



Washington State Long-Term Care Worker Training Workgroup

Established by ESSHB 2284

Long-Term Care Deficiencies Part II: Findings

September 26, 2007

Deliverable #4

Contents

I. Introduction

- Objectives
- Methodology

II. Findings

- Identifying Deficiencies
- Training Elements ID Methodology
- Training Deficiencies
- Repeat Citations
- Revocations
- ADSA Nursing Referral Criteria
- DOH Top Deficiencies in Home Care

III. Summary

Introduction

- In 2007, ESSHB 2284 was enacted to address the training of and collective bargaining of long term care providers. This report provides support to the task force on long-term care training workgroup charged with making recommendations regarding *training requirements for long-term care workers with respect to the quality of care provided to vulnerable people across all home and community-based settings*. The workgroup is charged with evaluating:
 - Current Training Requirements
 - **Care Deficiencies – Part I and Part II**
 - Training Needs
 - Literature on Evidence-Based and Best Practices Models and State Initiatives
 - LTC Apprenticeship and Certification Programs

- This report will examine Care Deficiencies – Part II

Introduction – Objectives

- *This report focuses on the cited deficiencies in Washington State Long-Term Care settings.*

- *The objectives of this report are to:*
 - *present the available data in a meaningful way on the areas of deficiencies that have been identified in surveys and complaints in settings covered in the bill, and*
 - *provide common ground to define deficiency and answer the questions:*
 - *What evidence do we have to indicate we have a care deficiency problem(s)?*
 - *How do the deficiencies relate to training needs?*

Introduction – Methodology

□ Information sources:

- *Current Washington State Department of Social and Health Services—ADSA statistical data on care deficiencies in a range of Long-Term Care settings.*
- *Revocation, Enforcement Logs, Statement of Deficiency, and Plan of Correction files from Washington State Department Social and Health Services—Residential Care Services (RCS).*
- *Complaints and grievances from LTC Ombudsman's Office.*
- *Facility survey/inspection results for Boarding Homes, Adult Family Homes, and Supportive Living Services.*
- *Department of Health – statistical data on top seven deficiencies for Home Care from October 1, 2006 through August 31, 2007.*
- *Referral Criteria for Nursing Services, ADSA 9/2007.*

Findings - Identifying Deficiencies

❑ **Violation:**

- A deficiency; a finding by the department of;
 - the requirements of chapters 18.51 and 74.42 RCW;
 - the standards, rules, and regulations established under them; or, in the case of a Medicaid contractor, a finding of a violation of Medicaid requirements of Title XIX of the Social Security Act, as amended, and regulations promulgated there under;
- A violation that results in negative outcome and actual or potential harm to residents; a failed (deficient) practice in relation to the statute or regulation cited that resulted in an actual or potential negative outcome(s).*

❑ **"Long-term care services" means:**

- Services provided to residents and applicants of long-term care facilities including, but not limited to, assessment, placement, case management, and determinations regarding benefits, personal care, and health care, but for purposes of these regulations does not mean care or services provided in the applicant's or resident's home outside of a long-term care facility or in other locations outside of a long-term care facility. Services are those provided to residents of all ages, and include, but are not limited to, those provided to individuals with developmental or physical disabilities, mental illness, dementia, or substance abuse problems.*

* Source: <http://www.aasa.dshs.wa.gov/professional/enforcement/nh/SOD.htm#attach1>

* *Source: WAC 365-18-020 Definitions

Findings – Training Elements ID Methodology

- An **analysis of DSHS recorded Enforcement Logs** for the time period of January 2005 - July 2007 yielded a total of 75 cases out of 543 total enforcements, determined by RCS, as having “Conditional” enforcement action. When conditional enforcement actions are issued by RSC, a resulting Plan of Correction (POC) is provided by the facility in response to the enforcement action.

