MDH Provider Call May 13, 2019 Transcript

PATRICIA: Good morning, everyone. My name is Patricia and I will be your conference operator for today. At this time I would like to welcome everyone to the Statewide Nursing Home phone call. All lines have been placed on mute to prevent any background noise. After Mary Absolon there will be a question-and-answer session. If you would like to ask a question during this time simply press * then the number 1 on your telephone keypad. If you would like to withdraw your question, you may press the #key.

Ms. Mary Absolon, you may begin your conference.

MARY Absolon: Thank you very much, Patricia, and we welcome everyone to our periodic Statewide Nursing Home phone call for Monday, May 13th, and welcome spring. Yea!

So just a couple of things, we have a lot of different information we would like to update you on today. The first thing we wanted to let you know is that there is a -- federally there is an Office of Inspector General Report that was just issued by the U.S. Department of Health & Human Services related to trends and deficiencies at nursing homes show that improvements are needed to ensure health and safety of residents. We just became aware of that actually in the last day or two so we wanted to bring that to your attention. The areas that we are going to be covering today will touch on some of those highlights, but we did want to bring that to your attention.

The second is that next week or this week actually, excuse

me, every year there is a national meeting that our state agencies have with other federal agencies and with CMS. That meeting is taking place this week and if there is any new information that comes out that any time we would have any kind of updated information we would schedule another phone call to go through that or if there are any updates from that we have that on our radar screen so we wanted just to bring that to your attention. Often CMS issues those kind of updates at this annual meeting.

So with that I'm happy to be able to now have Liz Silky, one of our new unit supervisors here, actually be able to provide an update on the federal deficiencies in some of the trends that we have.

LIZ SILKY: Thank you, Mary, and, good morning, everyone. So included with your agenda we've attached several reports and I'm going to just kind of briefly go over those reports.

So you have a Citation Frequency Report, the be (?) above for surveys and be above for complaint and we just wanted to provide this as kind of for your information and to focus on what the top efficiencies are. And if you look back on previous reports from fiscal year '18, many of the deficiencies remain the same such as infection control and free of accident hazards, treatment to prevent pressure ulcers, for example, and then I'd also like to draw your attention to the Citation Frequency Report for G or above. These are the tags that you will receive remedies for if they are issued at a scope and severity or a tier above and as you can see, some of these are treatment and services to prevent pressure ulcers, accident hazards, quality of care, which includes hospice care and non-pressure-related skin conditions, infection control, CPR and freedom from use and

neglect, nutrition, hydration, maintenance, behavior health services, discharge planning, notification of changes, pain management and treatment for dementia.

So we just wanted to share this information with you.

MARY Absolon: Okay, thank you and we'll be going into a little bit more detail in a few minutes on some of the immediate jeopardy citations.

The second area that we wanted to provide an updates is we did during our February calls, we had provided an update on our federal integration, which was effective December 3, 2018, where all of our federal incidents are being triaged by federal trained surveyors and that that system is in both swang(?) we're learning more and more each day and working closely with CMS on the implementation of that. Just to remind everyone that when we get those reports that that information is reviewed and triaged based on the information that we receive, and one of the tips that we have is that if there is an incident that's being reported that requires some kind of protection of the residents through the nursing incident reporting portal, that to, please include the comments in terms of what measures the facility is taking to protect that resident such as supervision, periodic checks. If there is a perpetrator, that that person is no longer working with the resident or other areas and the reason is that when we receive the incidents that are reported by the facility as well as complaints, they're all triaged in a similar matter. We are needing to triage a base on that and if there questions about that initial -- that kind of oversight to protect the residents, that that information is sometimes lacking and that will make a difference in terms of the immediacy we would need to come out and review that onsite.

The other tip that we wanted to pass on to you, in the information that is being submitted as far as the investigation from the facility report, that all of that information is now being collected and grouped in a database that all of our surveyors have at their fingertips during the survey and that they are looking at those reports or a sample of those in terms of the accuracy of information and verifying that when we are onsite which our payer addict(?) survey. So also our tip is to assure that that information that's coming in is accurate information.

Then we would like to turn it over to some -- we always like to think about areas that kind of jump out at us that seem to be things that we just need to improve upon and we've talked in the past about prevention of pressure ulcers and this month a call we wanted to go through some kinds of citations related to CPR and if Lisa Silky will please do that now.

