



*Delaware Health and Social Services*

***Department of Health and Social Services***

***Division of Long Term Care Residents  
Protection***

***Joint Finance Committee Hearing  
Fiscal Year 2017***

***Mary Peterson  
Division Director  
Wednesday, February 24, 2016***

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Senator McDowell, Representative Smith, and members of the Joint Finance Committee, I am Mary Peterson, Director of the Division of Long Term Care Residents Protection (DLTCRP). With me today is Tom Murray, the Deputy Director of the Division, and Dipak Raval, our Senior Financial Officer. Thank you for the opportunity to speak with you today.

Information pertaining to our Division's FY'17 Governor's Recommended Budget can be found in the attached Budget Overview handout.



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## ***Our Mission***

- To promote the quality of care, safety and security of people living in long term care settings;
- To ensure facilities' compliance with state and federal laws and regulations; and
- To advocate on behalf of residents.

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Our mission involves promoting the quality of care and ensuring the safety and security of those living in long-term care (LTC) facilities. We ensure that facilities remain in compliance with state and federal requirements and we advocate on the behalf of residents.

The individuals we serve live in LTC facilities and range from infants and children, to young adults, to adults and the elderly.



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## ***We Accomplish Our Mission Through:***

- Annual certification of nursing homes
- Annual licensure of long term care facilities:
  - Assisted Living Facilities
  - Family Care Homes
  - Group Homes for Individuals with AIDS
  - Group Homes for Individuals with Mental Illness
  - Intensive Behavioral Support and Educational Residences
  - Intermediate Care Facilities for Individuals with Intellectual Disabilities
  - Neighborhood Homes for Individuals with Developmental Disabilities
  - Nursing Homes
  - Rest Residential Facilities

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We accomplish our mission through:

Annual certification of nursing homes through a grant from the federal Centers for Medicare and Medicaid Services; and the

Annual licensure of:

- Assisted living facilities;
- Family care homes;
- Group homes for individuals with AIDS;
- Group homes for individuals with mental illness;
- Intensive behavioral support and educational residences;
- Intermediate care facilities for individuals with intellectual disabilities;
- Neighborhood homes for individuals with developmental disabilities;
- Nursing homes; and
- Rest residential facilities.



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## ***We Accomplish Our Mission Through:***

- Standard and complaint surveys of all licensed facilities
- Operation and maintenance of the Nurse Aide Registry
- Operation of the Background Check Center
- Operation of the Complaint and Incident Referral Center

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Standard surveys are conducted annually and complaint surveys are conducted on an as needed basis.

The Nurse Aide Registry is a listing of all nurse aides who maintain the requirements for continued certification and are certified to work in Delaware.

The Background Check Center consists of nine data streams in one location and provides background information on applicants for employment. The data streams include:

- Department of Health and Social Services;
- Department of State;
- Federal Bureau of Investigation;
- Department of Services for Children, Youth and Their Families;
- Delaware Criminal Justice Information System;
- Delaware Health Information Network;
- Department of Safety and Homeland Security;
- Office of the Inspector General; and
- Sex Offender Registry.

The complaint and incident referral center provides a web-based event reporting system for facilities.



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## ***We Accomplish Our Mission Through:***

- Investigations of allegations of abuse, neglect, mistreatment and financial exploitation
- Maintaining and administering the Adult Abuse Registry
- Promulgation of regulations
- Working closely with other stakeholders

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Investigators investigate all allegations of abuse, neglect, mistreatment and financial exploitation.

The Adult Abuse Registry lists all individuals for whom we have substantiated an allegation of abuse, neglect, mistreatment or financial exploitation.

Regulations are promulgated, regularly reviewed and revised.

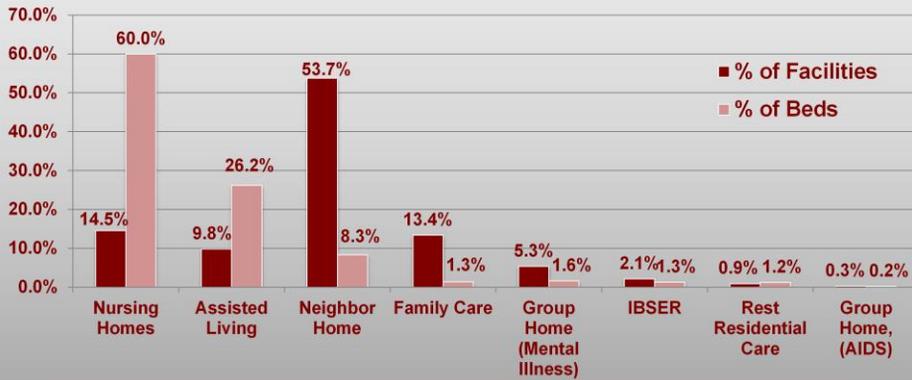
Networking with stakeholders helps us remain current and improve care.

