



WISCONSIN STATE LEGISLATURE

Joint Audit Committee

Committee Co-Chairs:  
State Senator Carol Roessler  
State Representative Suzanne Jeskewitz

June 2, 2004

Ms. Helene Nelson, Secretary  
Department of Health and Family Services  
1 West Wilson Street, Room 650  
Madison, Wisconsin 53703

Dear Ms. Nelson:

The Joint Legislative Audit Committee will hold a public hearing on Legislative Audit Bureau report 04-3, *An Audit: Health Insurance Risk-Sharing Plan*, and on the letter report concerning the use of emergency department services by Medical Assistance recipients (January 2004). This public hearing will be held on Thursday, June 24, 2004, at 10:00 a.m. in Room 411 South of the State Capitol.

As these reports relate to the activities of the Department of Health and Family Services, we ask that you and appropriate members of your staff be present at the hearing to offer testimony in response to the audits' findings and to address questions from committee members. Please also plan to provide each committee member with a written copy of your testimony at the hearing.

At this public hearing, the Committee would also like to receive your testimony regarding follow-up to report 02-21, *An Evaluation: Regulation of Nursing Homes and Assisted Living Facilities*. As you recall, on August 19, 2003, we met with staff from the Department's Bureau of Quality Assurance to discuss our concerns about the significant number of complaints in assisted living facilities in the Milwaukee area. At that meeting, we learned that the Department was implementing new processes for assisted living inspections. Now that these processes have been operational for a time, we would appreciate an update on the implementation status of the new assisted living inspection process, and would ask you to provide current data relating to the number of assisted living complaints in the Milwaukee area. Any additional information or updates you would like to include in your testimony concerning the Health Insurance Risk-Sharing Plan, the use of emergency department services by Medical Assistance recipients, or the regulation of long term care in Wisconsin would also be appreciated.

Please contact Ms. Pam Matthews in the office of Representative Jeskewitz at 266-3796 to confirm your participation at the hearing. Thank you for your assistance and we look forward to seeing you on June 24<sup>th</sup>.

Sincerely,

Senator Carol A. Roessler, Co-chair  
Joint Legislative Audit Committee

Representative Suzanne Jeskewitz, Co-chair  
Joint Legislative Audit Committee

Enclosure

cc: Janice Mueller  
State Auditor

SENATOR ROESSLER  
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State of Wisconsin  
Department of Health and Family Services

Jim Doyle, Governor  
Helene Nelson, Secretary

JUN 16 2004

June 11, 2004

The Honorable Carol A. Roessler  
State Senator  
8 South, State Capitol  
Madison, WI 53702

The Honorable Suzanne Jeskewitz  
State Representative  
314 North, State Capitol  
Madison, WI 53702

Dear Senator Roessler and Representative Jeskewitz:

Thank you for your letter regarding the Joint Legislative Audit Committee public hearing that will take place on Thursday, June 24, 2004 at 10:00 am. I regret that I will be unable to attend the hearing. A prior commitment takes me to Neenah, Wisconsin to speak that morning. I am, however, delighted to say that Mark Moody, Division Administrator, Division of Health Care Financing and Sinikka Santala, Division Administrator, Division of Disability and Elder Services will plan to attend the hearing to offer testimony and respond to questions from the committee members.

Sincerely,

A handwritten signature in black ink, appearing to read 'Helene Nelson', written over a faint, dotted background.

Helene Nelson  
Secretary



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Jim Doyle  
Governor

Helene Neison  
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State of Wisconsin

Department of Health and Family Services

Testimony

Before the Joint Committee on Audit  
Regarding the Legislative Audit Bureau Report on the  
Regulation of Nursing Homes and Assisted Living  
June 24, 2004

By Sinikka Santala, Administrator  
Division of Disability and Elder Services  
Department of Health and Family Services

I am Sinikka Santala, Administrator of the Division of Disability and Elder Services. Thank you for the opportunity to update the committee on the Bureau of Quality Assurance's oversight of nursing home and assisted living facilities.

With me today is Cris Ros-Dukler, the new Director of the Bureau of Quality Assurance (BQA). She will be taking over the Bureau for any future reports you may require from the Department concerning this audit. In addition, a number of other BQA staff is present to answer any specific questions you may have that I am unable to address. Sue Schroeder is not able to attend today's meeting. I would like to recognize her leadership in directing the efforts of the Bureau to implement the recommendations of the Committee and the audit.

It is my pleasure to be here today to update the Committee on the 2002 LAB Audit of the Bureau's role in the regulation of nursing homes and assisted living. The Department took your concerns very seriously. Your recommendations gave us the vehicle to continuously improve on our obligation of efficiently overseeing nursing homes and assisted living facilities in Wisconsin. Protecting nursing home and assisted living consumers, while also delivering fair, objective and beneficial regulatory reviews, continues to be a high priority for the Bureau of Quality Assurance, the Division of Disability and Elder Services, and for the Department. We appreciate your continued interest and desire in wanting to bring consistency to the regulatory process.

In the months since the audit, BQA has implemented a number of changes to increase the protection of Wisconsin's most vulnerable citizens. We have increased our focus on the growing assisted living communities in Wisconsin. Unlike nursing home oversight, with its primary federal compliance focus, assisted living is primarily state driven. This presents us with the opportunity of being creative and more collaborative with assisted living stakeholders. In addition to responding to your request for an update on assisted living issues, I have also prepared an update to each area on nursing home oversight where there were LAB findings and/or recommendations.

## IMPROVING THE ASSISTED LIVING SURVEY PROCESS

In our August 2003 presentation to various Committee members, we informed you of our intent to implement a revised assisted living survey process. This process was designed to focus more bureau resources on problematic providers, while also delivering relief, in the form of a less intensive reviews, to providers with good or outstanding compliance.

By targeting our resources towards facilities with poor compliance histories, providing technical assistance as part of the process, rewarding facilities with a good compliance history and partnering with other agencies, we have had some excellent preliminary results including:

Our presence at assisted living facilities has increased.

- Currently 80% of facilities have had a survey in at least 2 years, up from 67% a year ago.

We focussed on issues that really matter.

- The violations cited have more of an emphasis on quality of life and quality of care, and less on paperwork or the more prescriptive requirements.

Quality in assisted living facilities is improving.

- Cites, or violations, per facility are down from 4.9 citations per survey in CY 2003 to 3.6 thus far in CY 2004.
- 63% surveys completed during the current calendar year with no citations compared to 44% CY 2003.
- Enforcement action has decreased slightly with a significant decrease in revocations. One revocation so far in CY 2004 compared to 18 in CY 2003.

The process maintains a very unique balance for a regulatory agency by protecting the health, safety and welfare of the residents, improving the quality of care and life of residents and allowing for industry creativity and flexibility. (See appendix 1 memo attached for more detailed information)

### Collaboration

Very innovative collaborations with other agencies are emerging with positive results. We are providing accurate, up-to-date information to all assisted living community stakeholders. The Department has initiated an aggressive process to get information out to other stakeholders who make decisions about funding persons in assisted living facilities. Counties, DDES program bureaus and advocates receive copies of all on-site reviews of providers in their respective areas. Enforcement summaries are sent to all key stakeholders. This collaborative approach expands the inclusion of all stakeholders responsible for the health, safety and welfare of potentially vulnerable consumers, while de-emphasizing the entire nature of the regulatory process. There have been a number of successes where agencies have used the information of the regulatory agencies to improve overall policies. (See appendix 2 referral memo for additional details)

One example our increased collaboration is the sharing of results with the Brown County Human Services Department. They receive a copy of all the Bureau's survey results for facilities in their county. They take the data and enter it into a database of the facilities where they are funding clients. They then send one of their county nurses to follow up in the facility to assure that services are being provided to their clients and that the facility has followed up and corrected any deficiencies. The county then sends a report back to the Bureau of Quality Assurance.

### Policy Manual

- \* Developing and implementing an enforcement manual that includes specific procedures and policies to support a consistent application of the statutory enforcement options was a major project for the Bureau. It is a comprehensive manual that provides the basis for applying the most appropriate enforcement action based on the situation discovered. We have responded to the audit, to the Committee and to the industry's concern for a standardized method of applying enforcement criteria to the assisted living provider oversight responsibilities. In 2003, this manual received a national award as a "Best Practice" by the Association of Health Facility Survey Agencies (AHFSA) a national body comprised of states' regulatory agencies. (See Appendix 3 for sample details).

### Workload - Complaint Driven

Although complaints remain a substantial workload for BQA, by changing the survey process, adding nurse consultants to the survey team and an aggressive enforcement approach to facilities with significant non-compliance, the Bureau has made significant inroads to the backlog of complaints. This has allowed the Bureau to complete more regular surveys as well.

- We have 279 outstanding complaints as of today compared to over 600 in 2003
  - The period on which complaints are outstanding has been reduced from 155 days in 2003 to 97 days thus far in CY 2004.
  - Complaints we receive have decreased. In CY 2003, 792 complaints were received compared to 916 for CY 2002.

### Milwaukee County Complaint Data

The Bureau's southeast regional office continues to receive the bulk of serious complaints. The assisted living section has recently restructured the workload to free up more resources to monitor, improve response time and provide increased technical assistance to the southeast region providers, including Milwaukee County. Complaints in Milwaukee County are decreasing. We received 204 complaints in CY 2002, 184 in CY 2003 and, based on current trend, we project to receive about 135 complaints in CY 2004.

Complaints decreasing

<b>Complaints Received Regarding Milwaukee County Assisted Living Facilities</b>									
Facility	CY 2002			CY 2003			January 1- June 15, 2004		
	Current Status			Current Status			Current Status		
Type	Closed	Open	Withdrawn	Closed	Open	Withdrawn	Closed	Open	Withdrawn
ADC	3	0	0	1	0	0	0	1	0
AFH	18	0	0	19	0	0	4	3	0
CBRF	161	0	1	141	13	0	22	27	0
RCAC	19	2	0	9	1	0	1	4	0
TOTAL	201	2	1	170	14	0	27	35	0
						<b>CY 2004 Projection</b>	59	76	0
<b>NOTE:</b>	Milwaukee County continues to receive the highest number of complaints and some of the most complex. Complaints are decreasing CY 2002 204, CY 2003 184 and projection for 2004 135								

### Improving Staff Qualification

Individuals who oversee assisted living providers should have the appropriate educational and professional credentials to conduct these reviews. This was not only a concern during the audit, but also during testimony following the audit. We have responded to these concerns by improving credentials of the field staff who oversee the licensing, monitoring and investigations of over 2,400 assisted living facilities. With the closures and downsizing of nursing homes in the last few years, effective January 1, 2003, internal resources were moved from the oversight of nursing homes to assisted living. Staff brought with them a nursing background to address the growing medical complexity of residents served in assisted living communities. As a result of this internal reallocation, no additional resources were necessary. These staff have been fully trained in the oversight of assisted living, have improved the quality of the oversight and have been viewed as a positive addition to the field team by a variety of stakeholders including provider associations, providers, advocates, residents, families and program bureaus.

