

**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, September 15, 2017  
10:00 a.m. to 2:00 p.m.

239 Causeway Street ~ 4<sup>th</sup> Floor ~ Room 417A  
Boston, Massachusetts 02114

**Agenda**

<b>Time</b>	<b>Item #</b>	<b>Item</b>	<b>Exhibits</b>	<b>Staff Contact</b>
10:00 a.m.	<b>I</b>	<b>Call to Order</b> <b>Determination of Quorum</b> <b>Notice of electronic recording</b>		Board Chair
	<b>II</b>	<b>Approval of Agenda</b>	Draft Agenda	Board
	<b>III</b>	<b>Conflict of Interest</b>		Board
	<b>IV</b>	<b>Approval of Minutes of Regularly Scheduled Meeting</b> A. August 18, 2017 Board Meeting	Draft Minutes	Board
	<b>V</b>	<b>Staff Action Policies</b> A. Sanction Hearing Pilot Policy B. Retirement Status Policy	Draft Policy	MS
	<b>VI</b>	<b>Administrator In Training</b> A. <u>Request for Administrator in Training Credit Work &amp; Experience Credits</u> 1. <u>Mark R. Nugent</u> <u>Facility:</u> Wingate at Norton <u>Employer:</u> Wingate Healthcare <u>Preceptor:</u> Rodney Gonsalves, NH 3408	Application	Board

	<b>VII</b>	<p><b>Open Investigations:</b></p> <p><i>Triage(s):</i> None</p> <p><i>Staff Assignment(s):</i></p> <p>A. James Tracey, NH1651 SA-INV-9427 Attorney: None Facility: Golden Living Center</p> <p>B. Nathaniel Grim, NH5362 SA-INV-9956 Attorney: Anthony Cichello Facility: Worcester Rehab</p> <p>C. Stephen Calvin, NH5321 SA-INV-9104 Attorney: None Facility: Victoria Haven</p> <p><i>Complaint(s):</i></p> <p>A. Thomas Bunker, NH2858 NHA-0017-005 (SA-INV-8868) Attorney: None Facility: Parkwell</p>	Investigative Report	KJ
	<b>VIII</b>	<p><b>Flex Session</b></p> <p>A. Announcements/Discussions</p> <p>B. Topics for the next Agenda</p>		RC

	<b>IX</b>	<p><b>Executive Session (Roll call vote)</b> 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"> <li>Specifically, the Board will discuss and evaluate the <u>Good Moral Character</u> provision of a pending application.</li> <li>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.</li> </ol> <p>The Board will not reconvene in open session subsequent to the executive session.</p>	Closed Session	Board Chair
	<b>X</b>	<b>65C Session (closed session)</b>		
2:00 p.m.	<b>XI</b>	<b>Adjournment-next Board meeting scheduled for October 20, 2017.</b>		Board

COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS

BOARD MEETING

Friday, September 15, 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  
Mary K. Moscato, Hospital Administrator, Secretary  
Nancy Lordan, Nursing Home Administrator 3  
Roxanne Webster, Registered Nurse, Secretary  
Mary McKenna, Executive Office of Elder Affairs  
James Divver, Nursing Home Administrator 4  
Michael Baldassarre, Nursing Home Administrator 2  
Mary Ellen Coyne, Office of Long Term Services and Supports at MassHealth  
Jeannette Sheehan, Public Member 1  
Daniel Gebremedhin, Physician

Board Members not Present: Patrick J Stapleton, Nursing Home Administrator 5 (Non-Proprietary Nursing Home)

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  
Vita Berg, Chief Board Counsel, Office of the General Counsel, DPH  
Samuel Leadholm, Board Counsel, Office of the General Counsel, DPH

Staff Not Present: Kimberly Jones, Board Investigator, BHPL

Guests: Greg Tormey  
James Keane  
Tom Bunker  
Deborah Putnam and Attorney Alaina Anderson

- I. Call to Order - Determination of Quorum  
A quorum of the Board was present. Mr. Graves, Board Chair, called the meeting to order at 10:04 a.m.
- II. Approval of Agenda  
Board members reviewed the meeting Agenda.

DISCUSSION: Ruby informed the Board that one Item VII-C will be deferred.

