offices are surveying providers under the purview of other field offices
- Surveyors on the same survey team with differences of opinion on various issues/findings
- Inconsistencies among surveyors and field offices in how to count RN hours. Each field office is using a different staffing tool and process to evaluate staffing hours. The professional organizations have contacted Susan Williamson for DOH guidelines and were told that the DOH would be providing guidelines soon.

Candace discussed the role of PADONA, which has been less on the advocate end and more on educational programming. This is the reason we decided to join the groups together for networking meetings. She explained that part of the purpose of the meeting was to hear from the providers on what they are experiencing with the survey and enforcement process.

Provider Comments:

1. Citing of deficiencies during an annual survey based on an ERS reported 5 months prior. The DOH accepted the ERS at the time but walked in the door issuing a citation.
2. Cited for an employee with a license that was suspended and the employee did not make the facility aware, and yet the disciplinary action was never listed in the State Board of Nursing newsletter and the online verification was not updated. The facility received 2 different tags for this 1 incident.
3. During an annual survey, an ERS was submitted and reviewed by the DOH without any deficiencies. The DOH came back months later on a complaint survey and cited the facility with several high level tags based on the incident that was already reviewed during the annual.
4. On the CMS 5 Star full text citation report, it was noted that providers are being cited for multiple high level tags for the same incident; i.e. a clinical issue, professional standards, and quality assurance.
5. Several providers reported instances where the DOH has not been timely with their re-survey and they are being faced with a denial of payment because the DOH did not return before the 90th day to review compliance with POC.
6. Several providers noted differences in process amongst survey teams in counting nursing hours, what positions are counted in what category.
7. MDS assessment deficiencies are increasing - dashes in the resident interviews are being scrutinized.
8. Annual recording of height - discrepancies in height measurement, whether obtained standing up, lying down, etc. are creating some discrepancies from year to year.
9. Pressure ulcers - a facility cited for a Stage IV pressure ulcer noted in the acute care record but no documentation of pressure ulcer while at the facility and upon discharge to acute care or in the ED notes.
10. A federal oversight survey with 21 deficiencies - told by CMS surveyors that the average is 30 deficiencies per facility.



11. Johnstown field office has told providers to withdraw ERS reports on allegations of resident abuse and then were cited on the annual survey for the event.
12. Successful IIDRs have not been removed on the 2567.
13. A successful IIDR did change a S&S from a G to lower.
14. Repeat PA code citations now creating enforcement actions.
15. Lionville field office has been doing every 6 month surveys on some providers.
 - a. Discussion on licensure vs. certification surveys. Most of the time they are combined into 1 annual while sometimes they are conducted as separate surveys. This was a trend a couple years ago.
16. Lionville also citing providers for missed employee physicals in the personnel file, even though they are not required by regulation.
17. One provider with a history of good surveys and 5 Star rating, reported a fall with injury which was rejected through ERS several times. Provider was told to change category to abuse/neglect and a follow-up survey resulted in a G level deficiency and a provisional license.
18. Providers believe that the DOH is being reactionary to the PA AG's report and want to know what they can do to not be reactionary to the pressure they are feeling.
 - a. LAPA has met with Susan Williamson and S. Filipovich to discuss provider concerns and both have been friends to the industry and worked collaboratively so providers are encouraged to continue to share their experiences so they can be shared at routine meetings.
 - b. PHCA agrees with LAPA and also encourages providers to work on their QAPI programs and work force development and staff competencies. When PHCA looks at their own membership stratification, these 3 areas appear to be the difference between the high and low performing facilities.
 - c. Senator Casey has asked CMS to investigate the DOH following the AG report so all the provider organizations anticipate that scrutinization of the licensure and certification surveys will likely increase.

Ideas for moving forward:

1. The top 5 deficiencies over the past 3 years are always the same, just in a different order sometimes. Recommendation that a training session or future meeting outline what the actual findings have been under those 5 tags to educate providers.
2. FTAG 309 is so broad and encompasses many different clinical issues. It is recommended that research be done on this tag and a list of issues that have been cited be outlined to educate providers.
3. Education is recommended for providers on how to effectively communicate and work with the DOH. When asked by surveyor, "Do you agree..." "Would you expect...?" Teach providers how to answer based on meeting the intent of the regulation.
4. A work session is recommended for providers to develop systems and processes that address the standards of care.
5. Providers stated that outreach to DONs is critical. Many present at the meeting stated they feel isolated and that this meeting helped them to understand what is going on in the industry and share experiences. They would prefer to learn from each other and look into and fix issues rather than wait and be cited for them.



