

***Health Facilities Unit  
Long Term Care Advisory Committee Meeting  
April 1, 2024  
1:00 pm to 4:00 pm***

**Committee Members Present:**

Tim Wiedrich, Chief, Health Response & Licensure, ND Department of Health & Human Services  
Bridget Weidner, Director, Health Facilities Unit, ND Department of Health & Human Services  
Kathy Laxdal, Program Manager, Health Facilities Unit, ND Department of Health & Human Services  
Rocksanne Peterson, Recorder, Health Facilities Unit, ND Department of Health & Human Services  
Amy Kreidt, Chairman of the NDLTC Association, St. Luke's Home, Dickinson  
Peggy Krikava, Education Director, ND Long Term Care Association  
Nikki Wegner, Executive Director, ND Long Term Care Association  
Karla Backman, State LTC Ombudsman, ND Department of Health & Human Services  
Pete Antonson, Chair, Board of Examiners for Nursing Home Administrators  
Kelly Beechie, Health Facilities Unit, ND Department of Health & Human Services  
Rick Boehm, RPh, President of the ND LTC Pharmacy Academy  
Jenifer Lauckner, Quality Health Associates  
Faye Salzer, HAI/AR Activities Coordinator and IP Coordinator, Disease Control  
Natasha Green, Quality Health Associates  
Steve Hoepfner, Obernel Engineering

**Also, present:**

No additional people present.

**Committee Members Absent:**

Representative Gary Kreidt, ND House of Representatives (New Salem)  
Lisa Thorp, Quality Health Associates  
Marina Spahr, Medicaid Fraud Unit  
Dr. Bruce Hetland, Bismarck Medical Director, Nursing Home Medical Directors Association  
LeeAnn Thiel, Administrator, Division of Medical Services, DHS  
Karla Aldinger, Life Safety & Construction Unit, ND Department of Health & Human Services

**Welcome**

- Bridget Weidner called the meeting to order at 10:01 am. Introductions were made. Tim Wiedrich gave an overview of our video conferencing technology.

**Public Comment (10:10 am)**

No comments.

**Review and Approval of the November 17, 2023, Meeting Minutes:**

Peggy Krikava motioned to approve the minutes as written, Nikki Wegner second. Motion carried.

### **Organizational Update – Tim Wiedrich**

Tim reported that we have a new DHHS commissioner. His name is Wayne Salter. He has background in Long Term Care. His plan is to locate full-time to North Dakota. Our organizational structure is still the same. The health officer is serving the whole organization as a liaison and is no longer apart of the operational side of Public Health. The committee would like a copy of the organization chart.

### **Reports & Updates**

- *Legislative Update* – No report available.
- *Long Term Care Association* – Nikki reported on the quality award program; 37 facilities have participated so far. They are looking for a facility to collaborate with Bridging the Dental Gap. The spring Long Term Care Association conference will be held on May 7-10, 2024. Rocksanne Peterson has discount codes for state employees. Just short of 600 attendees have signed up for May conference so far. Kathy Laxdal and Kelly Beechie will be presenting as well as Duane Ell and LeeAnn Thiel. Peggy will make sure Health Response & Licensure (HRL) will have a booth at the Expo. Tim inquired if there is anything else we could be doing anything else for the association. Nikki stated staging areas need to be identified in the facilities as they need to be more prepared if something happens. Bridget asked Nikki if she heard anything more on the comments on the 24/7 nursing rule. Nothing has been released yet.
- *Quality Health Associates of North Dakota* – Jenifer Lauckner gave a report on the quality health measures. She stated they have been working with facilities on the use of antipsychotic medications and the side effects; as well as giving them some alternatives they can use. They are also providing them with some education as to when an antipsychotic should be used. She has some of the concern as the use of the medication is up and the UTI's have increase. Hospitalizations and pressure ulcers are other measures they have been working on. Natasha Green reported on the current QUIN/QUIO contract on goes until November 2024. It covers most Northwest region (14 state region). The new measures will be coming out and she will let the facilities know what they are once they have come out. The Dakota Geriatrics Work the grant funding will be ending come June. The new proposal for Dakota Geriatrics Age Friendly Care Work is to primarily the focus is educating staff members, preceptors, facility member and community members on how to integrate age friendly concepts. So what matters, focusing on deep prescribing with antipsychotics. As soon as they hear back as to whether that work has been awarded to the Dakota Geriatrics team at UND once they have an update Natasha will provide us with the information. Bridget had a couple of questions: Is there any concern with losing the focus on the needs of North Dakota now they are a part of a 14-state region; especially the use of antipsychotic medications? The model that will be used, as a state we will be able to choose what we want to focus and prioritize on, so it is equitable for us. We will be able to learn from other states. Bridget asked what is being seen as the culprit or root cause for the use of antipsychotic medication. Natasha stated the percentage is high. When they take a closer look, it is often one resident, and the denominator is low. It is also a problem because of residents or patients being prescribed the antipsychotic medication while they are hospitalized and then discharged back to the nursing facility. The use of antipsychotic medications has remained the same or gotten worse. It is felt that staffing is part of the problem as well as they don't know the resident because the staff is coming and going. Pete asked if they have looked at the facilities who are doing well with their medications so other facilities can learn from what