Early results of the implementation of the above initiatives indicate a positive response from a variety of stakeholders. As I mentioned, the backlog of complaint investigations and bi-annual surveys have improved, enforcement action taken with facilities with poor compliance history has increased and has been very effective towards improving overall quality, inter-agency collaborations have improved and the good providers are viewing the regulatory agency as part of the plan to improve the industry, not as a barrier to stop innovative and creative ideas.

## UPDATE ON NURSING HOME OVERSIGHT

In addition to providing an update on the Department's oversight of assisted living providers in Wisconsin, the information that follows are updates relating the nursing home oversight. This is presented corresponding to findings and recommendations in the LAB report.

**Finding (page 26)** *The number of citations issued to nursing homes varied by region.*

### Update

Appendix 4 of this update report includes various charts depicting the citing patterns of the BQA regional offices. This area was specifically addressed during the audit, as there appeared to be great disparity in how the regional offices evaluated nursing home care. The current data shows a closing of the gap that existed from 1999 – 2001, while the state average remains consistent throughout the five-year period, 1999-2003. The Northern Region, unlike the earlier report, is the outlier. Further review and analysis is necessary to explain why this is occurring.

**Finding (page 28)** *More nursing home citations were issued when federal staff accompanied state inspectors.*

### Update

The Department agreed with this finding. Through subsequent discussions with our counterparts in federal Region V (Illinois, Indiana, Michigan, Minnesota and Ohio), as well as through communication with our federal staff in Chicago, this occurs region and nationwide.

Staff from the Centers for Medicare and Medicaid Services (CMS) are aware of these differences but have not evaluated their cause, nor impact. Furthermore, CMS does not appear to be much concerned about these differences.

Appendix 5 of this update includes data showing the results of the Federal Observational and Support Survey (FOSS). During these surveys, BQA staff are monitored and evaluated by federal surveyors. While the audit showed, for the period FY 2000-2001, an average of 12.9 deficiencies issued when state surveyors were accompanied by federal surveyors, versus 5.2 issued otherwise, current data shows a closing of this gap in the numbers of citations issued by BQA. For the period January 2003 to May 2004, the ratio is now 7.8 citations when federal surveyors are present to 3.2 when BQA staff are alone. Therefore, the ratio of citations when the federal surveyors are present is the same, 2.4:1, for both periods. The noticeable difference is the number of citations issued when comparing both periods.

**Finding (page 42):** *Nursing home forfeitures are not assessed in a timely manner.*

**{Recommendation} (page 46)** *The LAB recommended that the Department of Health and Family Services report to the Joint Legislative Audit Committee:*

- *The number and percentage of FY 2000-2001 and FY 2001-2002 state nursing home citations eligible for forfeiture and awaiting review.*

Update

I am pleased to report to the Committee that there are no outstanding forfeitures from FYs 2001, 2002 or 2003. Further, the current workload, with 9 representing the current backlog, is 131, all 2004 forfeitures. Of these, 94 are citations issued against nursing homes.

The Department's goal continues to be assessing forfeitures within 120 days of survey exit date. As of June 1, all but 9 forfeitures fall within the 120-day timeline. Again, the 9 are from January 2004.

We achieved the reduction by shifting resources to specifically address the previous backlog, while also managing the current forfeiture workload, which continues at its previous pace. Changes we've implemented at the field and central office levels will allow staff to manage the current workload and deliver forfeiture notices within the 120-day goal established by the Bureau. However, we will continue to be vigilant in ensuring that BQA continues its systems' reviews to look for better and more efficient ways of delivering forfeiture notices to nursing homes, including pursuing electronic notification. (See Appendix 6 for related forfeiture information).

*Finding (page 50): Admissions have been restricted in assisted living facilities but not in nursing homes.*

*{Recommendation} (page 50) The LAB recommended that the Legislature amend s. 50.05(4)(d), Wis. Stats., to allow the Department of Health and Family Services to restrict nursing home admissions in a more timely manner.*

*Legislative*

Update

The Department is interested in working with stakeholders to pursue a variety of means, including necessary statutory language changes, to provide additional protections for vulnerable nursing home residents. This should be done with the goal of taking action against poor performing facilities, but most importantly, assisting in improving quality of nursing homes services in Wisconsin.

*Finding (page 59): Only 32.5 percent of the Department's Informal Dispute Resolution decisions met its timeliness standard.*

*{Recommendation} (page 60) The LAB recommended that the Department report to the Audit Committee:*

- *the effect on timeliness of returning responsibility for informal dispute resolution decision-making to regional managers;*
- *the number of cases resolved through informal dispute resolution; and*



- the number of cases resolved through informal dispute resolution that were subsequently appealed.

Update

The informal dispute resolution process has undergone significant changes in the months since the audit. Changes made to the process have resulted in a more timely BQA review and decision-making. Regional BQA managers, and select staff, continue conducting all reviews.

Current data indicates that 70% of IDR reviews, versus the previous 32% reported in the audit, are completed within 21 days, with the overall average of 18.7 days for all reviews. (See appendix 7 for details).

In addition to addressing the delays in conducting IDR reviews, we have taken action to address the concern for an independent review. Effective July 1, 2004, the Michigan Peer Review Organization will begin conducting IDR reviews, thereby replacing BQA staff. The Michigan Peer Review Organization has an extensive and 15-year background in similar areas and currently conducts the same reviews for the states of Indiana and Michigan. The contract with Wisconsin requires reviewers with the appropriate medical background to conduct the reviews. We have met with and informed the provider associations about this new process and their role. However, under our agreement with the Centers for Medicare and Medicaid Services, we must maintain oversight of the decisions reached by the contractor.

**Finding (page 62):** From FY 1998-1999 through FY 2000-2001, 79.1 percent of appeals filed with DHA were closed before hearings were held.

**Recommendation (page 63):** The Legislature modify ch. 50, Wis. Stats., to create a 60-day time frame for providers to file appeals after receiving statements of deficiency for state violations.

Update

The Department agreed with this recommendation and continues to be interested in finding ways to make this change.

This concludes the list of specific finding and recommendations. However, I would like to address some additional comments made during the February 5, 2003 Committee hearing. These relate to survey team demeanor and changes to the nursing home survey process.

Surveyor Team Demeanor

A concern raised by various providers during the February 5, 2003, hearing is the issue of surveyor conduct. To address this area, BQA implemented the "Post Survey Questionnaire" on January 1, 2004 for all providers regulated by BQA. The questionnaire included specific information regarding how the providers experienced the survey, and whether they fully understood how the survey affected them. Specific questions were also included to address the communication between the provider and BQA to address staff conduct concerns.

Legislation

Calls all providers covered by BQA - not just Nursing Home + Assist. Living

I am pleased to report that the overall results from the first quarter, the January to March 2004 period, were positive. On a scale of 1 (strongly disagree) to 5 (strongly agree), the average score was 4.46 for the survey process, including BQA staff interactions with providers; and 4.26 for the post survey report. However, while overall ratings were positive, the return rate of 27 percent (108 out of 400) could be improved. To address receiving a greater response rate, BQA continues to encourage provider communities to return the questionnaire. In addition, when surveys are especially difficult or their results especially negative, BQA management staff place a follow up call to the provider to seek feedback directly through dialogue. (See appendix 8 for results and analysis).

### Revised Nursing Home Survey Process

While many states support substantial changes to the nursing home survey process, a number of others do not. As you know, Wisconsin, which supports changes, submitted to the federal government a request to implement a revised nursing home survey process. This request was denied; however, in issuing the denial, the federal government acknowledged this possibility for Medicaid-only participating nursing homes, while indicating that this would violate federal law for Medicare-certified nursing homes. Conducting these reviews at Medicaid-only nursing homes would not yield the necessary information we seek because these facilities do not treat the medically complex residents served by Medicare facilities.

In addition to Wisconsin, Minnesota, likewise, shares our concern and desire to change the federal process. We plan to continue collaborating with our neighbor states to pursue this action further.

The federal government, in its decision to deny the Wisconsin request, indicated to us that unless there were changes to federal law, which only the Congress can enact, the nursing home survey process would remain as is.

We are still interested in pursuing changes to the nursing home survey process. However, we are aware that it may be some time before these changes may be made. We have achieved positive experiences in implementing a revised Assisted Living Survey Protocol, the basis of which we designed in our revised nursing home survey process.

### Closing Remarks

The Department is remains committed to ensuring the health, safety and welfare of our most vulnerable citizens. We also want to ensure that providers receive a fair, objective, and beneficial regulatory review. Our update today provided evidence of significant performance improvements BQA has made in the oversight of nursing homes and assisted living facilities. We will not rest with these results. We continue to move ahead in search of continuous quality improvement in our performance and efficiencies to better evaluate provider compliance with state and federal rules.

We are happy to answer any questions that you may have at this time.

APPENDIX 1

BUREAU OF QUALITY ASSURANCE

BQA MEMO ANNOUNCING THE NEW ASSISTED LIVING SURVEY PROCESS

**DATE:** November 6, 2003

**TO:** Sinikka Santala, Administrator  
Division of Disability and Elder Services

**FROM:** Kevin Coughlin, Chief  
Assisted Living Section  
Bureau of Quality Assurance

**SUBJECT:** New Assisted Living Survey Process

Following formation of the Assisted Living Section, within the Bureau of Quality Assurance, one of our primary objectives was to develop a new assisted living survey process incorporating some very innovative concepts. The attached draft of this new survey process has the "finger prints" of many people on it. The workgroup tasked with developing the new survey process took into consideration comments and concerns voiced over the last several years from a variety of stakeholders including program bureaus, county human service agencies, advocacy groups, care management organizations, assisted living section staff, providers and provider associations. In addition, the workgroup researched innovative strategies by other states.

A very important component of the new survey process includes collaboration of the regulatory agency with other state, county and family care agencies to improve the overall quality of care and quality of life for residents living in regulated assisted living facilities. As the new evolution of quality and safety oversight in Wisconsin assisted living facilities occurs, this survey process will change accordingly.

Important changes in this new assisted living survey process include the following:

- Provides an abbreviated survey for facilities with a good compliance history
- Incorporates technical assistance and standards of practice into the survey process
- Allows for regulatory flexibility
- Provides a survey guide for the providers so they know the regulatory expectation
- Provides a post survey questionnaire to give the provider an opportunity to provide feedback to the regulatory agency
- Promotes consumer independence and choice
- Supports consumer awareness, responsibility and satisfaction
- Focuses the survey on "key codes" from core areas that have the highest potential to affect outcome related to quality of life and quality of care
- Fosters stakeholder collaboration toward a common goal of improved quality of life and quality of care for residents
- Focuses the sample selection on some of the most vulnerable residents
- Provides courtesy copies of the survey results to ombudsman, county agencies, family care, OSF & program bureaus
- Includes a new survey outcome called a "Notice" utilized for isolated incidents of non-compliance that:
  - result in no more than minimal harm, or
  - have potential for no more than minimal harm, or
  - do not indicate a breakdown in facility systems.

