

**Long-Term Care Facility Advisory Board Meeting  
August 18, 2016 • 10 a.m.**

**Approved Minutes**

Call to Order and Introductions

Connie Jensen co-chaired for Darlene Harney, called to order meeting at 10:00 a.m.

Members present: Mike Bibo, Pamela Blatter, John Siegel (proxy for Donna Ginther), Dr. Alma Labunski, Jamie Freschi, Bill Bell (proxy for Dr. Albert S. Maurer), George Bengel, and Robert Roiland

Members Absent: Kevin Switzer

IDPH Representatives and Guests: Sean Dailey, Connie Jensen, George Logan, Elaine Huddleston, Erin Davies, John Cirm, and Henry Kowalenko

Approval of May 19 & June 29, 2016 meeting minutes

Board members were asked to ask to review and comment on June 29, 2016 meeting minutes. The Board was not able to vote on the June 29, 2016 minutes due to lack of a quorum; will bring meeting minutes from May 19, 2016 and June 29, 2016 meeting back to the November 17, 2016 meeting to vote on.

Membership Update

1. Membership vacancies – four (4) voting vacancies
  - a. Two (2) Public members;
  - b. One (1) Resident Advisory Council member; and
  - c. One (1) Advocacy or legal Assistance member

Board members were reminded that the Board has four (4) voting vacancies that still need to be filled. Members were reminded to contact the Department if they know of any candidates that are interested in serving on the Board.

2. New members

Mark McCurdy, Acting Chief Bureau of LTC, Division of Medical Programs, from IL Department of Healthcare & Family Services, newly appointed member to join the Board gave a short introduction.

Old Business

- 1) Center for Clinical Standards and Quality/Survey & Certification Group
  - i. Fire Safety Requirements for Certain Health Care Facilities S&C Memo 16-22-LSC
    1. Henry Kowalenko covered this information at the June Meeting.
    2. CMS adopted and published the final rules on May 4, 2016
    3. Adoption of the 2012 LSC and the 2012 HFC Code effective date July 5, 2016
    4. CMS is transitioning the 2012 LSC Code effective November 1, 2016
    5. Survey process identifies deficiencies that would be compliant under the 2012 LSC, facility may verify compliance as an acceptable POC and the deficiencies would not have been cited
    6. CMS is working on updating the survey forms prior to the November 1, 2016 start date
    7. Contact the Department with any questions or concerns to these new rules.
- 2) Rulemaking - Skilled Nursing and Intermediate Care Facilities Code (77 IAC 300)
  - i) DRAFT Proposed Rulemaking: 300.340; 300.2810; and 300.2820 (See IHCA Rev 7-7-16)
    - (a) Sean Dailey commented working on bringing the licensure and federal regulations current with the new 2012 LSC Code
    - (b) Draft Notice of proposed Code discussed at the July 20, 2016 meeting – reference the new code changes
    - (c) Henry Kowalenko commented the Department has reviewed the suggested changes made by IHCA, but was not able to put something together in time for this meeting; will bring back to the November Meeting for review.
  - ii) IHCA Proposed Changes
    - (1) Mike Bibo, IHCA presented changes to the Rules that are closer to the statute for review and comment.
- 3) Rule Updates (Subpart S, SMHRF, Distressed Facilities, Behavioral Units)
  - i) Sean Dailey commented this section was split up between OHCR Staff for updates
  - ii) SMHRF Updates
    - (1) Professional licensure program rules changed with the Act
    - (2) New regulations adopted over a year ago
    - (3) Suggested language changes and revisions have been sent to Debra Bryars for review; will bring back to Board at the next meeting
- 4) Status of LTC Facility Incident Report Form Development
  - i) Working on placing Report Form on IDPH Website

