

THE LTC MONITOR

Spring 2015

Long Term Care Community Coalition

New US Regulations to Strengthen LTC Ombudsman Programs

There are two government entities charged with monitoring nursing home care and ensuring resident safety and dignity on a regular basis: the state survey agency (in New York, the New York Department of Health (DOH)), and the Long Term Care Ombudsman Program (LTCOP). State survey agencies inspect nursing homes annually (approximately) and have regulatory enforcement powers to fine and otherwise penalize nursing homes when they fail to meet minimum standards.

What Does the LTCOP Do?

The LTCOP advocates for the health, safety, welfare, and rights of residents. While they do not possess regulatory authority (and thus cannot penalize nursing homes), LTCOPs operate in every state under statutorily mandated functions and responsibilities delineated in Title VII of the Older Americans Act (OAA). These include: (1) identifying and resolving complaints made by or on behalf of residents, (2)

representing the needs of residents to policy makers and the public, (3) advocating for systemic change by advocating or seeking to change laws and systems on behalf of residents, (4) providing information and educational materials about LTC, and (5) advocating for the health, safety, welfare, and rights of people residing in LTC settings.

What's Happening Now?

Since its creation in the 1970s, the LTCOP has functioned without any rules or regulations for how states are to ensure that their state offices carry out the LTCOP duties effectively and appropriately. As a result, state and local programs have varied significantly in their ability to advocate for residents and conduct important LTCOP

NY Assembly Health Committee Chair Richard N. Gottfried Holds Hearing on Widespread Antipsychotic Drugging in NY Nursing Homes

On February 18, 2015, Assembly Health Committee Chair Richard N. Gottfried convened a hearing on the use of antipsychotic drugs in New York State nursing homes. According to the hearing notice,

Each day in New York State, nearly one in five nursing home residents is medicated with powerful and dangerous antipsychotic drugs as a form of chemical restraint, according to data from the federal Nursing Home Compare website.

A recent report by the Long Term Care Community Coalition (LTCCC), an advocacy group for the elderly and disabled, shows alarming above-average antipsychotic drug usage rates in some regions of the state and in many nursing homes. Some nursing homes were found to medicate 50% or more of their residents -- after adjusting the data to exclude residents with diagnoses for which the drug would be medically appropriate.



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The purpose of this hearing is to give representatives of residents, families, advocates and providers the opportunity to voice their observations and recommendations in relation to the appropriate and inappropriate use of these drugs.

LTCCC's Executive Director Richard Mollot testified first on the findings of LTCCC's 2014 study on

enforcement of standards to protect nursing home residents with dementia from antipsychotic drugging and chemical restraint use. He was followed by Dan Cohen, Executive Director of Music and Memory; Shanequa Mack, Assistant Director of the LTC Ombudsman Program for New York City; Michelle Synakowski, Policy

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Hearing on Antipsychotic Drugging (Continued from cover)

Analyst/Assistant Director of ProCare, LeadingAge New York (an organization representing the interests of the non-profit nursing home industry); Gilbert Sabater, Nursing Home Family Council Member; Donna Price, daughter of a Marcus Garvey resident; Jed A. Levine, Executive Vice President, Alzheimer's Association, NYC Chapter; Barbara Baer, Member, Elder Care Committee, Metro Justice Rochester; Jeanette Sandor, RN, Legal Nurse Consultant, Medical/Legal Nurse Consulting Services of Westchester; Deborah Truhowsky, Esq., Law Firm of D.F. Truhowsky and Christina Martinez, Associate, Mangan Ginsberg, LLP.

Following are excerpts from LTCCC's testimony. For LTCCC's full written testimony and other testimony provided at the hearing (from those who have provided it to us), go to <http://www.nursinghome411.org/articles/?category=nystateissues>.

I. Introduction

Thank you for the opportunity to testify on this important issue and for your and the Committee's longstanding commitment to improving care and quality of life for New York's 105,000 nursing home residents.

My name is Richard Mollot. I am the executive director of the Long Term Care Community Coalition (LTCCC). LTCCC is a non-profit organization dedicated to improving care and quality of life for residents in nursing homes and assisted living. As a coalition, we include a range of organizations and individuals representing the interests of the elderly and disabled, and their caregivers, across New York. Importantly, though we strive to constructively engage New York's provider community, our membership is entirely consumer-based and our advocacy is unique in that it is solely focused on the interests of long term care consumers. Many of our members - some of whom you will be hearing from today - are consumers themselves. Many work closely with residents, as ombudsmen and advocates. LTCCC focuses on systemic advocacy, conducting research on long term care issues to identify the root causes of problems and develop meaningful recommendations to address them.

