

MONITOR

Working to improve long term care through research, education & advocacy

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LTCCC Releases National Study on Informed Consent in Nursing Homes

Informed consent is an important right for consumers of healthcare in any setting. In fact, it is so important that most people probably take it for granted; it is unthinkable to imagine that anyone would medicate us or impose any other kind of medical treatment without first telling us what they propose to do and getting our permission to do it. To act otherwise would be a form of assault. Unfortunately, in the nursing home context, this vital right is often violated with impunity.

The extent of these violations became apparent when the widespread inappropriate use of antipsychotic drugs in U.S. nursing homes became the focus of national attention. As readers of *The Monitor* know, there is an epidemic of inappropriate antipsychotic drugging in our nursing homes. Despite the “Black Box Warning” that these drugs are dangerous and inappropriate for elderly people with dementia, they are frequently used,

“People do not forfeit their rights as U.S. citizens when they enter into a nursing home.”

without consent from either the resident or his/her representatives, to chemically restrain individuals with so-called behavioral symptoms of dementia. This often renders these individuals virtually catatonic; results in a significant risk of heart attack, stroke, Parkinsonism and other serious problems; and, sadly, is not even effective in “treating” behaviors associated with dementia for more than a short period of time.

It is crucial to remember that people do not forfeit their rights as U.S. citizens when they enter into a nursing home. In addition, the 1987 federal Nursing Home Reform Law, which applies to all nursing homes that are reimbursed by the government under the Medicare and/or Medicaid programs, provides for

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LTCCC Puts Spotlight on Nursing Homes in Managed LTC as NYS Begins Privatizing Nursing Home Access

In possibly the most significant development in nursing home care since passage of the federal Nursing Home Reform Law in 1987, New York is transforming the way frail elderly and disabled individuals access nursing homes. Starting in March, the state will start rolling out its plan to incorporate nurs-

“It would be unconscionable, from our perspective, to undertake major changes to the nursing home system without addressing quality issues.”

ing home care into mandatory Managed Long Term Care (MLTC).

This will affect all individuals and families who access nursing home care through Medicaid (which currently pays for the large majority of nursing home residential care in New York). Roll out of the transition will take at least two years and will not affect people who are already in nursing homes, whose care will continue to be paid via traditional Medicaid fee for service. Under the traditional fee for service model, Medicaid pays nursing homes directly for a resident’s care, and a Medicaid beneficiary can access any nursing home that accepts Medicaid – over 600 in New York and approximately 15,000 in the U.S.

Under mandatory MLTC, people will have to join an MLTC insurance plan and those who need nursing

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numerous nursing home resident rights. Among these are several important requirements that relate directly to the concept of informed consent. One such requirement is the resident's right to be fully informed in language he or she can understand of his or her total health status, including, but not limited to, medical condition. The resident (or, if the resident is not competent, his or her representative) also has the right to choose an attending physician, to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being, to participate in planning his or her care and treatment and to refuse treatment (regardless of whether doing so may be detrimental).

While these requirements are explicitly protective of a resident's rights to be fully informed of and participate meaningfully in his or her own care planning, and to accept or refuse treatment, they are not always interpreted as mandating informed consent to treatment. Coupled with lax enforcement of residents' rights and protection (on this issue and in general), the result has been a significant gap in which inappropriate care, including widespread treatment with dangerous antipsychotics, has become the norm and neither nursing homes nor individual professional caregivers are held accountable for either inappropriate drugging or the harm that follows.

In an effort to address, at least in part, the large scale inappropriate use of antipsychotic drugs on nursing home residents, Senators Kohl (D-WI), Grassley (R-IA), and Blumenthal (D-CT) introduced "The Improving Dementia Care Treatment in Older

Americans Act" in the fall of 2012. The bill provided specific protocols for physicians and health care providers to follow when prescribing antipsychotic drugs to people with dementia. It also provided for the implementation of prescriber education programs. The bill did not pass in the 112th Congress.