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

Document: September 15, 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: August 18, 2017

The Board reviewed the August 18, 2017 Regularly Scheduled Board Meeting Minutes.

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

Documents: August 18, 2017 Regularly Scheduled Board Meeting Minutes

V. Staff Action Policies

C. Sanction Hearing Pilot Policy

DISCUSSION: Mr. Leadholm presented the Sanction Hearing Pilot policy to the Board and explained the current process regarding the hearing process. This policy will shorten the timeframe of the hearing on sanction by having the full Board preside rather than the current process where a hearings officer (Administrative Magistrate) presides. The intent is to shorten the time between Tentative Decision and Final Decision and Order..

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

Documents: Draft Policy

D. Retirement Status Policy

DISCUSSION: Ms. Berg presented the Retirement Status policy to the Board. The Board was informed that this policy authorizes staff to discipline a Licensee if needed if they have a Retired status. This states that this status was not meant to act as a “shield” from a pending discipline action against a Licensee. The policy will authorize the Executive Director and their staff to place a Licensee on a Retired status if requested. The Licensee must be current/expired, no past discipline or investigation, and 50+ years old. Ms. Berg informed the Board that this status is considered as a “end of career” status versus a

Licensee who is planning to move to another state to practice and decide to “retire in MA”.

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

Documents: Draft Policy

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

1. Mark R. Nugent  
Facility: Wingate at Norton  
Employer: Wingate Healthcare  
Preceptor: Rodney Gonsalves, NH 3408

DISCUSSION: Ms. Webster reviewed the applicant’s resume with the Board.

RECOMMENDATION: Ms. Webster recommended approving the AIT program for 1040 hours.

ACTION: Ms. McKenna 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

VII. Open Investigations  
***Triage(s)***  
None

***Staff Assignment(s)***

- D. James Tracey, NH1651  
SA-INV-9427  
Attorney: None  
Facility: Golden Living Center

Mr. Beattie presented this Staff Assignment case to the Board.

The Board received a copy of the April 14, 2016 survey of Golden Living Center-Norwood (the “Facility”) from the Division of Health Care Facility Licensure and Certification (“DHCFLC”) which found deficiencies that constitute substandard quality of care. The survey found deficiencies including, but are not limited to: (1) failure to notify the physicians of two residents when significant variances in their vital signs were documented (tag F 157); (2) resident rooms and common areas were unkempt (tag F 253); and failure to assure that all sections of the Resident’s Minimum Data Set Assessments accurately reflect the status of five residents (tag F 278).

Two follow-up surveys were completed on June 9, 2016, and July 27, 2016 respectively. The initial follow-up survey found that multiple deficiencies, including tags F 157, and F 278 were corrected, but the Facility was still not in compliance. The second follow-up survey found that the Facility had corrected all the deficiencies including tag 253.

DISCUSSION: The licensee submitted an E-mail on August 10, 2016, attaching a brief supplemental response, and DHCFLC's Letter of August 3, 2016 confirming the Facility had corrected all deficiencies was also attached to this E-mail. His supplemental response letter indicates that the Facility continues to correct deficiencies through staff education, staff reporting using the quality assurance program, completion of action plans to address physical plant concerns and support the ownership body of the Facility. The licensee mentioned that a drain pipe broke in the basement elevator room on June 7, 2016, and was repaired by June 9, 2016.

ACTION: Mr. Lohnes made a motion to close the Staff Assignment with an advisory letter; Ms. Webster seconded the motion; Motion passed with Board members present and voting in favor unanimously.

Documents: Investigative Report

- E. Nathaniel Grim, NH5362  
SA-INV-9956  
Attorney: Anthony Cichello  
Facility: Worcester Rehab

Mr. Beattie presented this Staff Assignment case to the Board.