II. The Drugging Problem in Nursing Homes

Inappropriate antipsychotic drug use is a problem in nursing homes across the country. Despite the FDA's 'black box' warning against using powerful and dangerous antipsychotics on elderly patients with dementia, they are frequently used to treat symptoms of the disease, including so-called behavioral and psychological symptoms of dementia. These drugs are often used as a form of chemical restraint, stupefying residents so that they are easier to care for. In addition to destroying these residents' social and emotional well-being, these drugs greatly increase risks of stroke, heart attack, Parkinsonism & falls.

In 2011, U.S. Inspector General Daniel Levinson stated, "Too many [nursing homes] fail to comply with federal regulations designed to prevent overmedication, giving nursing home patients antipsychotic drugs in ways

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Hearing on Antipsychotic Drugging (Continued from previous page)

that violate federal standards for unnecessary drug use.” The Inspector General concluded, “Government, taxpayers, nursing home residents, as well as their families and caregivers should be outraged – and seek solutions.”

In March 2012, the federal government began a campaign to address this problem. States were charged with reducing their drugging by 15% by the end of that year. A few states succeeded. However, New York was not one of them. In fact, NY only achieved about half that goal. Today, in 2015, approximately one in five nursing home residents in the state will be given these drugs.... This is despite the fact that only about one percent of the population will ever be diagnosed with a psychotic condition. And, importantly, being diagnosed with a psychotic condition does not – or at least should not – mean that an individual can be given these drugs with impunity.

To that end, I would also like to say a few words about the social and emotional well-being of people with dementia. As several of my colleagues will testify, people with dementia have emotional, social and intellectual needs; just because we have difficulty understanding them, and have seen their ability to remember and express themselves diminish, does not mean that their needs have dissipated. However, too often, we treat people with dementia as if they no longer exist as people, and their actions as “symptoms” that must be quelled rather than as a sign of what they are feeling, which – as for all of us – can range from joy to fear, comfort to pain, etc....

III. Why Does The Antipsychotic Drugging Problem Persist?

Current standards for dementia care have been in place for over two decades, since passage of the federal Nursing Home Reform Law in 1987 and promulgation of its supporting regulations. In a 2012 report, we identified 26 federal standards as being especially relevant in the context of dementia care and inappropriate antipsychotic drugging. These include:

1. Freedom from unnecessary drugs (42 CFR 483.25(l)(2)(i, ii))
2. Necessary care for highest practicable well-being (42 CFR 483.25)
3. Freedom from chemical restraints (42 CFR 483.13(a))
4. Right to be fully informed of, and refuse, treatment (42 CFR 483.10(b)(3), 483.10(d)(2) and 42 CFR 483.10(b)(2)(4))

In New York, the State Department of Health (DOH) has principal responsibility for ensuring that these standards are enforced for all residents in licensed nursing homes. The state is paid to carry out this responsibility by the federal government. In addition to the well-being of

over 100,000 residents, effective oversight ensures the integrity of the billions of public funds spent every year on nursing home care in NY. Thus, in order to answer the question, “why does this problems persist,” last year we assessed DOH’s record of enforcement. [Richard presented highlights from LTCCC’s report, *Antipsychotic Drug Use in NY State Nursing Homes*, written in 2014 with support from the Robert Sterling Clark Foundation (and available at <http://www.nursinghome411.org/?articleid=10082>).]



LTCCC's Executive Director Testifying

LTCCC’s testimony (limited to 10 minutes) concluded with three general recommendations:

1. The NYS Department of Health must improve enforcement of these critical standards, rather than focusing its resources on educating and encouraging providers to do better. Providers are supposed to be trained professionals, and are paid to provide a professional level of care. Why do we accept “on-the-job-training” for those entrusted with our most vulnerable citizens?
2. In addition to DOH, the Office of the Medicaid Inspector General should improve its auditing and oversight activities to crack down on inappropriate and illegal drugging. Year after year we have been told that this is a priority for the OMIG, and year after year we wait for something to happen, while thousands of residents are given harmful and expensive drugs every day.
3. We must equip and empower nursing home residents – and the family members, LTC Ombudsmen and advocates who speak for those residents who can no longer speak for themselves – so that they can be knowledgeable health care consumers, able to make informed decisions about their (and their resident’s) care. As Inspector General Levinson said, families should be outraged and seek solutions. We must provide them with the knowledge and resources they need to make this a reality.