To gain insights into this issue and provide information for the public and policymakers about what protections exist now in the different states, we thought it would be valuable to identify and assess current state laws and rules regarding informed consent. The result is a new report which provides a summary and analysis of each state law identified in terms of the protections provided to residents and whether the law provides stronger or weaker protections than the federal bill. A fundamental purpose of the report is to provide stakeholders – including nursing home residents, providers, advocates and regulators – with information on how each state approaches the issue of informed consent. These individuals can use the report to identify what explicit protections exist for residents in their state, what their rights and responsibilities are and, where applicable, review the laws of other states to shape better policies in their states.

To further support implementation of informed consent protections on a national level and/or in the states, LTCCC has drafted a model informed consent bill which incorporates the protections we identified as being most critical. The report and the model legislation are available on LTCCC's nursing home website at <http://www.nursinghome411.org/articles/?category=antipsychoticlaws>. □



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Landmark Settlement for NYC Adult Home Residents

NY State will Offer Housing in the Community and Services to Enable Independence and Integration

Written by Kevin M. Cremin, MFY Legal Services

Adult home residents and the U.S. Department of Justice (DOJ) have reached a landmark settlement with New York State. The settlement ensures that thousands of residents of large adult homes will have the opportunity to live in their own homes with the services they need to succeed and be part of their communities.

On July 23rd, three adult home residents filed this lawsuit on behalf of a class of similarly situated residents. The class action lawsuit claims that the New York State has violated the Americans with Disabilities Act (ADA). On the same day, the DOJ filed a similar lawsuit against New York State. A settlement was filed the same day, and it resolves both lawsuits. “I’m thrilled about this settlement,” said Plaintiff Ilona Spiegel. “At my adult home, they don’t do anything to inspire you or encourage you to move forward. I know how to take care of myself. I want to work my way back to independence.”

This fall, a federal court will hold a fairness hearing to review the proposed settlement and decide whether the agreement is fair, reasonable, and adequate and should be approved. If the court approves the settlement, residents with serious mental illness in 23 New York City adult homes will have the opportunity to move to community housing if they qualify and want to move. Community housing will come with the appropriate support services that residents want and need to succeed. The State will fund at least 2,000 units of supported housing for adult home residents and more if needed.

Every adult home resident who qualifies will have the choice to move to community housing within five years. “This settlement means the fulfillment of the hopes and dreams of the many adult home residents who wish to live independently and fully integrated in the community,” said Geoff Lieberman of the Coalition of Institutionalized Aged & Disabled. “And it means the end of years of needless warehousing in an institutional setting.” The proposed settlement will affect residents in 23 adult homes.

The ADA requires New York State to administer its programs in the most integrated setting appropriate to the needs of people with disabilities. In its *Olmstead* decision, the Supreme Court held that unjustified segregation of people with disabilities is a form of discrimination. The plaintiffs’ legal team sought to resolve claims that New York State is violating the ADA by failing to afford adult home residents an opportunity to live in the most integrated setting appropriate to their needs. The DOJ sought to resolve similar claims. After extensive negotiations, the residents, the DOJ, and New York State reached this landmark agreement, which will end the unnecessary segregation

of thousands of people with mental illnesses.

This settlement follows years of litigation in a related case, *Disability Advocates, Inc. v. Paterson*. In 2009, after a trial, a federal court held that New York’s practice of segregating thousands of people with mental illness in large adult homes is discrimination in violation of the ADA. In 2012, that decision was vacated on appeal on a technical ground, but the trial court’s finding of discrimination was not questioned.

This settlement gives adult home residents the opportunity to thrive in the community. They’ll

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NYS Begins Privatizing Nursing Home Access *continued from page 1*

home care will have to access it through a plan. Rather than being able to go to any nursing home they choose, individuals in plans will be given a choice of the nursing homes with which their plan contracts. The plans are expected to have significant leeway in choosing how many nursing homes with which they contract, from as few as one (1) in some of the less populace counties upstate to eight (8) in some (but not all) of the counties in the New York City Metro area.