The assisted living section anticipates implementation of this new procedure January 1, 2004. Please let me know if you have any comments or questions related to this exciting new survey process. I believe we will receive strong support from all stakeholders regarding the changes. Thank you.

KC:

cc: Susan Schroeder, Otis Woods

**DATE:** June 21, 2004

**ALS-03-009**

**TO:** AL Regional Field Operations Supervisors  
AL Licensing Specialists  
AL Nurse Consultants  
AL Regional Support Staff

**FROM:** Kevin Coughlin, Chief  
Assisted Living Section

**SUBJECT:** Enforcement Notification and Referral Procedure

The Bureau of Quality Assurance is committed to maintaining strong partnerships with other agencies representing individuals living in assisted living settings, such as program bureaus, county agencies, and advocates. The following describes a general procedure for notifying agency representatives about the status of regulatory activities in Community Based Residential Facilities (CBRF), Adult Family Homes (AFH), Residential Care Apartment Complexes (RCAC), and Adult Day Care Centers (ADC).

When citations are issued as a result of compliance surveys or complaint investigations, a Statement of Deficiency (SOD) is issued to providers by the regional office. Statements of Deficiency are sent by certified mail. When the regional office receives confirmation (via the certified mail green card) that the provider has received the SOD, a copy of the SOD, along with the letter of transmittal, is sent to the following interested parties:

- County Human Service Agency where the facility is located
- Resident's case manager (if county differs from the county in which the facility is located).  
Decisions to forward SODs to case managers are made by Regional Field Operations Supervisors based on survey findings.)
- Assistant Area Administrator, Office of Strategic Finance
- Care Management Organization (CMO) – Family Care Counties
- Ombudsman, if the facility serves individuals over age 60
- BQA - Health Services Section, certified AODA programs
- The program Bureau for the client population served
  - Bureau of Aging and Long Term Care Resources (BALTCR)
  - Bureau of Developmental Disability Services (BDDS)
  - Bureau of Community Mental Health (BCMh)/Bureau of Substance Abuse Services (BSAS)

On a monthly basis, the enforcement specialist produces and disseminates a current, quarterly enforcement report. The report is sent to several interested parties including:

- Division of Disability and Elder Services - Bureau Directors
- Assistant Area Administrators, Office of Strategic Finance
- Board on Aging and Long Term Care
- Community Integration Specialists

The enforcement specialist refers serious violations to the Medicaid Fraud Control Unit, Department of Justice, on a monthly basis.

June 21, 2004

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The research technician notifies the Social Security Administration when the Department takes action to revoke a provider's license.

Referrals of serious violations involving caregivers are made to the Caregiver Investigation Section on a case by case basis.

Regional offices should maintain current listings of agency contacts, address, and telephone numbers.

KL/LT

cc: Susan Schroeder

Otis Woods

Laurie Arkens

Atty. Jesse Garza, OLC

APPENDIX 3

ASSISTED LIVING SECTION

ENFORCEMENT PROCEDURES AND GUIDELINES

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**DEPARTMENT OF HEALTH AND FAMILY SERVICES  
BUREAU OF QUALITY ASSURANCE**

**ASSISTED LIVING SECTION**

**ENFORCEMENT PROCEDURES AND GUIDELINES**

March 15, 2003



Assisted Living Section  
Enforcement Procedures and Guidelines

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Notice of Overdue Forfeiture (sample)  
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APPENDIX 4

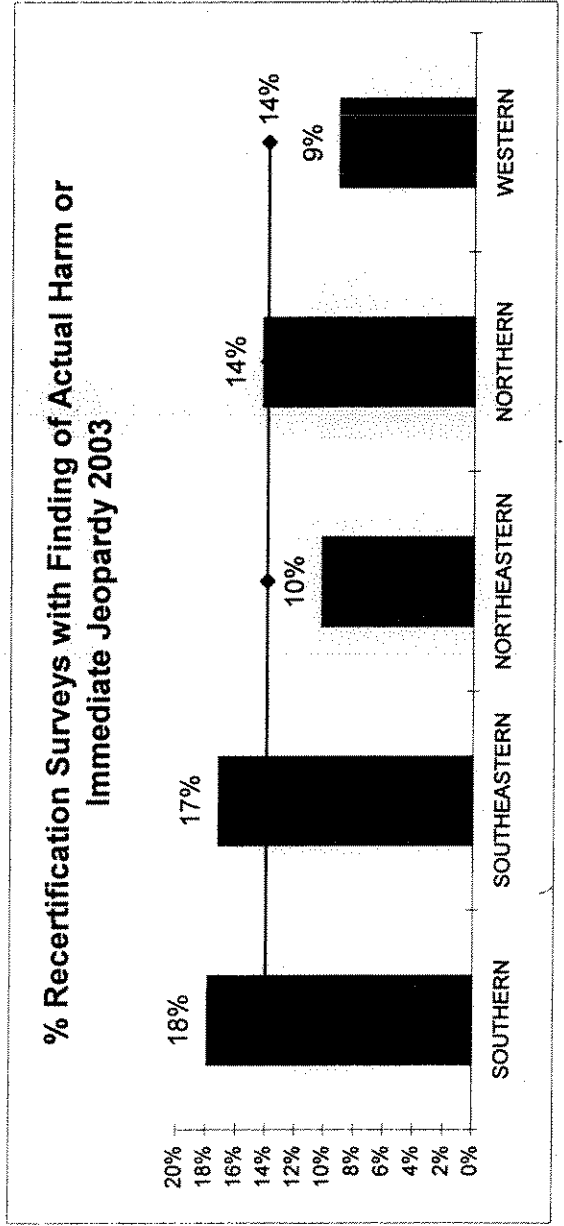
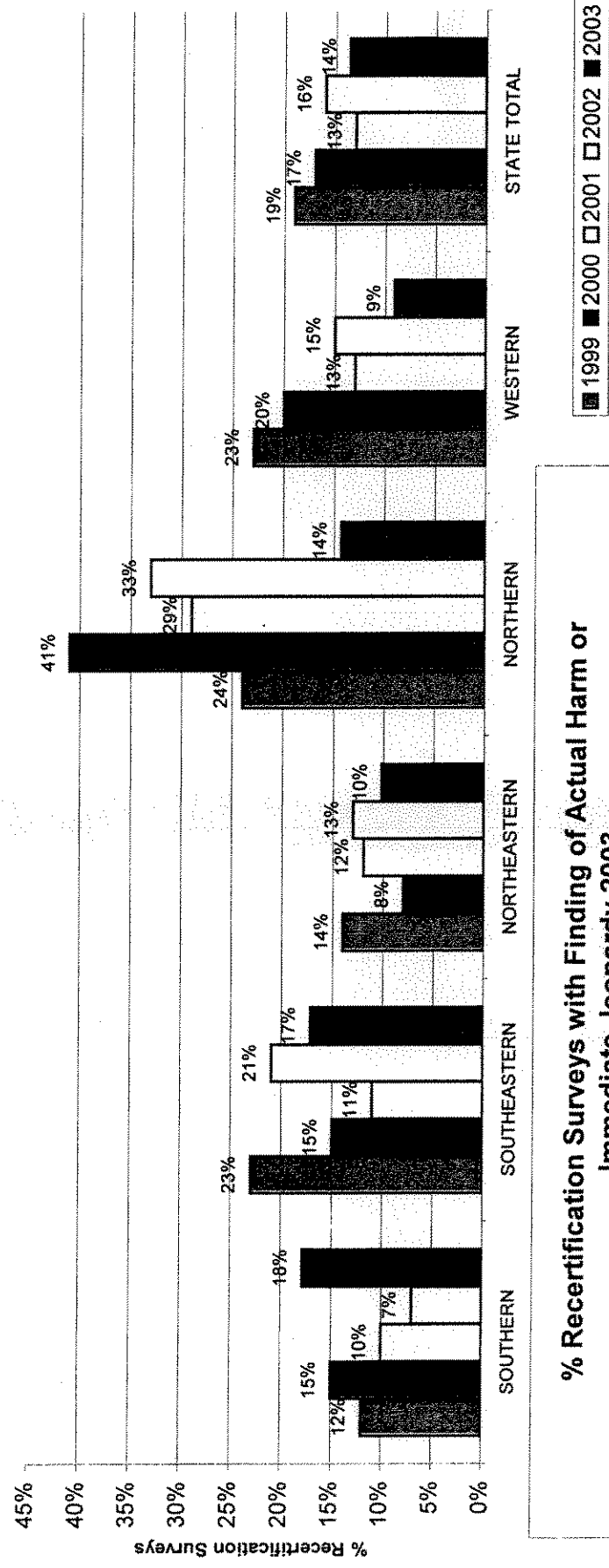
NURSING HOME SURVEY OUTCOME DATE

