

COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS

**THIS AGENDA CONSTITUTES NOTICE OF THE REGULARLY SCHEDULED MEETING OF THE
BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS
IN COMPLIANCE WITH THE OPEN MEETING LAW, M.G.L. c. 30A, § 20**

**Friday, February 16, 2018
10:00 a.m. to 2:00 p.m.**

**239 Causeway Street ~ 4th Floor ~ Room 417A
Boston, Massachusetts 02114**

Agenda

Time	Item #	Item	Exhibits	Staff Contact
10:00 a.m.	I	Call to Order Determination of Quorum Notice of Electronic Recording		Board Chair
	II	Approval of Agenda	Draft Agenda	Board
	III	Conflict of Interest		Board
	IV	Approval of Minutes of Regularly Scheduled Meeting A. January 19, 2018 Board Meeting	Draft Minutes	Board
	V	Board Inquiry A. CEU Request Jonathan G. McCosh, NH2433 Deferred to March 16, 2018 by applicant request	Letter & Supporting Document	Board
	VI	Administrator In Training A. Reciprocity 1-John Gage, RI (App #835706)	Applications	Board
	VII	Board Meetings A. Remote Participation By Board Members	Draft Memo	MS
	VIII	Staff Action Policy A. Nursing Home Survey Reports	Draft Policy	MS/RC

	IX	Open Investigations: Triage(s): A. TRG-11023: Larry Lenz, NH1375 Facility: St. Joseph Manor Attorney: N/A Staff Assignment(s): A. SA-INV-10842: Gary Leger, NH3518 Facility: Worcester Health Center Attorney: Paul Shaw Complaint(s): N/A	Investigative Report	KJ
	X	Flex Session A. Announcements/Discussions B. Topics for the next Agenda NAB Program Launch Presented By Randy Lindner, President of NAB	N/A	RC
	XI	Executive Session (Roll call vote) The Board will meet in Executive Session as authorized pursuant to M.G.L. c.30A, § 21(a)(1) for the purpose of discussing the reputation, character, physical condition or mental health, rather than professional competence, of an individual, or to discuss the discipline or dismissal of, or complaints or charges brought against, a public officer, employee, staff member or individual. 1. Specifically, the Board will discuss and evaluate the <u>Good Moral Character</u> provision of a pending application. 2. In addition, the Board will discuss and evaluate the reputation, character, physical condition or mental health, rather than professional competence, of licensees relevant to their petitions for license status change. The Board will not reconvene in open session subsequent to the executive session.	Closed Session	Board Chair
	XII	Adjudicatory Session	Closed Session	Board Chair
2:00 p.m.	XIII	Adjournment-next Board meeting scheduled for March 16, 2018.		Board

COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS

BOARD MEETING

Friday, January 19, 2018

239 Causeway Street - 4th floor, Room 417A/B
Boston, MA 02114

MINUTES

Board Members

Present:

William Graves, Nursing Home Administrator 1, Chair
Sherman Lohnes, Department of Public Health, Vice-Chair
Mary K. Moscato, Hospital Administrator, Secretary
Nancy Lordan, Nursing Home Administrator 3
Roxanne Webster, Registered Nurse
James Divver, Nursing Home Administrator 4
Patrick J Stapleton, Nursing Home Administrator 5 (Non-Proprietary
Nursing Home)
Mary Ellen Coyne, Office of Long Term Services and Supports at
MassHealth
Daniel Gebremedhin, Physician

Board Members

not Present:

Mary McKenna, Executive Office of Elder Affairs
Michael Baldassarre, Nursing Home Administrator 2
Jeannette Sheehan, Public Member 1

Staff Present:

Roberlyne Cherfils, Executive Director, Multi-Boards, BHPL
Philip Beattie, Deputy Executive Director, Multi-Boards, BHPL
Mary Strachan, Board Counsel, Office of the General Counsel, DPH
Anson Chu, Office Support Specialist, Multi-Boards, BHPL
Kimberly Jones, Board Investigator, BHPL

Guests:

Dana Nichols

I. Call to Order - Determination of Quorum

A quorum of the Board was present. Mr. Graves, Board Chair, called the meeting to order at 10:09 a.m.

