Updates from the Division of Licensing

Division of Licensing

04/26/2019

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Topics:

- General Licensing & PDA Updates
- Day Center Census Information
- 2018 Regulatory Citations
- 2018 Citation Report Overview
- 2018 Incident Report Overview
- Update Status of Regulations
- TB Result Assessment Form & Best Practice Topics
- Questions

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Department of Aging Update

- Personnel Changes with the Department of Aging
- Updates on Licensing & Department Initiatives
- Final Rule Surveys for Centers in Non-Traditional Settings & Centers Approved as Waiver Providers.
- MCO payments

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Adult Day – By the Numbers

	2019	2018	2017
• Standard	125	125	126
• LIFE	15	47	41
• Dual Licensed	120	118	116
• Total	260	290	283

as of 2/22/2019

Adult Day – By the Numbers

- Licensed Capacity & Enrollment

	2018	2017	2016
• Capacity	20533	19,954	18,635
• Enrollment	16838	16,820	15,006

Current capacity 18,133 as of 4/02/2019
Current enrollment 14,351 as of 12/31/2018

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As of 3/26/2018

Regulatory Citations

2018 regulatory citations have increased substantially.

Year	# Citations
2018	405
2017	252
2016	297

Citation Report & Trends

Ranking	2018 #	Violation	2017 #	Violation
1.	**26**	11.102(c) - ↓ **6**	**32**	11.102 (c)
2.	**24**	11.53 (a) - ↑ **11**	**20**	11.83
3.	**24**	11.132. (a) - ↑ **15**	**19**	11.132 (c)
4.	**23**	11.132 (c) - ↑ **4**	**13**	11.53
5.	**20**	11.123 (2) - ↑ **9**	**11**	11.101 (a)
6.	**18**	11.83 - ↓ **2**	**11**	11.123 (2)
7.	**17**	11.90 (a) - ↑ **9**	**09**	11.132 (a)
8.	**14**	11.101 (a) - ↑ **3**	**08**	11.90 (a)
9.	**10**	11.102 (a) - ↑ **3**	**07**	11.102 (a)
10.	**10**	11. 21 (b) - ↑ **7**, & 11.191(b) - ↑ **7**	**07**	11.103 (b)

Incident Reporting

Type of Incidents:

Type		Degree of Change	Type		Degree of Change
Medical or Trauma	425 v	223	Falls	104 v	47
Abuse/Neglect	59 v	58	Police Action	13 v	03
Fire Department	08 ^	01	Elopement	04 v	15
Violation of Rights	09 v	02	Closures	12 ^	03
Comm. Disease	08 v	14	Client Deaths	1 =	00
Others	15 ^	12			

- 2018 Total # Incidents 658
- 2017 Total # Incidents 1004
- 2016 Total # Incidents 919

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Incident Reporting

Breakdown by Center Type:

	S	L	D		S	L	D
• Medical or Trauma	203	167	52	Falls	51	21	32
• Abuse/Neglect	21	08	36	Police Action	06	02	05
• Fire Department	05	02	01	Elopement	04	00	00
• Violation of Rights	02	04	04	Closures	06	01	05
• Comm. Disease	05	03	00	Client Deaths	01	00	00
• Others	10	01	00				

- Standard Centers 314 v 116 incident reports
- LIFE Centers 209 v 168 incident reports
- Dually Licensed Centers 135 v 62 incident reports

Regulation Updates

- Aging's regulation revision process started in December 2015.

- The current chapter 11 regulatory revisions, as well as the proposed chapter 12 CARS regulations were recently reviewed internally by Aging policy.

Regulation Update – Process

- The policy review has been completed, the Department has a formal draft of the CARS regulations.
- Following these internal approvals (Legal & Policy), the draft version will be published in the PA Bulletin and open a 30 day public comment period.
- Future steps involve submission for public review and external review.