LIz SILKY: Yes, we just wanted to update you regarding, as Mary said, the CPR at F678. We've had many immediate jeopardy citations related to this requirement, so we really encourage you to review the regulations at 678 and ensure residents current wishes for code status is consistent throughout the record and facility practices.

Some issues we have seen, we have seen where the resident has assigned(?) host(?) and the electronic med administration record are perhaps are the same, but another quick check such as the resident's wrist band or maybe the code status is listed on a clipboard or something is different, so there' some discrepancy in the identification.

And we've also seen problems, too, in the care process where a resident is readmitted from the hospital back to the

facility and there is a change in the resident's code status, which is not consistent with the resident's host.

MARY Absolon: So at this tag at 678, one of the reasons that we wanted to bring this to your attention and wanted you to go through that is that our findings here of the severity of those deficiencies that there's no G that is allowed in terms of at that harm level, it's either an IJ or it's at the level of a potential. And so what happens is if those systems are not in place, in that federal tag as it's laid out those violations, many of them are going up to that immediate jeopardy level and are areas that we really believe that we could prevent and prevent that from occurring. So we also would just recommend that you read that particular regulation in detail and if you have any questions, please let any of us at the Department know, we would be happy to walk through that with you. Thank you very much, Liz.

So the next area that we're going to walk through is just Honor Federal Complaint Investigation and we're following when we do our complaint investigations, when we get a complaint for a federal provider, and this is across many providers, that we're conducting those federal complaint investigations consistent with the federal process and then if -- in those cases where it's required that we need -- where the Department would do a maltreatment investigation -- that our Office of Health Facility Complaints is conducting those maltreatment investigations consistent with our state law and statute. Generally, those are occurring after we do the federal, however, we do have authority if we need to to do those concurrent and that most likely would happen in a more serious situation.

Okay. The next item on the agenda relates to our federal

enforcement cycle. So thinking back to what Liz was mentioning where we were talking about remedy, as we are going out and we're investigating our complaints, which we talked about doing, and we're doing it with our robust system where we have teams all over the state, we're investigating those consistent with Chapter 5 and the complaint procedures that are outlined in Chapter 5 are the Federal Guidelines and we have a link down under item agenda #7 related to that, and so we're triaging those. And when we are triaging those, there are some that we need to go out sooner than others and there's a specific timeframe. And so we are wanting to recommend that you be very tuned into it, if you happen to get a violation, where you are in terms of that federal survey cycle and that you need to know where you are at in the federal survey cycle and to pleasure assure that you're in compliance to avoid federal remedies and to maintain certification. The details of the federal remedies are actually found in Chapter 7 and so with the more frequent complaints that we're doing, there's a potential that there could be either survey cycle that does not close or else we would open and close more over time and as we become more efficient in this system, we are anticipating that that may take place, so we're bringing that to your attention.

This also is something that in this OIG report that they're mentioning the fact that 31 percent of the nursing homes had a repeat deficiency within the last five times in five separate surveys and that half of those were at the more serious. And so we're wanting to bring this to your attention in terms of what this could mean from an enforcement and to know that anything you can do to keep in compliance, it will avoid you to get in that survey cycle and keep out of that.

Okay, Liz, I'll turn it back over to you regarding our joint provider training and some of the new guidelines that are coming out towards the end of this year.

LIZ SILKY: Yes, thank you, Mary.

So we'd like you to hold November 12 through November 15 open. What we'd like to do during these dates is provide some joint provide surveyor training and we're hoping to conduct that training via Webex. Some of the new phase 3 long-term care requirements that are going to be implemented on 11/28 of this year include infection control, QUAPI, trauma, informed care, compliance and affect(?). There's some training requirements and CMS has indicated new interpretive guidelines are to be released, but we do not have a date certain on that so stayed tuned.

MARY Absolon: Thank you, Liz. Now, I'd like to have us walk through our recent informational bulletin that we issued, actually about a week ago and that's Informational Bulletin 19.2-2, related to facility-reported incidents of abuse, neglect, exploitation or mistreatment and under our Minnesota Vulnerable Adults Act. Once again, we're thinking people to Chapter 5 in terms of the complaints, procedures. MDH issued that bulletin to update what we have identified in the nursing home incidence system which were some gaps where we need to assure that all of the on-site investigations that we do are unannounced. And just as a reminder, a facility report when you submit those through our nursing home incidence center or a complaint investigation which is received by anyone, all of those incidents are federally triaged in the same way and then they're prioritized for onsite investigation based on severity and based on level of triage, level of seriousness, which is

outlined in that Chapter 5 and our federal oversight, CMS actually reviews how that Minnesota Department of Health looks at each of those cases and triages them to ensure that they are consistent with federal guidelines.