One of the initiatives on which we are currently working is the seamless transition of care between provider types. This initiative involves the Delaware Healthcare Association, Delaware Health Care Facilities Association, Delaware Health Information Network, Delaware Home Care Association, Quality Insights, Division of Services for Aging and Adults with Physical Disabilities and Division of Long-Term Care Residents Protection.



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**Percentage of Licensed Facilities vs.  
Percentage of Licensed Beds**  
as of 1/1/16



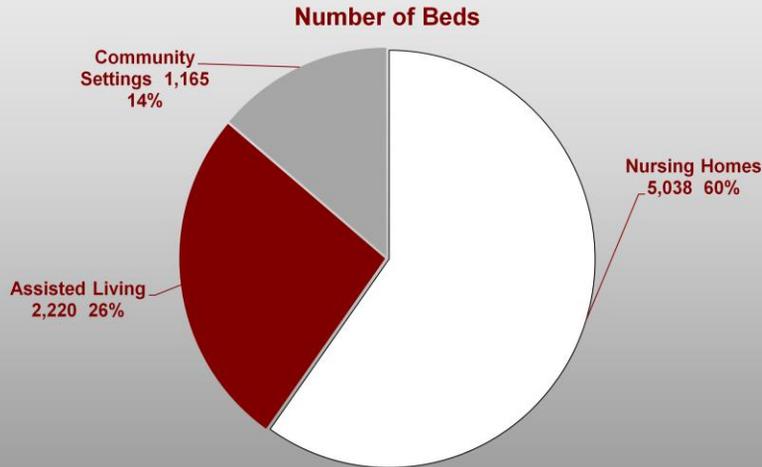
|                          |       |       |     |     |     |     |    |    |
|--------------------------|-------|-------|-----|-----|-----|-----|----|----|
| # of Licensed Facilities | 49    | 33    | 181 | 45  | 18  | 7   | 3  | 1  |
| # of Licensed Beds       | 5,038 | 2,200 | 697 | 111 | 136 | 107 | 98 | 16 |

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As you can see from this slide, nursing homes and assisted living facilities make up approximately one-fourth of our total licensed facilities. The rest are what is more typically considered community settings. Despite nursing homes and assisted living facilities comprising only 25% of our licensed facilities, they still house the largest number of residents.



## Where Are LTC Residents?



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This pie chart is another way to depict where our residents are living.

Nursing home occupancy has decreased by 2% since 2014; assisted living occupancy has increased by 1% since 2014; and, other community setting (as outlined on the previous slide) occupancy has increased by 1% since 2014.



## **Reported Incidents**

|   | <b>CY 2014</b> | <b>CY 2015</b> |
|---|----------------|----------------|
| <b>Total Incidents Reported</b>             | <b>5,111</b>   | <b>4,603</b>   |
| <b>Assigned for Follow-up Investigation</b> | <b>2,131</b>   | <b>1,837</b>   |

This is the first of a few slides that will present you with some statistical information.

Reports of incidents are received, analyzed and assigned for investigation.

Through ongoing education and training, we have been able to refine the incident reporting process to help increase efficiency in state government.

As you can see from the numbers above, we investigate approximately 40 percent of all incidents that we receive. The remaining 60 percent of reported incidents are not sentinel incidents and do not require the resources necessary to perform an onsite investigation. While these incident reports do require follow-up, that follow-up can be accomplished by phone or e-mail rather than by a full investigation.



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## ***Adult Abuse Registry (AAR)***

167 persons currently on the registry

20 persons were placed in CY 2015

Eight (8) of those appealed their  
placements

Two (2) won their appeal

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When our investigators substantiate a claim of abuse, neglect, mistreatment or financial exploitation, it is the Division's responsibility to determine whether the conduct is sufficiently serious to require that the individual be listed on the Adult Abuse Registry (AAR). When a decision is made to place an individual on the AAR, that individual has the right to appeal to an Administrative Hearing Officer. While the Division coordinates the processing of the appeals, the hearing is conducted by an independent contractor.