they are doing right. Jenifer was just looking at this. The committee discussed the use of antipsychotic medications in the facilities. Rick asked if the use of antipsychotic use has been tracked. They seeing providers not wanting deprescribe medications prescribe by other providers. They haven't had enough time to look at the data. They are seeing higher numbers in facilities with gero-psych units. Kathy stated we are seeing more behaviors in every level of care but doesn't pull into the nursing facility data. North Dakota has a higher rate of dementia than other state. Many of them are veterans, they are an underserved group. They are hoping to find an intervention that is realistic and helps meet the needs. It would just be working with the hospitals to change their workflow and prescribing something to help patients to sleep and ensuring the medication is deprescribe at discharge. There is a need to find a balance for the use of antipsychotic medications. There was a discussion regarding the use of the antipsychotic medications, the need for education, using alternative measures, and providers being involved as well as the medical directors. Please feel free to reach out Rick for support or to collaborate with Quality Health Associates of North Dakota.

- *Nursing Home Medical Directors Association* – No report available.
- *Board of Examiners for Nursing Home Administrators (BOE)* – Pete Antonson/Peggy Krikava reported the biggest thing is the labor commission studying how long it takes to get licensed. The association has pulled a report together and will be presented at their July meeting. North Dakota is so quick at getting a person licensed. The study is looking to consolidate licensing boards. The board had their annual licensing on December 31, 2023. North Dakota is down for with the number of licensees. There are several administrators who have retired or are retiring. There are quite a few people in the AIT program, but they have no experience. Kathy Laxdal asked about the length of time a person can be an interim administrator. Some administrators oversee more than one facility. Peggy stated there is no time constraint or a certain number of facilities they can be an administrator at. Tim and Pete spoke about the representation of Health Response & Licensure and the Attorney General's office on the board and what can be brought forth from (HRL). They have felt it has been good. Peggy feels they need that representation on the board. They are looking at a mentorship for in the AIT program. Tim asked if COVID was a factor in the drop of administrators; not any longer.
- *State Ombudsman* – Karla Backman reported their office continues to be busy. Chris Garver left the temporary ombudsman position. Shannon Nieuwsma took over many of Chris' duties. The Dickinson position has always been a .75 FTE it is now 1.0 FTE. Peggy was willing to picked up the .25 FTE grant funding. They were given the position but wasn't given the money. The money needs to come with the position. Always hate swapping staff around. Legislative session is coming up. We are looking at proposing legislative changes to Century Code 50-10.2 Resident Rights Law. A workgroup will be put together to work on the law. There is another project in development.
- *Medicaid Program* – No report available.
- *Disease Control* – Faye Salzer gave a presentation on Infection Control Assessment & Risk (ICAR)s skill clinics and fit testing; Project Firstline Mini Trainings; process of creating 20 educational videos, interactive info graphs, educational games for infection prevention, infection prevention app and 10 digital brochures. The upcoming Infection Prevention Conference is April 24-25, 2024. Seeing a lot of turnovers in facilities of Infection Preventionist. The committee discussed the enhanced barriers precautions in nursing homes QSO-24-08-NH

memo that went into effect today, storage for PPE, providing education to the facilities and how the memo will affect the nursing facilities. The QSO memo came out on March 20, 2024; and went into effect April 1, 2024. Faye stated anything stored inside the room is considered dirty. Facilities are struggling with the cost. Faye understands the concerns of the facilities. Infection control was the number one cited tag; cited 19 times on surveys October 1 – March 22. Hand hygiene is the most cited deficiency because staff is touching everything. Faye stated there are complaints from facilities that they are starting to look like medical facilities because of the hand sanitizers inside and outside of the resident rooms. The facilities feel they are losing the home look. There is a pull and tug on the regulations. If hand sanitizer is not readily available staff will not do hand hygiene; especially if it is a shared room and at the front of the room. Faye feels it will be the same with the PPE if it is not right there if they need it. Peggy stated there will be a session at the Long-Term Care conference on enhance barrier precautions and hand hygiene. Kathy will be talking about infection control and reading little scenarios. Health Facilities Unit also needs to see the updates in our systems so we can help facilities move forward as well as our surveyors. Please keep promoting the ICARS. Disease Control will do audits and in-services at facilities. They are there to make their work easier. Nikki asked Faye to send her testimonials. Faye will reach out to facilities.

