

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, November 17, 2017
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. October 20, 2017 Board Meeting	Draft Minutes	Board
	V	Board Alert(s) A. Request from NAB to alert licensees to CE registry	Flyer	RC
	VI	Administrator In Training None		
			Application	Board
	VII	Staff Action Policies A. Renewal Process	Memo	MS

	VIII	Open Investigations: <i>Triage(s):</i> None <i>Staff Assignment(s):</i> <p>A. SA-INV-10323: Karen K. Babb, NH2911 Facility: Wingate at Andover Attorney: N/A</p> <i>Complaint(s):</i> <p>A. NHA-2016-006: Jeffery N. Heinze Facility: Wingate at East Longmeadow Attorney: N/A</p>	Investigative Report	KJ
	IX	Flex Session <p>A. Announcements/Discussions 1. 2018 Meeting Dates B. Topics for the next Agenda</p>	Memo	RC
	X	Sanction Hearing: <p>A. NHA-2015-005: Emmanuel M. Azzum NH5137 Facility: N/A Attorney: None</p>		
	XI	Executive Session (Roll call vote) <p>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.</p> <ol style="list-style-type: none"> Specifically, the Board will discuss and evaluate the <u>Good Moral Character</u> provision of a pending application. 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. <p>The Board will not reconvene in open session subsequent to the executive session.</p>	Closed Session	Board Chair
	XII	Adjudicatory Session	Closed Session	Board Chair
2:00 p.m.	XIII	Adjournment-next Board meeting scheduled for December 15, 2017.		Board

COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS

BOARD MEETING

Friday, October 20, 2017

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
Roxanne Webster, Registered Nurse, Secretary
Mary McKenna, Executive Office of Elder Affairs
James Divver, Nursing Home Administrator 4
Michael Baldassarre, Nursing Home Administrator 2
Patrick J Stapleton, Nursing Home Administrator 5 (Non-Proprietary
Nursing Home)
Mary Ellen Coyne, Office of Long Term Services and Supports at
MassHealth

Board Members

not Present:

Mary K. Moscato, Hospital Administrator, Secretary
Nancy Lordan, Nursing Home Administrator 3
Jeannette Sheehan, Public Member 1
Daniel Gebremedhin, Physician

Staff Present:

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

Staff Not Present:

Roberlyne Cherfils, Executive Director, Multi-Boards, BHPL
Kimberly Jones, Board Investigator, BHPL

Guests:

Kahoney Anderson Stephen Calvin
Christina Rootes-Hunter and Attorney Andrew Levine

I. Call to Order - Determination of Quorum

A quorum of the Board was present. Mr. Graves, Board Chair, called the meeting to order at 10:22 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: October 20, 2017 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.

IV. Approval of Minutes

A. Minutes of the Regularly Scheduled Board Meeting: September 15, 2017

The Board reviewed the September 15, 2017 Regularly Scheduled Board Meeting Minutes.

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

Documents: September 15, 2017 Regularly Scheduled Board Meeting Minutes

V. Staff Action Policies

A. Preceptor Qualifications

DISCUSSION: Ms. Strachan explained the purpose of the amendment to this policy is to authorize board staff to grant CEUs to preceptors for conducting the AIT program with the candidate.

ACTION: Ms. Webster made a motion adopt the policy; Mr. Lohnes seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: Draft Policy

B. Renewal Process

DISCUSSION: Deferred as Ms. Strachan have an intern researching more information. Board staff will bring it back next month.

ACTION: Deferred

Documents: Draft Policy

VI. Administrator In Training

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

1. Robin F. High

Facility: Beaumont Rehab & Skilled Nursing Center

Employer: Salmon Health

Preceptor: Gerald Labelle, NH3137

DISCUSSION: Ms. Webster reviewed the applicant's request for credits toward the AIT program.

RECOMMENDATION: Ms. Webster recommended offering 2 weeks credit

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

Documents: Application

VII. Approve Status: CEU Course Approval

A. St. Patrick Manor
Course: Compassion Amid the Confusion

DISCUSSION: Ms. McKenna reviewed the CEU request

RECOMMENDATION: Ms. McKenna recommended approving it for 6 CEU.

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

Documents: Application

VIII. Open Investigations

Triage(s)

A. Edward Hermann, NH3375
TRG-11693
Attorney: None
Facility: St. Joseph Manor
Companion Case: TRG-11023 & SA-INV-10756

Mr. Beattie presented this case to the Board.

Triage-11693 was opened on July 11, 2017 based on an August 29, 2016 DHCFLC survey that found deficiencies that constituted substandard quality of care. A follow up survey was done On October 27, 2016. The October survey 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: The Licensee submitted a written response to the Board. The Licensee provided a copy of his contractual agreement with the Facility. The agreement reflects that the Licensee was the Interim Nursing Administrator on or about April 21, 2016. The Licensee's last day of employment at the Facility was June 25, 2016. The Licensee included

a job letter from another employer.