We are also aware that CMS is drafting some guidelines related to the facility report. We have not seen that final guideline and when we do we will be working through that process.

So in our revised or updated system, we have updated the reference to the federal requirements and this is under the update that the inspections are unannounced, MDH is no longer providing an email notices to facilities that reports have been received have been closed out. The ones that were not closed out, did not receive one and so in order for those to be unannounced that's how that needs to happen under that federal system.

We have a consistent message that we're sending out and there are three email communications that are coming in potentially after that report is submitted. After the investigatory report is submitted, you would not receive the follow up email once that process is complete and then that falls off of your list so that's the way for you all to verify that we have received that. Otherwise we will be sending a reminder initially upon the date of report on day three and on day four.

In addition we also remind everyone that the reports, once you do have an incident, that those reports need to be for the investigative part need to be submitted to MDH within five days and if they are not, that is potentially an area the MDH may issue a deficiency related to that. So please go ahead and do

that so that we can keep the process going.

We also updated our portal system in terms of discrepancy in terms of just referencing the current federal regulations there and so we have that in place. We have been processing those. Those reports that we're receiving and are triaging, our Health Department staff have been moving those through and are becoming, I would say a lot more efficient in that process. We have staff that are reviewing a number of those seven days a week as well as our marked system that's always up seven days a week for submitting any reports that you have.

Okay, Liz, I know that since last time we met CMS issued some new immediate jeopardy guidelines and so would you talk about how we've done some recent outreach related to that.

LIZ SILKY: Sure. So consistent with the QSIL Memo 19-09, as Mary said, revision to Appendix Q, guidance on immediate jeopardy we developed two surveyor guides. The first one is surveyor guide to calling an immediate jeopardy and then submitting a removal plan for immediate jeopardy. They were initially intended to help guide the surveyor through the process and we also have shared the guides on our federal CMS nursing home regulation resource page and you'll find the links embedded here on the agenda.

MARY Absolon: And what was that the federal QSIL number?

LIZ SILKY: It was QSIL 1909 and on this page there's also a link to that and within that QSIL 1909 is the template, it's like the last page of the guide.

MARY Absolon: And so now when we're in -- that template is in that federal guidance, that template is being completed. We've used it, I'm not sure, a couple of immediate jeopardies that we've had since that as issued and then that completed template

is shared with the provider in terms of at the time when an immediate jeopardy is called, so we promoted that up to the website and it's consistent with that federal guidance that was issued.

Okay, just a -- we're going to move into our Q&A briefly here. Just a reminder that we are recording this phone call, it will placed up on the website within approximately the next week, depending how long takes, so we'll move that as quickly as possible.

I know that Maria King is also joining us on the call as we move through our Q&A. Maria, did you have any comments before we go, perhaps any additional areas of clarification or commentary?

MARIA KING: No, Mary, thank you, I don't.

MARY Absolon: Okay, great, thank you so much. Okay, Patricia, we need your help here in connecting with our folks out there. We have about 271 people that were on the call when we first came on, which is fantastic and I'm not sure if that number has gone up or where that's at. So we're happy to have everyone on and really thank you for taking time out of your busy schedule to do this and we appreciate all of your hard work.

PATRICIA: At this time I would like to remind everyone in order to ask the questions, press *1 on your telephone keypad. Again, that's *1 on your telephone keypad. We'll pause for a moment to compile the Q&A roster.

We have our first question. State your first and last name, your line is open.

MARY Absolon: Hello.

Q: Hello, can you hear me?

MARY Absolon: Yes.

Q: Hi, my name is Katherine Selner and I am a consultant pharmacist and I had a question regarding the 28-day eye drop expiration citation that's been going around.

MARY Absolon: Mm-hm.

Q: Just looking for some clarification on that as I've reached out to the Board of Pharmacy and they do not recognize that as the best practice.

MARY Absolon: Maria, I'm wondering if you have anything on that right off the tip or else we might need to get back to Katherine and if there's, in terms of, I'm not sure, the Board of Pharmacy is not on the call today so we could also give them an opportunity to be able to have that conversation.

