LONG TERM CARE (LTC) ADVISORY COMMITTEE MEETING
September 20, 2013
Office of the Long Term Care Ombudsman (LTCO)
3855 Wolverine NE, Suite 6
(Training Room)
Salem, Oregon

MINUTES

MEMBERS PRESENT:
Bill Bard, Chair
Claudia Kyle, Vice Chair
Teena Ainslie
*Glenn Berk
Dan Dunham
Michele Edwards
**Peter Fuchs

STAFF PRESENT:
Mary Jaeger, Director/State LTC Ombudsman
Melissa Bosworth, Deputy State LTC Ombudsman
Gretchen Jordan, Coordinator of Volunteers
Mary Ann Lebold, Office Manager

MEMBERS ABSENT:
None

LTCO VOLUNTEERS PRESENT:
Linda Setchfield, Certified Ombudsman

GUESTS:
Jim Carbone, Policy and Budget Analyst, Chief Financial Office, Department of Administrative Services
May Dasch, Alzheimer's Network of Oregon
*David Dockham, resident of Hawks Ridge Assisted Living Community, Hood River
*Linda Gibbons, resident of Hawks Ridge Assisted Living Community, Hood River
Dolores Hubert
*Karen Silvers, resident of Hawks Ridge Assisted Living Community, Hood River
Dennett Taber, Manager, Community Based Care Program Manager, DHS/APD

CALL TO ORDER: Mr. Bard called the meeting to order and asked Vice Chair Claudia Kyle to conduct the meeting.

PUBLIC COMMENT: David Dockham, a resident of Hawks Ridge Assisted Living Community in Hood River, provided a written version of his comments which is attached. Mr. Dockham responded to questions from Ms. Edwards and Mr. Dunham. Ms. Taber explained the state's requirements regarding fire drills in the facility where Mr. Dockham lives and explained that the rules requiring resident room doors be closed have been in place for some time. Discussion followed. Ms. Kyle (who has had numerous telephone conversations with Mr. Dockham and has talked with the state and local fire marshals), Ms. Edwards and Mr. Dunham thanked Mr. Dockham for his comments and for bringing these issues to the attention of the Committee. Although there is little state offices can do to influence Federal Fire and Life Codes, Ms. Taber assured Mr. Dockham that her office will work with the facility to assure that this is not an example of selective enforcement. A letter will be sent to Mr. Dockham

*Participated via telephone
**Participated by Skype

thanking him for his contribution to the meeting. Ms. Jaeger distributed a copy of 2012 Fire & Life Safety Practices for Nursing/Hospice Facilities.

May Dasch offered her opinion that this is a good example of why assisted living facilities are not a satisfactory placement option for individuals with Alzheimer's Disease and other dementias.

APPROVAL OF MINUTES: Dan Dunham moved that the minutes of the August 16, 2013 meeting be approved as written. The motion was seconded and passed.

CORRESPONDENCE: Mr. Dunham commented about the letters (attached) that were distributed to Committee members expressing appreciation of Mary Jaeger's work.

RELATED ACTIVITIES: Mr. Bard prepared a summary of his recent experience, which was excellent, in long-term care. He has presented to two groups about his experience. His summary is attached.

NEW BUSINESS: Ms. Kyle and Mr. Bard have started work on the Committee's annual report to the Governor and Legislature. Ms. Kyle distributed copies of the 2012 report and asked Committee members to contribute to the 2013 report. Ms. Jaeger, Ms. Edwards and Mr. Bard made several suggestions.

Ms. Kyle reminded committee members that two new Committee members must be appointed to meet the requirements of SB 626 and asked Committee members to encourage possible candidates to contact the Governor's Executive Appointments office.

DENNETT TABER, COMMUNITY BASED CARE (CBC) PROGRAM MANAGER, DHS/APD: Ms. Taber thanked the Committee for asking that she attend the meeting. Although she is currently the Manager of the CBC program in Oregon, she has been with the CBC program for 18 years. She distributed information about the CBC program in Oregon.