- *Health Facilities – Bridget Weidner, Tim Wiedrich, Kathy Laxdal, Kelly Beechie*
  - Bridget reported we have had a couple of calls with CMS regarding a nursing home nurse staffing campaign. More information will be coming; they are looking at using CMP funds across the nation. It is \$75 million in the CMP funds for all the states. They are looking at how they can best reinvest it into the nursing home program. They are talking about doing an awareness campaign as well as financial incentives such tuition reimbursement or scholarships for RNs, LPNs, and CNAs in nursing homes or the state survey agencies having difficulty recruiting RNs. Bridget will share information when it becomes available.
  - Bridget reported we have over \$1 million our state specific CMP funds. If there are any projects facilities are interest in; let them know there is a CMP application template to ask for funds. Karla Backman stated Carmen Bauman is interested in partnering with North Dakota on Person Centered Care project. This is a 3-year project, which would involve 5 facilities. This project is still in development.
  - Bridget and Tim have been involved with the Basic Care – Assisted Living Study.
  - Tim Wiedrich stated he will have a final report from the Basic Care – Assisted Living Study sometime in April.
  - Kathy Laxdal reviewed the most frequently cited deficiencies; these will be reviewed at the Long-Term Care Association conference, QSO-24-08-NH memo, and the Special Focus Facility (SFF). CMS is tracking a facility after a has graduated from being a SFF for 3 years. There is more focus on the SFF data from the RO, and there is enforcement that we can put in place. We can recommend temporary management other than CMP. The feds want to know why the data has increased. She talked about the facility reported incidents and complaints. We have the five candidates that we pick from for the SFF.
  - We've had a great winter for travel to getting to our survey's completed. We are fully staffed.
  - iQies is our web-based computer program. It will change our LTC survey process.
  - Kathy spoke about the number of nursing facilities (75) and basic care facilities (66). She also spoke about the number of beds in layaway (600) and that some of the skilled facilities

are adding basic care beds. We've had some beds in layaway that expired. Kathy about the basic care survey process and how it has changed since 2019. The focus has been on complaints and the facility incident reports in the basic care facilities. Rick asked if there will be monthly medication reviews for assisted living like in Minnesota. He feels what happens in Minnesota eventually trickles into North Dakota. North Dakota does yearly medication reviews in basic care.

- Kelly Beechie gave an update on the Facility Reported Incidents (FRIs). Our average intake of FRIs was 86; December 74, January 88, February 93, and March 88. One or two every week are prioritized as non-IJ high, which is doesn't rise to the level of prioritizing as an IJ. But we have 10-day to get into the facility to look at them. That depends on what the facility has done to protect the resident. It does mess with our schedule sometimes. We have a process that we follow, especially if it was an unwitnessed fall. The State Operations Manual (SOM) gives us guidance as to what would be harmful for the resident. Bridget will have the SOM sent out.
- Kelly reported our number of CNA's are down since last quarters report. She reported on the challenging test going away as of July 1, 2024. Everyone will be required to take an approved CNA training program. That happened the same time Headmaster implemented a new software program. We have a lot of facilities interested in the NATP. Kelly also spoke about the hybrid training programs (online) TrainND NE. TrainND NE is willing to go into other facilities to train staff. Peggy stated ACA has a program Kelly isn't sure how it would work but she will look into it.
- Kelly gave an update on the RN signature on the CNA application, this is not in regulation. We have had some push back on having a RN signature, found that this changed in 2015. We are reverting to previous verbiage prior to 2015 but we still need to verify the employment. We don't have a hard date as to when this change will go into effect other than the very near future.
- *Life Safety and Construction (LSC)* – Tim Wiedrich reported in Karla Aldinger's absence regarding the plan review for construction projects and the review fees. Some projects have ended up on hold after the review process has already begun. In the past the review fee has been collected at the end of the review process. We are looking at changing that process in which the fees would be collected the prior to the project being reviewed. Tim, Nikki Wegner, Tim Blasal and Karla Aldinger will work together on a process especially if there are change orders involved in the project. West Segment Assisted living, Mandaree is one project that is in limbo.
- *Consumer Representatives* – nothing to report.

### **Old Business**

- Marina Spahr, Medicaid Fraud Unit was added as a member of the committee.
- Shelly Peterson was going to check Basic Care/Assisted Living Representative; Bridget asked Nikki Wegner if she will follow-up with that.
- Tim Wiedrich reported Assisted Living has transitioned to Health Response & Licensure, 328-8655. If there is a complaint for an assisted living facility, Todd Friesz is the program person for assisted living.

### **New Business**

- None.

### **Next Meeting**

- Next meeting date in October

**Adjourn – 4:00 pm**