



**Assisted Living Regulations
Public Forum – Session Two
September 10, 2015 at 2:00 p.m. 4:30 p.m.
Meeting Minutes**

Regulation Review for COMAR 10.07.14 (Sections .01 - .14)

OHCQ Staff: Amanda Thomas (Organizer), Regulatory Affairs Analyst
Gwen Winston, Quality Initiatives Coordinator
Jasmin Watson-El, Executive Associate
Carol Fenderson, Deputy Director of State Programs
Patricia Tomsco Nay, Executive Director, OHCQ

Date: September 10, 2015

Time: 2:00 p.m. – 4:30 p.m.

Location: Rice Auditorium, 55 Wade Ave, Catonsville, MD 21228

Welcome and Introductions:

- Opening remarks and welcome – Carol Fenderson
- Review of Ground Rules – Amanda Thomas
 - Please note that this session is being recorded for note taking purposes.
 - Please be respectful during this session. Everyone’s comment is important.
 - 2 minute time limit for comments.
 - Those in the room will provide comments first and those on the phone will follow.

Attendees:

- 56 attendees participated in person
- 39 attendees participated by phone

Aborisade, Oluwatoyin	Kanther, Chrissy
Anderson, Patricia	Kauffman, Danna
Angel Assisted Living	Kennedy, Julie
Archer, Diane	King, Elizabeth
Baughner, Candace	Klein, Carol
Beckles,Quintrna	Konacki, Matthew
Bennett, Eileen	Lakin, Korin
Bienert, Betty	Leonard, Jeanne
Boettger, Susan	Leppedo, Lisa
Brandt, Nichole	Lewkovich, Amy



Brown, Julia	McKeon, Jack
Carson, Gloria	McShane, Phyllis
Cason, Deborah	Munshi, Neil
Cason, Deborah	Ogunduyilemi, Madigan
Cotterman, Marjorie	Orf, Kelly
Crosse, Woodrow	Park, Jan
Derosier, Rosann	Plato, Pat
Ditman, Christina	Ponterio, Diana
Dunn, Sister Irene	Salonish, Julie
Dwyer, Andrea	Shelton, Susan
Elcock, Naomi	Simms, Mae
Evans, Kristin	Smith, Linda
Haithcock-Cunningham, Germaine	Tebong, Anne-Marie
Hemler, Patricia	Tsorgzie, Marie
Hurley, Anne	Ushiovhe, Angel
Jones, Erica	Wade, Charilyn
Loyer, Phoebe	Zeiss, Heather
McArthur, Yvette	

Regulation Comments

.16 – Assisted Living Managers Training Requirements - has been removed but we will still take comments

- Danna Kauffman – LifeSpan opposed to moving the course to the Maryland Higher Education Commission. It is not a certificate or degree program. It may increase costs and decrease availability.
- Mary Dent – ABC Training – should not be turned over to MHEC. Takes away from approved training vendors who have spent time and money getting approved by the department. Also limits availability. Training should also be available to everyone even those with less than 5 beds.
- Caller – All assisted living managers. no matter how many beds should be required to take the training

.15 – Manager and Alternate Manager

- Anne Hurley – MD Legal Aid - .5F – Questions why we have to have repeated violations to require the course. Seems if there is any violation, training should be required
- Juana McAdoo (Caller) – Can the facilitator repeat the questions for those on the phone?
- Mary Dent (Caller) – under A3 and 3C – 5 beds or more require course approved by MHEC. Requesting removal of MHEC.



- Caller – No matter how many beds, all managers should be required to do the training.
- Juana McAdoo (Caller) – Different training vendors may or may not follow training given to them. May be a good idea to have the trainers be reviewed to ensure they are all consistent and teaching the same thing.
- Caller – For those vendors approved, do they have to turn in the curriculum to OHCC and MHEC?
- Marlena Hutchinson – have curriculum be approved by some governing body to have standards be consistent.

.16 Manager Training Course

- Juana McAdoo – Under staffing – may be good to add more details as to what the managers role is with the staff or caregiver. Understanding staffing patterns, cultural differences, diversity, etc. Things have evolved and managers need to be versed in what to expect today verses so many years ago.

.18 Alternate Assisted Living Manager – removed but still accepting comments

- No comments.

.17 Nursing Oversight

- Danna Kaufman – LifeSpan – draft takes away current requirements that allows 7 days to document daily competencies. With it being removed everyone needs training before going on the floor. Good idea to allow the person to work with the Delegating Nurse through those 7 days to have real-time scenarios for training. Having the delegating nurse be present for admissions is burdensome to some facilities. Having the assessment be done on the day of move in is not needed if it is also done within 30 days. The day of move in is so stressful for the resident already.
- Ombudsman Program – in regard to delegating nurse, is this position contracted directly by owner or outside contractor. Information should be available to consumers for this resource.
- Korin Lakin, Provider – have delegating nurse do a head to toe assessment on day of move in is very stressful. The resident is so stressed on the day of move – in. There needs to be flexibility. Having the nurse develop a service plan, it is time consuming. The manager can plan and have nurse approve.