II. Approval of Agenda

Board members reviewed the meeting Agenda

DISCUSSION: None

ACTION: Mr. Divver made a motion to approve the agenda as presented; Mr. Lohnes seconded the motion; Motion passed with Board members present and voting in favor unanimously

Document: January 19, 2018 Regularly Scheduled Board Meeting Agenda.

III. Conflict of Interest

DISCUSSION: Mr. Graves asked the Board members to review the agenda and disclose if there is any conflict of interest regarding any items on the agenda.

Mr. Divver informed the Board that he needs to recuse on Dana Nichols as well as one item in the Executive Session.

IV. Approval of Minutes

A. Minutes of the Regularly Scheduled Board Meeting: November 17, 2017

The Board reviewed the November 17, 2017 Regularly Scheduled Board Meeting Minutes.

ACTION: Mr. Divver made a motion to approve the minutes as presented; Mr. Lohnes seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: November 17, 2017 Regularly Scheduled Board Meeting Minutes

V. Board Inquiry

A. CEU Request

Jonathan G. McCosh, NH2433

RECOMMENDATION: defer

DISCUSSION: Ms. Coyne reviewed the documentation and determined that the Board does not have enough information to grant the CEUs. She recommends deferring until more information is gathered.

ACTION: Mr. Divver made a motion to accept the recommendation; Mr. Stapleton seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: Letter & Supporting Document

VI. Administrator In Training

A. Reciprocity

1. Sharon LeBlanc, SC (App #830325)

DISCUSSION: Ms. Cherfils informed the Board that Ms. LeBlanc's original state of licensure is South Carolina and she did not complete an AIT there as it is not a requirement in South Carolina. She also applied to North Carolina for a NHA license and North Carolina requires an A.I.T. and she has completed an AIT with her preceptor there.

RECOMMENDATION: Ms. Lordan recommended reciprocity after obtaining the AIT Final Progress Report on an official letterhead.

ACTION: Ms. Webster made a motion to accept the recommendation; Mr. Divver seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: Application

B. Request for Administrator in Training Credit
Work & Experience Credits

1. Mary Beth Hillard (App #829938)

RECOMMENDATION: Ms. Webster recommended 1 month credit

ACTION: Mr. Divver made a motion to accept the recommendation; Mr. Lohnes seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: Application

2. Colleen E. McGuiness (App #830966)

RECOMMENDATION: Ms. Webster recommended 2 weeks credit

ACTION: Mr. Divver made a motion to accept the recommendation; Mr. Lohnes seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: Application

[Jim Divver recused himself and stepped out of the room at 10:18 a.m.]

VII. Open Investigations
Triage(s)

A. TRG-10039: Dana Nichols, NH5372
Facility: Medford Rehab
Attorney: Paul Shaw

Ms. Jones presented this case to the Board.

Ms. Nichols, who was present, provided the Board members with copies of letters of recommendation from David Barrasso, M.D. and Jan Urkevic, M.D.

Triage 10039 was opened on September 1, 2016 based on a June 8, 2016 DHCFLC annual survey that found eight deficiencies that constituted substandard quality of care. Listed below are the eight total tags.

Assessment Accuracy/Coordination/Certified, F278 (page 1 of 27)
Develop Comprehensive Care Plans, F279 (page 3 of 27)
Services Provided Meet Professional Standards, F281 (page 5 of 27)

TX/SVC for Mental/ Psychosocial Difficulties, F319 (page 7 of 27)
Free of Accident Hazards/Supervision/Devices, F323 (page 32 of 69)
Sufficient 24-HR Nursing Staff per Care Plans, F353 (page 50 of 69)
Responsibilities of Medical Director, F501 (page 56 of 69)
Records-Complete/Accurate/Accessible, F514 (page 59 of 69)

A follow up review was conducted on August 24, 2016 and deficiencies were found to still remain at the facility. There was one new tag identified- Provision of Medically related social services, F250 and two existing tags still remained F279 and F319. On September 21, 2016 second follow-up review was completed and all deficiencies were correct.