BUREAU OF QUALITY ASSURANCE

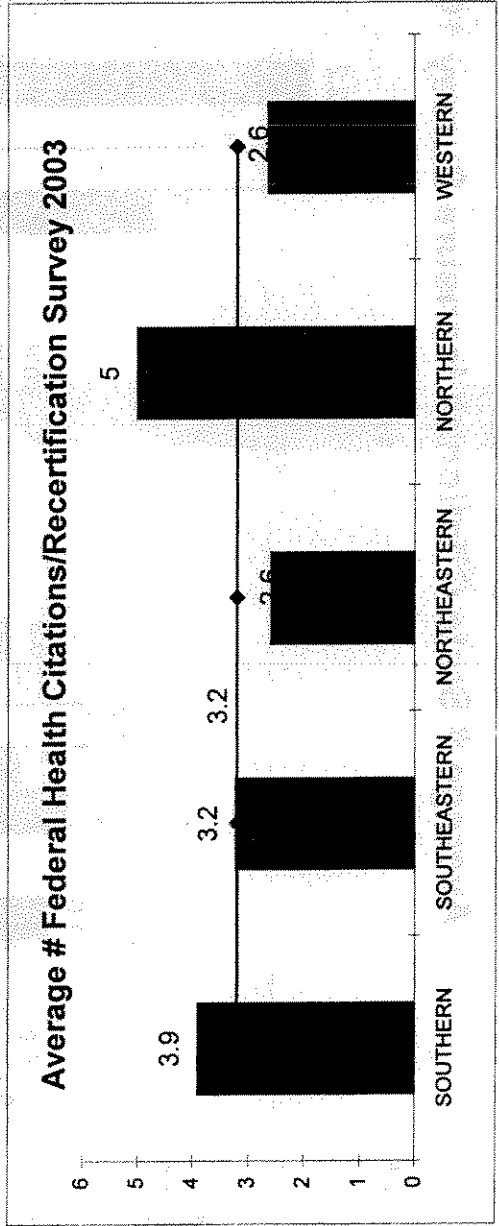
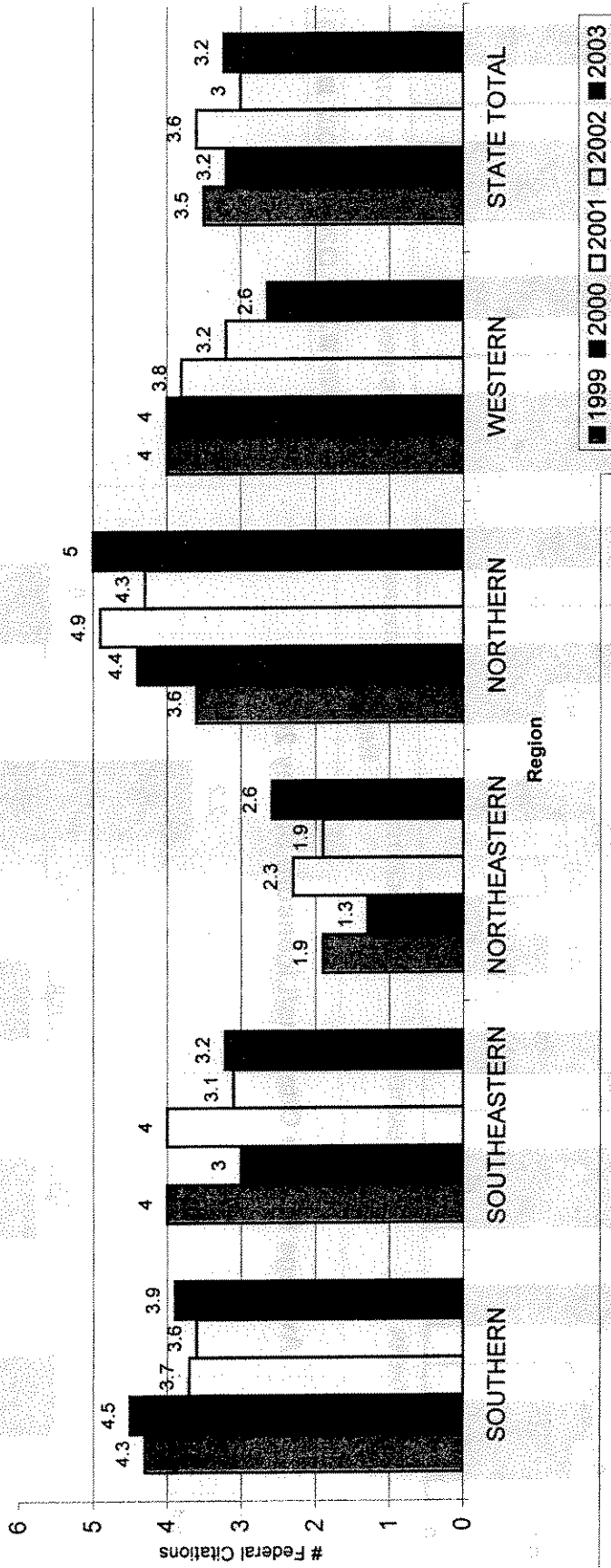
RESIDENT CARE REVIEW SECTION

Facility Name	Survey Outcome Date
100-10-100	10/15/88
100-10-101	10/15/88
100-10-102	10/15/88
100-10-103	10/15/88
100-10-104	10/15/88
100-10-105	10/15/88
100-10-106	10/15/88
100-10-107	10/15/88
100-10-108	10/15/88
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100-10-114	10/15/88
100-10-115	10/15/88
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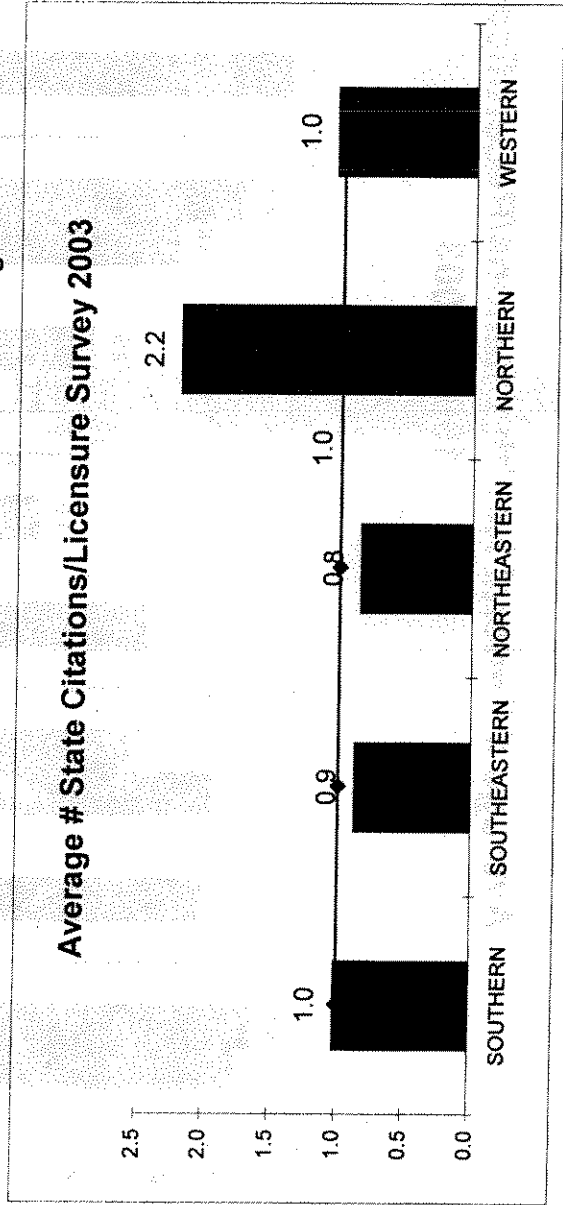
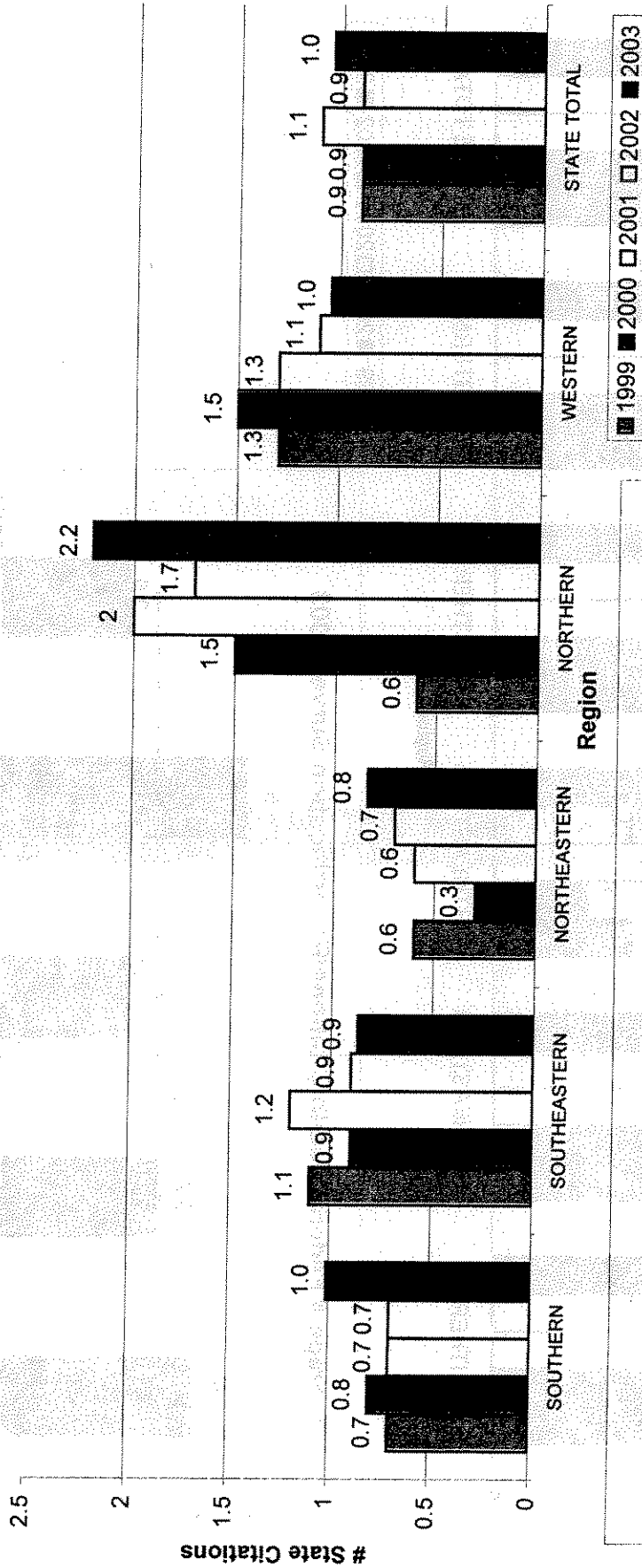
# % Recertification Surveys with Finding of Actual Harm or Immediate Jeopardy 1999 - 2003



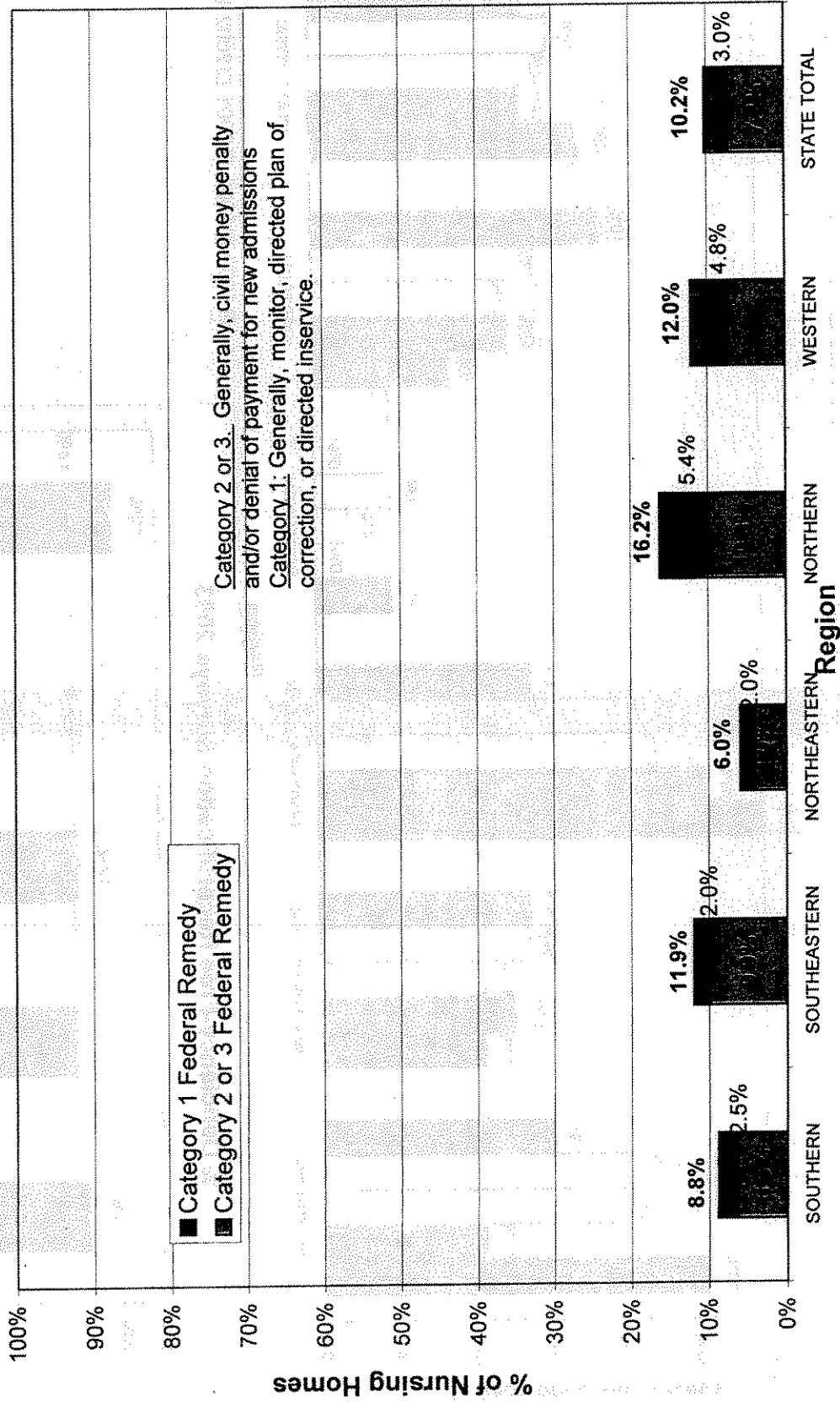
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# Average # State Citations/Licensure Survey 1999 - 2003