Limited access is a double-edged sword. On one hand, it means that individuals and their families have greatly reduced choices in terms of options that their plan will offer. On the other hand, it gives MLTC plans an enormous amount of power, especially in areas where there are a lot of nursing homes. While the state is developing guidelines for nursing home pricing, especially for the initial transition period, they are not mandatory and there may be little to prevent a downward spiral wherein plans contract with the cheapest nursing homes in an area, precipitating cost-cutting by nursing homes on staffing and other direct resident care expenses in order to stay competitive. Consumers will be in the middle and, though they can switch plans to go to a nursing home in a different plan's network, it is questionable how many will have the knowledge – no matter the wherewithal – necessary for such an undertaking.

Given the enormous implications of this change, LTCCC undertook a study to identify the present state of MLTC plans' relationships (i.e., contracting for services) with nursing homes and assess how this may be useful for identifying potential strengths and weaknesses as the state mandates the inclusion of residential care in MLTC.

The resulting report and information resources bring together, for the first time, the current state of access and quality as New York embarks on this “game-changing” shift to mandatory managed care for

nursing home residents. The report begins with an informative narrative on relevant nursing home care and quality issues. It then provides useful resources on the MLTC plans operating in New York State and the nursing homes currently in their networks. These data are presented in easy to use charts providing information on important issues such as current MLTC nursing home network adequacy and quality using a range of indicators including staffing levels, antipsychotic drugging rates, cited violations of minimum standards and complaint rates.

The report includes rankings of MLTC plans, from best to worst, on these important criteria and provides snapshots for each plan comparing performance on all the selected criteria against the state as a whole. Because of the large numbers of nursing homes that are already in MLTC, we further investigated to see if there were any nursing homes in MLTC plans that have been the subject of serious cases of abuse and neglect. We found sixty four (64) nursing homes currently in MLTC across the state that have recently been the subject of published reports of serious abuse or neglect, successfully sued by families for abuse or neglect of their loved one or successfully prosecuted by the NY State Attorney General.

While this is not a complete list of facilities with very serious abuse and neglect – most cases likely go unreported – they reveal the kinds of situations that unsuspecting individuals will be sent to by their MLTC plan unless safeguards are in place.

To that end, the report presents recommendations for New York State on how to both protect individuals and their families who will need nursing home care in the years to come and ensure that the enormous amount of public money that goes toward this care will be used appropriately and efficiently. It would be unconscionable, from our perspective, to undertake major changes to the nursing home system without

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Many Nursing Homes Flout Law Requiring Fire Safety Sprinklers

Following a number of horrific nursing home resident deaths in facility fires, the federal government responded several years ago by developing fire safety sprinkler system requirements for nursing homes. These requirements were implemented in regulations which gave facilities five (5) years, until August 13, 2013, to install these critical fire safety protections.

The large majority of nursing homes complied with this mandate but, unfortunately, there are still many that have not. Given the importance of this issue, we are urging everyone in the nursing home community to be aware of the status of the nursing home(s) where they live or work and take precautions in regard to nursing homes that are not fully sprinklered. Fires can happen at any time and can quickly turn deadly.



The National Consumer Voice has a “Wall of Flame” that provides a list of all facilities in the country, alphabetically by state and then facility name, with their sprinkler status. “Partial” means that the facility has failed to comply with the sprinkler requirements. The Wall of Flame can be accessed at www.theconsumervoice.org/HallOfFlame.

NYS Begins Privatizing Nursing Home Access *continued from page 4*

addressing quality issues. It is bad enough that people wind up in “bad” nursing homes now; it would be terrible if the state set up a system in which it essentially paid insurance companies to direct frail elderly and disabled New Yorkers to these substandard facilities.

Fundamentally, for basic quality assurance, the imposition of decent minimum safe staffing standards for nursing home care is crucial. With the addition of a new “player” in the field, it will be necessary to ensure that incentives are in place and appropriately aligned so that care improves and the public gets a better “bang for its buck.” To that end, we recommend financial policy options for the state, including a standard medical loss ratio and the development of both meaningful criteria and financial allocations for the next generation of nursing home quality incentives (New York’s current “quality pools”).

