AANHR

Arkansas Advocates for Nursing Home Residents

PROTECTING NURSING HOME RESIDENTS

March 2020

Little Rock (501) 607-8976

AANHR's Mission Statement:

"To protect and improve the quality of care and life for residents in Arkansas nursing homes."

Next Meeting Date:
March 9th

Meeting Place:
First Assembly
of God Church
4501 Burrow Road
North Little Rock

Directions to church
On back of
newsletter.

10:00 – 11:00 A.M.

Open Forum

11:00 A.M.
Public meeting
(See article at right.)

Happy
St. Patrick's Day!!!

March 9th Meeting Topic:

Respite Care Grants for Caregivers

Speaker: Carolyn Torrence, Alzheimer's AR

Carolyn Torrence is a native of Arkansas. Her family is rooted deeply in the delta of Arkansas. Carolyn is currently employed as the Education and Outreach Director at Alzheimer's Arkansas. Her responsibilities includes providing support to Support Group Facilitators, educating the community of Arkansas on Alzheimer's and other dementia related diseases. She has worked with aging adults in many capacities, including as a Community Education at Inspiration an intensive outpatient program for seniors. Carolyn also worked as an Intervention Specialist at Professional Counseling Associates with adults living mental illnesses.

Carolyn received a Master in Education with an emphasis on Adults as well as a Bachelor of Social Work from the University of Arkansas. She currently serves on the Arkansas Gerontological Society board. She enjoying working with aging adults and understands the beauty and challenges of aging. In 2018, she became a Certified Dementia Practitioner.

Please join us March 9th to learn more about Grants available to pay for respite care for Alzheimer's Patients' Care Givers.

AANHR is an ALL VOLUNTEER 501 C-3 non-profit organization.

No AANHR member receives compensation for his/her advocacy activities. THEREFORE, AANHR is very appreciative of the ongoing financial contributions of our members and supporters. Please consider supporting our advocacy with a financial contribution.

See details on page 8 of this newsletter. Thank You!

From the President's Desk . . . . Martha Deaver

Surveys aka nursing facility inspections have been on my mind of late especially after the not so good reports from our North Little Rock Vets home's inspection. This is a state of the art facility that our group has visited and which I had a part in its formation.

Speaking of surveys the forms printed on pages four & five are part of **Form CMS-672** that you should also request if you request the latest annual survey of your facility from OLTC. This form is to be completed by facility administration within the first two hours after a survey team arrives at the facility. Surveyors use this form to decide whether the facility maintains adequate care staff to meet its residents' needs. For instance, what percentage of facility residents can bathe independently? This form is not usually included in the survey report available in the facility.

As many long time AANHR members know I spend a great deal of time visiting with family members who encounter problems with the care their loved ones receive in nursing homes and also looking over survey reports detailing deficiencies citied on facilities during surveys.

Stormy Smith, recently retired Program Manager with the Office of Long Term Care (OLTC) and a Certified Surveyor himself, spoke at our February 10th AANHR meeting about the Survey process for nursing facilities. Most readers likely picture a survey as a series of questions in order to get an opinion or evaluation of an issue, candidate etc. A better term for a survey as it relates to nursing homes might be inspection and its assessment.

Inspectors show up at the nursing home unannounced and spend hours, usually a few days, inspecting care methods, dietary offerings and procedures, medication dispensation and many other facets of the care the facility staff provides the residents under their care.

Currently regular inspections of nursing facilities take place at intervals of between nine and fourteen months. Therefore, if the facility where your family member resides has not had an inspection in the past year, facility staff might be expecting one shortly so might begin an improvement project to paint and spruce up, perhaps hire a few extra staff in order to prepare for an expected visit sometime soon.

Readers need to be aware that copies of these inspection aka deficiency reports are available to the public by contacting the state office of long term care. Deficiency reports do not require a Freedom of Information request and the best way to request/access one is by email. Requests should be specific as to name of nursing facility and the time period desired. Survey reports are also required to be available somewhere near the facility's primary entrance so interested parties my read through them.

CMS (Centers for Medicare Medicaid Services) is currently working to standardize survey reports nationwide. Therefore, if you arrive at the nursing facility during a survey you will likely encounter a surveyor who has been assigned to one hall, perhaps using a portable computer device that provides standardized questions to indicate whether deficient care methods or practices are present.

If/When deficiencies are cited the facility must provide within a set time period a remedy/ plan of action to correct it. Severity of the deficiency is contingent upon whether actual harm is present and the number of residents affected along with other criteria.

By the way, family members are allowed to visit with surveyors if they have questions. Sometimes family members will also be invited for an interview with a surveyor as will a sampling of residents.