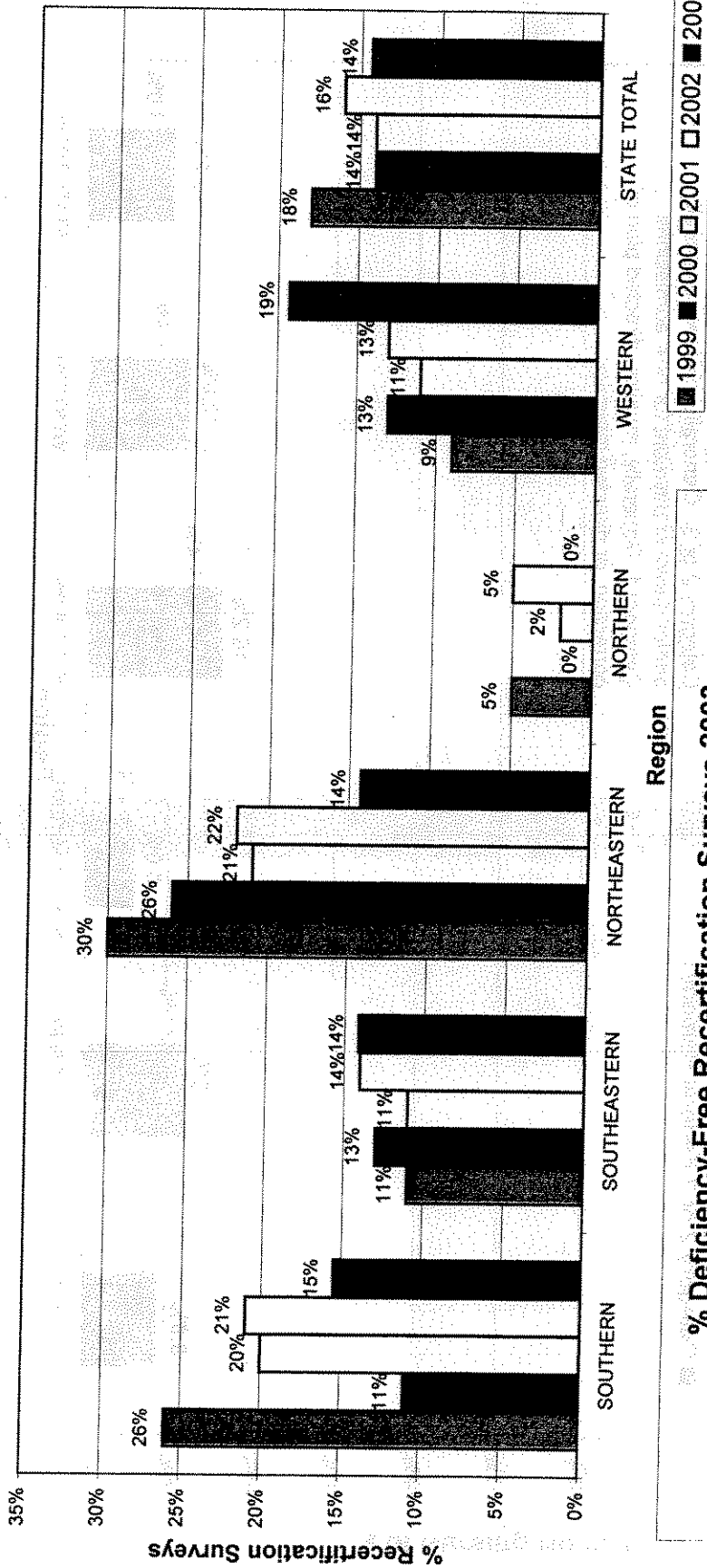


# % Nursing Homes with Federal Remedies Imposed 2003

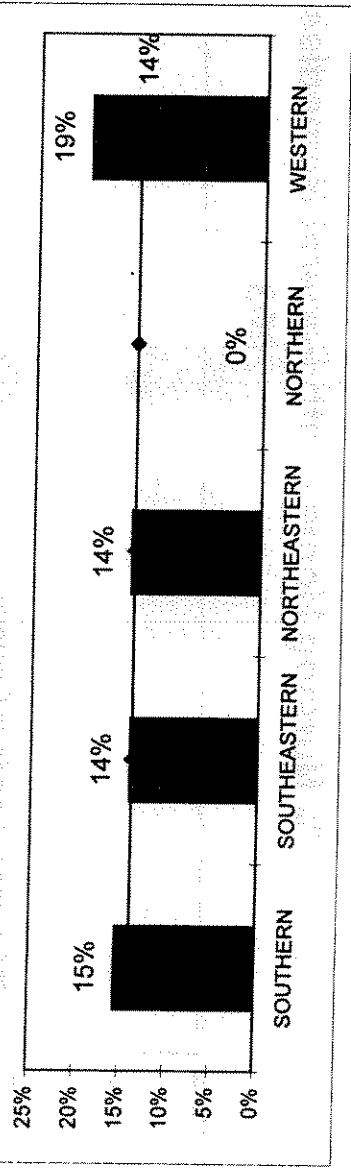


Data provided by the Department of Health Services, 2003

# % Deficiency-Free Recertification Surveys 1999 - 2003



## % Deficiency-Free Recertification Surveys 2003



APPENDIX 5

BUREAU OF QUALITY ASSURANCE

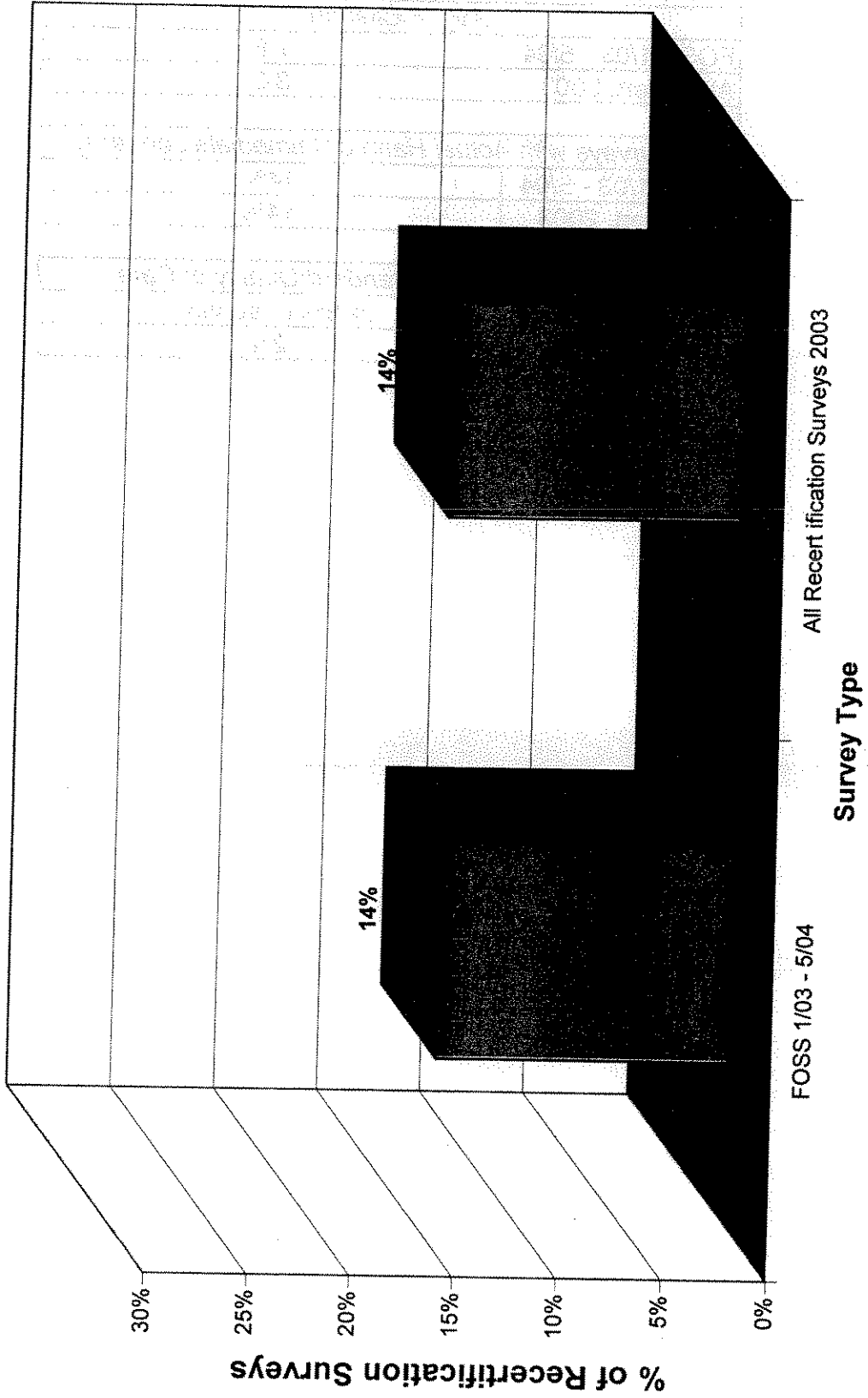
FEDERAL OBSERVATION AND SUPPORT SURVEY (FOSS) REPORT SUMMAR

AND CHARTS

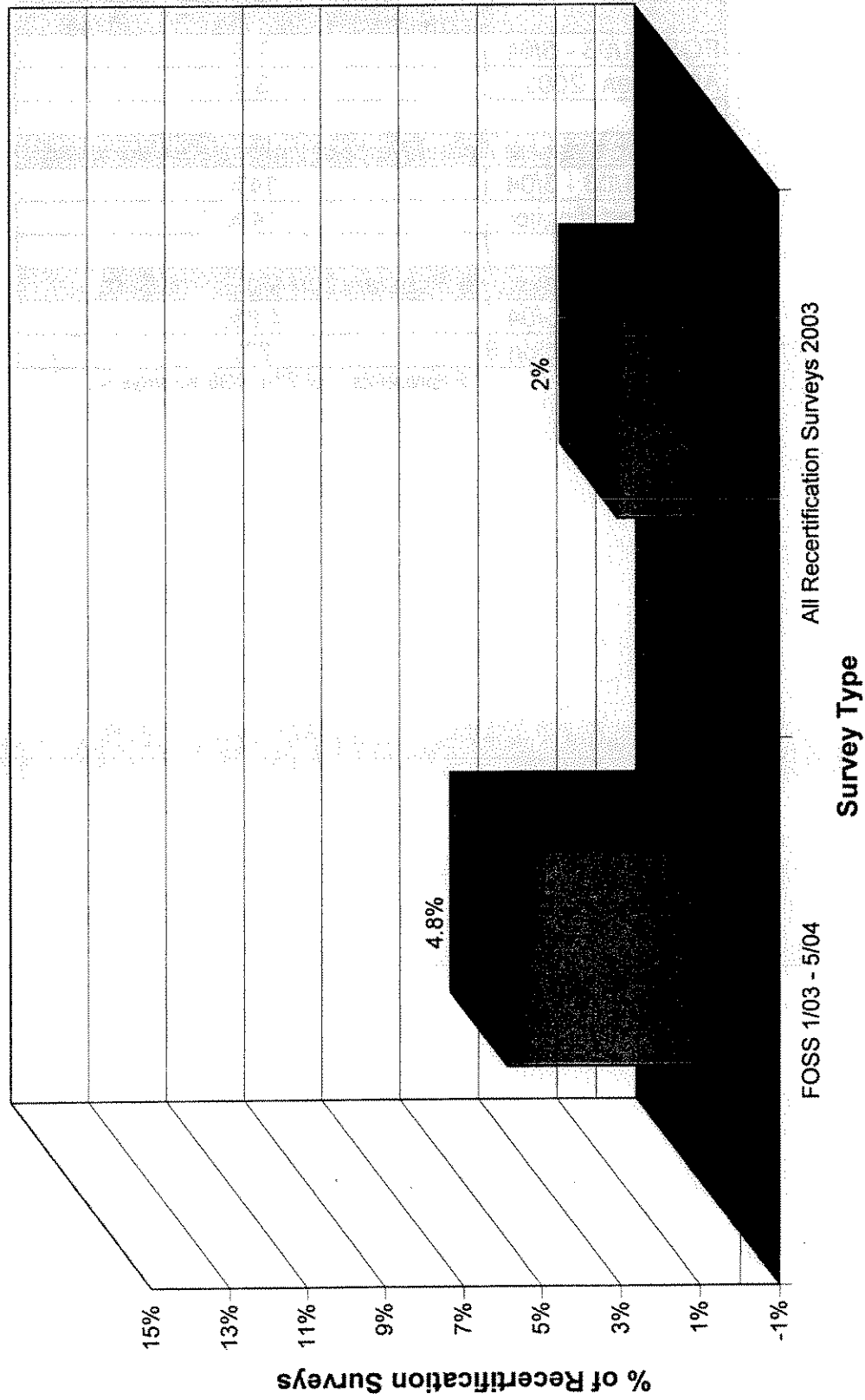


<b>Comparison FOSS to All Recertification Surveys</b>	
<i>Avg. # Citations</i>	
FOSS 1/03 - 5/04	7.8
All Recert. 2003	3.2
<i>% Surveys with Actual Harm or Immediate Jeopardy</i>	
FOSS 1/03 - 5/04	14%
All Recert. 2003	14%
<i>% Surveys with Substandard Quality of Care</i>	
FOSS 1/03 - 5/04	4.8% (1 survey)
All Recert. 2003	2%

# % Recertification Surveys with Findings of Actual Harm or Immediate Jeopardy



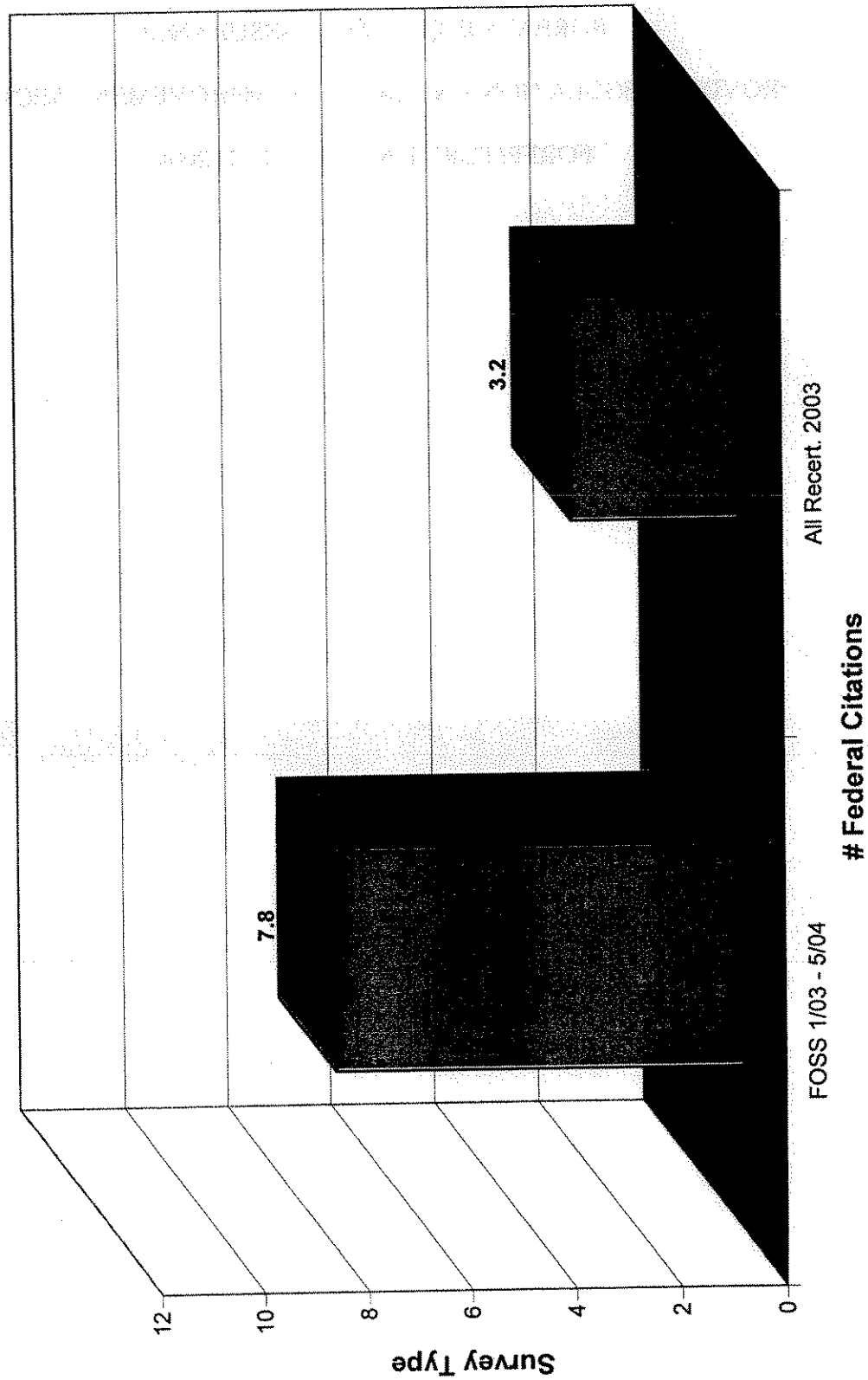
# % of Recertification Surveys with Finding of Substandard Quality of Care



<b>Comparison FOSS to All Recertification Surveys</b>	
<i>Avg. # Citations</i>	
FOSS 1/03 - 5/04	7.8
All Recert. 2003	3.2
<i>% Surveys with Actual Harm or Immediate Jeopardy</i>	
FOSS 1/03 - 5/04	14%
All Recertification	14%
<i>% Surveys with Substandard Quality of Care</i>	
FOSS 1/03 - 5/04	4.8%
All Recertification S	2%

\* Represents 1 of 21 FOSS surveys

# Avg. # Federal Citations: FOSS (1/1/03 - 5/31/04) vs. All 2003 Recertification Surveys



APPENDIX 6

BUREAU OF QUALITY ASSURANCE

PROVDER REGULATION AND QUALITY IMPROVEMENT SECTION

FORFEITURE DATA - JUNE 1, 2004



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**Forfeiture Update**  
**As of June 1, 2004**

As of the first of June, all but 9 forfeitures fall within the 120 day (4 month) timeline. Those 9 are from January, 2004 (the 5th month). The forfeiture specialists and their supervisor are working on ways to continue to streamline the process to maintain the 120 day timeline. Some of the issues currently being discussed in the effort to maintain the 120 day timeframe include:

\*\*IDR (and getting results of IDR) shortens the window of time in which the forfeiture can be reviewed and assessed.

\*\*Having a complete packet for review. As an example, although the state may exit a facility in February, the "survey cycle" may not be complete for another 45 days to six months. All materials are kept in the regional offices for continuous review until the full survey cycle is complete. This along with IDRs going on, it is often difficult to find plans of corrections, final statements of deficiency, and additional collected materials (i.e., medical records, IDR materials, etc), that would assist the forfeiture specialist in their review. We may not be able to evaluate "good faith" during the process.

The supervisor and forfeiture specialists are committed to continue to review and revise their practices to maintain this timeline on a consistent basis.