Our recommendations also address the critical need to for the state to ensure that there is adequate consumer education and empowerment. Central to

this is the establishment of the planned ombudsman program for MLTC. This ombudsman program must be truly independent of both the government and industry, sufficiently financed so that it is capable of providing effective monitoring across the state and, similarly, so that it is able to respond to the diverse needs of LTC consumers whether they live upstate or downstate, in urban, suburban or rural counties. In addition to the new ombudsman, additional resources should be allocated to the existing LTC Ombudsman Program, which will continue to be critically important (and authorized under state and federal law) to protect residents.

The report and all resources are available on www.nursinghome411.org (click on “NY State Issues” button on the left). We would like to thank The New York Community Trust for supporting our work on MLTC implementation and nursing home care and The Robert Sterling Clark Foundation for supporting our work on the LTC Ombudsman Program and the planned ombudsman program for MLTC. □

We Need Your Support This Holiday Season

Like many organizations, LTCCC has struggled in recent years. We have streamlined and worked hard to turn things around this year so that LTCCC can continue its mission to protect the frail elderly & disabled who rely on long term care, especially those in nursing homes and assisted living.

Please help support our work by making a tax-deductible donation now. Donations can be made on-line at <http://bit.ly/supportLTCCC> or by sending a check to “Long Term Care Coalition” to LTCCC, One Penn Plaza, Suite 6252, NY, NY 10119.

You can also support us, at no cost, by shopping on-line through igive.com/ltccc. It is free, safe and fun!



In these difficult times we truly need your support and generosity to continue our work in 2014 and beyond. Thank you!

FYI

Keep Up With The Latest News On LTC Issues

In addition to the quarterly Monitor, LTCCC publishes a monthly (10 times per year) email newsletter, hosts a New York State based LTC listserv and has a Twitter feed on state and national LTC issues. All are freely available, except for the LTC listserv which is only open to consumers, Long Term Care Ombudsmen, advocates and others who are not associated with providers of care.

To subscribe to the LTC E-Newsletter or join the LTC listserv please email info@ltccc.org.

Find us on Twitter at <https://twitter.com/LTCconsumer>. □

Landmark Settlement *continued from page 3*

live in their own homes, where they will have the freedoms most of us take for granted—to choose when to wake up, what to eat, how to spend the day, and who to spend it with. For more information on the lawsuit and settlement, and the names of the affected adult homes, go to <http://www.mfy.org/projects/adult-home-advocacy-project/>.

Kevin Cremin is the Director of Litigation for Disability & Aging Rights for MFY Legal Services. MFY is representing the adult home residents with co-counsel Disability Rights New York, the Bazelon

Center for Mental Health Law, New York Lawyers for the Public Interest, Urban Justice Center and Paul, Weiss, Rifkind, Wharton & Garrison, LLP. MFY provides free legal assistance to residents of New York City on a wide range of civil legal issues, prioritizing services to vulnerable and under-served populations, while simultaneously working to end the root causes of inequities through impact litigation, law reform and policy advocacy. For more information on MFY's work, including their Adult Home and Nursing Home Projects, visit www.mfy.org. □



Quarterly Enforcement Actions Against Nursing Homes

Selected Enforcement Actions of NYS Attorney General

Medicaid Fraud Control Unit¹ Took Action Against 8 Nursing Home Personnel 6/16/13 - 9/15/13