Evolution of Long Term Care Homes

By: Kathie J. Gately, BSW, LNHA

Reflecting back to the late 1960's as across our nation we began laying the foundation to meet the significant increasing need of caring for our aging adults in need of daily skill care related to increases in longevity and a change in the family structure, primarily women seeking employment outside the traditional home setting. This prompted the Federal government to provide funding through both Medicaid and Medicare for investors to construct medical model structures to be managed and staffed by nurses. We can look at those structures today and physically obtain the medical model vision as they could be easily attached to any hospital; with an overall focus on providing basic care. Guidance, training and oversight were in the infancy stage and all would begin a growth journey together.

Early 1980's nursing homes had taken root and advancement in requirements of professional license staff (Registered Nurses, Certified Nursing Assistants, medical care systems, Administrators, Activity, Dietary and Social Work), along with expansion of oversight regulations providing detail guidance to daily operations, training and long term care stakeholder collaborations to elevate quality of care and enhance quality of life. Thus, new Federal regulations were born in 1987 and individual states crafted clearer rules, laws and guidelines: the roots of holistic care.

From the 1990's onward, Long Term Care (LTC) homes have accomplished dramatic changes in both quality care and life! No longer focusing on providing basic medical care, yet caring for the mind, body, spirit and soul of our wise Elders. Revamping bathing practices to choices of time and method of Elders desire; adhering to daily schedules of interest, dietary preferences, room choices and community engagement and creating an environment for Elders to thrive. Respecting their rights, their wisdom and honoring them, resulted in a positive environment for Elders and all providing services.

Where do we need to go from here? 2020 and beyond. Success has been established in providing supplies, professional requirements, medical care, oversight and engaging interaction with our Elders that we must maintain. Now is the time for LTC stakeholders to once again collaborate in order to address and focus on eliminating, to the best of our ability, all levels of abuse/neglect incidents.

While there is not enough space in this article to discuss a scope of work breakdown defining each area – a brief picture involves: how do we hire the right person, application reviews, interviews, orientation, real mentoring systems, both listening and observation skills, and most critical, quality 24-hour supervision to include supervision of supervisors?

Caring for our Elders is not "just a job", it is not a duty, it is a calling that not all possess. Individuals must have their mind, body, spirit and soul instilled with patience, compassion, and knowledge. We must be aware of staff burnout as caring for our staff is imperative to the health and welfare of our Elders.

LTC stakeholders, it is now and past time that we set aside our barriers and partner together, as we have in the past with much success and tackle this area. Collaboratively, we have a proven record of achieving a true Home for our Elders. Let's strive to achieve a 24-hour safe Home! They deserve and we can achieve it!

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

Provider No.	Medicare F75	Medicaid F76	Other F77	Total Residents F78

ADL	Independent	Assist of One or Two Staff	Dependent
Bathing	F79	F80	F81
Dressing	F82	F83	F84
Transferring	F85	F86	F87
Toilet Use	F88	F89	F90
Eating	F91	F92	F93

A. Bowel/Bladder Status

F94 ____ With indwelling or external catheter

F95 Of the total number of residents with catheters, how many were present on admission ____?

F96 ____ Occasionally or frequently incontinent of bladder

F97 ____ Occasionally or frequently incontinent of bowel

F98 ____ On urinary toileting program

F99 ____ On bowel toileting program

B. Mobility

F100____ Bedfast all or most of time

F101____ In a chair all or most of time

F102____ Independently ambulatory

F103____ Ambulation with assistance or assistive device

F104____ Physically restrained

F105 Of the total number of residents with restraints, how many were admitted or readmitted with orders for restraints ____?

F106____ With contractures

F107 Of the total number of residents with contractures, how many had a contracture(s) on admission ____?

C. Mental Status

F108-114 – indicate the number of residents with:

F108____ Intellectual and/or developmental disability

F109____ Documented signs and symptoms of depression

F110____ Documented psychiatric diagnosis (exclude dementias and depression)

F111____ Dementia: (e.g., Lewy-Body, vascular or Multi-infarct, mixed, frontotemporal such as Pick's disease; and dementia related to Parkinson's or Creutzfeldt-Jakob diseases), or Alzheimer's Disease

F112____ Behavioral healthcare needs

F113 Of the total number of residents with behavioral healthcare needs, how many have an individualized care plan to support them ____?

F114____ Receiving health rehabilitative services for MI and/or ID/DD

D. Skin Integrity

F115-118 – indicate the number of residents with:

F115____ Pressure ulcers (exclude Stage 1)

F116 Of the total number of residents with pressure ulcers excluding Stage 1, how many residents had pressure ulcers on admission ____?