She noted that there has been a significant increase in the number of move-out notices for non-payment and went on to discuss the issue. She expressed her appreciation of Deputy State LTC Ombudsman Ana Potter's collaboration in creating a *Guide for Successful Transitions in Oregon Assisted Living and Residential Care Facilities* (copies distributed) where move-out notice issues are addressed. Ms. Taber distributed a guide for APS staff who work with facilities on how to screen and intervene when there are resident delinquencies and address those delinquencies before they rise to the level requiring a move-out notice. Discussion followed.

Ms. Taber also made some comments about staff training. Although a suggestion has been made that the staffing rules be changed, Ms. Taber believes that facilities should be required to meet the requirements for staff training that are already in place through enforcement. Changing the facility culture with regard to staff training is what's needed rather than changing the rules. While having adequate facility care-giving staff is important, it is more important that staff be well-trained. Committee members, most of whom are Certified Ombudsmen, described what they have seen in their assigned LTC facilities staff training.

BILL BARD, VOLUNTEER IT CHAIRMAN, LTCO: Mr. Bard reported that there will be significant changes to LTCO data systems to facilitate capturing agency data following "re-districting" on October 1. He thanked LTCO Office Manager Mary Ann Lebold, LTCO Data Analyst Tracy Behnke and IT Consultant Dave McCready for their work to make certain LTCO IT systems have been adjusted for implementation. He distributed a memorandum to be distributed September 23 to make program staff and volunteers aware of important changes to LTCO district numbering. A copy of that memorandum is attached.

GRETCHEN JORDAN, COORDINATOR OF VOLUNTEERS, LTCO: Ms. Jordan has been working with the Deputy State LTC Ombudsmen to create a mentoring program for new Certified Ombudsmen volunteers. Ms. Jordan has been working with Molly Twarog, Deputy State LTC Ombudsman, and Glenn Berk on proposed volunteer feedback opportunities. She is continuing to work with the Recruitment and Screening Committees as they implement the volunteer interview questions that were recently updated. She handed out information about each of these projects and the August Report on her other activities.

MARY JAEGER, STATE LTC OMBUDSMAN: Ms. Jaeger asked Committee members to report the system advocacy work that they do on the forms provided at the meeting. Tracy Behnke, LTCO Data Specialist, created the clear, concise form.

Ms. Jaeger distributed the 2013/2015 Agency Key Performance Measures and reviewed the measures. Ms. Jaeger suggested that these Performance Measures be included in the Committee's 2013 Report to the Governor and Legislature.

The Elder Abuse Workgroup has been expanded following HB 2054. Legislation could possibly be put forward in the 2014 legislative session. The Bill states that the State LTC Ombudsman will be a member of the workgroup. All prior workgroup members have been asked to reapply and Ms. Jaeger will do so.

Ms. Jaeger suggested that the Committee's November agenda include time for planning for the implementation of SB 626 and gave a brief overview of what will be required to meet the requirement of the bill which becomes effective July 1, 2014.

Committee Members received two handouts about Nursing Facility Bed Capacity Reduction. Ms. Jaeger described how the process will work and the LTC Ombudsman role in the process. Numerous regulatory changes are underway. Ms. Jaeger responded to Committee Member questions.

MELISSA BOSWORTH, DEPUTY STATE LTC OMBUDSMAN: Ms. Bosworth provided an overview of the facilities and volunteers in Central and Eastern Oregon where she is the supervising Deputy State LTC Ombudsman. She also addressed the challenges in attracting volunteer applicants in the different regions of Central and Eastern Oregon.

Ms. Bosworth distributed copies of a September 10, 2013 article in the *Bend Bulletin* headed *"Drug Thefts Affects Care – Central Oregon Long-Term Care Facilities Can Struggle with*

Medication Theft" and discussed the issue. Ms. Bosworth reported that three Certified Ombudsman Volunteer applicants from the Klamath Falls area will be trained soon in Medford. Since Ms. Jaeger visited many LTC facilities in Central and Eastern Oregon during August, Ms. Bosworth asked Ms. Jaeger to describe what she found in her facility visits during that trip. Ms. Bosworth read a description of a Montessori method of working with residents with dementia in two of the facilities in Eastern Oregon.