New LTC Ombudsman Rules (Continued from cover)

activities, such as systemic advocacy on issues critical to nursing home residents.

On February 11, 2015, the federal Administration for Community Living (ACL) issued final rules for the state programs. States have until July 1, 2016 to comply with these rules. It is anticipated that some states may have to change their laws and policies to comply with the new federal standards.

The new rules set forth formal requirements for the states for how the programs are established and run, including criteria that the states must comply with to ensure independence and autonomy of the LTCOP on both the state and local levels, responsibilities of the head of the state ombudsmen program, how to handle conflicts of interest, etc.... Two key areas that LTCCC viewed as particularly important relate to (1) Requirements that ombudsmen are free to conduct systems advocacy, and are able to speak to the press, freely take positions on state legislation, etc... and (2) Requirements relating to access to legal council.

Following are a few highlights from the new rule, which is available at

<https://www.federalregister.gov/articles/2015/02/11/2015-01914/state-long-term-care-ombudsman-programs>.

Establishment & Independence of State LTCOP

(1) "The Office is a distinct entity, separately identifiable, and located within or connected to the State agency;" or (2) "The State agency enters into a contract or other arrangement with any public agency or nonprofit organization which shall establish a separately identifiable, distinct entity as the Office." Any agency within which an LTCOP is located must not "have personnel policies or practices which prohibit the Ombudsman from performing the functions and responsibilities of the Ombudsman... [office]." [See below for some of these functions and responsibilities.]

State Requirements re. LTCOP Functions & Responsibilities

The state must ensure that the LTCOP is able to carry out its responsibilities under the law including:

"Analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents, in the State, and recommend any changes in such laws, regulations, and policies as the Office determines to be appropriate; [and] ...Provide such information as the Office determines to be necessary to public and private agencies, legislators, the media, and other persons, regarding the problems and concerns of individuals residing in long-term care facilities; and recommendations related to such problems and concerns...."

"...Facilitate public comment on the laws, regulations, policies, and actions; (iv) Provide leadership to statewide systems advocacy efforts of the Office on behalf of long-term care facility residents... and (v) Provide information to public and private agencies, legislators, the media, and other persons, regarding the problems and concerns of residents and recommendations related to the problems and concerns."

Fiscal Management

"The Ombudsman shall determine the use of the fiscal resources appropriated or otherwise available for the operation of the Office."

Legal Counsel

The state must ensure that "Legal counsel for the Ombudsman program is adequate, available, has competencies relevant to the legal needs of the program and of residents, and is without conflict of interest.... Such Legal Counsel is to "[p]rovide consultation and representation as needed in order for the Ombudsman program to protect the health, safety, welfare, and rights of residents; and... [p]rovide consultation and/or representation as needed to assist the Ombudsman and representatives of the Office in the in the performance of their official functions, responsibilities, and duties, including, but not limited to, complaint resolution and systems advocacy.... Such legal counsel may be provided by one or more entities... at a minimum, the Office shall have access to an attorney knowledgeable about the Federal and State laws protecting the rights of residents and governing long-term care facilities."

Selected Enforcement Actions of the Medicaid Fraud Control Unit in the NY State Attorney General's Office: 9/16/14 - 12/15/14