F117____ Receiving preventive skin care

F118____ Rashes

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

E. Special Care

F119-132 – indicate the number of residents receiving:

Fl19 ____ Hospice care

F120____ Radiation therapy

F121____ Chemotherapy

F122____ Dialysis

F123____ Intravenous therapy, IV nutrition, and/or blood transfusion

F124____ Respiratory treatment

F125____ Tracheostomy care

F126____ Ostomy care

F127____ Suctioning

F128____ Injections (exclude vitamin B12 injections)

F129____ Tube feedings

Fl30____ Mechanically altered diets including pureed and all chopped food (not only meat)

F131____ Rehabilitative services (Physical therapy, speech-language therapy, occupational therapy, etc.) Exclude health rehabilitation for MI and/or ID/DD

F132____ Assistive devices with eating

F. Medications

F133-139 – indicate the number of residents receiving:

F133____ Any psychoactive medication

F134____ Antipsychotic medications

F135____ Antianxiety medications

F136____ Antidepressant medications

F137____ Hypnotic medications

F138____ Antibiotics

F139____ On pain management program

G. Other

F140____ With unplanned significant weight loss/gain

F141____ Who do not communicate in the dominant language of the facility (include those who use American sign language)

F142____ Who use non-oral communication devices

F143____ With advance directives

F144____ Received influenza immunization

F145____ Received pneumococcal vaccine

I certify that this information is accurate to the best of my knowledge.

Signature of Person Completing the Form	Title	Date

TO BE COMPLETED BY SURVEY TEAM

F146 Was ombudsman office notified prior to survey? ___ Yes ___ No

F147 Was ombudsman present during any portion of the survey? ___ Yes ___ No

F148 Medication error rate _____%

ICYMI: State DHS' Fund Maneuver Averts Care-Hour Cuts

By: Andy Davis, Arkansas Democrat Gazette, January 19,2020

A last-minute fix helped prevent a cut in allotted home-based care for hundreds of disabled Arkansans this year, the chief executive of a state contractor says. The 2,800 people who receive care through the state's Independent Choices program had been facing a reduction in their state-supported care hours as a result of the minimum-wage increase that took effect Jan. 1. But Alicia Paladino, chief executive of Palco in Little Rock, said the state Department of Human Services agreed to a maneuver that will allow all but 13 recipients to keep their full allotment of hours through the end of the state's fiscal year on June 30.

Paladino's company uses money from the state Medicaid program to pay the individual caregivers, handles the payroll taxes and helps Medicaid recipients keep track of hours and perform other employer-related duties under contracts worth about $9 million a year. "We worked with DHS and got a resolution," Paladino said.

The Independent Choices program allows Medicaid recipients to hire someone -- often a friend or relative -- to help them with daily tasks such as dressing and bathing. The hours of care recipients receive each week depends on the outcome of an assessment designed to measure their needs. The hour allocations are then translated into a budget based on the amount the state Medicaid program will pay for each hour of care.

Although the Medicaid program's hourly rate increased by 14 cents, to $10.54, on Jan. 1, that amount was not enough to cover a caregiver's wage, plus unemployment and payroll taxes, after the minimum wage increased from $9.25 an hour to $10 an hour.

Initially, recipients were told that their allotted hours would be cut. That way, the state could pay the caregivers the higher wage and still stay within the recipient budgets that were calculated based on the Medicaid rate. But Paladino said the Human Services Department agreed to allow her company to use accumulations of leftover funds to supplement recipients' budgets, allowing them to avoid a reduction in hours in most cases. Funds accumulate, for instance, when Palco ends up needing less money than it had estimated to pay a caregiver's state unemployment taxes. The tax is charged on the first $7,000 worth of a caregiver's wages paid during a year, with the rate varying depending on how long the recipient has been in the program and whether they have had any caregivers who have filed for unemployment. Program participants also accumulate unspent funds when they are in the hospital and are not allowed to bill for home services. Normally, the unspent funds are returned to Medicaid after a year or within 45 days after a Medicaid recipient drops out of the program.

Jerry Sharum, director of the Human Services Department's Provider Services and Quality Assurance Division, authorized the use of unspent funds to pay caregiver wages in an email to Palco on Dec. 18. Reductions in many Medicaid recipients' state unemployment tax rates that kicked in Jan. 1 also helped, Paladino said. "That was a big chunk of it," she said. Act 512, passed by the Legislature last year, reduced the amount of an employee's wages subject to the tax from $10,000 by tying the amount to the number of people who filed for unemployment the previous state fiscal year.