DOLORES HUBERT: Ms. Hubert described the events that lead to the development of *A History of Oregon's Unique Long-Term Care System* and described the people who worked on the report as significant leaders in Oregon's LTC history. She went on to describe Oregon's innovative LTC system and why it is unique. She directed Committee members to the Quick Introduction, which gives a brief description of what has been done in Oregon to make Oregon's LTC system unique. The report covers the thirty to forty year evolution of Oregon's LTC system – both in-home care and long-term care of elders in licensed facilities. She talked about Oregon Project Independence that provides resources for elders to stay in their own homes and is substantially less expensive than care in facilities. She also gave credit to Governors Hatfield, McCall, Atiyeh and Straub for their support of the development of Oregon's LTC system. She touched on many other facets of LTC in Oregon and fielded Committee Member questions.

The Committee's next meeting will be October 19 via teleconference. The meeting was adjourned at approximately 1:30 PM.

Mr. Chairman and members of the Long-Term Care Advisory Committee. My name is Dave Dockham and I reside at the Hawks Ridge Assisted Living facility in Hood River. I am 77 years old and have lived at Hawks Ridge for over four years.

In order to stay within my 3-minute time limit, I will limit this presentation to only the critical points and ask you please to read the additional materials I have provided.

This all began on April 26, when we were told that the Fire Marshal required that we keep our room doors closed at all times, <u>even while we are in the room.</u> In fact, the Regional Deputy State Fire Marshal knew nothing about that but, a week later, he concurred with that request of the Executive Director at Hawks Ridge. Since then, we have been given three different reasons for the required closure of our room doors, one of which is not true, one of which has nothing to do with fire safety and the third makes no common sense. The third, and Fire Marshal's written reason is that the practice of blocking the doors open "violates the purpose of the listed door assemblies." Think about that! If the door is held open by a door-stop and a fire starts in the room, the occupant is supposed to get up and remove the door-stop on the way out. If a 'regular' door stays open by itself and a fire starts in the room, the occupant still must get up and close the door on the way out.. Really, what is the difference?

I have personally checked at the other assisted living facilities in Hood River: they have no such requirement. Above all,

would somebody please explain why there is no such "closed door" requirement for nursing homes or hospitals, where most if not all residents are bed-ridden? Nor is it required at Lone Oak Assisted Liiving in Eugene, which is a precise physical duplicate of my facility. The only difference? Their management did not want their residents burdened by such a rule so they made no such request.

So, what am I asking of you?

In that you, the members of this Committee, are appointed by the Governor and legislative leaders, I am asking that you make a recommendation to those same people that the absurdity of our situation be corrected by executive order or legislative action. Human beings in Oregon should not be required by any state officer to live closed up in 350 sq. ft. rooms (including bathroom, kitchenette and closet) deprived of refreshing cross ventilation and human interaction with people passing in the hall.

Thank you and I'd be most happy to answer any questions.

DHS
Oregon Department of Human Services

CMS/LTC/CCO Study Group

Oregon Health Authority

500 Summer Street NE
Salem, OR 97301

August 27, 2013

Mary Jaeger
c/o Office of the Long-Term Care Ombudsman
3855 Wolverine NE, Suite 6
Salem, OR 97305-1251

Dear Mary:

On behalf of both of us, as well as the entire CMS/LTC/CCO Study Group, we thank you for investing your personal time and energy in helping with an important and meaningful survey. The results of your work will have a positive impact on the work that is being completed by the Study Group.

Additionally, we are very appreciative of the work that you do on a regular basis, looking out for and advocating for seniors and people with disabilities who need assistance in order to be heard. You are to be commended for going the extra mile.

Thank you again.

Best,

Thank you for partnering on this!

Erinn Kelley-Siel
Director
Department of Human Services

Thanks Mary!

Bruce Goldberg, M.D.
Director
Oregon Health Authority

HOUSE OF REPRESENTATIVES
900 COURT ST NE
SALEM, OR 97301

Chair Senator Diane Rosenbaum
Vice-Chair Senator Ted Ferrioli
Senator Bruce Starr
Senator Lee Beyer
Senator Ginny Burdick

September 16, 2013

Dear Madam Chair and Senators of the Rules Committee;

It has been our privilege to serve as Co-Chairs of the Oregon Elder Abuse Work Group for the last three years. Our work on elder abuse prevention has resulted in the passage of two significant pieces of legislation so far, of which we all should be proud.