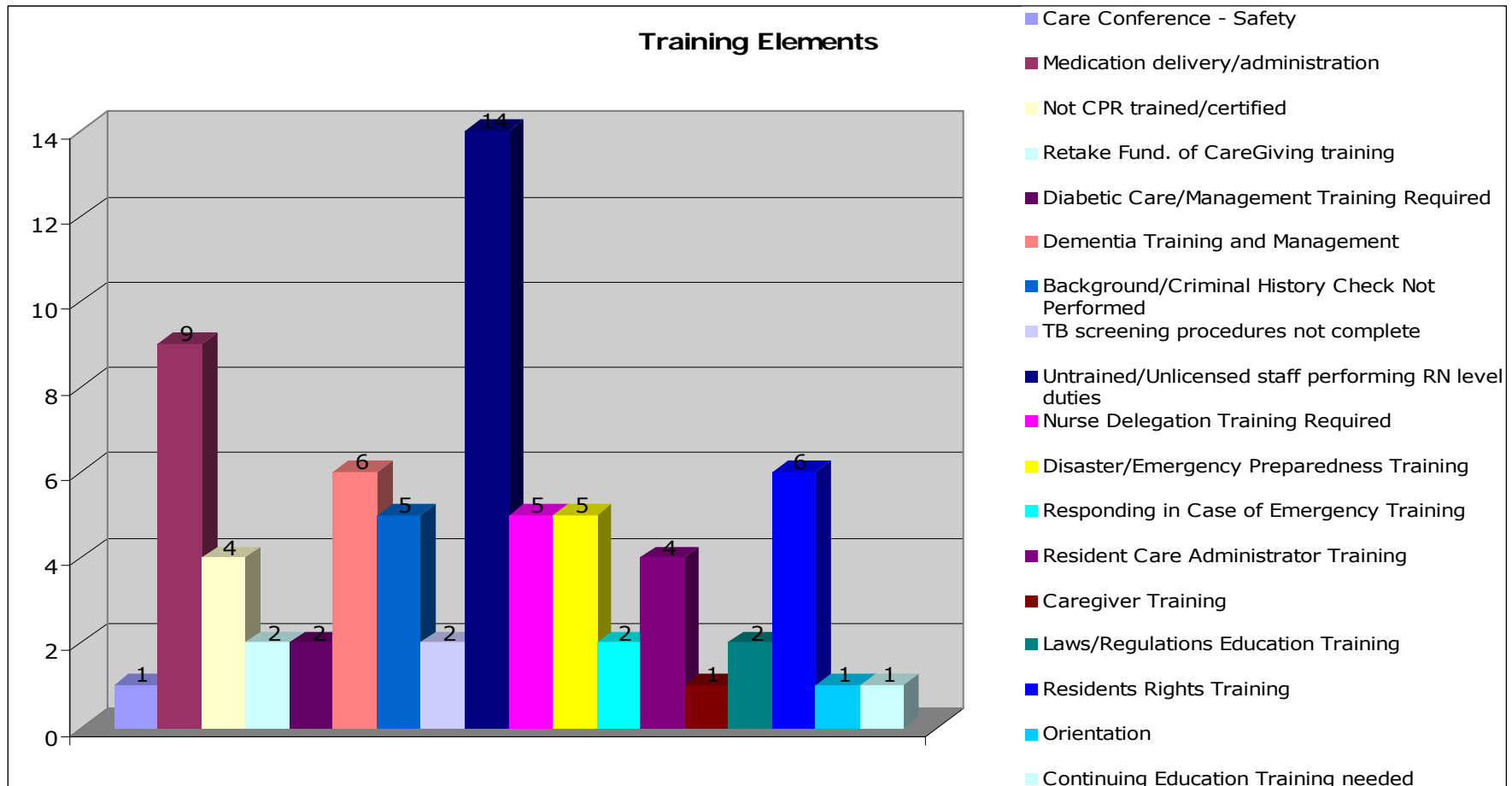
- We conducted the **data gathering approach from case files review** used to identify training related elements as follows:
 - Reviewed each revocation and condition log from January 2005 to July 2007 provided by RCS and derived a list of 75 cases as noted above.
 - With assistance from RCS staff who reviewed the list of 75 cases, pulled those files (43) that presented the most likely instances where training related content might be a factor.
 - Performed on-site examination of the entire case file provided, looking specifically for training related elements located in POCs, explanation and field notes included within the conditional enforcement documents, and in the Statement of Deficiency (SOD) conditions letters issued by DSHS/RSC.
 - In 6 situations, we asked RSC to pull additional (separate) license files to track down POCs and determine if other relevant information existed.
 - Extracted key data from each file: verified that the condition matched a training deficiencies as cited or referenced in relation to the condition, categorized the training deficiencies found, and captured prior citations statements when training references were encountered.

Findings – Summary

- ❑ Of the 43 cases examined, 39 cases had at least one training related condition noted or specified.
- ❑ In total, we identified 72 training related elements across the 43 case files.
- ❑ While a measurable percentage of cases had a training related element or elements found, there always existed other components to the conditions. (No example was provided)
- ❑ Repeat citations (where facility had the same training related element from prior site visit notes from field officers/personnel) occurred in 13 of the 43 cases (30%).