## Background Checks

|                                       | Fingerprints |        | Rap Back |        | Total  |        |
|---------------------------------------|--------------|--------|----------|--------|--------|--------|
|                                       | CY '14       | CY '15 | CY '14   | CY '15 | CY '14 | CY '15 |
| All Applicants                        | 10,801       | 9,110  | 290      | 0      | 11,091 | 9,110  |
| No Convictions                        | 9,253        | 7,532  | 74       | 0      | 9,327  | 7,532  |
| No Disqualifier                       | 1,494        | 1,538  | 31       | 0      | 1,525  | 1,538  |
| Disqualifier                          | 0            | 2      | 0        | 0      | 0      | 2      |
| Pending (as of 12/31 of the given CY) | 54           | 38     | 185      | 0      | 239    | 38     |

Criminal background checks are mandated by statute.

The fingerprint columns represent the number of individuals fingerprinted in each of the last two calendar years.

Once fingerprinted, the “rap back” columns represent the number of individuals fingerprinted that then had a subsequent arrest.

As you can see, from the slide, while the numbers are high, there have been few disqualifications within the last two years.



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## **Surveys of Licensed Facilities CY 2015**

| <b>Nursing Homes</b> | <b>All Other Providers</b> | <b>Total</b> |
|----------------------|----------------------------|--------------|
| <b>87</b>            | <b>116</b>                 | <b>203</b>   |

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The figures on the screen represent standard, complaint and follow-up surveys of licensed facilities. Nursing Homes are broken out because they are both federally certified and state licensed.

It should also be noted that this year, we implemented an electronic system for delivery of deficiency reports to facilities, and the facilities utilize that same electronic system to submit their plans of correction for deficiencies identified.



# Nursing Home Citations

Delaware - 10 Most Frequent Nursing Home Citations @ 22 Sep 2015 RBM 29/Jan/2016  
 Current Surveys, 2014-2015, Citation Scope and Severity  
 Source: Casper Report O3145, Updated 21 September 2015  
 NOTE: "T" after a ranking number means tied.  
 Revised 29 Jan to include all actual harm F Tags written in 2015 FFY