Mary Jaeger, in her role as the current Long-term Care Ombudsman has not just been a part of all of these victories for Oregon's most vulnerable - she has been a singular champion. Her knowledge, experience and wisdom have been invaluable as a member of our work group. Additionally, we have been impressed by her willingness to go the extra mile to attend any meeting.

We urge your support for her reappointment and confirmation to this critical post.

Sincerely,

Vic Gilliam
State Representative
Co-Chair Oregon Elder Abuse Work Group

Val Hoyle
State Representative
Co-Chair Oregon Elder Abuse Work Group

A Reflection --From the Other Side of the Bed

After 6 years as a volunteer Oregon long-term care ombudsman responding to complaints from residents in licensed long-term care facilities, this summer I found myself in a cardiac care unit of a hospital, needing to go to a skilled care facility for rehab. I had open heart surgery to replace a congenitally deformed aortic valve. The last time I was in the hospital was in 1950 when I had my appendix removed at age 5. The combination of my memory of medical care as a 5 year old, and knowing too much about current consumer complaints in care facilities was almost overwhelming.

However, my condition was urgent so I had to proceed. I actually had a bit of time to prepare before surgery. I determined a reasonable travel time for my visitors, talked to friends with recent experiences, and actually visited facilities (a critical part of my decision-making), and looked up the results of recent surveys on the ADRC and DHS web site and "Nursing Home Compare". One well-known facility was impossible to connect with, and left me in the lobby for 45 minutes when I dropped in for a tour. Others looked good on paper, but were less than hospitable when I asked for more information. After 3 weeks of research, I settled on The Pearl, secretly hoping they would treat my heart operation recovery instead of my appendix operation memoirs.

So, after 7 days of attentive acute care in the cardio unit at St. V's in Portland, it was time to "step down" to my dreaded stay in a skilled nursing facility.

I did not know what to expect. My ombudsman volunteer experiences suggested I might find a discouraging array of problems as documented in Oregon and across the US. But as a resident of a "skilled facility" what I found instead was an incredible day-by-day recovery -- from profound post open-heart surgery weakness to an independence I was convinced I might never see again.

The Pearl has a strong corps of bright, enthusiastic CNAs, Med Aides and nurses who delivered my care with kindness and respect for my dignity in every way--both day and night. I had daily interactions with top-notch PT and OT professionals who coached and cajoled me to try - and succeed - in climbing steps. From my first feeble attempts, to confident stair climbing they inspired me to work on returning home with new and safe mobility techniques.

And the food--healthy choices always offered--was supplemented with a creative weekly activity called "Culinary Arts" featuring everything from gourmet doughnuts to a Basque chicken special. Delicious. And deeply appreciated.

But what really made my stay at this facility so successful was the result of three things: sufficient well-trained staff on all shifts; a physical plant kept fresh and in good repair; and a motivated leadership team. The Pearl's team is headed by an amazing administrator whose passion for the mission of care and hospitality is so evident that every care facility should take note.

I had no complaints! And neither did other residents I got to know. That, in itself, says it all. Despite the stories out there of care facilities that don't care, I am:
One Satisfied Consumer of Oregon's Long-Term Care System

Bill Bard
Certified Volunteer Ombudsman
Chair, State of Oregon, Long-Term Care Advisory Committee
Summer 2013

Oregon
John A. Kitzhaber, MD, Governor

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Memorandum
Date: September 23, 2013
To: LTCO Staff and Volunteers
Subj: District Numbering

Effective October 1 our re-districting plan with new deputy assignments will begin. We are reducing the current 19 districts to six, as shown on the district map on the LTCO web site (copy attached). As you can imagine this change has required significant work (think BIG!) within the data systems that support our operation. Part of that work involved creating a new internal numbering scheme to allow easy access to previous cases, etc.

We want to be sure that staff and volunteers use the same *language* when describing the new arrangement. Every facility and volunteer will now be assigned to one of the six new districts numbered 1,2,3,4,5,6 as listed on the map. On forms, case reports and other internal documents, however, the numbers you see will be 101,102, 103 etc. The third number will always be the *new* district number.

Your assistance in using the new district numbers 1-6 in describing your areas of service will be appreciated.

Bill Bard
IT Chair (Volunteer)
Chair, Long-Term Care Advisory Committee

cc: Mary Jaeger