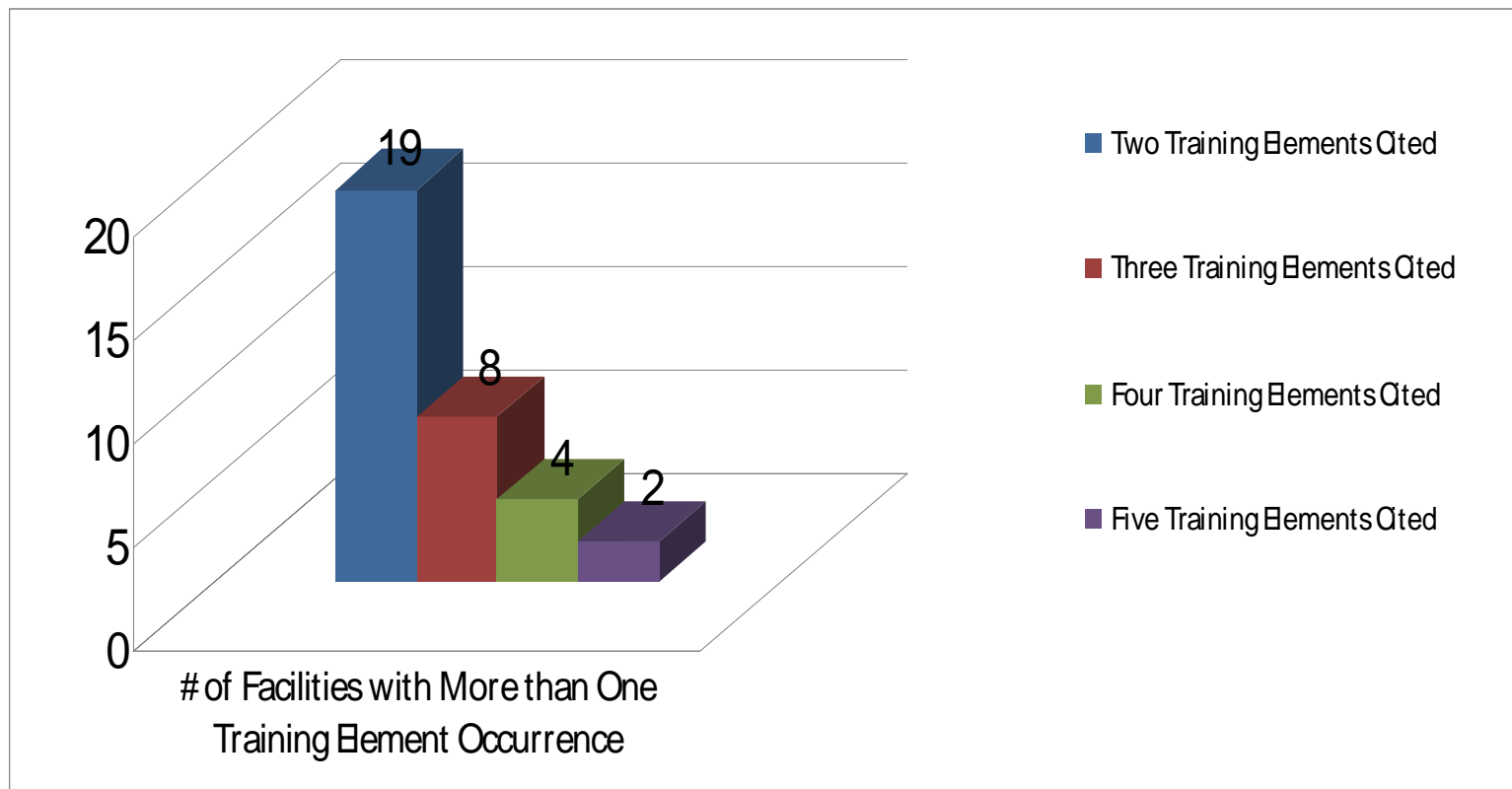
Findings – Deficiencies Cited

72 Total training related issues were cited and are broken out as follows:



Findings – Training Elements

- 19 facilities had at least more than one training element associated with the conditional enforcement. Two facilities had 5 training element conditions noted.



Findings – Revocations

- ❑ There were a total of 77 revocations of AFH facilities between August 13, 2004 – July 31, 2007.

Source: Residential Care Services

Findings – ADSA Training Deficiencies

- ❑ ADSA receives training deficiency/need requests from:
 - Initial CARE assessments done by case managers
 - Reassessments, triggered by a high risk determination
 - A 2nd assessment triggers a nurse referral (see following slide)
 - Social worker, client or provider requests for additional training specific to individual's needs

- ❑ Plan of Care reviewed at regular intervals may reflect changes in the client's condition and may initiate a need for additional training for the client or provider.

- ❑ Depending on the urgency of the training need, a nurse may do 'Just in Time Training' on an individual basis.

Source: ADSA, interview 9/2007.

Findings – ADSA Nursing Referral

The following are considered Nursing Services referral criteria:

The presence of any one or combination of diagnoses that is unstable or changing.

The presence of a medication regimen that has an effect on client assessment, service planning and delivery.

Nutritional status or weight concerns affecting service planning and delivery. This may be triggered by indications of oral problems, hygiene and dental problems.

The client is bedbound, or has care needs related to immobility that affects assessment, service planning and delivery.

Skin breakdown or history of skin breakdown.