A Life Safety Code survey was conducted on July 5, 2016 and there were 5 tags identified K020, K029, K050, K071 and K144. The facility was found to not be in substantial compliance. A follow up review was conducted on August 26, 2016. One deficiency remained (K020). On September 20, 2016, the Department conducted a second follow-up desk audit review and all the remaining deficiencies were corrected.

DISCUSSION: Board mentioned that the highest deficiency tag was a G and they were all corrected. Board staff said this was not covered under the staff action policy; consequently it must come before the Board for their review.

ACTION: Mr. Stapleton made a motion to dismiss triage as discipline is not warranted; Ms. Webster seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: Investigative Report

[Jim Divver returned to the room at 10:29 a.m.]

Staff Assignment(s)

A. SA-INV-10842: Gary Leger, NH3518
Facility: Worcester Health Center
Attorney: N/A

Ms. Jones presented this case to the Board.

On August 1, 2017, the Department of Public Health, Division of Health Care Facility Licensure and Certification (DHCFLC) completed a survey at Worcester Health Center. At that time, the condition at the facility constituted Immediate Jeopardy. The Department noted five corrective actions to remedy the violations.

- Prohibit Mistreatment/Neglect/Misappropriate, F 224 (page 2 of 57)
- Assessment Accuracy/Coordination/Certified, F 278 (page 14 of 57)
- Develop Comprehensive Care Plans, F 279 (page 21 of 57)
- TX/SVC for mental/Psychosocial Difficulties, F 319 (page 28 of 57)
- Free from Accident hazards/Supervision/Devices, F 323 (page 34 of 57)
- Responsibilities of Medical Director, F 501 (page 54 of 57)

DISCUSSION: Mr. Lohnes mentioned this was Immediate Jeopardy as someone was bringing controlled substances into the facility. Ms. Webster wants to know when did the Administrator learn of the issue and was he there when it happened. Mr. Lohnes noted that the Licensee was there for well over a year.

ACTION: Mr. Lohnes made a motion to leave this as a Staff Assignment and invite him to the next schedule Board meeting to speak with him; In other words, defer action until the licensee appears personally before the Board. Mr. Stapleton seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: Investigative Report

- B. SA-INV-10526: Thomas Bunker, NH2588
Facility: Victoria Haven
Attorney: N/A

Ms. Jones presented this case to the Board.

The Division of Health Care Facility Licensure and Certification ("DHCFLC") completed a Life Safety Code survey of Victoria Haven Nursing Facility (the "Facility") on September 1, 2016, which found ten (10) deficiencies. The Facility was found not to be in substantial compliance with the federal regulations applicable to long term care facilities:

- The Facility failed to comply with section 19.1.6.2 providing the appropriate construction classification for a 3-story building, K012 (page 2)
- The Facility failed to comply with the section 19.3.5.4 requiring the separation of hazardous locations, K029 (page 3)
- The Facility failed to comply with section 19.2.4.1 providing two approved means of egress from each floor, K032 (page 4)
- The Facility failed to comply with section 19.3.1.1 requiring 1-hour rate stairwells, K033 (page 4)
- The Facility failed to comply with section 7.2 and the proper construction of stairwells, K034 (page 7)
- The Facility failed to comply with section 7-1.5 requiring appropriate ceiling heights, K038 (page 8)
- The Facility failed to comply with section 19.2.2.3 requiring 48" corridors, K039 (page 9)
- The Facility failed to comply with section 5-3.1.5.2 regarding sprinkler head installation, K062 (page 11)
- The Facility failed to comply with NFPA 110 and NFPA 99 requiring monthly load testing of at least 30% the name plate rating, K144 (page 13)
- The Facility failed to comply with NFPA 70 Article 305-3 regarding the use of substitute wiring in lieu of permanent wiring, K147 (page 14)