Nursing Home	Location	Defendant	Narrative	Sentence
Absolut Center for Nursing & Rehabilitation at Westfield	Westfield	Newby, Brandon, Maintenance Worker	Maintenance worker stole narcotics from medication cart meant for patients.	6/18/2013: One-year conditional discharge ² , \$205 surcharge, required to submit DNA sample.
Colonial Park Rehabilitation and Nursing	Rome	Marra, Erin, Licensed Practical Nurse	Defendant admitted to stealing controlled narcotic pain medications from the facility that were prescribed to patients of the nursing home.	7/3/2013: Three years probation.
Elderwood Health Care at Crestwood	Niagara	DiBartolomeis, Jason, Certified Nurse Aide	CNA caused 81 year-old male resident with a high risk for falls to suffer a hip fracture in fall from his bed by elevating and then leaving the resident unattended in his bed during care. CNA also failed to report incident.	7/23/2013: One-year conditional discharge ² and surrender of CNA certificate.
Hillside Manor Rehab and Extended Care	Queens	Williams, James, Registered Nurse	Between January of 2011 and November of 2011, the defendant, while working as a registered nurse at the Hillside Manor Adult Day Care Center, treated and diagnosed adult day care registrants and called prescriptions into a pharmacy for the registrants without the authorization of a doctor. These prescriptions were for Zolpidem/Ambien, a controlled substance, and for Oxycodone, a narcotic drug.	7/16/2013: Five-days community service.
Livingston Hills	Livingston	Unger, Marjory, Registered Nurse	Defendant documented in the medication administration records that she administered a 10mg Oxycodone tablet for one of the residents when she did not and kept it for herself. The pills were stolen from the lock box in the medication room that is for all patients.	7/11/2013: Three years probation and surrender of nursing license within 30 days of plea.
Norwich Rehab & Nursing Center	Norwich	Sines, Lori, Licensed Practical Nurse	Defendant admitted to failing to administer narcotic pain medication to numerous residents, and then falsifying the MARS by indicating that she had administered the meds.	8/13/2013: Three years probation.
St. Johnland Nursing Center	Kings Park	Macias, Danielle, Certified Nurse Aide	Defendant, a CNA at St. Johnland Nursing Center, pawned a diamond engagement ring that belonged to an elderly dementia resident at St. Johnland.	7/10/2013: Three-years probation, \$400 fine, and any therapy or treatment recommended by the Probation Department. Defendant also surrendered her CNA certification and signed an affidavit agreeing not to work caring for the elderly, infirm, disabled or incompetent for a minimum of three years from the date of sentencing.
The Springs Nursing and Rehabilitation Center	Troy	Giudilli, Janice, Registered Nurse/Nurse Supervisor	Defendant knowingly failed to record an order discontinuing insulin for a nursing home resident, resulting in the resident receiving excessive doses of insulin over several days resulting in hospitalization of the resident.	7/18/2013: Three-years probation with a condition that the defendant comply with disciplinary sanctions imposed by the Office of Professional Discipline for the State Board of Nursing, which includes a two-year suspension

¹The unit prosecutes cases of patient abuse in nursing homes.

²Conditional discharge means if similar act is committed during the time period defendant can be brought back to court.



Quarterly Enforcement Actions Against Nursing Homes

Selected Administrative Actions By The NYS Office of Medicaid Inspector General

Action Taken Against 2 Nursing Home Personnel 6/16/13 – 9/15/13¹

OMIG works to protect New York State citizens residing in long term care facilities through making sure that those responsible for their care do not engage in abusive and fraudulent activities. This is done through OMIG's ensuring that those who are enrolled as providers into the Medicaid program are properly vetted, investigating allegations of fraud and abuse within long term care facilities, and finally, excluding providers who have abused their positions as care givers. In addition to conducting their own investigations, the 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). A single provider can receive multiple exclusions, based on different indictments and convictions. This multiple exclusion process works to protect residents of long term care facilities, because it ensures that even if one type of exclusion is overturned, the abusive provider is still banned from receiving Medicaid funds based on other convictions.

Nursing Home	Defendant	Location	Narrative	OMIG Exclusions ² Based Upon
Avalon Gardens Nursing and Rehabilitation Center	Marie Joseph, CNA	Smithtown	Ms. Joseph was caught on video tape roughly transferring a severely handicapped nine year old boy by grasping him by one arm and one leg, lifting him in the air, and then putting him on the bed.	HHS Exclusion 4/18/2013 MFCU Conviction 3/7/2013
Silver Lake Specialized Care Center	Kathleen Scano, RN	Staten Island	Ms. Scano, while working as the supervising registered nurse, signed out oxycodone for residents over the course of several months, and did not distribute the controlled substances to the residents. Ms. Scano then falsified the facility reports to cover up the incidents.	MFCU Conviction 1/17/2013 HHS Exclusion 4/17/2013

¹In addition to these actions, 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.