A: Right, and the comment that I'll make for Katherine and I do think we can reach out and get some additional supporting best practice information for her, but one of the things, Katherine, that happens is that we do take a look at the medications that have been opened for use and we look at one of the things that we do consider when we're citing this as a division practice would be to look at the manufacturer's guidance for how long that medication is appropriate to have in use, not just for expiration of the potency, but also in relationship to potential for contamination of the eye drops. So those would be the two things that I could say off the top of my head and then we could get some additional clarification for you as well.

Q: Sure that would be great. Kind of feedback and off of what you were saying with the manufacturer. I was recently involved in a survey where we did contact the manufacturer which provided expiration dates beyond the 28 days and it sounds like the citation was still issued.

A: So, we, in a lot of those issues, we'll work through that

with CMS in terms of the CMS direction through this process. So, Katherine, if you could please send an email to the link that we have so that we get your name and contact information.

Q: That would be great, thank you.

A: Great, thank you. Patricia, next caller.

PATRICIA: Yes, we have your first question. State your first and last name. Your line is open.

If you queued in for a question, please state your first and last name, your line is open.

Q: Hello, my name is Geri Reinhardt and my question has to do with the disposal of Fentanyl patches. We have heard from countries that they do not want these destroyed via the sewer system as it is a contaminant and yet we're reading and hearing of citations being issued for disposing of fentanyl patches in the medication destructive boxes that you purchase. Can you provide clarification?

MARIA KING: Mary, would you like to respond to this or should I take this one?

MARY Absolon: Maria, why don't you take that one.

MARIA KING: Okay, so we are aware that there are some discrepancies in what CMS is encouraging us to enforce and we know there are some counties that won't let a provider flush something into their system and so one of the things that we're suggesting that providers do is make sure that you're reaching out to your water source people and verifying with your water source people what their recommendation is and whether or not they have any concerns with that and then we're looking at these individually.

So if you are with -- Geri, did I get your name correct?

Q: Correct, so you want 300 providers contacting their county

rather than doing this a statewide effort?

MARIA KING: We currently have direction from CMS that we have to be in compliance with their recommendations and the current recommendation based on the severity of issues that can happen if somebody unintentionally gets access to a fentanyl patch, the current recommendation has been that those people that cut in half and be flushed and we know that there are some areas where the county water sources are saying that that is not acceptable in that area and so if that is the case for the area that you are, we would like to work with you individually on that.

Q: Thank you.

MARY Absolon: Thank you, Maria.

PATRICIA: We have another question. Please state your first and last name. Your line is open.

MARY Absolon: Okay, hello?

PATRICIA: If you queued in for a question, please state your first and last name, your line is open. We have another question, Ms. Shelly Sagerhorn, your line is open.

Q: Hi. I have a question related to the first question that was asked, the eye drops and the expiration of 28 days.

MARY Absolon: Who are you?

Q: My name is Shelly Sagerhorn and I'm the Assistant Director of Nursing in Battle Lake. Our pharmacy consultant had a question related to the eye drops and the 28 days. She had reached out to our local Minnesota Department of Health person and she suggested that we bring this forward at this call. We're having -- not we personally, but we could, where insurances aren't authorizing refills on eye drops because according to their guidelines it's too soon and so sometimes according to our pharmacy consult in some homes they're going,

like residents have gone a week without their eye drops because they're expired and they can't get them from the pharmacy, so she was wondering if there is a way that we can get an order or something from an ophthalmologist stating that we can continue the drops until a new supply can be dispensed. In those situations, do you know if that is something that would be considered acceptable?

MARY ABSOLON: Shelly, we're getting some feedback. I don't believe that we have had this come to our attention regarding the insurances and so I would recommend that we get an email from you and we pull this together and we work through that and we would be happy to do that to figure out what's that's about. We would just need some more information related to that, if there's a specific resident, is it private insurance, is it under Medicare, that kind of thing and if you could send the email to us or else just even send it to I think Maria King -- maria.king@state.mn.us, we would pull this together and then we'll piece this together and we'll be then to also -- I'll be at the national conference this week and we can see what other states are doing. One of the reasons that we really like doing these phone calls is it gives us al an opportunity to be able to come together and to piece things together. This particular one is just a day or two before we are going to be with other states at our national conference, so we have that opportunity to be able to see what other states are doing and then to connect with leadership at CMS and there is a separate presentation that they have from the department, from their nursing home program and so we can raise this there. So please do that and if you can get those emails to us today that would be wonderful. Patricia?