Nursing Home	Location	Defendant	Narrative	Sentence
Bishop Charles Waldo MacLean Nursing Home	Queens	Clifford, Juliet, Director of Nursing	The defendant, along with co-defendant Thelma Harty, falsified and destroyed records to cover up the elopement of a demented resident and instead reported that he left the facility against medical advice.	10/1/2014: Three-years probation, as a condition of her plea the defendant agreed to surrender her RN license.
Bishop Charles Waldo MacLean Nursing Home	Queens	Harty, Thelma, Registered Nurse	While working as a registered nurse at the Bishop Charles Waldo MacLean Episcopal Nursing Home, the defendant, along with co-defendant Juliet Clifford, falsified records to cover up the elopement of a demented resident and instead reported that he left the facility against medical advice.	12/11/2014: Time Served
Blossom North Nursing and Rehab Center	Monroe	Franco, Jasmine, Licensed Practical Nurse	LPN Franco was one of 11 individuals arrested in connection with a hidden nursing home camera case. Franco was allowed to plead to a reduced charge because, according to the camera review, she was more consistent in providing care to the resident than many of the other caregivers and she completed an intense 16 week SEAM (Stop Elder Abuse and Mistreatment) Program.	11/25/2014: One-year Conditional Discharge, 16 hours of community services and complete the SEAM Program (already completed).
Center For Disability Services a/k/a White Church, et al.	Rensselaer	Koren, William, Program Manager	Stole iPad from a deceased resident.	10/8/2014: One-year Conditional Discharge.
Cortland Regional Medical Center	Cortland	McNinch, Sharon, Licensed Practical Nurse	The defendant ingested several Percocet tablets and became intoxicated while working and caring for 39 residents.	10/29/2014: Three-years probation, surcharge [sic] and crime victim assistance fee of \$250.
Evergreen Commons	Rensselaer	Tinker, Terry Ann, Licensed Practical Nurse	LPN assisted resident after a fall and failed to report the incident to an RN for a proper assessment and resident had a broken hip.	10/16/2014: One-year Conditional Discharge. As a condition of the plea, defendant to surrender her LPN license.
Highpointe on Michigan f/n/a Deaconess SNF	Erie	Baker, Nicole, Certified Nurse Aide	Defendant, while employed as a CNA at Highpointe on Michigan, falsely documented that she had checked on the resident when hidden surveillance video revealed that she did not do so.	9/26/2014: One-year Conditional Discharge and 100 hours of community service to include her appearance at an AG's nursing home supplemental in-service training program.
Highpointe on Michigan f/n/a Deaconess SNF	Erie	McCray, Ruteasha, Certified Nurse Aide	Defendant, while employed as a CNA at Highpointe on Michigan, falsely documented that she had checked on the resident when hidden surveillance video revealed that she did not do so.	10/22/2014: Fifteen days in jail on each count to run concurrently. The court also imposed a \$120 surcharge.
Highpointe on Michigan f/n/a Deaconess SNF	Erie	Galbo, Natalie, Registered Nurse	Defendant falsely documented that she had checked on the resident when hidden surveillance video revealed that she did not do so.	12/9/2014: One-year Conditional Discharge and 200 hours of community service to include her appearance at an AG's nursing home supplemental in-service training program.
Mercy of Northern New York	Jefferson	Stanford, Melissa, Certified Nurse Aide	This CNA was convicted of scamming a resident out of \$1300.00.	9/22/2014: One-year conditional discharge and \$1,300 in Restitution.
North Shore University Hospital	Nassau	Hall, Rose Marie, Certified Nurse Aide	Defendant slapped an elderly resident, who was diagnosed with dementia, across the left side of her face after the resident slapped the defendant's face. The defendant falsified two reports pertaining to the incident during the facility's investigation, by omitting and denying the facts of the incident.	12/5/14: Three-years Probation. Probation supervision with the condition of probation that she not be employed caring for incompetent people in any capacity for minimum of three years after date of sentencing and surrender her CNA certificate.
Rosewood Heights Health Center	Onondaga	Bloodworth, Lisa, Certified Nurse Aide	This CNA yanked resident upright by her hair.	9/30/14: One-year Conditional Discharge.
Samaritan Senior Village	Jefferson	Rutherford, Deborah, Certified Nurse Aide	The defendant placed a pillow over the face of a 92 year-old female resident and pushed down on the pillow two or three times.	10/21/2014: Three-years probation and \$350 Fine.
Split Rock Rehab & Health Care	Bronx	Howlett, Ivest S., Certified Nurse Aide	Howlett and codefendant Wynter observed a colleague punch a disabled resident of Split Rock Nursing Home but failed to report it as required.	10/24/2014: \$250 Fine.
Split Rock Rehab & Health Care	Bronx	Wynter (Barton), Lorraine, Certified Nurse Aide	Wynter and codefendant Howlett observed a colleague punch a disabled resident of Split Rock Nursing Home but failed to report it as required.	10/24/2014: \$250 Fine.
The Friendly Home	Monroe	Payne, Tiffany, Licensed Practical Nurse	LPN Payne kicked a 95 year-old resident in the shin causing injury, only eyewitness moved out of state so reduced plea allowed.	11/17/2014: One-year Conditional Discharge and 16 hours of community services. Order of Protection issued in favor of the Resident.
Wayne County Nursing Home	Wayne	Weaver, Dawn, Licensed Practical Nurse	LPN Weaver failed to report a fall of an elderly nursing home resident in her care and then improperly manually transferred the resident after the fall in that Weaver failed to use a lift which is required for all "fall" transfers.	11/18/2014: One-year Conditional Discharge. Weaver must complete the SEAM (Stop Elder Abuse and Mistreatment) program. If she fails to complete SEAM she will receive 30 days in jail.
Woodhaven Nursing Home	Suffolk	Mocera, Thomas, Certified Nurse Aide	Defendant surreptitiously made five video recordings of nursing home residents in their bedrooms, without their consent.	11/24/2014: Three-years Probation; 150 hours of community service, including a minimum of 20 hours of active participation in the AG's nursing home supplemental in-service training program. Prohibited from working or participating in any activity that involves caring for incompetent persons. Surrender CNA Certificate.
Woodhaven Nursing Home	Suffolk	Rover, David, Certified Nurse Aide	Defendant photographed an elderly female nursing home resident who was diagnosed with late stage dementia. The image captured was of the resident from the torso down, while unclothed, lying in feces on a bed. Thereafter, Defendant sent the picture to a CNA student via text message to her cell phone for no legitimate purpose. It was discovered that the Defendant surreptitiously made seven additional recordings of nursing home residents in their bedrooms, without their consent. In addition, the Defendant offered two false instruments for filing to two separate government agencies.	11/24/2014: Three-years Probation; 150 hours of community service, including a minimum of 20 hours of active participation in the AG's nursing home supplemental in-service training program. Prohibited from working or participating in any activity that involves caring for incompetent persons. Surrender CNA Certificate.