²Exclusion 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.

Federal Civil Money Penalties¹ Against 6 Nursing Homes: 6/1/13 – 8/31/13²

Name Of Home	Location	Survey Date	Amount
Fulton Center for Rehab and Healthcare	Gloversville	6/11/12	\$975.00 ³
Fulton Center for Rehab and Healthcare	Gloversville	5/15/13	\$11,985.00 ³
Grandell Rehab and Nursing Center	Long Beach	2/13/13	\$9,425.00 ³
Marquis Care Center	Glen Cove	4/3/13	\$5,525.00 ³
Mary Manning Walsh Nursing Home	New York	4/2/13	\$6,500.00
Rosewood Rehab and Nursing Center	Rensselaer	5/30/13	\$19,695.00 ³
Woodmere Rehab and Health Care	Woodmere	6/12/12	\$16,867.50 ³

¹Civil Money Penalties (CMPs) – a federal sanction against nursing homes that fail to comply with quality care requirements.

²As reported by CMS. For more detailed information contact the FOIA Officer at CMS 212-616-2439. This list will be posted on LTCCC's website every three months.

³Amount reflects a 35% reduction as the facility waived its right to a hearing as permitted under law.



Quarterly Enforcement Actions Against Nursing Homes

Special Focus Facilities (SFF)

The federal Centers for Medicare and Medicaid Services (CMS) initiated the Special Focus Facility (SFF) program to address the widespread problem of nursing homes that have persistent, serious problems. Often these facilities exhibit “yo-yo” compliance: they correct problems found during a survey (inspection) but then are unable or unwilling to maintain standards and fall out of compliance again, repeatedly. From a consumer perspective, the SFF program can be a valuable tool to crack down on nursing homes that are persistently failing their residents and, by identifying and fixing (or removing) a state’s worst nursing homes on an on-going basis, eventually improve nursing home care overall.

Once a facility is selected for inclusion in the SFF program it receives special attention from the state, including a federally mandated requirement that the state conduct 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 participation in the Medicare and Medicaid programs. Termination usually means that a facility is sold to a new operator or closed. Due to resource limitations, only 136 nursing home across the country are selected for participation in the SFF program at any given time. On average, states have about two SFFs; since New York is one of the largest states in the country it is supposed to have at least five.

Since CMS started to make the names of SFFs public, this program is an important tool that consumers can use to learn about facilities in their communities with persistent problems. The federal nursing home information website, Nursing Home Compare (www.medicare.gov/nhcompare) now includes information on whether or not a facility is an SFF. CMS updates a list of all SFFs in the country quarterly. See <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/sfflist.pdf>.

Important Note: The SFF Initiative, like many important CMS programs, was affected by the budget sequestration, forcing a significant reduction in the program. Facilities that have been participating in the SFF program for 18 months and have failed to improve are scheduled for a “last chance” survey which, after a discussion with CMS, may result in Medicare termination. Furthermore, CMS will not be replacing facilities that are terminated or graduated from the program with new qualifying facilities unless otherwise indicated. This means that CMS is reducing the number of facilities that will participate in SFF. Since there were only 136 facilities enrolled across the country at any given time, further constraints on this number threaten to reduce the effectiveness of the program.

It would be difficult to overstate the potential value of the SFF Program to raising the standard of care in the nursing home system. Nursing facilities provide essential home and care to a vulnerable population; the Program provides a means by which to address those facilities that are providing care that is persistently poor and hazardous to the health and well-being of residents.