PATRICIA: Yes, we have our next question. State your first and

last name, your line is open. If you queued in for questions you may state your first and last name.

MARY Absolon: Anyone there?

PATRICIA: We have another question. Please state your first and last name, your line is open.

Q: Hello, can you hear me?

MARY Absolon: Yes, we can.

Q: Nola Smith from the Galleon, yes, from Osakis, Minnesota. My question is in regards to the federal integration update. I was told initially like when we send the report in to OHFC that we try to be as minimalistic as possible because you don't have time yet to investigate whatever has went on with whatever the issue is. So this where you say that we need to put in requiring what we did for the resident, so like if you say someone had a terrible fall or something like that and they had to be sent to the hospital, you want us to put more additional things, but we might not know what they broke yet, or if they broke anything, but we're sending one in anyway. Do you understand where I'm going with this? So you want some kind of statement in there about how we protect the resident already in that, but we're not quite sure what happened?

A: So the initial report is just an initial report and needs to be accurate based on what you know. We review all those cases and so in some of the cases that have come in and we have communicated this last month, they were very brief like a couple of words and that it was really hard -- we look at that information in triage, yet, for example, when we go onsite there actually was a little bit more information that was available at the time of the incident and so you would need to include -- and so in this situation we're just bringing to your attention that

it might be appropriate for those areas to be addressed if that is clinically appropriate.

If it's not clinically appropriate, if it's something that you are transferring the person or whatever and it would not be relevant then it would be something that would need to be individualized to that resident. In that situation it sounds like, if you're going to be transferring that person that even that information would be helpful to know. So that's what we're bringing to your attention and so I hope that that helps. It's not obviously -- you as a facility, you have the information that is available and we do not because you're looking at that resident.

Q: So you want them to be a little longer than they've been. Okay, I have that issue. I sent you one about this gentleman he fell and we didn't know, it appeared that maybe he had fractured a hip or whatever while he went to the hospital and, of course, he didn't and they sent him back and that kind of thing so we had sent the report just because we thought, well, he probably had a major injury, a break, so that was our guestimate, and then he comes back. So then I thought, oh, dear, then I wasn't sure then from what this comment was, I didn't know for sure if he had broken anything. That was a guestimate, so we should have put something down like that even if we're unsure is what you're saying, so, okay.

A: So you would just need to be able to put together the information that you have available and then you need to make a decision in terms of our prioritizing it for onsite based on that available information and we know that this evolves and so that is an initial report. If you do have any questions and this might be helpful just to call us on some of those and we

can even work with you individually if you're not sure about what is included in that initial report. We had just found that some were really, really brief and when we actually got onsite that there actually was additional information that was available so we're bringing it to your attention and so that's where we're at.

Q: Because I know I did end up sending you copies of the x-rays and everything, verifying the report that he wasn't injured. All right, thank you.

A: Okay, thank you very much and it might be also we would recommend that if you look at the February 20 statewide call, on that agenda we had some examples there of triaging information available and that there was some additional information that actually the facility had that made a difference and we're just simply working through that process right now in terms of reporting and what needs to be reported or in terms of that. But, thank you very much, for taking that action to protect the residents. That's the most important thing.

PATRICIA: We have another question. Please state your first and last name. Your line is open. For anyone who queued in your question, state your first and last name. Your line is open. We have another question. Please state your first and last name. Your line is open.

Q: Lynn Boston.(?)

A: Hi, Lynn.

Q: Hi, there. I just wanted to comment on this last question on giving information with the initial report for VA. I just wanted to say that really, truly all of us should have been doing it all along. That's the best way to go about this, do as much of the investigation as soon as possible and that the

intent is always _____. So if we ever -- embarrassing that the ____ treatment or fear of bodily injury ____ that be a priority really needs to be understood by everybody and to make sure that people don't go through unnecessary onsite investigations, draining everybody's time, including OHFC and the survey, it would be best if we went with -- do as much of the investigation as possible. That's _____.

A: Lynn, it was really difficult to hear your comments so we'll -- I do know -- we do know -- that regarding the federal reporting which is quite broad and needing to get that initial report and then that followup by the investigative that there are -- is discussion to reach out for additional clarifications related to that so we're interested to see if CMS is going to be doing that and from what I can hear from you, you were trying to say that that would be something that would be really helpful so we're all on the same page.