Regulation Update – Process

- An internal workgroup will write formal responses to all public comment. The responses will be published in the PA Bulletin.
- During this process the Department presents the draft regulations to the appropriate Aging committees in the State House and Senate for review.
- Following any edits made to the draft regulations based on public comment, a final version is drafted.

Regulation Update – Process

- The final version goes through multiple, internal reviews:
  - Department of Aging approval
  - Attorney General's approval
  - Governor's Policy Office
- The Department presents the final Regulations to IRRC (Intergovernmental Regulatory Review Commission) at a public hearing.
- Once approved by IRRC, the final version is published in the PA Bulletin with a future implementation date.

TB Assessment Process & Best Practices

- New TB Aging Program Directive
- Care Plan Development & Review
- Emergency Medical Plan

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Aging Program Directive for Positive Tuberculin Test Results

- Need for updated process
- CDC's Classification of the Tuberculin Skin Test Reaction
  - Three induration classification for positive tuberculin test readings, which includes high-risk groups.

Aging Program Directive

- **CDC's Classification of the Tuberculin Skin Test Reaction**
  - **An induration of 5 or more millimeters is considered positive in:**
    - HIV-infected persons
    - A recent contact of a person with TB disease
    - Persons with fibrotic changes on chest radiograph consistent with prior TB
    - Patients with organ transplants
    - Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or longer, taking TNF-α antagonists)

Aging Program Directive

- **CDC's Classification of the Tuberculin Skin Test Reaction**
  - **An induration of 10 or more millimeters is considered positive in**
    - Recent immigrants (< 5 years) from high-prevalence countries
    - Injection drug users
    - Residents and employees of high-risk congregate settings
    - Mycobacteriology laboratory personnel
    - Persons with clinical conditions that place them at high risk
    - Children < 4 years of age
    - Infants, children, and adolescents exposed to adults in high-risk categories

Aging Program Directive

- **CDC's Classification of the Tuberculin Skin Test Reaction**
  - An induration of 15 or more millimeters is considered positive in any person, including persons with no known risk factors for TB.
  - Participants and employees with tuberculin test indurations of 5 millimeters or more that elect not to complete the form, will be considered positive.

Ignore

  - However, targeted skin testing programs should only be conducted among high-risk groups.

Aging Program Directive

- **CDC's Classification of the Tuberculin Skin Test Reaction**

What does this mean for day centers?

- X-rays and other accepted CDC test are only required for positive TB readings, when individuals with indurations of 5 mm or greater meet conditions in each classification range.
- Day centers will need to educate participants, and families, and physicians that have positive indurations regarding what is required.

Care Plan Development

Person-centered care plan should contain at a minimum, the following elements:

- An identification of needs which can be addressed at the center, begins with the intake screening process, and a visit with the center participant.
- The initial care plan should be created with the assistance with your nursing staff.

Care Plan Development

Person-centered care plan should contain at a minimum, the following elements:

- An identification of needs which can be addressed at the center, and the order in which they will be addressed.
- The goals to be achieved.
- The methods and activities for reaching these goals within a specified time frame.

Care Plan Development

- Creation of the care plan:

An initial care plan shall be developed within 30 calendar days following admission to the center and be reviewed at least every 6 months thereafter. Centers shall also address each core service and modify care plans as necessary in light of changes in the client's status.

□Initial □Semiannual □Significant Change

1. Client Name: (First, MI, Last)	2. Admission Date: (mm/dd/yy)
3. Date Care Plan Developed: (mm/dd/yy)	4. Date of Next Review: (mm/dd/yy)

5. Personal Care Services					
Start Date	Needs	Goals	Methods and Activities	Staff Persons Responsible	End Date
1/01/2019	Improve communication due to right side sensorineural hearing loss	Promote effective two-way communication, and to assist participant in communicating needs and wants.	Due to right side sensorineural hearing loss, staff and center participants will be educated to stand on Dowel's left side when communicating. Dowel will also be reminded to turn the left side of his face towards the speaker when communicating. Individuals will speak to Dowel in slightly raised tone, but in a calm and relaxed manner, giving him ample time to respond and express himself.	Program Assistant	6/30/2019