The Board received a copy of the April 4, 2016 survey (see attached) of the Worcester Rehabilitation & Health Care Center (the "Facility"), which found "isolated deficiencies" that constitute actual harm (not immediate jeopardy) from the Division of Health Care Facility Licensure and Certification ("DHCFLC"). This survey came subsequent to complaint surveys conducted at the Facility on September 15, 2015, and December 4, 2015, which found actual harm. The April 4, 2016 survey was caused by violations of the following fifteen (15) tags:

- F 154 Informed Health Status, Care & Treatments (see page 1)
- F 155 Right to Refuse; Formulate Advance Directives (see page 3)
- F 225 Investigate/Report Allegations/Individuals (see page 7)
- F 253 Housekeeping & Maintenance (see page 8)
- F 281 Services Provided Meet Professional Standards (see page 12)
- F 282 Services Provided by Qualified Persons/Per Care Plan (see page 18)
- F 313 Treatment/Devices to Maintain Hearing/Vision (see page 37)
- F 315 No Catheter, Prevent UTI, Restore Bladder (see page 40)
- F 323 Free of Accident Hazards/Supervision/Devices (see page 48)
- F 328 Treatment/Care for Special Needs (see page 64)
- F 387 Frequency & Timeliness of Physician Visit (see page 69)
- F 431 Drug Records/Label/Store Drugs & Biologicals (see page 70)

- F 441 Infection Control, Prevent Spread, Linens (see page 71)
- F 465 Safe/Functional/Sanitary/Comfortable Environ (see page 74)
- F 514 Res Records-Complete/Accurate/Accessible (see page 76)

DHCFLC conducted a follow-up survey on May 24, 2016 (see attached), which found that the Facility corrected all the tags except for the following tags:

- F 154 Informed Health Status, Care & Treatments (see page 1)
- F 225 Investigate/Report Allegations/Individuals (see page 7)
- F 441 Infection Control, Prevent Spread, Linens (see page 71)

DHCFLC conducted a second follow-up Desk Audit on July 5, 2016, which found all outstanding deficiencies were corrected (see copy of letter attached).

DISCUSSION: Mr. Lohnes asked Board staff to see if there are other companion cases in regards to this Licensee. Mr. Leadholm informed the Board that they need to focus on the facts on this current Staff Assignment and determine the action on it.

ACTION: Mr. Lohnes made a motion to table the discussion until the Board staff provides more information on whether or not there's another case opened for this Licensee; Ms. McKenna seconded the motion; Motion passed with Board members present and voting in favor: Mr. Graves-yes, Mr. Lohnes-yes, Ms. McKenna-yes, Mr. Divver-yes, Ms. Coyne-yes, Dr. Gebremedhin-yes; Opposed: Ms. Lordan, Mr. Baldassarre. Ms. Sheehan; Abstain: Ms. Moscato, Ms. Webster-yes; Recused: None.

Documents: Investigative Report

- F. Stephen Calvin, NH5321  
SA-INV-9104  
Attorney: None  
Facility: Victoria Haven

DISCUSSION: Licensee asked Board Staff for a request to deferred.

ACTION: None

Documents: Investigative Report

***Complaint(s)***

- B. Thomas Bunker, NH2858  
NHA-0017-005 (SA-INV-8868)  
Attorney: None  
Facility: Parkwell

Mr. Beattie presented this Staff Assignment case to the Board.

The Division of Health Care Facility Licensure and Certification ("DHCFLC") completed a survey of Parkwell (the "Facility") on October 16, 2015, which found twenty-one (21)



deficiencies that constituted substandard quality of care

- Notify of Changes (Injury/Decline/Room, etc.), F 157 (page 1)
- Right to Prompt Efforts to Resolve Grievances, F 166 (page 4)
- Right to Survey Results-Readily Accessible, F 167 (page 12)
- Resident Self-Administer Drugs If Deemed Safe, F 176 (page 13)
- Notice Requirements Before Transfer/Discharge, F 203 (page 15)
- Mistreatment/Neglect/Misappropriate , F 224 (page 19)
- Investigate/Report/ Allegations/Individuals, F 225 (page 23)
- Provision of Medically Related Social Service, F 250 (page 44)
- Safe/Clean/Comfortable/Homelike Environment, F 252 (page 70)
- Assessment Accuracy/Coordination/Certified, F 278 (page 82)
- Services Provided Meet Professional Standards, F 281 (page 84)
- Services by Qualified Persons/Per Care Plan, F 282 (page 93)
- ADL Care Provided for Dependent Residents, F 312 (page 95)
- TX/SVC for Mental/Psychosocial Difficulties, F 319 (page 97)
- Free of Accident Hazards/Supervision/Devices, F 323 (page 125)
- Treatment/Care for Special Needs, F 328 (page 127)
- Residents Free of Significant Med Errors, F 333 (page 137)
- Food in Form to Meet Individual Needs, F 365 (page 141)
- Provide/Obtain Specialized Rehab Services, F 406 (page 145)
- Maintains Effective Pest Control Program, F 469 (page 148)
- Effective Administration/Resident Well-Being, F 490 (page 151)