So, yes, please continue to submit those initial reports and then we will work with you on working through that process in terms of whether we need to go onsite or not.

Q: Sounds good.

MARY Absolon: Patricia.

PATRICIA: Yes, we have another question if you would state your first and last name. Your line is open. Please state your first and last name, your line is open. We have another question, please state your first and last name, your line is open. Excuse me, if you queued in for questions, please state your first and last name, your line is open.

Q: Hello, can you hear me?

MARY Absolon: Yes, we can.

Q: Hi, Mary, this is John _____Waiting Age. It's hard to tell

from this side of things whether it's your turn in the queue or not.

A: Okay, thanks.

Q: Anyway, just jumping in, on the federal integration, is there anything new or just even around the edges about how your work and the work of the OHFC team are coordinating when it comes to complaints or FRIs relating to the federally certified providers -- are they any new updates there? For example, I'm wondering, thinking a bit about the OHFC 60-day timeline for completing their piece, the maltreatment determination piece, which is I know their goal as they continue to improve their processes and so forth, but I could see there being times when your team might batch some non-emergent complaints for evaluation during an annual survey and that that might occur at more than 60 days out, so just any updates at all about how the two pieces are working together.

A: Thank you very much, John, and we're triaging everything in that federal database and the areas that are triaged as immediate jeopardy or not immediate jeopardy high are the ones that need to be investigated generally under our state law and so when those timeframes happen they are in sync with our state law and then we do have the option under our state law to be able to extend the timeframe, if necessary. What we are doing is that we are really looking at how that whole efficiency in terms of the volume of those numbers and bringing that to bear in terms of the most efficient way and resource to meet what are different timeframes yet within the same overall timeframe under a state law and the federal.

When we are out there investigating in terms of the two-day and the ten-day, we essentially are conducting that federal

complaint investigation and then those are moving over when they're substantiated for review under maltreatment and if they're not substantiated then we are dovetailing those two for consistency between those. I would say that our teams are working very well together and are moving those documents through a system. There's internal file systems that we have that were actually very quite well organized prior to our integration. We're continuing to move that. The question is really about the volume, John, and so we're analyzing that as we've been triaging more. If that volume goes up within that two-day, ten-day then that's the trend analysis that we're doing because of those stricter federal timeframes and working with CMS in terms of assuring that we have those proper federal resources to be able to accomplish that as well as our state resources also.

Q: Let's maybe just continue the conversation in the months ahead. A couple of things that I think might be of interest, so with not receiving the closeout messages, there will be a sort of a limbo but one way for that limbo to end might be for OHFC then to, on the state side of things, to post and not substantiated on the maltreatment side, for example, so just curious about that timeframe, but we'll just follow it as it goes. And then relatedly a number of our members have, as we've thought about this process, wanted to avoid the possibility of two investigations and so that's just another question that I think is lingering for us a little bit. If you were going to batch something that wasn't a two- or ten-day, but something that could be dealt with on the annual recert, but that was 90 or 100 days out, might OHFC feel compelled to do an investigation on the maltreatment side and then have the LMC

team investigate it again on the survey side. Things like that, but we can just track it and work these things out or understand them as we go.

A: So just to clarify, in Chapter 5 there are more levels of potential violations that need to be investigated under four to five tiers and that under a state law generally the only ones that need an onsite investigation are the ones that would be categorized as immediate jeopardy under federal or non-immediate jeopardy high, so that those latter ones are not required to be investigated under our state law, but they do under our federal and so there's actually a difference there and then the second is that on the facility report, the facility has that information and is responsible for assuring that that followup in terms of addressing that situation as it occurs and that we triage it based on that level of severity as we said before and that that facility is responsible and then takes that appropriate action and if it's not triaged to need an onsite investigation, we would then look at that during the survey in terms of meeting the requirement related to properly reporting it to the state survey agency.

The other piece that we're anticipating is that CMS will clarify what needs to be reported or not reported in coming to some greater clarity related to that. And then the other comment about two investigations, in most situations where we are investigating those in concert with the vulnerable adult, the immediate jeopardy and then the not immediate jeopardy high, in those situations where we substantiate those, that file is something that is available for state use and that that excellent investigative file is adequate enough information for a maltreatment determination and if it's not, that often that

information can be gathered by not making a second onsite visit and in most situations. And so that is what we have experienced.