Skin Observation Protocol – specifies both case manager/social worker and nursing service responsibilities when a client meets the highest risk indicators identified in the protocol.

Source: ADSA, September 2007.

Note: Any other health-related care needs, not identified as a critical indicator may also be referred to Nursing Services according to ADSA.

Findings – DOH Home Care Deficiencies

- ❑ WA DOH licenses and regulates in-home service agencies in the categories of Home Care, Home Health and Hospice per chapter 70.127 RCW and WAC 246-335.
 - Home Care Services are **non-medical services** and utilize home care aides.
 - Home Health and Hospice Services are **skilled services** and utilize nursing assistants – certified or registered (NA-C and NA-R) as home health aides.

Source: WA DOH, Facilities, Services and Licensing In-Home Services, 9/2007.

Findings – DOH HC Deficiencies

□ Training Requirements:

— State Licensing

- Disclosure Statements and Criminal Background checks
- Written Policies and Procedures and orientation of all staff
- Supervision requirements, including set evaluation timeframes
- Personnel requirements, including orientation, skills verification and on-site performance evaluation

— Home Care

- No minimum pre-service training for home care aides. WAC 246-335.
- Staff supervision/oversight requirements, WAC 246-335-065 (5) – (7)
 - Orientation to agency policies and procedures
 - Verification of skills
 - Ongoing training (such as in-service) pertinent to client needs

— Home Health

- NA-C and NA-R must be certified or registered and meet specific training and competency requirements Chap RCW 18.88a and WAC 246-841
- Staff supervision/oversight requirements. WAC 246-335-065 (5) – (7) noted above under home care also applies to licensed home health agencies
- A Medicare certified Home Health Agency must provide pre-service training, competency testing and ongoing annual training of home health aides, 42CFR 484.36 (Federal Medicare rule)

Source: WA DOH, Facilities, Services and Licensing In-Home Services, 9/2007.

Findings – DOH HC Deficiencies

- ❑ **Public Safety:** Chapter 70.127 and WAC 246-335 require the department to establish minimum standards for In-home Care Services in the Home Care Category (i.e. non-medical services).
 - Disclosure Statements and Criminal Background Checks
 - Written Policies and Procedures and orientation of same by all staff
 - Bill of Rights
 - Plan of Care Requirements, including items for re-evaluation of Plan of Care
 - Supervision requirements, including set evaluation timeframes
 - Personnel requirements, including orientation, skills verification and on-site performance evaluation
 - Quality Improvement requirements including a complaint resolution process
 - Re-inspection (survey) of all agencies by Registered Nurses each licensure period
 - State Hotline complaint process with an investigative assignment and follow up

Source: WA DOH, Facilities, Services and Licensing In-Home Services, 9/2007.

Findings – DOH HC Deficiencies

- ❑ **SURVEY DEFICIENCIES:** October 1, 2006 – August 31, 2007. Note:
 - 1) A Plan of Correction is due for all deficiencies
 - 2) A Progress Report or revisit to the agency is completed 90 days following the survey exit date that resulted in the deficiencies.

7 Top Deficiencies for Home Care	WAC
Failure to assure care aide reviews POC or written instructions for client prior to providing services.	WAC 246-335-105 (4) (h)
Failure to evaluate compliance with POC every 6 months, including an evaluation of client satisfaction.	WAC 246-335-105 (5)
Failure to evaluate caregivers, including an on-site (in client's home) observation, at times determined by agency policy.	WAC 246-335-070 (9)
Failure to implement a written plan of POC that includes input and written approval by client or designee.	WAC 246-335-090 (1) (a)
Failure to document signed notes describing services provided during each client contact.	WAC 246-335-110 (1) (c) (vi)
Failure to assure the POC is reviewed on-site, updated, approved and signed by appropriate agency personnel and the client or designee every 12 month and as necessary based on changing client needs.	WAC 246-335-090 (1) (d)
Failure of supervisor to assure each home care aide assists with medications according to state regulation and agency policy.	WAC 246-335-105 (4) (j)

Source: WA DOH, Facilities, Services and Licensing In-Home Services, 9/2007.

Summary

- ❑ Current deficiency tracking, as it relates to training elements identified within the RSC case files, is difficult. Information comes from case and license files and is not systematically easy to glean or identify. Thus, extensive file reviews are needed to properly establish whether the deficiency is definitively linked to a training need.
- ❑ There is precedence and consistency in the case files where training elements can be identified in relation to RCS stated conditional enforcements.
- ❑ There is a measurable level of cited training element deficiencies (41 of 43 cases reviewed) and of those, 30% were repeat citations for the same condition and or violation.
- ❑ The most cited training deficiency cited focused on medication delivery, administration, and management issues.
- ❑ DOH most frequent deficiencies fall into categories of oversight, supervision and documentation deficiencies.