In addition to deep concerns about the national cutbacks to the program, we have been alarmed by a recent development with a nursing home in New York that has been a Special Focus Facility not once, but twice. Blossom South Nursing and Rehabilitation Center was part of the SFF Program from 2005 until 2007, when the facility was known as Arbor Hill Care Center and again from 2011 until 2013 under its current name. An analysis of state inspections at Blossom South dating from 2010 by the Democrat and Chronicle found 119 violations related to residents health and safety. The Democrat and Chronicle’s reporting describes some of the issues at the facility, including shower water that was either scalding or icy, outdated insulin being given to one resident while other vials of insulin were left open and undated and a tray of food being left open near a container of urine. Consumer advocates from across the state, including LTCCC, were gratified when DOH and CMS finally took steps to terminate the facility from Medicaid/Medicare funding. However, despite their abject failure to maintain compliance with minimum standards for many, many years, Blossom South’s owners filed a case in U.S District Court to stop termination and continue to receive public funds and take in unsuspecting individuals. As of this writing (October 2013) they have succeeded in getting an injunction stopping CMS from terminating their Medicare funding. LTCCC will report on developments in this tragic case in the future.

Following is the latest information on SFFs in New York State.

SPECIAL FOCUS FACILITIES IN NEW YORK STATE – As of September 19, 2013

The numbers in parenthesis indicate the number of months the home has been on the list and identified as an SFF.

Facilities Newly Identified as a SFF	Facilities That Have Shown Improvement ¹	Facilities That Have Not Improved ²	Facilities That Have Recently Graduated from the SFF Program ³	Facilities No Longer Participating in the Medicare & Medicaid Program ⁴
None	Pleasant Valley (18) Van Duyn Home And Hospital (23) Wingate at Beacon (9)	Blossom South Nursing And Rehabilitation Center (28) * Rosewood Heights Health Center (18)*	Mercy Living Center (9)	None

¹Nursing homes that have shown significant improvement, as indicated by the most recent survey. If the improvement continues for about 12 months (through two standard surveys), these nursing homes will graduate from the SFF list.

²Nursing homes that have failed to show significant improvement.

³These nursing homes have had sustained significant improvement for about 12 months (through two standard surveys). “Graduation” does not mean that there may not be problems in quality of care, but does generally indicate an upward trend in quality improvement compared to the nursing home’s prior history of care.

⁴These are nursing homes that were either terminated by CMS from participation in Medicare and Medicaid within the past few months or voluntarily chose to leave the program.

*On the list for the second time.



LTCCC's 5th Annual Reception

October 16th, 2013

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LTCCC thanks our generous sponsor, the Alzheimer's Association New York City Chapter, for agreeing to host our event at the last minute due to the government shutdown and closure of Federal Hall.

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Albany, New York 12223

New York State Assembly:

To write to your representative in the Assembly, address your letters to him or her at NYS Assembly, Albany, NY 12248. The general switchboard for the Assembly is 518-455-4000. In addition to your personal representative, it is important that the following leaders hear from you:

Assemblymember Sheldon
Silver, Speaker
speaker@assembly.state.ny.us

Assemblymember Richard N.
Gottfried, Chair
Committee on Health
gottfriedr@assembly.state.ny.us

Assemblymember Joan Millman
Chair, Committee on Aging
millmaj@assembly.state.ny.us

New York State Senate:

To write to your Senator, address your letters to him or her at NYS Senate, Albany, NY 12247. The general switchboard for the Senate is 518-455-2800. In addition to your personal senator, it is important that the following leaders hear from you:

Senator Dean Skelos
Temporary President and
Majority Leader
skelos@nysenate.gov

Senator Eric Adams
Chair, Committee on Aging
eadams@senate.state.ny.us

Senator Kemp Hannon
Chair, Committee on Health
hannon@nysenate.gov

To obtain the names of your personal state government representatives, go to The Citizen Action Center on our website: www.ltccc.org.

FEDERAL OFFICIALS:

To contact your federal representatives visit our action alert center at www.ltccc.org or call the congressional switchboard 202-225-3121.

Action Alert Mailing List