On October 24, 2016, DHCFLC conducted a follow-up review which found the following deficiencies had not been corrected:

- The Facility failed to comply with section 5-3.1.5.2 regarding sprinkler head installation, K062 (page 11)
- The Facility failed to comply with NFPA 110 and NFPA 99 requiring monthly load testing of at least 30% the name plate rating, K144 (page 13)

DISCUSSION: Ms. Webster stated that most of these deficiencies were contractor related, not a violation of the standard of care of as an Administrator. Mr. Lohnes agreed that the issues were related to the physical structure of the building.

ACTION: Ms. Lordan made a motion to dismiss the Staff Assignment as no discipline is warranted; Ms. Webster seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: Investigative Report

- C. SA-INV-12306: Larry Lenz, NH1375
Facility: St. Joseph Manor
Attorney: N/A

Ms. Jones presented this case to the Board.

Triage-11023 was opened on March 7, 2017 based on an August 29, 2016 survey that found deficiencies that constituted substandard quality of care. Follow up surveys were conducted on October 26, 2017 and October 27, 2016. The October surveys found that two deficiencies were not corrected (F225) and (F281). The survey also identified a new deficiency (F328). On November 25, 2016, the facility's plan of corrected was accepted. On December 15, 2016, DHCFLC found all deficiencies associated with the October surveys have been corrected.

DISCUSSION: None

ACTION: Mr. Lohnes made a motion to leave it as a Staff Assignment and invite him to the next schedule Board meeting to speak with him; In other words, defer action until the licensee appears personally before the Board. Mr. Divver seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: Investigative Report

Complaint(s)

None

VIII. Flex Session

A. Announcements/Discussions

1. AIT Report Back
2. NAB CE Registry e-mail blast sent on 01/05/18.

DISCUSSION: Ms. Cherfils distributed a report of all AIT applicants that were approved since the last Board meeting.

B. Topics for the next Agenda

1- Mr. Baldassarre is not able to attend for the next several Board meetings due to medical issues. A remote participation policy will be drafted for the next meeting so he can attend via teleconference.

IX. Executive Session (Roll call vote)

At 10:58 a.m., Mr. Graves, Board Chair, announced that the Board will meet in Executive Session as authorized pursuant to M.G.L. c.30A, § 21(a)(1) for the purpose of consider the Board will consider approving prior executive session minutes in accordance with M.G.L. ch.30A, § 22(a) for previous executive sessions of the Board.

The Board will not reconvene in open session subsequent to the executive session.

Mr. Divver made a motion to enter the Executive Session; Mr. Lohnes seconded the motion. Motion passed with Board members present and voting in favor: Mr. Graves-yes, Mr. Lohnes-yes, Ms. Webster-yes, Mr. Divver-yes, Mr. Stapleton-yes, Ms. Coyne-yes, Ms. Moscato-yes, Ms. Lordan-yes, Dr. Gebremedhin-yes, Opposed: None; Abstain: None; Recused: None.

The Board adjourned the Executive Session at 11:11 a.m.

X. Adjudicatory Session

The Board entered into the Adjudicatory Session at 11:11 a.m.

XI. Adjourn

There being no other business before the Board, Ms. Webster made a motion to adjourn the Board meeting; Mr. Stapleton seconded the motion. Motion passed with Board members present and voting in favor unanimously. The meeting was adjourned at 11:14 a.m.

The next meeting of the Board of Registration of Nursing Home Administrators will be held on Friday, February 16, 2018. The Board meeting begins at 10:00 a.m.

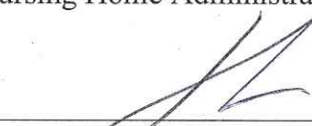
Respectfully submitted:



William Graves, Chair
Nursing Home Administrator 1

11/15/19

Date



Sherman Lohnes, Vice-Chair
Department of Public Health

11/15/19

Date

Date _____

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