On March 4, 2016, DHCFLC conducted a follow-up survey which found the following deficiencies had not been corrected

- *Reasonable Accommodation of Needs/Preferences, F 246 (page I)- new*
- Provision of Medically Related Social Service, F 250 (page 6)
- *Develop Comprehensive Care Plans, F 279 (page IO)- new*
- *Treatment/SVCS to Prevent/Heal Pressure Sores, F 314 (page 12) – new*
- TX/SVC for Mental/Psychosocial Difficulties, F 319 (page 21)
- Provide/Obtain Specialized Rehab Services, F 406 (page 31)
- *Drug Records, Label/Store Drugs & Biologicals, F 43I (page 34) – new*
- *Infection Control, Prevent Spread, Linens, F 44I (page 37) new*
- *Records-Complete/Accurate/Accessible, F 514 (page 4I) new*
- *Committee-Members/Meet Quarterly/Plans, F 520 (page 43)-new*

The licensee voluntarily terminated his employment on December 24, 2015. Paula Topjian took over as the administrator for the licensee. She was the administrator of the Facility when it closed on March 18, 2016, because the deficiencies were not corrected.

DISCUSSION: Mr. Bunker is present and explained the incident to the Board. He informed the Board that the facility was admitting residents with substance abused issues and agreed that they were very difficult to manage. He did try to start AA meetings and asking outside consultants with these types of expertise. However, the corporation rejected his idea of

asking expert consultants multiple times which led to him resigning. Mr. Graves asked Mr. Bunker if the substance abused residents were in the same room/area with the “traditional” residents to which Mr. Bunker informed us that they were at the beginning but eventually moving some rooms around to separate them. Ms. McKenna expressed her concern about how the residents are at risk because the facility was not suited and equipped to handle the substance abused residents. She realizes the problem lies with the corporation but as an Administrator license holder, he should have stood firm.

ACTION: Ms. McKenna made a motion to offer a Consent Agreement for a Reprimand; Mr. Baldassarre seconded the motion; Motion passed with Board members present and voting in favor: Mr. Graves-yes, Mr. Lohnes-yes, Ms. McKenna-yes, Mr. Baldassarre-yes, Mr. Divver-yes, Ms. Coyne-yes, Dr. Gebremedhin-yes; Opposed: Ms. Lordan, Ms. Webster-yes, Ms. Sheehan; Ms. Moscato; Abstain: None ; Recused: None.

Documents: Investigative Report

## VIII. Flex Session

### A. Announcements/Discussions

1- Ms. Cherfils distributed the list of AIT applicants for approval/midpoint and final report since last month’s Board meeting.

### B. Topics for the next Agenda

1- None

## IX. Executive Session (Roll call vote)

At 11:36 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. Lohnes made a motion to enter the Executive Session; Ms. Webster seconded the motion. Motion passed with Board members present and voting in favor: Mr. Graves-yes, Mr. Lohnes-yes, Ms. Moscato-yes, Ms. Lordan-yes, Ms. Webster-yes, Ms. McKenna-yes, Mr. Divver-yes, Mr. Baldassarre-yes, Ms. Coyne-yes, Ms. Sheehan-yes, Dr. Gebremedhin-yes; Opposed: None; Abstain: None; Recused: None.

The Board adjourned the Executive Session at 12:07 a.m.

## X. 65 Session (closed session)

The Board entered the 65C Session at 12:07 a.m.

## XI. Adjourn

There being no other business before the Board, Mr. Divver made a motion to adjourn the Board meeting; Ms. Lordan seconded the motion. Motion passed with Board members present and voting in favor unanimously. The meeting was adjourned at 12:09 p.m.

The next meeting of the Board of Registration of Nursing Home Administrators will be held on Friday, October 20, 2017. The Board meeting begins at 10:00 a.m.

Respectfully submitted:

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William Graves, NHA  
Chair

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Date