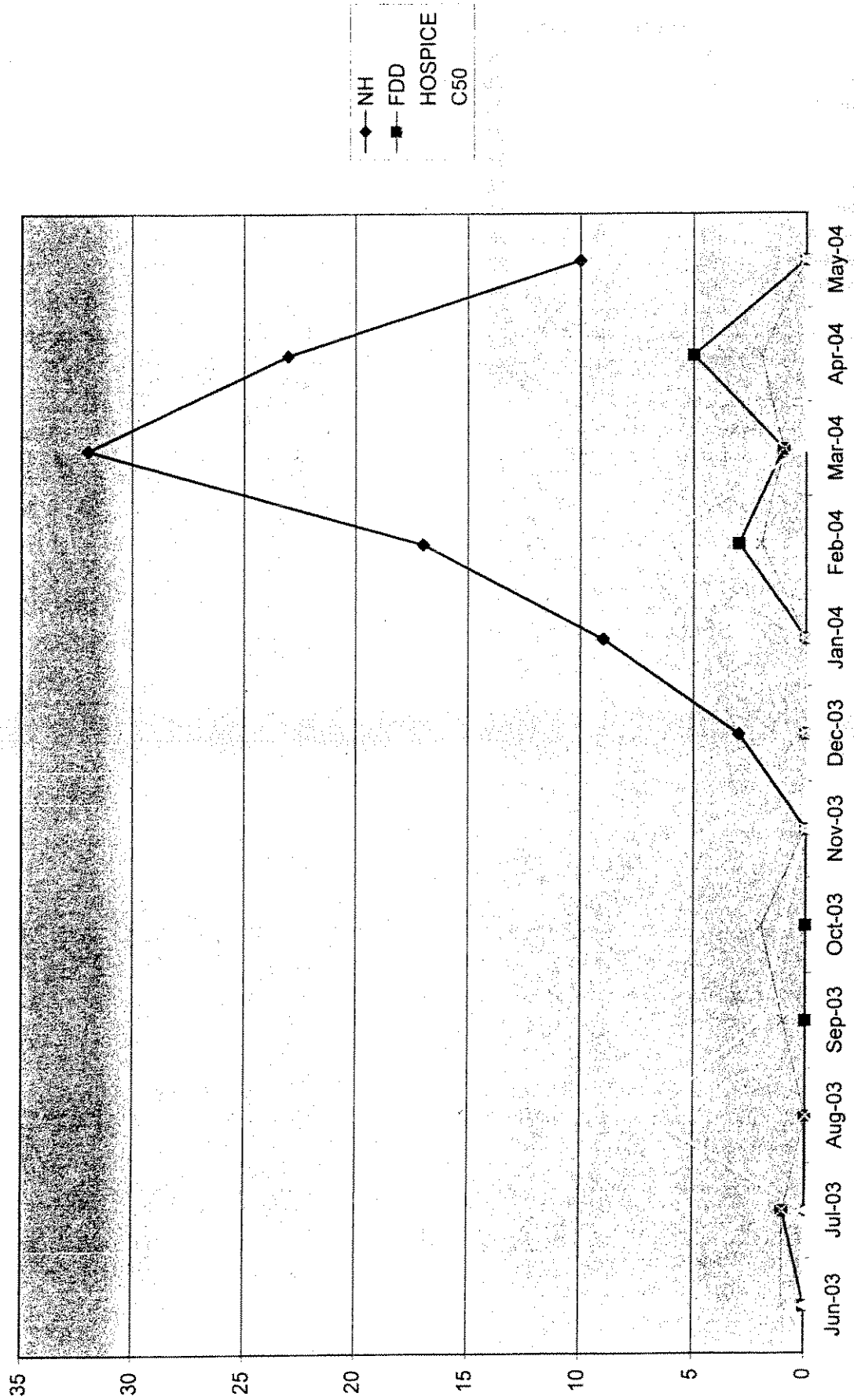
**FORFEITURE ASSESSMENT BACKLOG  
31 MAY 2004 STATISTICS**

	<b>NURSING HOME</b>	<b>FDD</b>	<b>HOSPICE</b>	<b>CHAPTER 50</b>	<b>TOTAL</b>
<b>FORFEITURE BACKLOG 04/30/2004</b>	<b>107</b>	<b>5</b>	<b>16</b>	<b>14</b>	<b>142</b>
<b>FORFEITURE BACKLOG ADDED SINCE 04/30/2004</b>	<b>31</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>48</b>
<b>FORFEITURE BACKLOG COMPLETED SINCE 04/30/2004</b>	<b>44</b>	<b>0</b>	<b>5</b>	<b>10</b>	<b>59</b>
<b>FORFEITURE BACKLOG 05/31/2004</b>	<b>94</b>	<b>10</b>	<b>17</b>	<b>10</b>	<b>131</b>



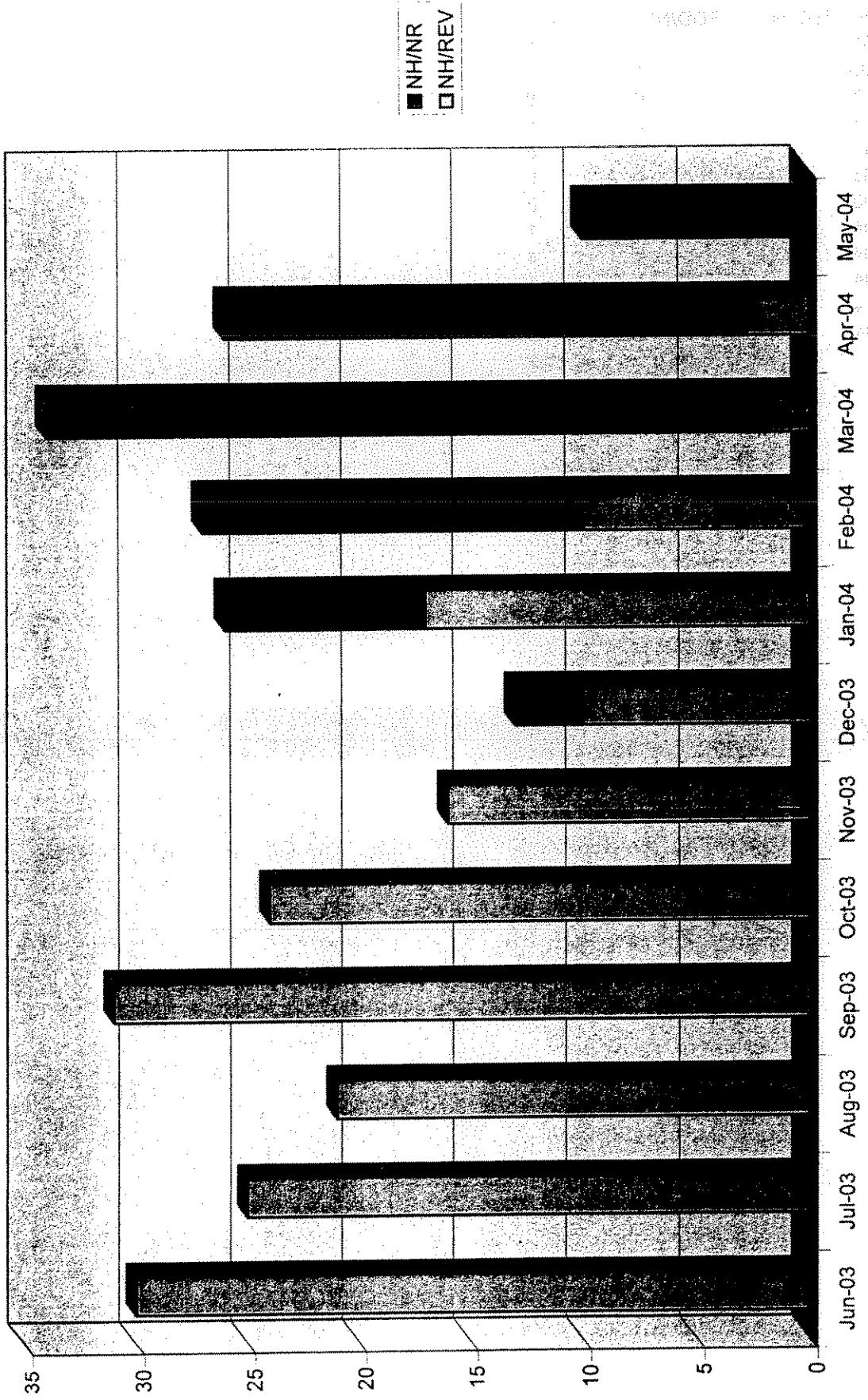
MONTH	NH	FDD	HOSPICE	C50	TOTAL
June-03	0	0	0	1	1
July-03	0	1	0	1	2
Aug-03	0	0	7	0	7
Sept-03	0	0	2	1	3
Oct-03	0	0	1	2	3
Nov-03	0	0	0	0	0
Dec-03	0	0	0	0	0
Jan-04	9	0	0	0	9
Feb-04	17	3	7	2	29
Mar-04	32	1	0	1	34
Apr-04	23	5	0	2	30
May-04	10	0	0	0	10
Total	91	10	17	10	128

FORFEITURE BACKLOG 31 MAY 2004



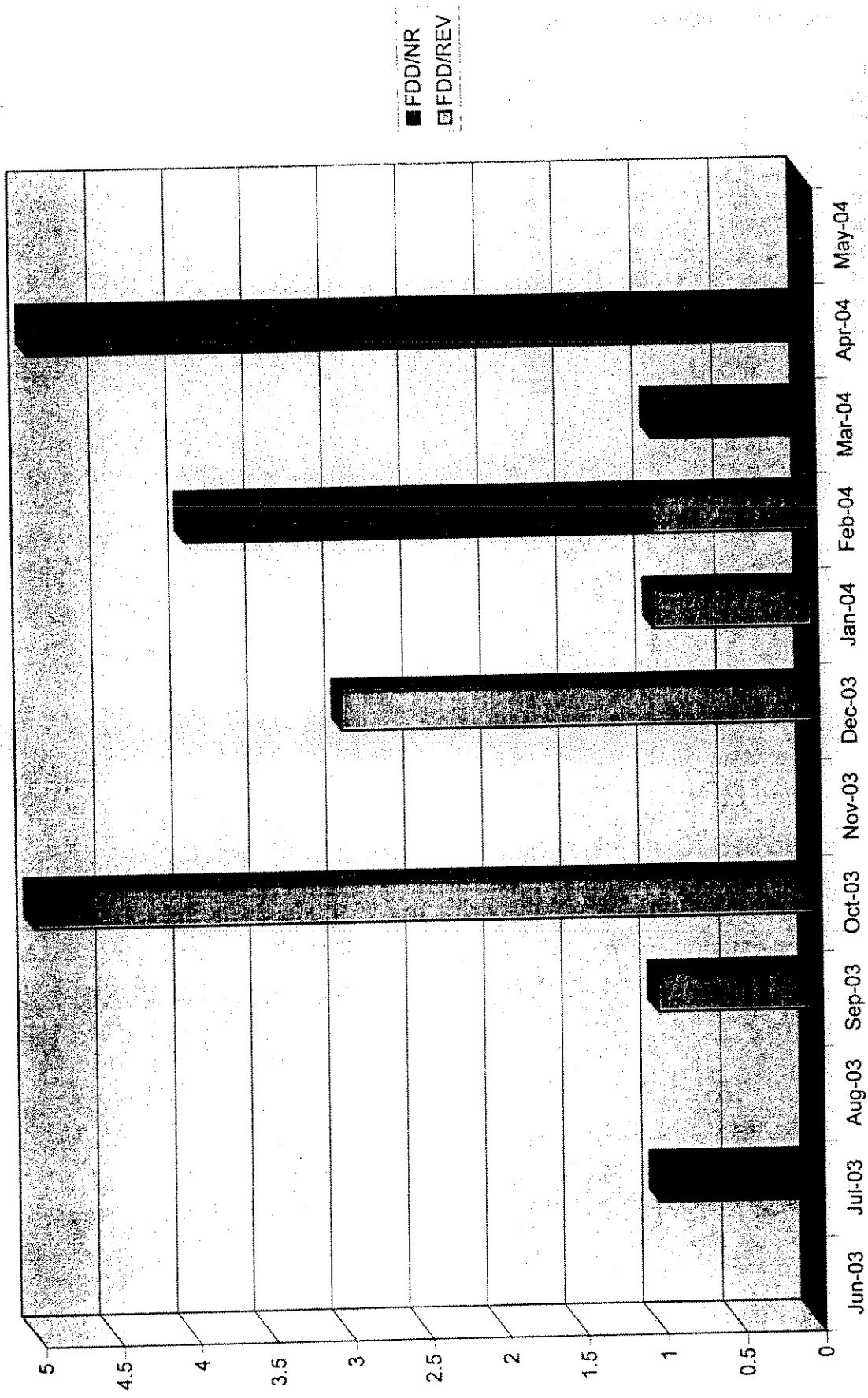
MONTH	NH/REV	NH/NR	TOTAL
Jun-03	30	0	30
Jul-03	25	0	25
Aug-03	21	0	21
Sep-03	31	0	31
Oct-03	24	0	24
Nov-03	16	0	16
Dec-03	10	3	13
Jan-04	17	9	26
Feb-04	10	17	27
Mar-04	2	32	34
Apr-04	3	23	26
May-04	0	10	10
	189	94	283