| Rank | F Tag | Tag Description                                 | Regulation Group    | Cumulative | Severity and Scope |                |     |    |    |       |                                 |   |   |   |   |   |
|------|-------|---|---------------------|------------|--------------------|----------------|-----|----|----|-------|---------------------------------|---|---|---|---|---|
|      |       |   |                     |            | Total, B-F         | No Actual Harm |     |    |    |       | Actual Harm, Immediate Jeopardy |   |   |   |   |   |
|      |       |   |                     |            | Total              | B&C            | D   | E  | F  | Total | G                               | H | I | J | K | L |
|      |       |   |                     | 253        | 235                | 5              | 140 | 69 | 21 | 18    | 17                              | 0 | 0 | 0 | 1 | 0 |
| 1    | 371   | Food Procure, Store/Prepare/Serve-Sanitary      | Dietary Services    | 28         | 28                 | 0              | 1   | 12 | 15 | 0     | 0                               | 0 | 0 | 0 | 0 | 0 |
| 2    | 272   | Comprehensive Assessments                       | Resident Assessment | 27         | 27                 | 0              | 26  | 1  | 0  | 0     | 0                               | 0 | 0 | 0 | 0 | 0 |
| 3    | 309   | Provide Care/Services for Highest Well being    | Care Quality        | 25         | 23                 | 0              | 13  | 10 | 0  | 2     | 2                               | 0 | 0 | 0 | 0 | 0 |
| 4T   | 323   | Free of Accident Hazards Supervision/Devices    | Care Quality        | 25         | 18                 | 0              | 11  | 7  | 0  | 7     | 6                               | 0 | 0 | 0 | 1 | 0 |
| 4T   | 514   | Resident Records Complete, Accurate, Accessible | Administration      | 20         | 20                 | 0              | 14  | 6  | 0  | 0     | 0                               | 0 | 0 | 0 | 0 | 0 |
| 4T   | 280   | Right to Participate Planning Care; Revise CP   | Resident Assessment | 20         | 20                 | 0              | 17  | 3  | 0  | 0     | 0                               | 0 | 0 | 0 | 0 | 0 |
| 5    | 241   | Dignity and Respect of Individuality            | Life Quality        | 19         | 19                 | 1              | 10  | 8  | 0  | 0     | 0                               | 0 | 0 | 0 | 0 | 0 |
| 6    | 431   | Drug Records, Label/Store Drugs and Biologicals | Pharmacy            | 18         | 18                 | 0              | 4   | 11 | 3  | 0     | 0                               | 0 | 0 | 0 | 0 | 0 |
| 7    | 279   | Develop Comprehensive Care Plans                | Resident Assessment | 17         | 17                 | 0              | 16  | 1  | 0  | 0     | 0                               | 0 | 0 | 0 | 0 | 0 |
| 8    | 441   | Infection Control, Prevent Spread, Linens       | Infection Control   | 16         | 16                 | 0              | 10  | 3  | 3  | 0     | 0                               | 0 | 0 | 0 | 0 | 0 |
| 9    | 278   | Assessment Accuracy/Coord./ Certified           | Resident Assessment | 15         | 15                 | 0              | 14  | 1  | 0  | 0     | 0                               | 0 | 0 | 0 | 0 | 0 |
| 10   | 253   | Housekeeping and Maintenance Services           | Life Quality        | 14         | 14                 | 4              | 4   | 6  | 0  | 0     | 0                               | 0 | 0 | 0 | 0 | 0 |
|      | 315   | No Catheter, Prevent UTI                        | Care Quality        | 6          | 0                  |                |     |    |    | 6     | 6                               | 0 | 0 | 0 | 0 | 0 |
|      | 314   | Pressure Ulcers Prevent/Heal                    | Care Quality        | 2          | 0                  |                |     |    |    | 2     | 2                               | 0 | 0 | 0 | 0 | 0 |
|      | 318   | Range of Motion Therapies                       | Care Quality        | 1          | 0                  |                |     |    |    | 1     | 1                               | 0 | 0 | 0 | 0 | 0 |

This table represents the top ten cited deficient practices in the last year.

When performing a survey, we look at 175 different federal requirements in addition to the state requirements. Our surveys are quite comprehensive and, as you can see from this list, cover: Quality of Care; Quality of Life; Resident Assessment; Infection Control; Dietary Services; Pharmacy Services; and Administration.

In addition to: Resident Rights; Nursing Services; Physician Services; Specialized Rehabilitation Services; Dental; Physical Environment; Resident Behavior and Facility Practices; and Admission, Transfer and Discharge.

We cited 18 "harm" citations involving 15 nursing homes.

Any time a deficiency citation is issued, the facility is required to submit a plan of correction (PoC) to the Division for approval. Not only must the PoC address what the facility did for the affected resident(s), but it must demonstrate a system change and follow-up measurements to ensure that the change was effective. For those facilities cited with a "harm" level deficiency, we perform a second on-site visit to ensure that the issue has been thoroughly addressed.



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## ***Certified Nurse Aides (CNAs)***

***7,405 Active***

## ***Nurse Aide Training Programs***

***29***

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There are currently 7,405 Certified Nurse Aides (CNAs) in Delaware and 29 nurse aide training programs.

In addition to operating and maintaining the Nurse Aide Registry, the Division provides access, at no charge, to an on-line continuing education program which permits CNAs to complete the biannual requirement for 24 credit hours, which includes six hours of dementia training and two hours of abuse training.

In cooperation with the Department of Education, the Division reviews and approves initial certification of nurse aide training programs and regularly completes on-site surveys of the training programs.



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## ***Our Challenges***

- Prioritizing our workload and maximizing efficiencies to protect our residents as best we can with fewer resources;
- Resident/Patient community placements;
- Interfacility transition of care communication; and
- Expansion of licensed community-based services for the elderly and individuals with medical needs and with behavioral issues.

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Our challenges for the future include: prioritizing our workload and maximizing efficiencies to protect our residents as best we can with fewer resources; resident/patient community placements; interfacility transition of care communication; and expansion of licensed community-based services for the elderly and individuals with medical needs and with behavioral issues.



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***Thank You***

***Are there any questions?***

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Thank you for the opportunity today to discuss DLTCRP.