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1. Client Name: (First, MI, Last)			2. Admission Date: (mm/dd/yy)		
3. Date Care Plan Developed: (mm/dd/yy)			4. Date of Next Review: (mm/dd/yy)		
5. Nursing					
Start Date	Needs	Goals	Methods and Activities	Staff Persons Responsible	End Date
1/01/2019	Managing unstable glucose levels due to history of insulin reaction, and shock.	Maintain stable blood glucose within target range to prevent complication s	Nurse will monitor and record participant blood sugars daily to ensure participant is taking the correct amount of insulin. When participant monitors blood sugars, the nurse will record the reading, and advise the client, and family when levels are not within range. If levels present a risk the participants physician will be contacted.	Registered Nurse	6/30/2019

Emergency Medical Plans

§ 11.134. Emergency medical plan.
The center shall have a written emergency medical plan listing the following:

(1) The hospital or source of the health care that will be used in an emergency.

(2) The transportation procedure to be used.

(3) An emergency staffing plan.

§ 11.123. Core services. The following essential, core services shall be offered or arranged in center programs: personal care, nursing, social services, therapeutic activities, nutrition and emergency care. The intensity of the services shall be modified to meet the functional needs of the clients. It is anticipated that the services will be on a continuum to meet the range of client needs, with appropriate staff persons to supply or arrange these services.

11.123 (2) (ii) (B) Provision or supervision of observation, monitoring and intervention for unstable medical episodes.

(F) Response to emergencies.

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Emergency Medical Procedure

Case 1: 11:35 - Client was watching other clients exercise and began to hold their chest. Team member "A" asked client if they were ok, client replied "I don't feel right". Team member escorted client out of program and asked team member "B" to assist client. Team member B sat with client and asked what was wrong. Client replied "I don't know, my chest" as they held their chest and began to tremble. Team member B asked coordinator to check on client. Coordinator asked client how they were feeling. Client replied "my chest, I don't know. I can't see right, everything is foggy." Client continued to tremble. 11:40 a.m. coordinator checked client's blood pressure. It was 192/172. Coordinator asked Admin. Assistant to call client's family. 11:45 Admin. Assistant called client's family who agreed to come right away. 11:50 a.m. client's BP was 191/120. Coordinator escorted client to a quiet area and seated client in a reclining position. 12:05 a.m. client's BP was 197/102. Family arrived at 12:05 a.m. Coordinator encouraged family to take client to Urgent Care. Family stated that they are taking the client to ER. At 12:45 a.m. client's BP was 183/105. Coordinator assisted family and client to their car and asked family to please follow up with us. Family stated it may be late due to wait time at ER, but they will call us.

Emergency Medical Procedure

Case 2: 12:35pm client came out of back room, coughing, felt weak. Staff sat the client down and they drank a little water, coughed up phlegm, but no vomit. Voice was mumbly but the client knew their name and where they were. The client was talking about activities and being in hospital. B/P at 12:40 pm was 175/102. Pulse 75. Called family and left messages. B/P at 12:50 was 167/104 called family again and again, left messages on both phones. Called center nurse. Nurse advised to seat client and prop their feet and swollen hand up.1:20pm B/P 191/102

Tried to email family. Walked client with 2 staff to recliner. Client walked OK but was shuffling.

2:35pm B/P 182/102. Talking better and walking with 1 assist, not shuffling as much at this time. 3:15 Client went to get up from snack but was feeling very weak. After client settled in living room B/P 193/105. Called family again and they picked up and left immediately to come get him. Arrived about a half hour later. Family stated they were going to observe him that night and reassess him in the morning.

Addendum-Family states she did take client to the hospital because symptoms did not subside. CVA diagnosed."

Emergency Medical Procedure

Identified Issues & Solutions

- Poor communication
- Nursing decision maker
- Cost
- Best Practices

Open Discussion & Questions