**NURSING HOME FORFEITURE ASSESSMENTS 31 MAY 2004**



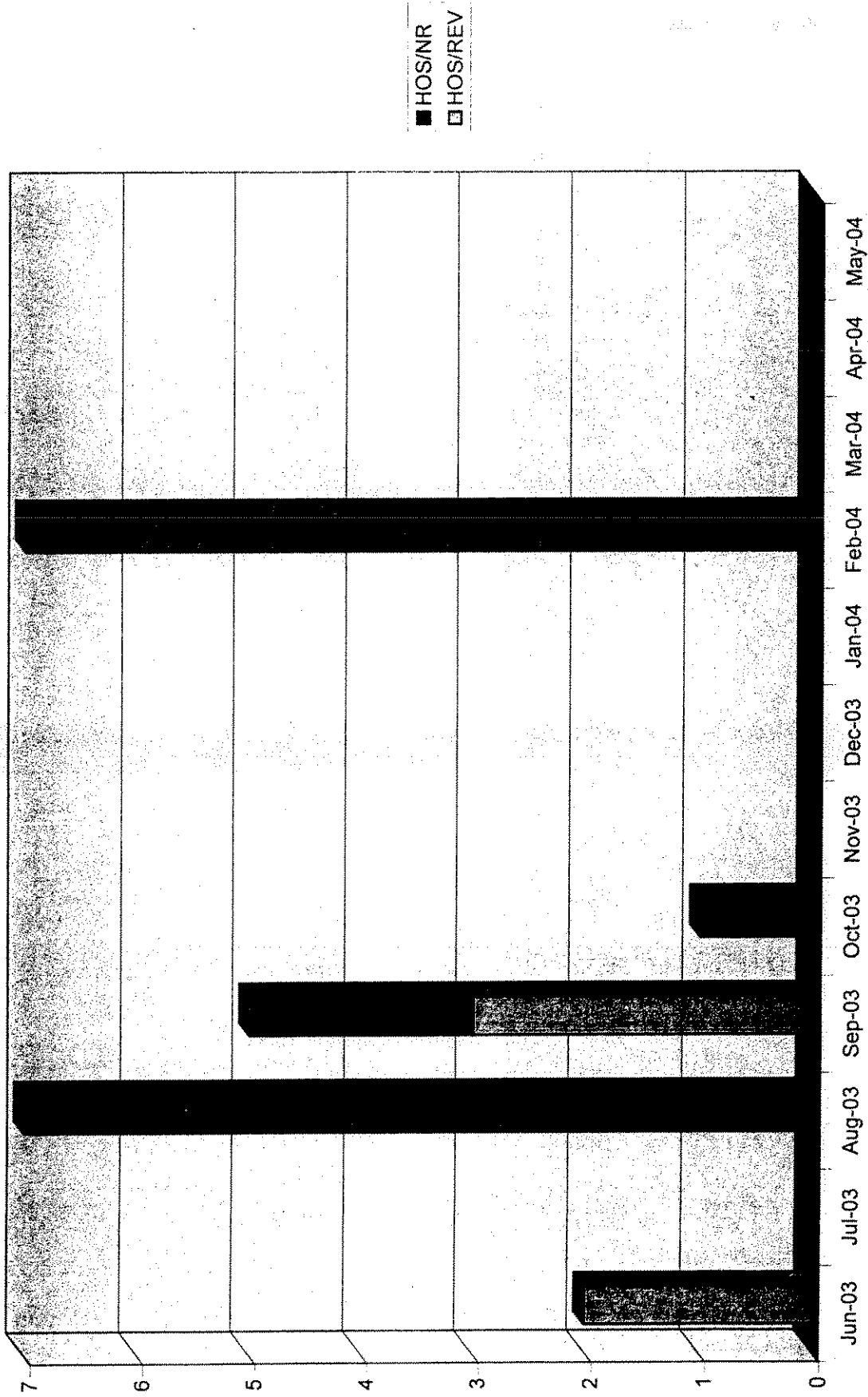
MONTH	FDD/REV	FDD/NR	TOTAL
Jun-03	0	0	0
Jul-03	0	1	1
Aug-03	0	0	0
Sep-03	1	0	1
Oct-03	5	0	5
Nov-03	0	0	0
Dec-03	3	0	3
Jan-04	1	0	1
Feb-04	1	3	4
Mar-04	0	1	1
Apr-04	0	5	5
May-04	0	0	0
	11	10	21
			21

# FDD FORFEITURE ASSESSMENTS 31 MAY 2004





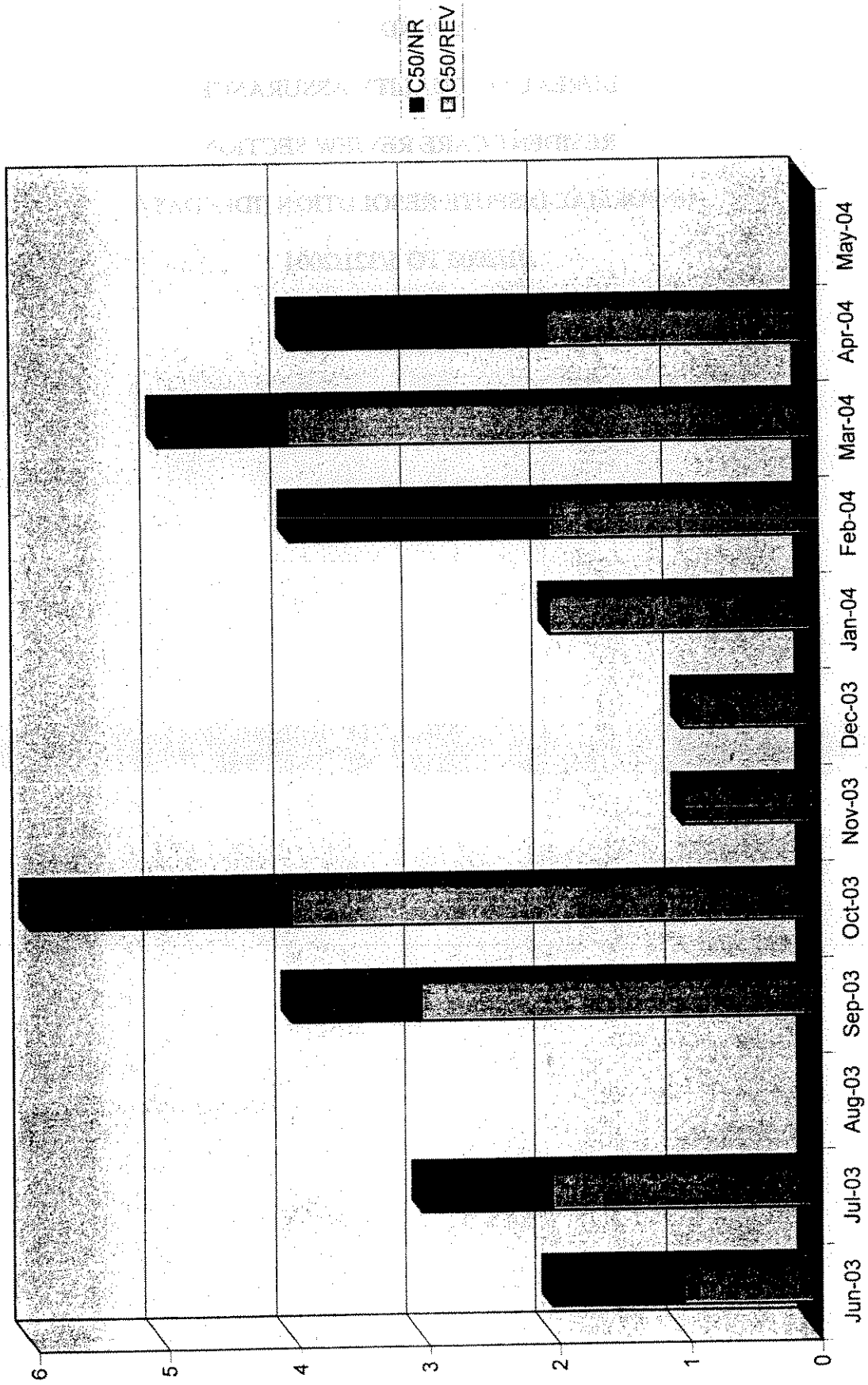
# HOSPICE FORFEITURE ASSESSMENTS 31 MAY 2004





MONTH	C50/REV	C50/NR	TOTAL
Jun-03	1	1	2
Jul-03	2	1	3
Aug-03	0	0	0
Sep-03	3	1	4
Oct-03	4	2	6
Nov-03	1	0	1
Dec-03	1	0	1
Jan-04	2	0	2
Feb-04	2	2	4
Mar-04	4	1	5
Apr-04	2	2	4
May-04	0	0	0
	22	10	32
			32

# C50 FORFEITURE ASSESSMENTS 21 MAY 2004



APPENDIX 7

BUREAU OF QUALITY ASSURANCE

RESIDENT CARE REVIEW SECTION

INFORMAL DISPUTE RESOLUTION (IDR) DATA

1/1/2003 TO 5/31/2004

The table content is completely redacted with heavy grey bars.

**LTC IDR Requests Received**  
**1/1/03 - 5/31/04**  
(as of 6/22/04)

*Processing Days	NH Total Tags IDR Requested	FDD Total Tags IDR Requested	Total Tags IDR Requested	Avg Processing Days
1 - 5 days	3	1	4	4.3
6 - 10 days	21	1	22	9.0
11 - 15 days	177	27	204	13.1
16 - 20 days	251	28	279	18.0
20 + days	184	11	195	30.2
Incomplete data	13	0	13	
<b>Total</b>	<b>649</b>	<b>68</b>	<b>717</b>	<b>18.7</b>

\*Processing Days = Date IDR Requested to Date Provider Notified of IDR Results

Note: Tags = Federal and State Deficiencies