ACTION: Mr. Divver made a motion to dismiss the Triage case as no violation; Mr. Baldassarre seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: Investigative Report

- B. Larry Lencz, NH1375
TRG-11023
Attorney: None
Facility: St. Joseph Manor
Companion Case: TRG-11693 & SA-INV-10756

Mr. Beattie 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 correction was accepted. On December 15, 2016, DHCFLC found all deficiencies associated with the October surveys have been corrected.

DISCUSSION: The Licensee submitted two responses to the Board. He states that he began working at the Facility in June 2016. He did not address any of the deficiencies found in either survey. The Licensee states that he was the Interim Administrator during the August 29, 2016 survey. He was only employed at the facility from June 27, 2016 until September 30, 2016. He was only employed at the facility three more days when the Plan of Correction was completed.

ACTION: Ms. McKenna made a motion to move the Triage to a Staff Assignment and request additional information regarding the lack of reporting; Mr. Lohnes seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: Investigative Report

Staff Assignment(s)

- C. James F. Keane, NH3421
SA-INV-10756
Attorney: None
Facility: St. Joseph Manor
Companion Case: TRG-11693 & TRG-11023

Mr. Beattie presented this case to the Board.

On August 29, 2016, the Division of Health Care Facility Licensure and Certification ("DHCFLC") completed a survey of St. Joseph Manor Health Care Inc. (the "Facility"). At

that time, the Facility was found not to be in substantial compliance with the federal regulations applicable to long-term care facilities.

The initial survey found the following six (6) deficiencies:

- Notify of Charges (Injury/Decline/Room, Etc.), F 157 (page 1)
- Free from Abuse/Involuntary Seclusion, F 223 (page 5)
- Investigate/report Allegations/Individuals, F 225 (page 13)
- Care and Environment Promotes Quality of Life, F 240 (page 20)
- Services Provided Meet Professional Standards, F 281 (page 23)
- Free of Accident Hazards/Supervision/Devices F323 (page 25)

On October 27, 2016, DHCFLC conducted a follow-up survey that found two (2) deficiencies were not corrected, and found one (1) new deficiency. The two (2) deficiencies that were not corrected were:

- Investigate/Report Allegations/Individuals, F 225 (page 1)
- Services Provided Meet Professional Standards, F 281 (page 7)

The new deficiency found was:

- Treatment/Care for Special Needs, F 328 (page 9)

On 10/28/2016, the DHCFLC responded to the Licensee's request for an Informal Dispute Resolution (IDR) regarding the Department of Public Health's recertification survey completed on 8/29/2016. In the letter, the Licensee was notified that the IDR Committee met on 10/26/16 to review the survey findings and the Licensee's rebuttal and it was decided that the Department would delete the deficiency statement for Tag 323 as the facts did not support the deficiency. Tag F225 and Tag F281 were retained.

On December 15, 2016, DHCFLC sent the licensee written notification that the Department completed a second follow-up review on 12/14/16 and determined that St. Joseph Manor Health Care Inc. had corrected all deficiencies associated with the 8/29/16 survey. Included was a copy of the Centers for Medicare and Medicaid Services (CMS) Form 2567B Report, indicating that all remaining deficiencies were found to have been corrected.

DISCUSSION: Mr. Keane became the NHA on October at the same facility and fixed all the deficiencies.

ACTION: Mr. Divver made a motion to close the SA as it does not warrant discipline; Mr. Baldassarre seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: Investigative Report

D. Scott Dickinson, NH1960
SA-INV-10784
Attorney: None
Facility: Royal Health Group

Mr. Beattie presented this case to the Board.

During a complaint investigation, conducted 1/19/17, it was determined the Facility was in immediate Jeopardy for CMR 483.25, Quality of Care F323. The Facility failed to ensure that for Resident #1, who was transferred from one unit to another, and who lacked the capacity to make informed decisions regarding his/her safety, was accurately assessed for elopement risk. On the evening of 1/17/17, Resident #1 left the Facility without the knowledge of staff, and was found deceased the following morning approximately one (1) mile from the Facility.

a) January 20, 2017 DHCFLC Letter to the Administrator Documenting the Jeopardy Findings (Abridged)

The Department's findings include, but are not limited to:

- On January 17, 2017, a Facility Resident was transferred from one unit of the Facility to another, but staff on the unit assigned to care for the resident, who lacked the capacity to make informed decisions regarding his safety, was not assessed accurately for elopement risk and staff was not aware the resident was at risk for elopement.
- On the evening of January 17, 2017 that resident left the Facility without the knowledge of Facility staff, and was found deceased the following morning approximately one mile from the Facility.
- A review of the measures implemented by the Facility to prevent residents from eloping indicated that the front desk was only staffed until 6:00 P.M. nightly, and that the binder used to identify residents at risk for elopement was not up to date with information on the eleven (11) residents currently assessed as at risk for elopement.
- The door on the long-term care unit locked at 6:00 P.M. and was alarmed with key code entry but staff who were responsible to respond to the alarm said the alarm when activated was not always audible when the staff were in other residents' rooms. Staff said that when the alarm sounded and staff reset the code, they did not check to determine whether the alarm sounded because an elopement risk resident exited the facility and did not perform a count of the residents at risk to ensure they were still present in the facility.

b) Department of Health and Human Services OMB NO. 0938-0391

"During a Partial Extended Survey, conducted on 1/23/17, it was determined the Facility was out of compliance with the following conditions of participation for long term care:

CMR 483.10 Resident Rights

CMR 483.13 Resident Behavior and Facility Practice

CMR 483.20 Resident Assessment

CMR 483.65 Infection Control

CMR 483.75 Administration

A credible allegation letter, dated 1/30/17, indicated the Facility alleged the immediate jeopardy was corrected.

A follow up survey was conducted on 1/31/17, and immediate jeopardy was removed; however, the Facility remained out of compliance for

- Right to Refuse; Formulate Advance Directives F155 (page 2)
- Notify of Changes (Injury/Decline/Room, ETC) F157 (page 6)
- Right to be Free From Physical Restraints, F 221 (page 9)
- Develop Comprehensive Care Plans, F 279 (page 15)
- Free of Accident hazards/Supervision/Devices, F323 (page 24)
- Infection Control, Prevent Spread, Linens, F 441 (page 33)
- QAA Committee-Members/Meet Quarterly/Plans, F520 (page36)

Based on follow-up it was determined the deficient practices associated with this survey event were corrected.

c) February 1, 2017 DHCFLC Letter to Golden Living Center-Dexter House Administrator (Abridged)

“As a result of a follow-up review on 1/31/17, the Department of Public Health, Division of Health Care Facility Licensure and Certification (the Department) has determined that the immediate jeopardy previously identified to exist at Golden Living Center – Dexter House (the facility) was removed effective 01/31/2017. This notice does not alter your responsibility to submit an acceptable Plan of Correction to the Department.

d) February 24, 2017 DHCFLC Letter to Golden Living Center – Dexter House Administrator (Abridged)

In the letter, the Administrator is informed that the Department has determined that the Facility has corrected all deficiencies associated with the 1/23/2017 survey.

e) May 3, 2016 DHCFLC Letter to Golden Living Center – Dexter House Administrator
The Administrator was notified that the DHCFLC had conducted a follow-up review on May 2, 2016 to verify that the facility had achieved and maintained compliance. Based on the follow-up review it was determined that the deficit practices associated with the survey were corrected. *Investigator believes the 2016 dates were meant to be 2017.*

DISCUSSION: The Board is requesting for an informal meeting with the Licensee

ACTION: Ms. McKenna made a motion to move the Staff Assignment to a Complaint and invite him to the Board meeting; Mr. Lohnes seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: Investigative Report

Complaint(s)

None

IX. Flex Session

A. Announcements/Discussions

1- None

B. Topics for the next Agenda

1- None

X. Executive Session (Roll call vote)

At 10:45 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. Baldassarre seconded the motion. Motion passed with Board members present and voting in favor: Mr. Graves-yes, Mr. Lohnes-yes, Ms. Webster-yes, Ms. McKenna-yes, Mr. Divver-yes, Mr. Baldassarre-yes, Mr. Stapleton-yes, Ms. Coyne-yes, Opposed: None; Abstain: None; Recused: None.

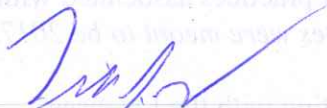
The Board adjourned the Executive Session at 12:04 p.m.

XI. Adjourn

There being no other business before the Board, Ms. Webster made a motion to adjourn the Board meeting; Mr. Baldassarre seconded the motion. Motion passed with Board members present and voting in favor unanimously. The meeting was adjourned at 12:04 p.m.

The next meeting of the Board of Registration of Nursing Home Administrators will be held on Friday, November 17, 2017. The Board meeting begins at 10:00 a.m.

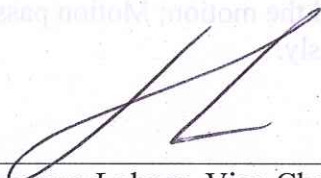
Respectfully submitted:



William Graves, Chair
Nursing Home Administrator 1

11/15/19

Date



Sherman Lohnes, Vice-Chair
Department of Public Health

11/15/19

Date

Mary Moscato, Secretary
Hospital Administrator

Date