Ideas for future PADONA activities:

Discussion in a quarterly forum of NHAs/DONs, perhaps in various parts of the state where providers can meet and network, review citations, new industry information, etc and share with each other.

Also recommended the meetings allow for conference call dial-in participation in case someone can't come but wants to participate.

A list serve that PADONA members can participate to share and communicate with each other. (much like the AANAC MDS list serve). PHCA raised a good point in that they had previously been advised not to do this because of liability concerns. Discoverable information on the list serve? This would need to be researched by legal counsel.

[Handouts Link](#)

Webinar: Using Pennsylvania Patient Safety Reporting System (PA-PSRS) Analytics to Enhance Quality Improvement in Long-Term Care

The webinar presented by JoAnn Adkins will focus on learning how to use the data in PA-PSRS.

November 29, 2016 - 1:00 p.m. - 2:00 p.m.

This Webinar is being offered at no cost. [Register today.](#)

Area II Educational Program: Emergency Preparedness for Long Term Care Facilities

The webinar presented by JoAnn Adkins will focus on learning how to use the data in PA-PSRS.

Thursday, November 3, 2016 10:00am - 3:00pm, Cost: \$10

Presbyterian Senior Living Administrative Office

Dillsburg, PA 17019

Click [HERE](#) to Register

[Sign Up Early for the PADONA 29th Annual Convention in Hershey March 29 - 31, 2017](#)

Register early to receive our early bird discount. Please be sure to PAY by November 15, 2016

(not just register by that date) to receive the discounted rate and check the appropriate amount based on your membership status.

Below is a sampling of our speakers and tentative lecture titles:

- IV Standard Update - Mary Ann Shuman
- Engaging Your Employees - Edward Leigh
- Focused Dementia Care Survey Overview & Update - Sophie Campbell
- Hospice Collaboration in Long Term Care-It's More than Morphine! - Mary Norman & Andrea Lowrey
- When Extraordinary Meets the Future: The Power of One Voice-One Rhythm - Greg Nelson
- Diagnostics: Step Outside the Box, Instead of Just Checking it Off! - Lorelei Schmidt
- Nursing & Therapy Interaction to Improve QM and CMI - Terry Raser and Kay Hashagen
- Using Telemedicine to Reduce Potentially Avoidable Hospitalizations of Nursing Home Residents - Steven Handler
- CMS New Requirements of Participation-What You Need to Know - Paula Sanders
- Department of Health Update - Susan Williamson
- Antibiotic Stewardship - Sharon Bradley



2017 Exhibitors: Sign Up for the PADONA 29th Annual Early - 95% of the exhibitor locations are already booked for 2017! Convention in Hershey, PA March 29, 30 and 31, 2017



Scholarship Announcement

Each year PADONA awards scholarships to members for continuing their education, for annual convention, DON prep course and advanced DON certificate course. Applicants must be a primary PADONA member for 2 years or a non member that has been recommended by a primary member for 2 years!

Application is easy! A completed application form, a 500 word or less essay, a reference from a faculty member or dean, and a letter of endorsement from a primary member.

Applications due by Dec 31st! Do not wait until then----we all know how crazy it becomes with the holidays---commit to nominating someone NOW!

Thank you from the scholarship committee!

[Apply Scholarship](#)

Welcome New Members!

- Kayla Buckwalter - Harrison Senior Living of Christiana - Area II
- Pocopson Home Facility Member - Area III
- Jacqueline Erich - Dubois Nursing Home-Area I
- Kelly Christine Fye - McKinley Health Center/WRC Senior Services - Area I
- Samantha Ianaro - Juniper Village at Brookline - Area II
- Mary Knapp - Foulkeways at Gwynedd-Area III
- Vy Mao - Fairmount Homes - Area II
- Saundra Miley - South Mountain Restoration Center - Area II
- Donna Pendrak - Cedarbrook Nursing Homes - Area III
- Cathy Ramsey - Juniper Village - Area II
- Jane Reinard - LumaClean, LLC - Area III
- Mariya Rybaltouski - Fairmount Homes - Area II
- Michele Sabie - St. Mary's Villa Nursing Home - Area III