The Medicaid Fraud Control Unit (MFCU) prosecutes cases of Medicaid fraud and patient abuse in nursing homes. To report fraud, abuse or neglect go to

<http://www.ag.ny.gov/comment-s-mfcu> or call (800) 771-7755.

Note: This is a portion of MFCU actions for the quarter. For the full list of actions reported to us by the agency go to <http://www.ltccc.org/enforcement/archives.shtml>.

Feds Recalculate and Refine Nursing Home Rating System

The US Centers for Medicare and Medicaid Services (CMS) announced in February the first major revamping of Nursing Home Compare (<http://www.medicare.gov/nursinghomecompare/search.html>), the website with information on quality and staffing for all licensed nursing homes in the United States. These changes include: (1) Adding two new quality measures on the use of antipsychotic medications to the five-star calculations – one for long stay residents, the other for short stay residents; (2) Changing the scoring methodology to rebalance the star ratings across the nursing home industry (which had become increasingly weighted toward a majority being above average); (3) Implementing a “plan for State Survey Agencies to conduct specialized, onsite surveys of a sample of nursing homes across the U.S. that assess adequacy of [nursing home] resident assessments and the accuracy of information reported to CMS that is used in calculating quality measures used in the rating system; and 4) Adjusting how the number of stars awarded for staffing is determined.

LTCCC and other advocates have been advocating with CMS for several years to improve the quality of information provided to the public on Nursing Home Compare. We commend CMS for making these changes, and will continue our advocacy for much needed improvements to the quality of oversight - to reduce the incidents of abuse and neglect that go undetected and unpunished – and to improve the accuracy of the direct care staffing numbers reported to the public.

Special Focus Facilities in New York State: As of December 18, 2014

The federal Special Focus Facility (SFF) Program was created to address the widespread problem of nursing homes that have persistent, serious problems. Once a facility is selected for inclusion in the Program it receives special attention from the state, including at least twice as many surveys as normal (approximately two per year). The goal is that within 18-24 months of being in the Program a facility will either: (1) develop long term solutions to its persistent problems or (2) be terminated from the Medicare and Medicaid programs. Termination usually means that a facility is sold to a new operator or closed. Due to resource limitations, only a small number of nursing homes are selected for participation in the SFF Program at any given time, though many more would “qualify” due to their poor care.

Important Notes: (1) Because the SFF Program is so limited, LTCCC recommends that consumers consider *any* facility with a one star overall rating on Nursing Home Compare (www.medicare.gov/nursinghomecompare) to be the equivalent of an SFF. (2) Numbers in parentheses below indicate the number of months a facility has been an SFF. An asterisk means the facility is a repeat SFF.