Carolyn Godfrey, 46, of Conway, who is paid for 30 of the hours she spends each week caring for a paraplegic relative, said she was initially told by a Palco representative that her hours would be slightly reduced as a result of the minimum-wage increase. As a result, she expected the amount she is paid every two weeks to drop by about $1.60. Then last week, she said she learned that the hours hadn't been cut after all. Meanwhile, her hourly wage went up from $9.74 to the new $10 minimum. "I think it turned out great," Godfrey said. "We already don't get paid enough for what we do." *(continued on page 7 . . .)*

AANHR Special Thanks

We extend our heartfelt thanks to the following people and groups who make our outreach possible:

David Couch of The Law Offices of David A. Couch, PLLC, PA, for his providing POA documents pro bono.

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Paschall Strategic Communications for their continued assistance with public relations needs.

First Assembly of God Church in North Little Rock for providing AANHR a meeting room.

AANHR Officers and Board Members

President – Martha Deaver, Conway (501-607-8976)
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Newsletter Editors: Martha Blount, Searcy; Marcy Wilson, Sherwood

Continued from page 6. . . Paladino said the accumulated balances will be enough to prevent a reduction for most recipients until June 30, when a rate increase or other measures will be needed to avert more cuts. The rate paid to caregivers hired directly by recipients is set at 57.8% of what the Medicaid program pays to agencies for the same services.

State lawmakers in December approved the use of $3.4 million in one-time funds to increase the agency rate by 24 cents an hour, to $18.24, from Jan. 1 through June 30. That increased the rate paid to individual caregivers by 14 cents an hour. Because of the higher rate paid to agencies, Sharum has noted that recipients can avoid a reduction in hours by switching from the Independent Choices program to using an agency. He said last month that the rate increase that took effect Jan. 1 was just "provisional" and that the state was continuing to review what the agency rate should be.

Human Services Department spokeswoman Amy Webb said last week that the department is reviewing Palco's data on the impact of the wage increase and the use of the unspent funds. As for other measures that could be taken, she said, "We are discussing the best way to move forward on this issue and will develop action steps, but those are not yet complete."

Kevin De Liban, an attorney for Legal Aid of Arkansas in Jonesboro, said that he heard from clients in late November who had been told their hours would be cut starting with the pay period that began on Christmas Eve. Soon after the *Arkansas Democrat-Gazette* published an article on the issue on Dec. 22, the clients learned the cuts had been called off. "I'm glad that my clients won't be losing services, but it's yet another instance of DHS creating its own problems and putting the consequences of its own inaction on the people who need services," he said. Voters approved the minimum-wage increase in November 2018. It is scheduled to rise again, to $11 an hour, next year. "DHS could have planned for and fixed this problem over a year ago so that nobody would have even faced the possibility of getting their services cut," De Liban said.

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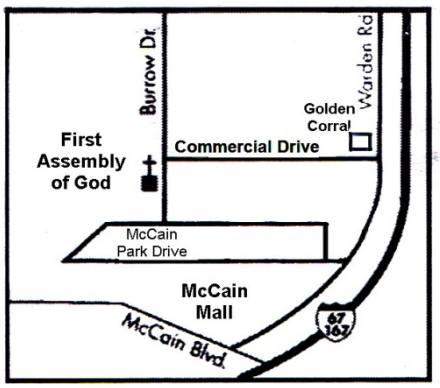

Strength in Numbers, AANHR Needs You!!

AANHR is a nonprofit organization run by non-paid volunteers dedicated to protecting and improving the quality of care and life for Arkansas residents in long term care facilities.

Won't you please lend your support to us by joining our organization? Your membership dues help to pay for our activities that support our mission statement. Memberships are available on a calendar year basis. Join now and you will be a member through **December 31, 2020**.

Today's Date_____

Name_____

Mailing address_____

City/State/Zip_____

Phone_____

Email_____

( ) I wish to receive the AANHR newsletter.
( ) $20 per family or corporate membership.
( ) Waive dues because of financial hardship.

Please make checks payable to: AANHR and mail to 111 River Oaks Blvd, Searcy AR 72143.

Driving directions to First Assembly of God Church, 4501 Burrow Road, North Little Rock

Coming from the North:

When driving South on Highway 67/167, take exit #1A onto Warden Road. As soon as you safely can, move into the right-hand lane, as you will be turning right at the Golden Corral Restaurant onto Commercial Drive.

Coming from East, West or South:

If you are on either I-30 or I-40, take Highway 67/167 North. Take exit #2 onto Landers Road. Stay in the left-hand lane, as you will be turning left and going under Highway 67/167 and enter Warden Road going southbound. As soon as you safely can, move into the right-hand lane, as you will be turning right at the Golden Corral Restaurant onto Commercial Drive.

Commercial Drive terminates at the church. Proceed straight across Burrow Road into the church's parking lot past the overhang at south end of building. Then, turn right to drive down the narrow alley-like drive.

The canopied entry door is about half-way down the alley and the meeting room (#102) is located just inside this door off the alley-drive.