AGENCY LIAISON MINUTES

April 2, 2013

The meeting was called to order at 2:00 p.m. Tuesday, April 2, 2013 by Jamie Shelton, Chairman of the Agency Liaison Committee.

Committee/LNHA Members Present:

Jamie Shelton, Phyllis Chatelain, Kit Gamble, Dale Hewitt, Kit Gamble, Dave Rambo, Lannie Richardson, David Stallard and Joy Russo.

LNHA Staff:

Laurie Hinrichs

DHH-Health Standards Guests:

Cecile Castello RN, Cindy Collins RN, Sandra Brown RN, Terry Cooper RN, and Mary Perino who represented OAAS.

Committee Members Absent:

Scott Broussard, Michella Ford, Harold Gamburg, Ronald Goux, Matt Machen, Marcus Naquin and Jack Sanders.

Replies to Agency committee questions were supplied by Cindy Collins, RN Program Manager from Health Standards during the meeting with notes per Laurie.

In addition to the answers provided with these minutes, discussions included:

1. **Facilities need to meet the needs of the residents they admit, and if a facility has accepted "bariatric" residents in the past, their policies need to address who they can admit or decline admission to, if all of their bariatric equiment is already in use and they are turning down a potential resident because they can't meet their needs due to**

size. (the facility has set a precident by admitting bariatric residents before and now they are saying no.)

2. **Facilities are having serious delays getting residents qualified for Medicaid. The committee asked that Joe Donchess or Mark Berger see if they can intervene on the facilities behalf to get the process moving. (they have made the calls and the state is in the process of consolidating the office into one office and anticipates response time will be much better).**

3. **A Louisiana Nursing Facility MUST use a company that is listed on the Louisiana State Police published list to provide criminal background checks.**

4. **Surveyors will be reviewing resident care plans regarding advanced directives and will be interviewing staff to ensure they know what the resident's care plan says regarding advanced directives. Do staff know who is a DNR and what the resident specific wishes are? Care plans must be INDIVIDUALIZED not "canned care plans."**

5. **The state expects a facility to show they are "actively" working on drug regimen review suggestions from the pharmacist. They will give the DON a "few days" to follow-up on pharmacy recommendations, but there must be evidence that the DON is attempting to follow-up on recommendations.**

6. **Having coffee makers in individual resident rooms was discussed. There is no regulation that prevents them as long as they meet life safety code requirements, BUT the resident has to be assessed and care planed that they are safe to use the coffee pot and that wandering residents could not get to the coffee pot and hurt themselves. There must be a policy that covers the issue. All residents safety needs to be considered.**

7. **There was a lot of discussion on civil money penalities and why they seem to be so much higher than in the past. CMS has been recommending that facilities get daily fines vs a one time incident penality. Facilities are also starting on denial of payment fifteen days from the receipt of their enforcement letter instead of the 90 day notice. Staff recommended that facilities pay close attention to their alleged compliance date.**

8. **Infection control has been the source of several IJ's in the last few months. The have been caused by staff memebers using durable medical equipment and taking it from resident room to room without proper, sporacidic, sanitazation of the equipment, especially glucometers, blood pressure cuffs. Staff are also not washing their hands between residents, nor following CDC recommended contact isolation for residents**

with clostridium difficile. Not monitoring hot water temperatures and keeping a log is another example.

9. **If a facility uses multidose vials or generic, stock drugs they must be dated and timed when opened. A facility policy needs to cover how long opened drugs can be kept, as once they are opened their shelf life could be different than the expiration date. Dates should be set according to the manufacture's suggested expiration after opening, to maintain drug stability.**

10. **Care plans are not being individualized or updated as resident condtions or preferences change. Staff must also be aware of changes to provide proper care. One example it the number of CNA's needed to safely transfer a resident.**

Terry Cooper, RN Supervisor, Health Standards reviewed the newly revised CNA training rule. LNHA sent the revisions and rule to all providers in March, 2013. Terry reviewed the importance of keeping the nurse aide registry updated with CURRENT CNA information, and that can be accomplished by using the LARS system. She also reviewed the importance of getting witness statements from an employee who is accused of suspected abuse, neglect or misappropriation of property and how important a thorough investigation is, especially for an administrative law heaing.

There was no further business and the meeting was ajorned at 4:15 p.m.

Minutes submitted by:

Laurie Hinrichs, RN, BSN

Regulatory Director