Newly Identified as a SFF	Shown Improvement	Not Improved	Recently Graduated from the SFF Program	No Longer Participating in the Medicare and Medicaid Program
None	Medford Multicare Center For Living (3)	Indian River Rehab And Nursing Center (5) Rosewood Heights Health Center (33)*	None	None

Federal Civil Money Penalties¹ Against NY Nursing Homes: 10/1/14 - 12/31/14²

Federal CMPs are one of a number of remedies that the state and federal governments can use when a nursing home fails to meet minimum standards. Typically, when a nursing home is found to be failing to provide the quality of care, quality of life and/or other conditions that it promises to provide in order to receive Medicaid or Medicare money other remedies, such as requiring a “plan of correction,” are implemented first.

Name of Home	Location	Survey Date ³	Amount
Fox Run At Orchard Park	Orchard Park	6/6/2014	\$8,315.00 ⁴
Latta Road Nursing Home	Rochester	3/21/2014	\$1,235.00 ⁴

¹ Civil Money Penalties (CMPs) – a federal monetary sanction against nursing homes that fail to comply with minimum standards.

² As reported by CMS. For further details contact the CMS FOIA Officer at 212-616-2439.

³ Date of initial survey. In some instances the facility may have been revisited.

⁴ Amount reflects a 35% reduction as the facility waived its right to Appeal as permitted under law.

Selected Actions of the NYS Office of the Medicaid Inspector General: 9/15/14 - 12/15/14

OMIG investigates allegations of fraud within long term care facilities, works to ensure that those who are enrolled as providers in the Medicaid program are properly vetted and excludes providers who have abused their positions as caregivers. In addition to conducting their own investigations, OMIG makes determinations to exclude based on other agency actions, including the State Education Department (SED), the Medicaid Fraud Control Unit (MFCU), and Human Health Services (HHS).