.19 other staff qualifications, .20 Delegating Nurse, .21 Preadmission requirements, .22 resident specific level of care waiver, .23 Admission requirements

- No comments

.18 Resident Assessment Tool

- Commenter - Item D, revisit some components that do not apply to respite care. For example, having a resident agreement that is modified for respite care.

.19 Resident Specific Waiver

- Arlene, Ombudsman Program – Can the Ombudsman be notified of a denial of admission?
- Ann Hurley, MD Legal Aid – Concerned about the subjective nature of determining if someone is a danger. This just allows it to be up to the provider. Behavioral health patients may not be a danger, just need a different plan of action. In A2, it is vague and leaves determination of high-risk up to the facility manager, this is too subjective.
- Kim Burton – agrees with Ann Hurley’s comments

.20 Resident Agreement, General Requirement and Non-financial Content

- Ann Hurley – Bed hold is a good idea. Have a physician be consulted to determine if resident should be able to return to the facility following hospitalization. This helps those with behavioral health issues.
- Kim Burton – agrees with Ann Hurley. Underscores the issue of potential bias toward those with behavioral health issues. Delegating nurse could have a conflict of interest and someone else should make that decision.

.21 Resident Agreement — Financial Content.

- Arlene Bennett – Ombudsman Program – conflict of interest here? . what is refundable and what is not. What should go into residential or facility agreements. Are there connections between the resident and managers, financial conflicts of interest could arise if there are personal connections.

.22 Service Plan

- Arlene Bennett – Include the resident in the service plan to have them included in anything that has to do with them. Include some time frames instead of generic



language. In the service plans, there should also be culture change language and include resident in plan to have them less care-dependent.

.23 Resident Record or Log

- Danna Kaufman – include electronic health records. This is the age that we live in. Long term care regulations could offer guidance on language.
- Liz McShane, MD Dietetics Commission – Include monthly weight monitoring, could be a clue in status change.
- Karen Lincoln - Reevaluate the requirement to do ongoing weekly care notes on residents. The staff already do this when there is any change, conversations, etc. Having a weekly requirement is redundant and takes too much time for staff and away from residents. This info is already captured in other tools.
- Teresa Moran – delete weekly care notes, unnecessary.

.24 Services

- Phyllis McShane , MD Dietetics – Pg. 103 in section 2- recommend a new section, a copy of the diet manual is available free of charge as a download to people. Change language to say therapeutic diets consistently. Recommend a dietary consultation upon boarding and periodically. This goes to the care of residents especially stage 3 and 4 residents.
- Provider – the regulation requires that 3 meals are provided – as a smaller facility, residents may be sent to daycare. Maybe change words to say 3 meals provided if resident is in-house full-time.

.25 Medication Management and Administration

- Nikki Brant, Consultant Pharmacists – Section 1 under Pharmacy Review – Maryland should increase frequency to every 3 months because patients can be very complex. Maryland is an outlier compared to other states throughout the country. 6 months is just too long, putting resident and facility at risk. Pg. 112, have something similar to skilled nursing regulations for labeling. Pg. 108D, pharmacist works with manager to assess ability for self-medicine administration. Recommend that those facilities who meet requirements be allowed to have interim medications.
- Arlene – Ombudsman – Have residents be provided medications in a private setting. If they have questions, it should not have to be in group setting. Provide secure storage for meds for those who self-administer.
- Maryland Society of Consultant Pharmacists – echoes Nikki Brant. 6 month reviews is just too long and errors are found that have lingered too long.



- Michelle Woodson (Caller/Consumer) – Add language for medication review upon readmission after hospital visit.
- Debbie Rosenberg (Caller) – Advocating for 6 month reviews. Small AL facilities have a hard time getting pharmacists out even at 6 months and every 3 months is very costly. Under storage, label requirements are there but pharmacy is not providing reason for meds that are needed for labels.
- Kim Burton, Mental Health Assoc. – figure out a way to get pharmacists out to smaller assisted living facilities. Residents should not be undertreated because of this burden.

.26 Alzheimer's Special Care Unit

- Arlene – add “and other dementias” to this regulation

.27 Alzheimer's and Dementia Special Care

- Arlene – does not address potential discharges for behaviors. Look at CCRC language as a guide for protections for residents.
- Danna Kauffman – LifeSpan – concern for requirements for care coordinator training and level of education needed. The issue is the type of training, content and accessibility of training. By using the word “probable” it could be every single facility. Concerned about the 1 to 8 ratio especially in overnight hours and prohibition of the caregiver who does everything (universal worker) like cleaning, care, etc.
- Korin Lakin – universal worker language affects so many smaller providers. Same goes for staffing ratio. No need to have same staffing pattern the entire day especially when residents are sleeping through the night. Additional requirements mean more costs that may have to be passed on to residents. They already have so many who cannot afford AL facilities and soon enough, facilities will have to charge rates similar to nursing homes. Need clarification on the role of the coordinator, is it clinical, functions, requirements, etc.
- Teresa Moran and Pat Younger – affirm Karen Lakin and Danna Kauffman, especially the staffing ratio requirements. There are no parameters for coordinator. Too wide open. Recommend deleting both these sections and be looked at in a working group.

Other Notes

- Following the comment session, an open discussion was held for participants to discuss the regulations on the agenda for September 10, 2015.