- ii) Minor changes were made to this form relevant to SMHRF
- iii) Form will be published to IDPH Website
- iv) Forms will be submitted to Regional Offices to post.
- v) Each Region will be responsible to monitor their own incident report except for Bellwood
  - (1) Bellwood will have their incident Reports sent through a special investigation Unit from Springfield.
- vi) Region 8 and Region 9 will be combined through Bellwood.
- vii) Incident reports will go to Chicago and then published to a specific Website and emailed
- viii) Regional Offices will establish and email and attach a report to convert it to a scanned email message.
- ix) Springfield RO will monitor the workload
  - (1) SPSA of RO to review report
  - (2) Complaint is forwarded to CO
  - (3) CO/RO will accept incident Report and upload in Federal monitoring system
- 5) Status of Informed Consent Forms (Physical Restraint & Psychotropic Medication attached)
  - i) Board members were given a draft copy of two different types of "Informed Consent Forms" for review and discussion
    - (1) Informed consent for Use of Physical Restraints
    - (2) Informed Consent for Psychotropic Medications
    - (3) Connie Jensen opened for comments and concerns to the form(s)
    - (4) Board Members made a few suggestions
      - (a) ICF-Physical Restraints form
        - (i) Extra Bullets need to be added to communicate with client/guardian/family members when informed MD.
        - (ii) Client/patient can change their mind anytime
        - (iii) Form is good for a certain timeframe (ie, 6 months)
        - (iv) When the form is finalized - make sure form conforms to the Rules
      - (b) The ICF-Psychotropic Medications Restraint Form
        - (i) Review Language on word "treat" on page 1 of consent form
        - (ii) Review regulatory and language on restraint time to 6 months
        - (iii) Review regulatory and language on use of form
- 6) Sean Dailey will look at the Rules to confirm usage of the form.
- 7) No other comments were discussed and Board Members agreed to table for further discussion
  - a) Complaint Intake Data:
    - (1) Board members were given a copy of the 2015 Annual Report on Complaints
    - (2) Placed on IDPH Website
    - (3) Report has been expanded to include additional information as requested by the Board
  - b) Complaint information broken down by different Regions,
  - c) Breakdown of anonymous & non-anonymous complaints,
  - d) Breakdown of complaint's that were substantiated or un-substantiated; and
  - e) Total number of complaints by numbers and percentages.
- 8) Involuntary Discharges
  - i) Board Member were asked to open for discussion as a group for questions and concerns
  - ii) CMS looks at Involuntary discharge as a Hospital dumping issue
  - iii) Direction of involuntary discharge address concerns across the system;
    - (1) Starts from Baltimore through RO
    - (2) Through Chicago and passed down to Springfield for handling
    - (3) Other reasons given to be aware of impact on resident's voluntary or involuntary discharge
    - (4) Residents behavior that is going on at that time - is not addressed
    - (5) Review individual cases to look at behavior at the facility overtime - is not addressed
    - (6) Resident transferred to hospital as involuntary discharge – look at reason for discharge
    - (7) Handled at hospital and not transferred to facility- becomes a dumping issue and directed to CMS
    - (8) Voluntary discharge check at facility
      - (a) Responsibility passed to facility pending bed hold.
      - (b) Facility handle under NCA Act- hold bed 10 days for emergency reason
      - (c) Not take resident back
    - (9) Look at individual basis
      - (a) Not an easy review
      - (b) Lawsuits with other states raised
      - (c) Residents and facilities rights
      - (d) Resident at a reasonable level
        - (i) Not cause harm to someone else
        - (ii) Psycho social level at 2 or 4
  - iv) Make Advisory Board and Public Health aware of issues
  - v) Department welcomed the Board questions and concerns on this issue
  - vi) No other questions or comments were shared.
- 9. Medical Cannabis
  - (1) Sherry Barr commented that she has not received word back from Connie Moody, Deputy Director over the development of Emergency rules on the use of Medical Cannabis in Health Care Facilities.
  - (2) Jamie Freschi commented that the Board should take a look at direction from PH on resident's use of medical Cannabis.

- (a) Facility not look at as advocates
- (b) No rules/guidelines/codes to work with
- (3) Mike Bibo commented problem is with Federal Government classifies as a Controlled Substance
  - (a) Puts facility at risk if not follow Federal Medicare/Medicaid Rules.
  - (b) Not get Medicare/Medicaid funding
  - (c) Puts Administrator at the NH at risk
- (4) Department noted the Boards questions and concerns that were addressed; and
  - (a) address these questions and concerns to Connie Moody's group and JACHR
  - (b) bring to Quarterly Association Meeting to work on development of rules
- (5) No other questions or concerns were raised

#### New Business

##### 1) Remote Review of Medication Orders:

- i) Garth K. Reynolds, RPh, Executive Director of Illinois Pharmacists Association and David D. Wegman, RPh, Senior Vice President, Pharmacy Services with Green Tree Pharmacy presented this information to the Board
- ii) The Board was given a hand out for review of highlighted sections of the Administrative Code on Section 300.1620 on Compliance with Licensed Prescriber's Order and CMS Manual System, Pub. 100-07 State Operations Provider Certification, Transmittal 22 -Dated December 15, 2006.
- iii) The discussion was over Section 300.1620 Subpart H Medications, which was last reviewed in 2003. Technology has advanced since then to make information available remotely.
- iv) Neighboring States do not require on-site consulting as Illinois does.
- v) Federal CMS language acknowledges that technology allows for remote consulting.
- vi) MRR is required at least monthly, or more frequently.
  - (1) Reviews are generally done for new admissions, and when there is a significant change in a resident's condition.
  - (2) Current practice does not meet on-site MRR requirements for these interim reviews.
  - (3) Look at Section 300.1620 c) of the Adm Code states that the review of pharmacy orders shall be documented in the clinical record.
- vii) A proposal was given to the Board for further discussion that would like to see Remote Pharmacy ordering issue change.
  - (1) Conduct review outside faculty,
  - (2) Current process is not a good use of time,
  - (3) Proposed changes would help make better use of pharmacy and Pharmacist's time; and
  - (4) Stay at worksite and schedule monthly meetings to discuss with DON, which would make effective use of time.
- viii) The Board agreed with the comments and proposal presented and moved forward to discuss further to make other changes more to 2016.
- ix) The Department also concurred with proposed changes and will look at technical help for support
- x) No other comments were raised.

#### Meetings

- a) Next meeting is November 17 2016● 10 a.m.
- b) Agenda items to Darlene Harney two week prior to the meeting date
- c) Confirm attendance (or designate proxy) via email to Elaine Huddleston, [elaine.huddleston@illinois.gov](mailto:elaine.huddleston@illinois.gov)

#### Meeting Adjourn