Nursing Home	Defendant	Location	Narrative	OMIG Exclusions Based Upon:
Baptist Health Nursing and Rehabilitation Center	Kelly Rogers, CNA	Scotia	The CNA transferred a resident without assistance in violation of the resident's care plan, which called for a two-person assist when moving her. The resident's leg was injured and required 27 stitches. The CNA initially denied transferring the patient alone and asked another aide to not disclose her conduct.	MFCU Conviction 4/15/2014
Bridgeview Nursing Home	Esther Mante-Adu, CNA	Whitestone	The CNA struck a resident multiple times with an open hand and was verbally abusive.	HHS Exclusion 11/20/2014 & MFCU Conviction 5/27/2014
Chemung County Health Center Nursing Facility	Michael Chaffee, LPN	Elmira	The LPN failed to perform a blood sugar test on a resident, and subsequently recorded a reading into the patient's medical record, falsely indicating the test had been performed with a glucometer. The ensuing facility audit showed that approximately 25 falsely documented blood sugar levels for 14 residents were entered by the LPN.	HHS Exclusion 8/20/2014 & MFCU Conviction 5/21/2014 & MFCU Indictment 3/10/2014
Heritage Health Care Service	Debra Narbone, LPN	Utica	The LPN signed out narcotics for elderly residents and subsequently diverted the narcotics for her personal use.	MFCU Conviction 4/1/2014 & MFCU Indictment 11/4/2013
Highland Nursing Home	Wendy Vice	Massena	The individual, an employee in facility's business office, made false entries into the Resident/Spending/Trust Fund, withdrawing money for her own use by forging the names of residents on petty cash receipts.	MFCU Conviction 5/21/2014 & MFCU Indictment 12/1/2013
Horace Nye Nursing Home	Evelyn Robare, CNA	Elizabethtown	The CNA pinched and threw socks into the face of a resident. The CNA also forcibly pushed another resident into a bathroom and kicked the toilet chair the resident was using.	HHS Exclusion 9/18/2014 & MFCU Conviction 4/15/2014
Hudson Park Rehab and Nursing Center	Sarina Francis, CNA	Albany	After a resident tried to hit her, the CNA grabbed the resident's left arm and twisted it behind her back, breaking the resident's arm. The CNA also removed the resident's incontinent brief from under her and struck her in the face with the brief.	HHS Exclusion 9/18/2014 & MFCU Conviction 5/7/2014 & MFCU Indictment 3/3/2014
Loretto Health and Rehabilitation Center	Carl Chaney, CNA	Syracuse	The CNA transferred a resident by himself and did not use the Hoyer mechanical lift as required by the resident's care plan. This resulted in the resident suffering a dislocated shoulder. The CNA also did not promptly report the resident's complaint of pain following the transfer. When later asked to write a statement for the facility, the CNA wrote a false statement claiming he used the mechanical lift.	HHS Exclusion 8/20/2014 & MFCU Conviction 3/24/2014 & MFCU Indictment 12/25/2013
Norwich Rehabilitation and Nursing Center	Loni Sines, LPN	Norwich	The LPN falsely documented that she administered narcotic pain medication to six different residents. Surveillance tape shows that she did not enter the rooms of those residents during the time she claimed the pills were administered.	HHS Exclusion 6/19/2014 & MFCU Conviction 3/24/2014
Orzac Center for Extended Care and Rehabilitation	Principa Delem, CNA	Valley Stream	The CNA performed a one-person Hoyer lift transfer of a quadriplegic resident, when a two-person lift was required. The resident subsequently fell and sustained minor injuries. The CNA falsely reported to the facility that he did not transfer the resident without assistance and that the resident had not fallen.	HHS Exclusion 8/20/2014 & MFCU Conviction 4/1/2014 & MFCU Indictment 12/1/2013
The Pines at Catskill Center for Nursing and Rehabilitation	Chelsea Mason, LPN	Catskill	The LPN poured medications for two patients sharing a room. The medications were left next to one of the residents while the LPN left the room for a brief period. Upon her return to the room, the LPN discovered the resident had taken both medications. The LPN did not report this event to her superior.	HHS Exclusion 8/20/2014 & MFCU Conviction 4/15/2014
St. Catherine Laboure Health Care Center	Sally Ann Miller, RN	Buffalo	The RN, a supervising nurse, accepted a pharmacy's delivery of medication to the facility and subsequently altered the delivery sheet to underreport the volume of Hydrocodone pills delivered. The RN diverted the unreported pills for her own use.	HHS Exclusion 9/18/2014 & MFCU Conviction 4/7/2014 & MFCU Indictment 3/10/2014
St. Johnland Nursing Facility	Danielle Macias, CNA	Kings Park	The CNA pawned a gold and diamond engagement ring that belonged to a highly vulnerable elderly resident in the facility.	MFCU Conviction 3/25/2014
Van Duyn Home and Hospital	Balisa Cooke, CNA	Onondaga	The CNA removed rings off the fingers of a resident and sold the rings, valued at \$3,800, for cash at an antique and collectible store. The CNA also attempted to steal rings from another resident's hand; however, the CNA was unable to remove the rings from the resident's fingers.	HHS Exclusion 6/19/2014 & MFCU Conviction 4/1/2014 & MFCU Indictment 7/24/2013

Please note: In addition to the actions listed below, all of the providers which were reported as having actions taken against them by the Medicaid Fraud Control Unit in previous newsletters have been excluded by OMIG. Please see our newsletter archives at www.ltccc.org/newsletter for their names. Exclusion means that no payments will be made to or on behalf of any person for the medical care, services or supplies furnished by or under the supervision of the defendant during a period of exclusion or in violation of any condition of participation in the program. Additionally, any person who is excluded from the program cannot be involved in any activity relating to furnishing medical care, services or supplies to recipients of Medicaid for which claims are submitted to the program, or relating to claiming or receiving payment for medical care, services or supplies during the period. OMIG may take a variety of exclusion

actions against a provider based upon: indictments; convictions; consent orders or HHS exclusion.

To report suspicion of fraud to the OMIG go to <http://www.omig.ny.gov/consumers>.

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Enclosed is our quarterly newsletter on nursing home care, dementia care and other LTC issues.

PLEASE NOTE THAT LTCCC WILL BE GOING GREEN THIS YEAR. IF YOU ARE CURRENTLY RECEIVING *THE LTC MONITOR* BY U.S. MAIL AND WOULD LIKE TO CONTINUE TO RECEIVE LTCCC'S NEWSLETTERS PLEASE EMAIL INFO@LTCCC.ORG WITH "PLEASE SUBSCRIBE ME" IN THE SUBJECT LINE. THANK YOU!

The Long Term Care Community Coalition is pleased to offer expert services and trainings on a variety of elder care issues, including:

- *Improving dementia care & reducing the use of antipsychotic drugs.*
- *Legal & regulatory standards for nursing home and assisted living care.*
- *Navigating the transition to nursing home mandatory managed care.*
- *Resident Rights.*



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