We also know that we need to look at each of those cases on an individual basis. There are individual facts that may alter from that, but we're -- that's what we are finding so far and so we're moving that through the process.

And then the other thing we will be meeting with our statewide surveyors, all of our surveyors, who many are on the call today as well as next week and the one question that we have is, are there areas, any gaps in terms of the resident health and safety because that's why we're all here. And so we believe that we are really working in this system in achieving that.

Q: Thanks, Mary.

MARY Absolon: Thank you, John. We really appreciate that comment and all your work.

PATRICIA: Again, if you would like to ask a question, please press *1 on your telephone keypad. We have another question. Please state your first and last name, your line is open.

Q: Hi, can you hear me?

A: Yes, we can and who would this be?

Q: Oh, this is Amber Broadler, Director of Nursing at St. Mary's Care Center. I have a question in regards to fall with fractures. Just giving you another clarification on that.

I had to put a report in -- like one of the ladies had said today that she didn't know much information right off the get-go, the person had fallen and received a fracture and that was all that was really known at the time, so we had put in the report and started investigating and I received a call I think

that next morning from the Department of Health asking if I had thought there was any abuse or neglect and I said at this time, no, but we were still looking into it. And then they asked why did I report it. I said, because we didn't know at the time and then they told me that I shouldn't have reported it, that we should have investigated and along the line like even if it was three days later, we determined that there was abuse or neglect, then we would report it. Is that accurate?

A: So in that situation and I don't have the documents obviously in front, when we issued the bulletin, if we look at what needs to be reported, it specifically relates to allegations of abuse, neglect, exploitation or mistreatment. And so if you think about those words and then match that with what our staff communicated, those were the questions that are being asked. That's what needs to be reported: abuse, neglect, exploitation, mistreatment. And so that was the question that was then being asked. So taking that if there's an incident and then based on that you don't know that you're investigating, but say at the point that you found out, oh, somebody abused this person, at that point it becomes reportable.

And so the question is going into those definitions of abuse, neglect, exploitation or mistreatment and asking yourself, in terms of the facts as you know them at that point in time and that's what we were looking for and that's what then our staff are following up and asking that and we are doing outreach so that we work on what needs to be reported and then if it doesn't need to be reported that those then do not need to be reported and we continue to work on that and that's what that was about so we hope that that information was helpful in terms of what the regulation is about and what we're enforcing.

Q: So it sounds like in a lot of cases with falls or fractures that wouldn't be recorded then?

A: Each situation would need to be looked at and you need to look at those definitions so it would just depend on the fact of that individual situation.

Q: All right, since the care plan was followed and it was an accident, in those cases then it wouldn't, is that correct?

A: If it does not fall into those definitions, you need to look at those definitions and that information would be what you would have in front of you. And if you're going through that and you're not sure, you can always calls us and we'll be happy to walk through that with you, depending on the specifics.

Q: Okay, thank you.

A: Thank you very much, Amber.

PATRICIA: There are no further questions at this time. You may proceed.

MARY Absolon: Hey, Maria, do you have any follow-up comments as you've been listening?

MARIA KING: No, I just wanted to make one quick comment to Amber and to the other gal that had the question, we know that sometimes it's really a challenge and that's why we had that as an area that we covered during our statewide joint provider training last year. And I know that unit supervisors would be happy to field questions from providers and so I just wanted to give shout-out for our unit supervisors. They're an excellent resource.

MARY Absolon: Thank you, Maria. Also, on that note please communicate with the provider associations, their ombudsmen office. We will be working on what we want our joint Webex training to be in November and we, over the last two years, have

had areas related to facility reports. If there is something that we get in a sooner timeframe from CMS, we're obviously going to be doing outreach related to that.

So with that we wish you a wonderful spring and moving into the summer and we thank you for all of your hard work that you're doing and we really appreciate it. There's nothing more that our surveyors report in terms of some of the really good things that they're seeing out there and then there's other areas that we need to approve upon and so that will be there for you also there.

Thank you very much, Liz, for your great work in putting this agenda together and have a great day. (THE END)

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Minnesota Department of Health
Health Regulation Division
85 E. 7th Place
PO Box 64970
St. Paul, MN 55164-0970
651-201-4101
www.health.state.mn.us

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